

# SYDNEY MEDICAL SCHOOL - STUDENTS AS SUBJECTS OF PRACTICAL CLASSES PROVISIONS

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- (1) Students may be invited to participate in practical classes as the subjects of activities involving the administration of substances, on the conditions set out in these provisions.
- (2) Participation in such activities must be completely voluntary, and any student participant must be able to withdraw from participation for any (or no) reason without prejudice or penalty.
- (3) Data collected in any such activities must not be retained or stored.
- (4) Students' individual cultural and social circumstances should be respected and supported.
- (5) Students must not participate in such activities unless:
  - (a) the relevant Head of School has approved the activity;
  - (b) the student has received an approved participant information statement; and
  - (c) the student has provided an approved written consent to the academic responsible for the activity prior to its commencement.
- (6) In order to obtain approval for an activity, the relevant course co-ordinator must submit to his or her Head of School a written application which contains the following:
  - (a) a summary description of the activity, in non-technical language;
  - (b) the name and contact details of the academic responsible for the activity;
  - (c) where and when the activity will be conducted;
  - (d) an explanation of the reason for the activity, and the benefit to be obtained from using human subjects;
  - (e) a summary statement of the risks involved in the activity, in non-technical language;
  - (f) details of steps to be taken to address or reduce the identified risks;
  - (g) details of the supervision to be provided for the activity;
  - (h) a copy of the proposed participant information statement; and
  - (i) a copy of the proposed participant consent form.

**Note:** If the course involves students from multiple faculties, the relevant course co-ordinator and Head of School may be from another faculty. The Head of School responsible for approving the activity is the Head of School responsible for the course of which it is part.
- (7) The Head of School may approve the activity provided that he or she is satisfied of:
  - (a) the educational merit of the activity; and
  - (b) the appropriateness and adequacy of the proposed:
    - (i) risk management steps;

- (ii) supervision arrangements;
  - (iii) participant information statement; and
  - (iv) participant consent form.
- (8) The Head of School will indicate approval by signing and returning the proposal to the course co-ordinator.
- (9) The course co-ordinator is responsible for ensuring that the approval is retained and properly recorded, in accordance with the [University Recordkeeping Policy](#).
- (10) Schedule 1 is a model participant consent form.

## NOTES

### **Sydney Medical School - Students as Subjects of Practical Classes Provisions**

Date adopted: 18 July 2013

Date commenced: 31 July 2013

Approved by: Professor Bruce Robinson (Dean)

Signature:

Related documents

[Assessment Policy 2011](#)

[Risk Management Policy 2013](#)

[University Recordkeeping Policy](#)

[Recordkeeping Manual](#)

[Assessment Procedures 2011](#)

## SCHEDULE 1

### PARTICIPANT CONSENT FORM

I.....[PRINT NAME] consent to participation in the following practical class:

CLASS TITLE: [INSERT DETAILS]

TIME & PLACE:[INSERT DETAILS]

1. I am taking part in this class voluntarily. I am not under any obligation to consent, nor have I been subject to any coercion by teachers or students.
2. I understand that I can withdraw from active participation in the class at any time, without penalty or disadvantage.
3. I have been provided with and have read the participant information statement for this class.
4. The procedures required for the practical class and the time involved have been explained to me, including details of any possible inconvenience, discomfort or side effect and their implications. Any questions I have about the class have been answered to my satisfaction and I have been given the opportunity to discuss the information and my involvement with the class co-ordinator.

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Signature

.....

Date

#### **Witness**

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Print name

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Signature

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Date