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# **The 4Rs Policy: Remediating, Resitting, Retraining and Returning in the Clinical Years**

**At a glance guide 2025**

**School of Medicine**

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## Introduction

This policy document outlines the definitions and processes related to the remediation of medical students within the clinical years at the University of Nottingham School of Medicine (SoM). The aim is to ensure a clear and consistent approach to supporting students who face academic challenges during their clinical training. The policy defines the roles and responsibilities of the individuals and stakeholders involved in the remediation process, as well as the support structures in place to promote student wellbeing and academic success.

## Definitions

### Module

Foundations for Practice (FFP) and Advanced Practice (AP) are modules within the BMBS and therefore where defined the Module Leads are the corresponding leads for FFP and AP.

### Attachment

An attachment is classified as a period of study corresponding to one of the key areas.

For FFP:	For AP:
Junior Medicine Junior Surgery Mental Health Specialty Skills Junior Primary Care	Integrated Medicine HCoLL Child Health Obstetrics and Gynaecology Senior Surgery and Perioperative Medicine Senior Medicine Critical Illness Senior Primary Care





The Academic Attachment Lead is the overall lead for each attachment. The individual students therefore attend placements within these attachments and have a Clinical Supervisor who are responsible for signing off this placement (Attachment placement).

## **The 4Rs**

There are four main pathways that require academic support interventions during the clinical years. They include remediating, retraining, resitting, and returning students. Each group are separate entities but have common steps in their pathways to ensure fair and equitable support across the curriculum.

### **Remediating Students:**

These are students who have been unsuccessful in an assessment component and have been formally allocated to a remediation pathway following a decision by the Exam Board.

### **Retraining Students:**

These students have been unsuccessful in achieving the required level of competency in one of their clinical attachments (placements). Their portfolio is incomplete, and they need to retrain in that attachment, as determined by the Portfolio Progression Panel. This process does not involve the Exam Board. If a student needs to retrain in two attachments, they are classified as unsuccessful and are not permitted to sit their assessments. The 4Rs Mitigation Pathway, is tailored for the individual student and personalised depending upon their retraining requirements and needs.

### **Resitting Students:**





These are students who have been unsuccessful in one or more assessment component at both the main and supplementary sittings. Consequently, they must resit the entire year in attendance. This category also includes students who have had to retrain in two attachments, as they are unsuccessful in completing the portfolio assessment component.

## **Returning Students:**

These are students who have voluntarily interrupted their studies, they may not have participated in any assessment for several reasons. These students are returning to the course and are not subject to an Exam Board progression ruling. (Portfolio Progression in the Clinical Years – At A Glance Guide 2025.)

## **Responsible Individuals and Stakeholders**

The implementation and management of this policy involve key individuals and stakeholders, including (but not limited too):

### **Exam Board:**

Responsible for formal allocation of students to the remediation pathway and clarifying cases where students are required to resit the year.

### **Portfolio Progression Panel:**

Responsible for reviewing student portfolios and determining the need for retraining in clinical attachments.

Further interventions or support requirements are discussed and actioned following these meetings. The final progression panel of each year is considered a formal Examination Board, chaired by the Chair of the Examination Board.





## **Academic and Clinical Staff:**

Responsible for providing academic and clinical support to students on remediating, retraining, resitting, and returning pathways.

## **Student Wellbeing Services:**

Responsible for ensuring the provision of wellbeing support for all students, separate from the academic and clinical support required.

## **Key Stakeholders**

The key stakeholders involved in the remediation process include:

**Assessment Team:** Led by the Director of Assessment and the Senior Operations Manager for Assessment.

**Module Leads:** FFP and AP 1 and 2 Module Leads.

**Academic Attachment Leads:** As required for opinion regarding content of attachments.

**Remediation Lead:** Deputy Director of Assessment.

**Progression Panel:** Includes Deputy Head of Education and Director of the BMBS Medicine Programmes, Director of Clinical Phase (Lincoln), Module Leads, Director of Assessment, Senior Operations Manager, Senior Placements Manager, Remediation Lead (with input from Student support as required).

**Placement Team:** From the School of Medicine, Education Centre.





**Exam Board:** Led by the Exam Board Chairperson (Deputy Head of Education and Director of The BMBS Medicine Programmes)

**Local Education Providers:** Includes Undergraduate Coordinators, Clinical Supervisors, Consultants, Clinical Academic Leads, and Clinical Teaching Fellows.

## **Remediating Students**

Feedback from assessments plays a key role in guiding students, and targeted academic and clinical support is essential to address identified areas of improvement. This includes additional clinical experience and knowledge sessions tailored to specific areas of improvement. Personalised 4Rs Mitigation plans should be developed for each student, with early discussions based on exam results to pinpoint areas of improvement in the Applied Knowledge Test (AKT) and CPSA (OSCE) performance. Collaboration with Local Education Providers (LEPs) is necessary to implement these strategies effectively, while evidence-based drafts, informed by data from prior years, will help identify failing numbers, areas requiring support, and the types of engagement needed.

## **Types of Remediation Sessions**

Students will need to receive support for their Applied Knowledge areas of improvement, either highlighted by the current feedback of the assessment or based on historic data, to ensure a programme is in place before the remediation period. This will need analysis of the previous years' assessments to be completed by the Remediation Lead.

The Remediation Lead will also need to ensure that attendance and engagement from the previous sessions are presented to transform the current year's programme.

There will be two types of sessions designed on this basis:





## **Microsoft Teams-Based Sessions: Applied Knowledge based.**

Conducted by appropriate specialists (overseen by the Module Leads), Academic Attachment leads and Clinical Supervisors (where required). These sessions are to be arranged in advance based on the previous year's areas of improvement from the AKT. The preferred level for delivery of these sessions is for Senior Clinicians/Clinical Academics.

The sessions can be live or pre-recorded to be available on demand but should be focused by previous performance data. Sessions are pre-booked one year in advance to prioritise time allocation and educator engagement.

If the Assessment Team identifies new areas of weakness, additional pre-booked sessions can be adapted and delivered by SoM Clinical Academics.

## **CPSA (OSCE) – focused bedside teaching:**

The aim of these sessions is to provide a CPSA based clinical experience to enable remediating students to gain exposure of CPSA style questions in a clinical setting. This clinical setting is determined by the students' placements prior to assessment period or main allocated home hospital. This can be delivered by Clinical Teaching Fellows (from the corresponding LEP) with experience of CPSA (OSCE) examining. Training will be provided to ensure that all students' experience is equitable.

Focus on the main types of stations used in the CPSA (OSCE), including:

1. History taking.





2. Examination.
3. Procedures.
4. Clinical reasoning, including investigations.
5. Explanations.
6. Professionalism, including ethics and evidence-based medicine.
7. Management including prescribing and acute scenarios.
8. Readiness to practice.

Clinical Teaching Fellows can prepare bedside teaching with known patients, addressing the student's feedback as if they were an examiner.

### **For example:**

Example 1: Address the student's examination techniques with a patient.

Example 2: Use a patient's notes and results with a prepared patient to ask the student to explain the results to the patient. The patient will be prepared with questions to ask, and a format for this could be co-produced with local teams.

The Remediation Lead will coordinate these sessions but will not deliver them unless as emergency cover.





## **4Rs Mitigation pathway**

### **Step 1: Initial Assessment of Need meeting**

For all categories of students, there is a common step that involves understanding areas of strengths and improvement. This is based on student data and feedback from all assessments and is reviewed by the Remediation Lead to ensure that the support programme is focused on the appropriate areas. This can be combined for remediating students in their initial meetings post-exam result release.

However, the performance data will be passed on from the moderation meeting and Exam Board to focus on preparation and key themes for improvement.

There needs to be a team of clinicians providing these initial meetings with the students, who are then added to the remediation pathway. Self-assessment features will be added at key stages during remediation Self-Selected Modules (SSM), and (JAST) or (SAST) if Direct Observed Procedures (DOPS) require completion or remediation.

This stage uses the available feedback and data to create the 4Rs Mitigation Pathway (4RsMP) plan:

1. For Remediating students, this will be completed by the Remediation Lead, Module Leads, Academic Attachment Leads and appropriately trained Clinical Academics and members of the Assessment Team.
2. For Resitting students, this will be completed by the corresponding Module Lead (FFP or AP respectively).





3. For Returning Students, this will be completed by the corresponding Module Lead (FFP or AP respectively).
4. For Retraining students, this stage is to be completed by the Module Leads and Clinical Supervisor – to ensure retraining is tailored to the individual. These are overseen by the Portfolio Progression Panel which is a multi-disciplinary team meeting to identify and support all students where enhanced supervision is identified. The Undergraduate Coordinators at each LEP will facilitate the timetables for these retraining students.

## **Resitting Students**

Resitting students are those who have been unsuccessful in one or more assessment components at both the main and supplementary sittings. Consequently, they must resist the entire year in attendance. The following outlines the process and support structures for these students:

## **Resitting the Year**

After the supplementary sits, a debrief session is held to discuss the student's performance and areas needing improvement. Their existing 4RsMP is reviewed and evaluated by the Remediation Lead to ensure that all areas of improvement and requirements for remediation is reviewed. This session includes feedback from assessments and identifies specific areas requiring additional support.

### **Initial Steps:**

Step 1 – Initial Assessment of Needs meeting and review of existing 4RsMP





Resitting students will be allocated their placements as arranged by the placements team as if they were new to the module. Specific areas of weakness are identified (using all available performance data) and targeted for extra support, these are to be discussed and agreed with Remediation Lead, Module Lead, and corresponding Clinical Supervisor. LEPs are contacted (by the Remediation Lead or deputy) to organise and ensure the support is manageable and effective.

### **Additional Support:**

The 4RsMP is developed to provide additional support, which involves:

1. Specific meetings to address the student's needs.
2. Continuous feedback mechanisms to monitor progress.

These will be monitored throughout the resitting year by the corresponding progress panels and outcomes for these will include additional targeted support or continued monitoring. This includes any interventions aimed at engagement with DOPS, Learning opportunities, Clinical experiences, and portfolio mandated components.

Any additional targeted support will be discussed at the Progress Panels, which will include all relevant stakeholders and will enable communication to LEPs via the relevant Undergraduate Coordinator and Placement team.

### **The 4Rs Mitigation Plan Review:**

After the first meeting, follow-up meetings are scheduled after two attachments. This can be overseen by the Remediation Lead or nominated deputy or representative Module Lead either (FFP or AP) or nominated Deputy. Overall responsibility of this is overseen by the Module Lead.





## Retraining Students

Retraining students are those who have been unsuccessful in achieving the required level of competency in one of their clinical attachments (placements). Their portfolio is incomplete, and they need to retrain in that attachment, as determined by the Portfolio Progression Panel. The process for retraining involves the following steps:

When a student needs to repeat an attachment, a comprehensive 4Rs Mitigation Pathway plan must be developed by the Clinical Supervisor and Module lead (FFP or AP) and reviewed by the relevant Portfolio Progression Panel. The Placement Team will attend these panels to ensure that the organisational administration and communication is in place. This is essential as allocation of attachments (Placements) and availability of these require clear decision making and rationale. A student is required to attend their original placement location for retraining.

The Module lead and the clinical supervisor must agree on 4RsMP details at the first level, specifying what is required for the student to be successful on this resit attempt. The 4RsMP must be in writing and communicated to the students and the progression panel. At this stage, there is no need for the involvement of the Remediation Lead, although this may change in the future.

## Returning Students

Returning students, also known as VIOS (Voluntary Interruption of Studies), are those who have voluntarily interrupted their studies for several reasons. For more information on the University's VIOS policy, please refer to University of Nottingham VIOS Policy. The following outlines the process for returning students.

The School of Medicine has a specific process for students who interrupt. Those returning will follow the resitting year principles and actions as the first step. Ordinarily, a meeting is held between Course/Phase Lead, Clinical Sub Dean, and the student to discuss and decide on their return plan that includes specific assessment/portfolio requirements, expectations, and timelines to return and complete their studies, prior to





their interruption. An email template is then used to communicate these requirements with the student. The return plan is then finalised in the return to studies meeting which is typically scheduled for 12 weeks before their return. This involves reviewing the expectations, requirements and timelines for the student and adjusting based on the student's situation or time away from their studies.

It is essential to consider that the student may feel nervous or have other concerns depending on their time out. If the student has interrupted due to Wellbeing or Health concerns, then a Clinical Sub Dean will be allocated to support their return.

The process of voluntary interruptions of studies is monitored by the Student Support Team in the School of Medicine, these students are highlighted at the progression panel prior to their return to review the plans and Academic support needed. The Remediation Lead will oversee the review of Returning Students during progression panels.

## **Student Wellbeing**

Student wellbeing is a vital aspect of the remediation process. The University of Nottingham School of Medicine is committed to providing a comprehensive 4Rs mitigation plan that address both the clinical and academic needs of students, as well as their overall wellbeing. This ensures that students have access to the necessary resources and support systems to succeed in their clinical training.





## Appendix 1: The 4Rs Mitigation Pathway







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