SICKNESS ABSENCE POLICY

POLICY AND PROCEDURE ON THE MANAGEMENT OF SICKNESS ABSENCE

Policy Statement

It is the policy of the University of Aberdeen to provide all members of staff with the appropriate support to maintain the well being of the organisation.

The sickness absence policy has been formulated to provide information and guidance to all staff affected by sickness and ill health. It is intended to support staff during periods of absence whilst ensuring the efficient and effective running of the organisation.

Note: All Heads of Departments/Schools/Sections will be issued with a set of management guidelines to accompany the policy.

Reporting of Sickness Absence

A member of staff, who is prevented by illness from attending work, is required to contact his/her line manager as early as possible on the first day of absence. The reason for absence should be given with an estimate of its probable duration, in order that alternative arrangements within the Department/School/Section can be made where necessary.

Absence of 1 - 3 days duration
For a period of absence of 3 days or less, the Head of Department/Section will arrange for an individual, for example, the Departmental Co-ordinator to complete a ‘declaration of absence form’ stating the reason for the member of staff’s absence. This will entitle the member of staff to Statutory Sick Pay and University Sick Pay, if applicable.

Absence of 4 – 7 days duration
For a period of absence that lasts for 4 to 7 days inclusive, a self-certification of absence must be sent to the Head of Department/Section. This self-certificate is available from the Payroll Office or doctors’ surgeries, hospital outpatient departments and from DSS offices. It is the member of staff’s responsibility to obtain, complete and forward this form to the Head of Department/Section. The member of staff should also contact their line manager to advise if the absence is continuing. It should state clearly the reason for absence.

Absence of longer than 7 days duration
A member of staff will be required to submit a Medical Certificate from his/her General Practitioner to their Head of Department/Section for periods of absence exceeding 7 calendar
days. Should the period of absence continue following receipt of a medical certificate, the member of staff is required to obtain a further certificate and contact his/her line manager as early as possible before the day they are due to return to work, to advise of his/her continuing absence.

The procedure for reporting of absence must be followed in all events of sickness or absence from the University. Failure to follow procedure may result in the cessation or suspension of sickness payments. Persistent failure to adhere to procedure will result in disciplinary procedures being invoked.

Return to Work

Members of staff who are signed off from work by their GP (i.e. have submitted a medical certificate) must not return to work before the date indicated on their last medical certificate unless with the written consent from their GP.
The line manager will meet with the member of staff on their return to work. This will be an informal meeting to establish if the member of staff is experiencing any difficulties within the duties of their post, or their working environment, and whether this is impacting upon their health. Members of staff who have had a prolonged period of absence may require additional support to aid their re-integration to the workplace, although such needs would normally be expected to have been identified prior to their date of return to work. If the line manager has any on-going concerns regarding the member of staff’s health, a referral to Occupational Health will be made via Human Resources.

Occupational Health

Members of staff who have a health problem that affects or is affected by work are encouraged to seek advice from the Occupational Health Service. Such contact will be dealt with in the strictest confidence and details of discussions will not be supplied to the individual’s line manager or Human Resources without the employee’s consent.

The University reserves the right to refer members of staff to Occupational Health. Such referrals will be as a result of concerns expressed by the individual’s line manager regarding the member of staff’s health and/or if the member of staff is on long-term sick leave. Generally any absence exceeding 4 working weeks is considered long term.

When a referral is made to Occupational Health, the Occupational Health Physician will be asked to provide Human Resources with a health assessment and report. Such a report will indicate:

- the likely date of return to work (if applicable)
- any reasonable adjustments that may be required to accommodate a staff member with a disability
- whether the staff member will be fit to undertake the duties and responsibilities of his/her post in the near future or at all
- whether a period of rehabilitation or a phased return to work is required.
- whether the University should consider re-deploying the member of staff into another post

This report will assist Human Resources in discussions with the member of staff and their line manager regarding the member of staff’s fitness for work.

Termination of Employment due to Ill-Health

(1) Retirement on grounds of ill-health
If it is the opinion of the member of staff’s GP and the Occupational Health physician that the individual will not be fit to return to undertake the duties of their post, and if the post cannot be modified, or re-deployment is not possible, or appropriate, then the individual may be considered for early retirement on the grounds of ill-health. A member of staff wishing to seek ill-health retirement should apply in writing to Human Resources.
(2) Dismissal on ground of ill-health
If medical evidence has confirmed that a member of staff will not be fit to return to work in the near future and if ill health retirement is not an option, then the University may terminate the contract by reason of medical incapacity. Where such action is required, the University would seek a mutual termination of contract on the grounds of continuing poor health. In all such instances a decision will be made on the basis of reports from the individual’s GP, Occupational Health and line manager.

Sickness during holidays (extract from current Holiday Regulations document)

Where a member of staff has been absent through illness for a period or periods exceeding in aggregate three months it shall be at the discretion of the University either
(a) to grant the full period of annual leave
or
(b) to limit the annual leave to a period of at least the proportionate amount equal to the period(s) of actual service which has (have) been given during the leave year.

In the event of sickness coinciding with any period of annual leave, an employee shall be regarded as being on sick leave from the date of the Medical Certificate and shall retain the entitlement to leave with pay, which he/she would have received had he/she not been absent through illness.

An employee who is sick at the time when his/her Department is closed for any of the 8 statutory/public/local holidays or the 3 University closed days does not receive an alternative day’s holiday in lieu.

Accrual of annual leave during Absence

A member of staff will continue to accrue annual leave while they are receiving university sick pay. Annual leave will cease to accrue when a member of staff is on sick leave with zero pay.

Sick Pay

It is the responsibility of the University to pay Statutory Sick Pay in accordance with regulations governed by the Social Security and Housing Benefit Act 1982. The Payroll Office will arrange for Sickness Benefit Claim Forms and medical certificates submitted by members of staff to their Head of Department/Section to be forwarded to the DSS where appropriate, and will adjust the member of staff’s salary to take into account entitlements to State benefits and University Sick Pay.

To be entitled to University Sick Pay, the member of staff must comply with procedures for reporting of absence and production of medical certificates. During any 12 month period, a
member of staff will be entitled, subject to the production of appropriate medical evidence, to sick leave in accordance with the Statement of Terms and Conditions governing their category of staff. The University Court may, upon appropriate evidence brought to its notice, agree to extend the periods of sick leave on full and half salary.

Sickness Absence Data

All sickness absence is recorded centrally in the University. Human Resources will analyse the data on a regular basis with the purpose of highlighting possible areas of concern with regard to matters of Health and Safety, sickness absence rates etc. Such information will be passed to Heads of Departments/Schools/Units for further investigation, with particular attention to frequency, duration, and patterns of absence, e.g.; Monday mornings, Friday afternoons.
Appendix 1

FLOW CHART

Sickness Absence Procedure

Reporting of Sickness
- Contact line manager as soon as possible, normally within 1 hour of start time

Back after day 1 of sickness

No

Yes

Return to work on or before day 7 of sickness

Contact line manager on each day of sickness and advise on likely date of return to work

Department Co-ordinator completes sickness form for payroll.

Day 8 of sickness submit a Medical Certificate (Med3) from your GP

Yes

Referral to Occupational Health may be appropriate

No

Return to work interview with line manager

Sickness absence exceeding one calendar month

Yes

No

Submit a DSS Sickness Benefit Claim form (SCI) and forward to departmental co-ordinator, who will forward to payroll office.

Return to work interview with line manager
APPENDIX TO MINUTE 158

REDUNDANCY COMMITTEE

REMIT

The Redundancy Committee will have delegated authority from the University Court:

(a) to select and recommend the requisite members of staff for dismissal by reason of redundancy; and

(b) to report its recommendations to the University Court.

PURPOSE

To improve the consultation process (this includes consultation with staff and Trade Unions) with regard to redundancy procedures and to ensure all fixed term contracts are terminated only as a result of full consideration being given to alternatives.

COMPOSITION

A Convenor, and
Two members of the Court, not being persons employed by the University, and
Two members of the Academic staff nominated by the Senatus Academicus.

*In attendance:* Clerk, usually from Human Resources Office.

**TIMESCALE**

To meet on the first week of each month to review contracts that will expire at the end of that month.

**PROCEDURE PRIOR TO COMMITTEE**

Four months prior to the expiry of a contract the grant holder or Head of Department to be advised that contract is due to expire in four months.

Three months prior to contract expiring, standard termination letter to be sent to individuals whom Human Resources have been advised by the Head of Department or Principal Investigators that the contract will conclude.

During the three month period staff will be actively encouraged to consider vacancies within the University, use the facilities of the Career’s Service and to keep in contact with Human Resources for any training and development opportunities which may arise. For staff employed on fixed term contracts, which are grant funded, every effort will be made to secure extra funding from grant awarding bodies.

**APPEAL**

Any appeal against the decision of the Redundancy Committee will be heard in accordance with the University Commissioners (Statute Modifications) (University of Aberdeen) Order 1992.
1. **INTRODUCTION**

Through the Career Development and Staff Appraisal Scheme the University aims to help all members of staff develop their full potential, enhance their sense of personal fulfilment at work and their ability to take advantage of opportunities to develop their career.

In this way, the performance of the institution as a whole will be improved, and there will be benefits to all. The Career Development and Staff Appraisal Scheme also has a role to play in the efficient and effective management and administration of Departments/Schools/Sections and will help Heads of Departments/Schools/Sections to direct their academic resource (for teaching, research and administration) to the benefit of individual members of staff, Departments/Schools/Sections and the University as a whole.

2. **OBJECTIVES**

The Career Development and Staff Appraisal Scheme aims to:

(i) help individual members of staff to maximise their potential in all areas of professional practice;

(ii) provide feedback to line managers on the management of the Department/School/Section;

(iii) identify changes in the organisation or operation of the Department/School/Section which would enable individuals and groups to improve their performance;

(iv) improve the efficiency and effectiveness with which the institution is managed;
improve the performance of the institution as a whole (and assist it in realising its strategic plan).

identify and develop potential for career development.

identify staff development opportunities.

3. GENERAL PRINCIPLES

(i) The Career Development and Staff Appraisal Scheme will apply to all members of the Academic and Academic-Related staff, (including those employed part-time or on a fixed-term contract);

(ii) The content of the career development and staff appraisal interview will be confidential to the individuals taking part;

(iii) In keeping with the University’s commitment to equal opportunities, all aspects of the process will be conducted within the spirit of that policy;

(iv) The process will be dynamic and responsive to ongoing evaluation and changes;

(v) There is no direct link between the career development and staff appraisal scheme and promotion. Appraisees will be encouraged to raise development issues in relation to promotional opportunities and to use the development interview to generate evidence in support of applications for promotion if this is considered appropriate;

(vi) The Career Development and Staff Appraisal scheme is wholly developmental in function. It has no input into disciplinary procedures and is distinct from existing disciplinary, grievance and consultative (both formal and informal) procedures.

4. POLICY AND CONTROL

The Staffing & Development Committee, a joint Committee of Court and Senatus, will be responsible for overseeing the implementation and ongoing development of the personal development exercise and for developing policy in this area. A working group of the Committee, in liaison with AAUT representatives, will monitor the effectiveness and operation of the system annually, and will report on its findings to the Committee. The first such review will follow the completion of the first round of career development interviews.

5. OPPORTUNITIES FOR STAFF DEVELOPMENT

* Lecturers on Probation, however, are exempt from appraisal, as the probationary procedures themselves also address the essential elements of appraisal. In addition this scheme excludes Clinical staff who are appraised under joint arrangements with the NHS.
One of the outcomes of the Career Development and Staff Appraisal Scheme will be the identification and prioritisation of the staff development needs of individuals and groups. The detailed requirements will be identified at Departmental/School/Section level, with final priorities for resourcing being decided by the Staffing & Development Committee, in line with staff development policy and on the basis of co-ordinated prioritised submissions by the Faculties/Service areas. The type of training and development offered will necessarily vary across the institution and will include courses (within the University or by other agencies), secondments (within the University, to industry or to other universities or research institutes or to other sources of new experience or training), travel awards, special awards of study leave, etc.

6. APPRAISERS

The career development and staff appraisal interview will be undertaken normally by the line manager. In Schools this will normally be the Head of School or in large Departments his/her nominated deputy. In large service areas, e.g., University Office, the interview will normally be carried out by the Head of Section or the immediate line manager. Exceptionally, and in accordance with the general principles of equal opportunities, where an interview with the normal Appraiser would not be appropriate, an individual may request an alternative Appraiser. Where the Appraisee and Head of School/Department cannot reach agreement, the request, with detailed grounds, will be referred to the Convenor of the Staffing & Development Committee for resolution; the decision of the Convenor will be final and without recourse to appeal.

The Principal will be interviewed by the Chancellor’s Assessor. The University Secretary, Vice-Principals and Deans will be interviewed by the Principal and Heads of Departments/Schools will be interviewed by the relevant Dean.

Appraisers will receive appraiser training, to ensure that they approach the exercise consistently, particularly with regard to conducting the career development and staff appraisal interview. They will be reminded specifically of the equal opportunities policies of the University and asked to ensure that the process is conducted so that no members of staff may feel or be disadvantaged in career development by consideration of race, gender, disability or sexual orientation.

* Information sessions will also be provided for Appraisees.
7. APPRAISEES

All Academic and Academic Related Staff are to be interviewed. This will include all Research Staff who hold contracts at the time of the career development and staff appraisal scheme interviews.

Part-time staff will also be appraised, irrespective of the number of hours worked. For members of staff working in more than one Department or with split academic and administrative responsibilities, the Career Development and Staff Appraisal exercise will be conducted in the area in which they spend most of their time. The Appraiser will be obliged to consult with the line manager of the other area.

It is open to those in their last year before retirement to choose not to be interviewed.

Training will also be provided for Appraisees.

8. APPRAISAL PROCEDURE

8.1 Timescale: The career development exercise will normally be undertaken annually between January and March. It will be the responsibility of Heads of Departments/Schools/Sections and Line Managers to ensure that the exercise is completed within that timescale. Relevant forms and guidance notes will be available to staff on the Human Resources website.

8.2 Identification of Appraisers: Line Managers will initiate the process by identifying Appraisers within their Departments and notifying staff of their designated Appraiser. Where a number of appraisers are involved the Line Manager will ensure that they meet in advance of interviews to ensure that they undertake the exercise with consistency. Appraisers may also require to meet as the exercise progresses to discuss any emerging problems or identify any particular themes that require to be addressed.

8.3 Preparation for the Appraisal discussion – APPRAISEES: In advance of the appraisal discussion, each member of staff will be provided with a Interview Form. The form should be completed by the Appraisee and submitted to the Appraiser together with an up-to-date Curriculum Vitae at least 7 days in advance of the discussion date. The form gives the Appraisee an opportunity to report activities undertaken and appraise his/her performance over the previous year and to consider objectives for the future. The form includes a section where the Appraisee may identify issues he/she would like to discuss at the interview.
8.4 Preparation for the Appraisal discussion – APPRAISER: The Appraiser must also prepare for the discussion and may do so by completing the form from their perspective. The Appraiser is required to supply to the Appraisee any supplementary points for discussion at the meeting at least 3 days in advance.

8.5 Discussion: The Appraiser and Appraisee will be the only persons present at the career development and staff appraisal interview. The interview will be based largely upon information provided by the Appraisee in the career development and staff appraisal form. It will encompass those objectives detailed in paragraph 2 of these guidance notes.

It will be open to both parties to raise any additional points for discussion.

8.6 Upward Feedback: During the course of the career development and staff appraisal interview the Appraisee will also be provided with the opportunity to comment on the management and administration of the Department/Section/University. The Appraisee may choose either to have these comments recorded as part of the discussion (this will be without prejudice to the developmental outcomes of the career development process) or submit additional comments in writing after the career development interview.
8.7 Record of Appraisal Discussion and Proposed Follow-up Action: The agreed objectives and staff development plans will be recorded by the Appraiser on the sections marked on the Career Development and Staff Appraisal Form. Within seven days of the meeting the Appraiser will have submitted the outcomes to the Appraisee for comment. The outcomes will include feedback on the Appraisee’s performance against agreed objectives throughout the previous year, confirmation of agreed objectives for the forthcoming year and a note of follow-up action eg training.

The Appraisee should sign the form as a fair account of the meeting and return it (retaining a copy) to the Appraiser. If agreement cannot be reached on the record the Appraisee will have the right to record his/her dissent. Where the Head of Department is not the Appraiser, he/she will also be required to sign the relevant sections of the form indicating agreement with the objectives which have been set. The record will then be forwarded to the Dean and to Human Resources to facilitate a Development Activity Plan for the individual concerned.

9. TIMESCALE

The career development and staff appraisal exercise will normally be undertaken annually from January to March, to feed into the budgetary and strategic planning process.

* This will only be appropriate after the first year of appraisal or following the completion of a probationary period of service.
### Career Development and Staff Appraisal Scheme

**Teaching and Research Staff**

**and**

**Admin/Library/Computer and Other Related Staff**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Appraiser</th>
<th>Appraisee</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Issue preparation form to Appraisee, 21 days before the appraisal interview is due to take place.</td>
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<td>2</td>
<td></td>
<td>Return preparation form along with up-to-date CV at least 7 days in advance of the appraisal interview.</td>
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<tr>
<td>3</td>
<td>Prepare for appraisal interview and advise Appraisee of any additional points for discussion, at least 3 days in advance of the appraisal interview.</td>
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<td>4</td>
<td>HOLD APPRAISAL MEETING</td>
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<tr>
<td>5</td>
<td>Complete Career Development and Staff Appraisal Scheme form, detailing the outcomes of the discussion within 7 days of the interview.</td>
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<tr>
<td>6</td>
<td>Ask Appraisee to sign the form as a fair account of the issues discussed.</td>
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<tr>
<td>7</td>
<td>Appraisee returns signed form to Appraiser.</td>
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<tr>
<td></td>
<td>Appraiser retains form or forwards a copy to Head of Department. Back sheet forwarded to Dean and Human Resources to facilitate in Development Activity Plan.</td>
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COMMITTEE ON DISABILITIES

Remit

- to advise the University on all matters relating to disabilities policy in relation to students and staff
- to recommend to the University the actions necessary to implement University disabilities policies and to comply with legislation
- to monitor compliance with University disabilities policies and recommend the actions necessary to address areas of non-compliance
- to promote a culture of disabilities awareness and good practice throughout the University
- to collect and monitor information relating to the recruitment, retention and progression of students with disabilities
- to evaluate progress in relation to provision for students and staff with disabilities throughout the University.

Composition

Vice-Principal (Teaching & Learning) (Convener)
Faculty Disabilities Co-ordinators
KEY Learning Disabilities Co-ordinator
Sabbatical Officer, Students' Association
Disabilities Officer, Students' Association
Representative of Human Resources (Equal Opportunities)

In attendance

Director of Facilities Management (or nominee)
Director of Human Resources (or nominee)
Director of Information Systems and Services (or nominee)
Director of Student Recruitment and Admissions Service (or nominee)
Director of Student Support Services (or nominee)
Head of Careers and Appointments Service (or nominee)
Head of the University Medical Practice
Academic Registrar (or nominee)
University Safety Adviser
Student Support Officer/Disabilities Adviser
Clerk
APPENDIX TO MINUTE 168

HEALTH AND SAFETY COMMITTEE

UNIVERSITY OF ABERDEEN
HEALTH AND SAFETY POLICY

Contents

A) Health and Safety Policy Statement
B) Organisation and Responsibilities for Health and Safety
C) Health and Safety Management in Departments
D) Training and Supervision of Undergraduate and Postgraduate Students
E) Special Hazards

A) HEALTH AND SAFETY POLICY STATEMENT

It is the policy of the University of Aberdeen to take all reasonable and practicable steps to safeguard the health and safety of all employees and students while at work and to protect other persons from hazards to health and safety arising out of the University’s activities.

The following principles are fundamental to the management of health and safety in the University:

1. The effective management of health and safety can make a significant contribution to the performance of the University by reducing injuries and ill health and helping minimise losses and liabilities. The maintenance and continuing development of health and safety management systems is therefore a priority for the University.

2. Health and safety matters are line management responsibilities. Accordingly individual members of the University staff are required to take responsibility for health and safety in all activities under their control.

3. The requirements of health and safety legislation set the minimum standards of health and safety performance which the University requires.

4. The development throughout the University of a culture supportive of health and safety is essential for the achievement of adequate control over risks.
5. Students, on leaving the University, should have an attitude of mind which expects good health and safety practice to be normal procedure. This will only occur if University staff set high standards by personal example and by ensuring that safe practice is routine.

6. Individual Heads of Department must make arrangements for the implementation of this Policy which are appropriate to the size and structure of their department and the nature of its activities.

To ensure the Policy is kept up to date it will be reviewed at least once each year and more frequently if circumstances demand.

Note: “Department” in this policy includes not only academic departments but also all departments/sections in the support services and other similar groups. Any ambiguities will be resolved by the relevant Vice Principal/Dean or by the Secretary in consultation with the Vice Principal who convenes the University Health and Safety Committee.
B) ORGANISATION AND RESPONSIBILITIES FOR HEALTH AND SAFETY

1) University Court

The University Court has overall responsibility for setting and periodically reviewing the University's Health and Safety Policy and for ensuring its effective implementation in University departments.

2) Senior management of the University

(a) The Principal has overall responsibility for implementation of the University Health and Safety Policy.

(b) Vice Principals/Secretary/Deans are responsible for implementation of the Policy in their areas of control and, in particular,
   - for ensuring that individual Heads of Department under their line management take necessary action to satisfy the requirements of the Policy and
   - for ensuring that adequate resources are allocated to Heads of Department to enable them to meet their health and safety responsibilities.

(c) The Vice Principal who convenes the University Health and Safety Committee is also the member of the University's management charged with overseeing the University's arrangements for the management of health and safety.

3) University Health and Safety Committee

The remit of the University Health and Safety Committee is

(a) To advise the University Court on matters relating to general health and safety policy;

(b) To recommend to the University Court actions necessary to implement University health and safety policies;

(c) To monitor the extent of compliance with University health and safety policies and to recommend to the University Court actions necessary to address areas of non-compliance;

(d) To maintain standing sub-committees to consider health and safety matters relating to use of ionising and non-ionising radiations and work with genetically modified organisms;

(e) To provide a forum for consultation and discussion of health and safety matters;

(f) To promote a culture of consciousness of health and safety and of continuing improvement in those areas;

(g) To report at least annually to the University Court.
Composition: The membership of the University Health and Safety Committee includes
- University Court appointees
- Nominees from each of the faculties
- Representatives from trade unions with negotiating rights
- Representatives from student bodies

4) Central Health and Safety Staff

The University Safety Adviser, the Occupational Health Adviser and the Radiation Protection Adviser
- Provide specialist advice to the University Court (through the University Safety Committee)
- Advise and assist individual departments with the development, implementation and maintenance of their own health and safety arrangements.

Note: The Radiation Protection Adviser also acts as an adviser to the Radiation Hazards Sub-Committee as well as having an independent statutory function.

5) Heads Of Department

The key to effective health and safety management in the University is the management action taken by individual departments. Nearly all of the activities of the University that give rise to significant risk take place under the control of University departments.

Each Head of Department is responsible for developing, implementing and maintaining an effective health and safety management system that is appropriate for the department. It must satisfy the broad requirements of the University Health and Safety Policy and in particular it must contain the core elements described in Section C of the Policy.

The health and safety arrangements applicable to a particular activity in the University will be driven by both:
- a) The University Health and Safety Policy (this document) and
- b) The Health and Safety Policy of the department controlling the activity.

6) Health and safety concerns

It is expected that most health and safety problems will be resolved by discussions within the department concerned. An individual member of staff with a concern about a health and safety matter should discuss it initially with his/her line manager or with the Departmental Safety Adviser. If the matter is not resolved in this way, it should be brought to the attention of the Head of Department.

C) HEALTH AND SAFETY MANAGEMENT IN DEPARTMENTS
Each department must manage health and safety in a way appropriate to

- Its size and structure
- The nature of its activities
- The level of risk associated with those activities.

Whatever methods are adopted, the following core elements must be incorporated into each department’s health and safety management system.

1) **Policy**
   (a) Each department must produce its own Health and Safety Policy to supplement the University’s Policy.
   (b) The Policy must be signed and dated by the Head of Department.
   (c) The Policy must be reviewed annually and records of the review retained.
   (d) The Policy must be communicated to all staff and students in the department.

2) **Organisation**
   (a) Each Head of Department must ensure that responsibilities for health and safety are devolved successively through the department structure.
   (b) The objective is to ensure that each of the department’s activities involving significant risk is the clear responsibility of a member of the department.
3) **Departmental Safety Adviser**

   (a) Each Head of Department must appoint a member of staff as Departmental Safety Adviser and notify the University Safety Adviser of the appointment.

   (b) The main task of the Departmental Safety Adviser is to advise the Head of Department on health and safety matters and to liaise with the University Health and Safety Advisers on matters affecting the department.

   (c) Any other responsibilities must be formally delegated to the Departmental Safety Adviser by the Head of Department.

4) **Department Health and Safety Committee**

   (a) Each Head of Department must either
      (i) Set up a Department Health and Safety Committee or
      (ii) Make health and safety a standing item on the agenda of the department’s management meetings.
      (It is expected that in departments with laboratories a Departmental Health and Safety Committee will be formed.)

   (b) The Convener of the Department Health and Safety Committee should be either the Head of Department or another senior member of the department.

   (c) The function of the Department Health and Safety Committee should be to
      (i) Keep under review health and safety matters in the department and
      (ii) Make recommendations to the Head of Department on steps that should be taken to improve health and safety.

5) **Risk Assessments**

   (a) Each department must assess the risks to the health and safety of staff, students and others arising from its activities.

   (b) Risk assessments must cover
      - The main ways in which staff, students and others are exposed to circumstances that could result in injury or ill health
      - What is currently done to prevent injury and ill health
      - Anything more that can be done

   (c) The significant findings of the risk assessments must be recorded.

6) **Plant and Equipment**

   Each department must ensure that all plant and equipment used by the department are subject to regular inspection and maintenance.
7) **Health and Safety Training**

(a) Each department’s risk assessments must identify the health and safety training needs of its staff and students.

(b) The department must then ensure that relevant training is provided.

8) **Monitoring - Inspections**

(a) Each department must monitor its health and safety arrangements to ensure that they are performing as intended.

(b) The main monitoring tool will be the periodic inspection of the department’s activities and its health and safety records.

(c) The Head of Department must assign staff to carry out the monitoring and ensure that they are competent so to do.

9) **Accidents and Near Misses**

(a) Each department must report all accidents and significant near misses immediately to the University Safety Adviser.

(b) Accidents and near misses may indicate breakdowns in the department’s health and safety arrangements. The department must therefore investigate accidents or near misses, identify the causes and initiate any necessary corrective actions.

10) **Emergencies**

(a) Each department must ensure that there are adequate arrangements in place to respond to a fire in premises occupied by the department.

(b) Each department must ensure that there are adequate arrangements in place to respond to any other major incident arising from the department’s activities.

(c) Each department must ensure that there are adequate and readily available first aid facilities for staff and students in the department.

11) **Review and Reporting**

(a) Each department must at least annually review progress towards meeting its health and safety objectives.
(b) Each department must report annually on its health and safety performance to the University Health and Safety Committee in a format prescribed by the Committee.

12) **Sharing of facilities**

A department may carry out some of its activities jointly with other departments or with organisations outside of the University and some departments may share University facilities. In such situations:

(a) The departments concerned must take steps to ensure cooperation on matters of health and safety with the other departments or organisations and

(b) The departments concerned must co-ordinate their health and safety arrangements to the extent necessary for the effective management of health and safety.

**D) TRAINING AND SUPERVISION OF UNDERGRADUATE AND POSTGRADUATE STUDENTS**

1) **Undergraduate Students**

(a) Initially undergraduate students should be assumed to be untrained in all matters of health and safety.

(b) Each department should provide undergraduates with the training and supervision necessary to ensure their health and safety

- While working in University premises
- On University organised fieldwork
- During University work elsewhere.

(c) Hazardous substances and equipment should not be introduced into undergraduate practical work until the risks associated with their use have been assessed and adequate safeguards provided.

(d) Written instructions to undergraduates about practical work must always draw attention to

- The hazards of substances and equipment and
- The safeguards that are provided.

Undergraduates should also be provided with appropriate training before practical work begins.

(e) Any independent work (e.g. as part of an "honours project") should be subject to at least the standards of supervision applied to postgraduate work (see below).

2) **Postgraduate Students**
(a) Each department must make arrangements to provide postgraduate students with such supervision as is necessary to ensure their health and safety.

(b) The duty to supervise postgraduates is delegated by the University to the Head of Department and thence to the member of staff directly responsible for the postgraduate.

(c) New postgraduates should be trained in departmental health and safety policies and procedures.

(d) Supervisors must not discharge their duty to supervise by relying solely upon a postgraduate's status or apparent competence. They must be able to demonstrate that they have exercised an active supervisory role.

(e) Active supervision does not usually mean constant attendance. Supervisors must ensure
   • Postgraduate projects are assessed for health and safety risks
   • Necessary precautions are agreed with the postgraduate (and in all but the most elementary circumstances are committed to writing)
   • Regular checks are carried out to ensure that the postgraduate is working to the agreed procedures
   • Postgraduates understand that significant alterations in agreed procedures must not be introduced without the supervisor's knowledge.

(f) Each department must make formal arrangements to cover for the temporary absence of a postgraduate's normal supervisor.

E) SPECIAL HAZARDS

1) Radiation
   (a) Departments who intend to perform work involving ionising radiation or lasers must first obtain the approval of the Radiation Hazards Sub-Committee.

   (b) Any approval given may be revoked at any time.

2) Genetic Modification
   (a) Departments who intend to perform work with genetically modified organisms must first obtain the approval of the appropriate Genetic Modification Safety Sub-Committee.

   (b) Any approval given may be revoked at any time.
(c) The approval of the Genetic Modification Safety Sub-Committee must be obtained before application is made to the Health and Safety Executive for formal statutory approval.
APPENDIX TO MINUTE 170

UNIVERSITY COMMITTEE ON TEACHING AND LEARNING

Remit

To be responsible to the Senatus Academicus for the development of policies and practices for the assurance of the quality of the University’s educational provision, particularly in relation to the design, implementation, evaluation and review of mechanisms for quality assurance and quality control, for the enhancement of the quality of teaching and learning, and for the safeguarding of academic standards.

Specifically, the UCTL shall:-

• develop and keep under review the University's teaching and learning strategy, including its strategy for the continuous enhancement of quality
• make recommendations on mechanisms for quality assurance, quality control and quality enhancement to the Senate, Academic Standards Committees, Undergraduate Programme Committees and Heads of Department/School, as appropriate
• maintain under review the General Regulations for First Degrees and Diplomas, and submit recommendations to the Senate, via the Undergraduate Programme Committees, where deemed appropriate
• co-ordinate a regular programme of Internal Teaching Reviews for monitoring and reviewing courses and programmes of study and give Departments and Schools constructive feedback on their arrangements for the assurance and enhancement of quality and standards
• consider and make recommendations on all matters relating to teaching and assessment (including the timetabling of these activities and the utilisation of accommodation), the student records system, and degree structures other than those for which Faculties are responsible
• oversee the work of the Academic Standards Committees and Undergraduate Programme Committees
• oversee the work of the staff in Human Resources concerned with Educational Development, via the Director of Human Resources
• oversee the development and implementation of the AUPHET programme (Aberdeen University Programme for Higher Education Teachers), in conjunction with the Staffing and Development Committee
• make recommendations on the assessment and monitoring of teaching performance
• monitor and review the operation of the Codes of Practice on teaching and learning
• seek the views of, and consider proposals from, Faculty Teaching and Learning Committees (or their equivalent) in regard to teaching, learning and assessment policies and practices
• ensure that satisfactory procedures for monitoring and reporting students' progress are operated by Departments/Schools and Undergraduate Programme Committees
• monitor the work of the Learning Technology Unit
• review and monitor the quality of provision of careers education, information and guidance
• report to the Senate and the Court

Composition

Convener : A Vice-Principal
Deans *ex officio*
Three representatives nominated by the University Court
President of the Students’ Association (or alternate) and Education & Training Convener of the SA
Convener of the Academic Standards Committee (Postgraduate)
Conveners of the Undergraduate Programme Committees
Conveners of the Academic Standards Committees relating to undergraduate students and programmes where these are not also Conveners of a UPC
APPENDIX TO MINUTE 174

ADVISERS OF STUDIES: JOB DESCRIPTION

The duties of an Adviser of Studies shall include the following:-

- To attend a briefing meeting of Advisers in the week immediately preceding Advising and Registration.

- To be available to meet those advisees allocated to them during the week preceding the commencement of teaching in September (or as soon as possible thereafter for students registering late).

- To advise students on the appropriate curricula to be followed for particular degree programmes, having regard to the requirements of the degree programme and the subject interests and aptitudes of the individuals concerned.

- To approve students’ curricula in conformity with their chosen degrees, and any supplementary, regulations.

- To monitor the progress of students throughout the academic year and to provide relevant guidance and advice to students who may be at risk of failing to satisfy progress requirements.

- To be available for consultation and to advise students both on academic and personal matters and to refer students to relevant University welfare and administrative services where appropriate. Where absence from the University is anticipated during term-time, to inform the Clerk to the relevant UPC in order that appropriate cover can be arranged.
- To discuss, approve and register all changes of curriculum.

- To liaise on behalf of students with relevant University staff as appropriate (e.g. the Clerk to the Undergraduate Programme Committee (UPC); the University’s or Departmental Disability Co-ordinator).

- To work at all times within the constraints of the Data Protection Act.

- In the case of new Advisers, to attend the Training course for Advisers provided by the UPC, in which experienced Advisers are also invited to participate.

- To become familiar and keep up-to-date with the University’s policies and procedures with respect to the provision of academic and personal support to students, as highlighted in the Academic Quality Handbook and in the Advisers’ Handbook prepared by the appropriate Undergraduate Programme Committee: this includes becoming familiar with related University services (e.g. Students’ Association (SA); Counselling Service; University Medical Practice; Careers and Appointments Service; the Chaplaincy Centre; the Disabilities Adviser), and the University’s various codes of practice and guidance notes (e.g. with respect to discipline and academic appeals).

- To provide references for students¹ (e.g. to employers or for postgraduate study, etc.); and to assist students to secure representation, if they so wish, at Students’ Progress Committees, at academic appeals, disciplinary hearings and the like (e.g. by themselves accompanying students or by referring them to the SA).

- To work in accordance with any additional conditions of service as determined by the University or the relevant UPC.

Individual UPCs may provide additional guidance on how these conditions operate within their area of study.

¹ It is accepted that, exceptionally, there may be occasions when it might not be appropriate to write a reference.
APPENDIX TO MINUTE 175

LIBRARY SERVICES REGULATIONS

Notes

(a) The term ‘Library’ covers Queen Mother Library, Taylor Library & European Documentation Centre, Medical Library, Education Library and Special Libraries & Archives.

(b) In Special Libraries & Archives, supplementary regulations are imposed to protect rare and fragile material (see section 6 below).

1. Membership

1.1 Membership of the Library is granted to the following:
   • members of the Court and Senate
   • all University staff
   • all registered students
   • persons attending approved courses organised by the University
   • external users
   • other persons as may be specified by the Director

1.2 Members of the general public are admitted to use the Library for reference purposes, free of charge.

1.3 Certain additional facilities of the Library, including borrowing rights, are available to members of the public upon payment of a membership fee (external membership). Such charges may be altered or waived at the discretion of the Director.

1.4 Membership of the Library or use of its facilities implies an undertaking to observe these Regulations.

1.5 All users of the Library must carry valid identification to be shown to staff on request. Registered users must carry a valid ID/Library card which will serve as a form of identification and a means of access to services and facilities. This card is not transferable.

1.6 If the ID/Library card is lost or stolen, the user shall remain responsible for items issued when using it until the Library has been informed of the loss.

2. Borrowing
2.1 No items may be removed from the Library without first being formally issued as a loan. Any removal or attempted removal of an item without complying with this procedure constitutes an offence and renders the borrower liable to disciplinary action.

2.2 All loans remain the responsibility of the borrower until they are returned to the Library and duly discharged.

2.3 Borrowed items must always be available for return if requested by another user. Items must not be taken abroad without the permission of the Site Manager.

2.4 All users must notify the Library immediately of any change of address to ensure that Library correspondence is received promptly. Any notice sent to the last reported address of the user is deemed to have been duly sent.
3. **Return of Loans**

3.1 Current loan periods must be observed at all times, and items returned by the date and time specified. Loans will usually be renewed if the item is not required by another user.

3.2 All loans are subject to recall after a specified minimum period (currently 7 days). Such items must be returned by the date quoted on the recall notice.

4. **Fines**

4.1 Fines will be imposed for late return of loans.

4.2 Borrowing privileges will be suspended while there are outstanding fines or other such obligations to the Library on a user's record.

4.3 If a loan is not returned by the time that the maximum fine is incurred, the Library shall invoice the user for the item at a rate determined by the Director and covering the full cost of its replacement including all administrative costs. If the item is returned at this stage, the replacement charge shall be waived but the administrative charge and the accrued fine shall remain payable.

4.4 Failure to pay fines or invoices shall lead to recovery of the sum through the University's Finance Office. In the case of University students, further action will be taken in accordance with the Code of Practice on Student Discipline. Where appropriate, students in debt to the Library will have their degree certificate withheld or, in severe cases, will not be allowed to graduate.

5. **Conduct in the Library**

5.1 A quiet environment must be preserved in all reading areas of the Library:
- Loud conversation is forbidden.
- The use of personal audio-visual communication or entertainment equipment (e.g. mobile phones, personal radios, cassette or CD players, etc) is not permitted, and must be switched off upon entering the Library building.

5.2 Smoking is forbidden throughout the Library.

5.3 The consumption of food and drink in the Library is forbidden, except in areas designated for this purpose, although bottled water is allowed in the reading and bookstack areas.
5.4 Users must not deliberately mis-shelve or otherwise conceal materials with the intention of depriving other Library users. All items to be reshelved must be placed on the appropriate trolleys for the attention of Library staff.

5.5 Care must be taken of all Library materials. Users must not mark, annotate or otherwise damage Library materials. Users will be expected to reimburse the University for the cost of any damage caused to Library materials, whether intentionally, recklessly or negligently. Damage to Library materials (including annotation and marking) must be reported.

5.6 Belongings left on tables and chairs for more than 30 minutes may be removed by Library staff. The Library accepts no responsibility for personal items left on Library premises.

5.7 Library equipment left unattended for more than 15 minutes is deemed available to other users. The Library accepts no responsibility for work lost in such circumstances.

5.8 All users leaving the building in possession of Library materials must show them to a member of staff on request, and may be asked to open their cases, bags, etc. for this purpose.

5.9 An announcement will be made 15 minutes before the Library closes. No items may be borrowed after this time. Users must leave the Library punctually.
5.10 Any disorderly or improper conduct or contravention of Library regulations will render the person(s) responsible liable to a fine and/or suspension from the use of the Library and, where deemed appropriate, further disciplinary action in accordance with the University’s Code of Practice on Student Discipline.

6. Special Libraries and Archives: Supplementary Regulations

6.1 Before using the facilities, all users must sign their name in the register provided and give such additional details as are requested.

6.2 Users are required to leave cases, bags and backpacks in the lockers provided.

6.3 Users must not lean on books or press the pages.

6.4 Book-rests must be used to support volumes being consulted, and special weights used to hold down the leaves.

6.5 Users must work only in pencil.

6.6 All photocopying and scanning must be carried out by Library staff.

7. Compliance

7.1 Disciplinary matters will be enforced in accordance with Senate Resolution no.196 of 1996 [Code of Practice on Student Discipline].
Available at http://www.abdn.ac.uk/registry/quality/disccode.doc

Available at http://www.abdn.ac.uk/diss/docu/summcond.hti/itcond.h\ti

7.3 In addition to the above regulations, attention is drawn to the following Acts of Parliament, the provisions of which represent particular obligations to users of the Library: Data Protection Act, 1998; Computer Misuse Act, 1990; and current copyright legislation.