Medical students: professional values

Draft guidance from the GMC and the MSC, for consultation
About this guidance

The General Medical Council (GMC) and the Medical Schools Council (MSC) have published this guidance for medical students to outline the standards expected of them while undertaking their studies and in their private lives.

This guidance, *Medical students: professional values*, is structured under the same four domains of *Good medical practice*. For reference, we have included the duties of a doctor on page 2.
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The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust a doctor must show respect for human life and make sure their practice meets the standards expected of them in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
  - Keep your professional knowledge and skills up to date.
  - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
- Treat patients politely and considerately.
- Respect patients’ right to confidentiality.
- Work in partnership with patients.
- Listen to, and respond to, their concerns and preferences.
- Give patients the information they want or need in a way they can understand.
- Respect patients’ right to reach decisions with you about their treatment and care.
- Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients’ interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients’ trust in you or the public’s trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.
Medical students: professional values
What does this guidance cover?

1 Patients need good doctors, and training to be a good doctor starts at medical school. During your studies, you'll learn the importance of professionalism and the principles set out in the GMC’s guidance for doctors, *Good medical practice*. In this guidance, we explain: what these values mean for you during your time as a medical student, as you work towards becoming a doctor; and what these values mean for your future patients, to make sure they receive the best possible treatment and outcomes.

2 The GMC and the MSC, referred to as ‘we’ and ‘us’ in this guidance, have set out this guidance under the four domains used in *Good medical practice*. This is to ensure consistency and to give you some continuity between medical school and your practice as a doctor. Many of the standards are relevant specifically to your work on clinical placements. But there is also guidance on other more general aspects of professionalism, such as engaging with all elements of your academic study, trustworthiness and honesty.

3 Your studies will put you in contact with patients and members of the public, who are often physically and emotionally vulnerable. Because of this, and the fact that you will be joining a trusted profession, we expect you to display different standards of behaviour from those expected of students on courses that do not lead to professional regulation. Your behaviour at all times, both in the clinical environment and in your personal life, must justify the trust that the public places in you as a future member of the medical profession. We and your medical school will support you in your journey from student to doctor, which includes teaching and assessment on professionalism.

4 As a newly qualified doctor, you will need to register with the GMC and obtain a licence to practise before you can begin work as a doctor if you wish to work in the UK. The GMC will not register medical graduates who are not fit to practise medicine, or who do not meet its required standards of ethical conduct.

5 We’ve also produced guidance for medical schools and medical students on managing professionalism and fitness to practise concerns. This guidance provides an outline of processes that medical schools should follow.

6 Examples of the kinds of behaviour that are a cause for concern and may lead to formal processes to investigate unprofessional behaviour or fitness to practise are outlined in the *Professional misconduct: key areas of concern* section of this guidance (see pages 20–21).
Develop and maintain your professional performance

7 As a registered doctor, you will be expected to keep your skills and knowledge up to date so that you can give your patients the best standard of care. As a medical student, you are learning the basic skills and knowledge you need to treat patients. As you move through medical school and into postgraduate education and training, you will continually build on what you have learnt. For you, this aspect of good medical practice is about participating fully with this learning process.

8 You must:

- engage fully with your medical course by attending educational activities, including lectures, seminars and placements, and by completing coursework

- listen to the advice of your lecturers and trainers and respond positively to feedback on your work

- reflect on what you have learnt and look at ways to improve your own performance.

9 It's important that registered doctors keep up to date with and follow relevant laws and regulations and any ethical guidance that the GMC issues. This will protect patients by making sure they receive safe and legal treatment and will prevent doctors from getting into trouble regarding their fitness to practise or for medical malpractice.

What is reflection?

You will hear about the concept of reflective practice throughout your time at medical school. At its core, reflection is thinking about what you’ve done, what you did well and what you could do better next time.

For example, you might have an interaction with a patient who is upset when you use their first name instead of their title. So you might reflect that, next time, you will ask patients how they wish to be addressed.

Reflection also means responding constructively to feedback from your teachers, trainers and colleagues. Think about what you have been told you can improve and seek to put those improvements into action. This is how medical students and registered doctors learn and improve.

10 As a medical student, you will learn about relevant laws and ethical guidance and it is important that you apply that learning when you are on a clinical placement. Doctors must also be familiar with the guidelines and rules that their employers have put in place to protect patients and make sure that the service is delivered effectively. When you go on a clinical placement, it is your duty to know about these policies and procedures and your work must be guided by them. This includes following the relevant laws and guidance when you are on an overseas placement or elective.
Apply knowledge and experience to practice

11 Registered doctors must always recognise the limits of their competence and work within them. As a medical student, this requirement applies to you in relation to the time you will spend with patients while on a clinical placement.

12 You must:

- recognise the limits of your competence and ask for help when necessary
- make sure you clearly explain your level of competence to anyone who supervises you on a placement, so that you are not asked to do anything that you are not trained to do
- make sure patients, carers and colleagues are aware that you are a medical student and not a registered doctor
- take prompt action if you think you’re not being effectively supervised on a clinical placement
- engage in a timely fashion with routine evaluation systems provided by your medical school (for example, end of placement questionnaire, staff-student liaison committees).

Being professional on placements – practical steps

- Always introduce yourself to patients, letting them know your name and that you are a medical student.
- If your medical school or placement provider has given you an ID badge or similar, make sure you wear it at all times.
- Dress smartly and in line with dress codes set out by your medical school or placement provider.
- Make sure you attend induction sessions if they are offered.
- Attend all mandatory training arranged for you while on a placement.
- Make sure you know about and follow the rules and guidance specific to your placement. If in doubt, make sure you ask if there is anything in particular you should know about at the start of your placement.
- Be honest with patients if you don’t know the answer to their question. Patients appreciate that you are there to learn.
- Make sure you know who is responsible for directly supervising you on your placement and who has the overall responsibility for medical students where you are working. This will help you know where to go if you need help and if you have any concerns you wish to raise.
If you are not sure whether you should carry out a practical procedure or task, you must ask for help from a more experienced colleague, such as a nurse or a qualified doctor. You should not attempt a practical procedure that you haven’t been trained to do without supervision.

14 If you think you are not being properly supervised on a placement, you should stop the work you are doing and raise your concerns with the placement provider and your medical school. This will not impact on your studies and will show that you are a responsible student acting in a professional manner. We also expect you to take prompt action if you have any concerns about possible risks to patients, as set out at paragraphs 25–33.

15 While you are at medical school, you will learn how to obtain consent from patients for investigations or treatment and be expected to obtain informed consent under supervision as part of diagnosing and managing clinical presentations. You will learn that the consent process is about shared decision making between a doctor and their patient, where the doctor explains the risks of a procedure or treatment to enable a patient to consider their options to make an informed decision.*

16 As a medical student, you should never take sole responsibility for ensuring a patient has consented to treatment. For complex procedures, you will still be observing and learning about the process when you are a Foundation doctor. However, different levels of consent are needed for different procedures – in a small number of cases, it may be appropriate for you to gain verbal consent from a patient for minor procedures, such as taking blood. To do this, you must be satisfied that the patient knows you are a medical student and that they have consented to you being involved in their care.

17 If at any time you feel that the patients that you come into contact with have not consented to a medical student being involved in their care, you should stop working with them immediately. You should tell your supervisor about your concerns and ask them to make sure the patient is happy for a medical student to be present. If a patient does not wish to be treated or observed by a medical student, you must accept their decision without comment.

* You can find out more about consent in the GMC’s guidance for registered doctors, Consent: patients and doctors making decisions together.
Record your work clearly, accurately and legibly

18 It is important that registered doctors record their work clearly, accurately and legibly. Records should include:

- relevant clinical findings
- decisions made and actions agreed (and show who they were made by)
- any drugs prescribed or other investigation or treatment
- the information given to the patient.

This helps to ensure effective team working, safe handover and continuity of care.

19 As a medical student, you are learning how to provide clinical care, but it is still important that the notes that you write are clear, accurate and legible, even when you’re making them as part of the learning process. This will help you to practise the skills you will need once you become a registered doctor.

20 You should also make sure all the documentation you submit to your medical school is written in a professional way. This includes the findings of activities, such as audit or research that you carry out as part of your studies.

Recording your work – dos and don’ts

Do:
- make sure that you note you are a medical student when you add anything to a patient’s notes. You should put your name and year of study so what you write can be checked by a registered health professional
- make sure the notes you take are dated, clear, accurate and legible – even if they are not going on a patient’s official record.

Don’t:
- write anything unprofessional in notes, logbooks or reports
- submit work that is difficult to read or poorly presented.
Domain 2: Safety and quality

Contribute to and comply with systems to protect patients

21 You will learn about quality improvement and quality assurance during your studies, and will have the opportunity to take part in audits and reviews. As a medical student, you will also be in clinical settings – this will mean you have certain responsibilities to bring any adverse events (for example, medication errors) to your supervisor’s attention.

22 If something goes wrong while you’re on a placement, you may be asked to contribute to an internal inquiry. Although your medical school will normally be informed of significant events, you should contact senior staff (for example, your year director or personal tutor) at an early stage so they can arrange support for you. This will protect patients and allow the clinical team you are working with to respond appropriately.

23 It is very important that you contribute honestly and openly to the process. Openness and honesty are key to being a good medical student and a safe and trustworthy doctor. You may hear this referred to as your professional duty of candour.*

24 You must also always be open and honest when you discuss things that have gone wrong or when you contribute to processes such as investigations into why a problem has occurred with a patient’s treatment.

Raising concerns about your peers

It can be really hard to raise concerns about your fellow students, who may be your friends or people you work with on projects or placements. But as a student who is going to join a regulated profession, your first duty is to patients – those who you see on placements and those who may be treated by your fellow students in the future.

Examples of the types of unprofessional behaviour you may consider raising as concerns about include:

- a fellow student being rude to a patient
- if someone in your project group doesn’t contribute to the work you have been assigned to do
- if you see a medical student putting inappropriate content on social media
- if you notice a fellow student is intoxicated while attending a placement, lecture or seminar.

It can be even harder if your concerns are about a peer’s health. But it is crucial that you bring it to your medical school’s attention if you are worried about their safety or wellbeing. You should never seek to treat a fellow student’s health condition.

When you raise concerns about a fellow student’s behaviour or health, it is important to remember you are doing the right thing and that support and remediation will be given to that student by your medical school.

* The GMC and the Nursing and Midwifery Council have produced joint guidance for nurses and doctors, Openness and honesty when things go wrong: the professional duty of candour.
Respond to risks to safety

25 Patient safety is the responsibility of the whole team, which could include clinical and non-clinical members. Everyone working in a healthcare setting has the responsibility to raise concerns about patient safety – this includes medical students when they are on clinical placements. Patient safety does not just relate to the treatment patients get – it also includes issues around their dignity and comfort.*

26 Patients must be treated compassionately and their right to personal dignity must be upheld. As a medical student, you are in a unique position and your relationship with the patient is such that they may feel safe sharing concerns with you.

27 Raising concerns about patient care can be difficult. As a medical student, you may not feel comfortable raising issues with supervisors who may also be responsible for making decisions about your performance on the placement. You may also feel uncomfortable raising concerns with clinicians who are very senior. Your medical school will have a policy for raising concerns that will address these issues, and you should make sure that you are familiar with it before you go out on placement and you should follow the procedure if you have concerns.

28 In exceptional circumstances, you may not feel comfortable following the medical school’s policy, but you must still find another way to raise your concern. For example, you could talk to a member of medical staff who you have an ongoing relationship with, such as your personal tutor, who will be able to support you and raise the issue with your medical school.

29 You must:

- raise any concerns you have about patient safety, dignity or comfort promptly
- follow your medical school’s policy on raising concerns, wherever possible.

30 Another important part of responding to risks to patient safety is raising any concerns you might have about the staff you work with. For example, you might be worried that a fellow student, doctor or nurse is working beyond their competence level and putting patients at risk because they are doing something they are not qualified to do. Or you might be concerned that the health of one of the people you are working with on a placement or a fellow student may potentially put patients at risk.

* The GMC has produced guidance on Raising and acting on concerns about patient safety and a decision-making tool that will help registered doctors to know what to do if they have a concern about patient safety.
You may also have concerns about the lecturers and staff at your medical school. Although these staff may not be an immediate risk to patients, your medical school will still want to know if you are concerned about someone’s health or wellbeing.

Your medical school should have a formal policy in place to deal with these issues, which you should follow wherever possible. This policy will also include mechanisms for supporting you in dealing with these difficult issues. If you are unsure whether to raise a concern formally, you should ask your medical school or an experienced healthcare professional for advice. It’s important to remember that, by raising a concern about a colleague, you are not acting against them – you are protecting patients and allowing that individual to get the support they need.

You must:

- raise concerns if you feel that those you are working with are putting patients at risk for any reason, including if you think their health may put patients at risk
- raise concerns in a confidential, non-judgemental manner.

Remember that you may need to raise concerns about your fellow medical students, as well as registered medical staff members.

You should be aware that it can be difficult for organisations to deal with anonymous concerns. But this doesn’t mean that the person you raise concerns about will automatically know it was you who raised the issue.

Protect patients and colleagues from any risks posed by your health

As a medical student, both during study and on placement, you are likely to experience situations that will have an impact on you emotionally. At times, you may experience stress and anxiety. This is completely normal and your medical school should support you with safe ways to share and reflect on difficult experiences. You should also seek help from your GP and other appropriate sources (for example, helplines) to address any issues at an early stage. This may include making adjustments to your training or practice, if required.
You will have significant contact with patients while on clinical placements and any health issues you have may affect them and your fellow students and teachers. Registered doctors must protect patients and colleagues from any risks posed by their own health and, as a medical student, you also have this responsibility.

If you know or suspect that you have a serious condition that could be passed on to patients, you must follow your medical school’s guidance about this.

You must also comply with the occupational health policies and procedures of your medical school or university (for example, immunisation against common, serious communicable diseases).

You don’t need to perform exposure prone procedures* (EPPs) to achieve the outcomes of undergraduate medical education. Students with blood-borne viruses can study medicine, but they should not perform EPPs and may have restrictions on their clinical placements. They must also complete the recommended health screening before they carry out any EPPs and must limit their medical practice when they graduate. You can find further information and guidance on the MSC website.

Registered doctors should not treat themselves or their friends and family and are expected to seek independent medical advice on issues relating to their own health. This also applies to you as a medical student. If you experience any health issues, you should go to see your GP or appropriately qualified healthcare professional, and not rely on what you have learnt as a medical student or the views of other students or medically qualified family members or friends. It is important that you have access to independent advice and you should register with a GP who is local to your medical school.

You must also tell your medical school about any serious health problems, or any aspect of your health, or personal circumstances, that could impact on your training (especially your placements) or your relationship with colleagues.

* EPPs are procedures where there is a risk that injury to the worker may result in exposure of the patient’s open tissues to the blood of that worker. These procedures include those where the worker’s gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.
41 This is important for the following reasons.

- Your medical school will want to support you, but it can’t do this if it doesn’t know that you have a problem.

- Not telling your medical school may imply a lack of insight into the impact your condition may have on patients, your fellow students and yourself – this is a crucial factor medical schools consider in relation to health and fitness to practise.

- Not informing your medical school is contrary to what is expected of doctors applying for provisional registration with the GMC. Doctors are expected to declare any health conditions that might affect their fitness to practise medicine.

42 The GMC has produced guidance for medical students and medical schools on dealing with mental health conditions, *Supporting medical students with mental health conditions*, and also guidance for medical students and schools about preventing unnecessary barriers for disabled students studying medicine, *Gateways to the professions*.

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**Your health – dos and don’ts**

**Do:**

- tell your medical school
- get appropriate support – all medical schools have support systems in place to help you; take advantage of these
- register with a GP local to your medical school
- seek independent advice if you have a health condition or think that your health or personal circumstances may be affecting your studies or training
- if you are given a treatment plan, make sure you follow it and don’t make changes to your treatment without consulting your treating physician.

**Don’t:**

- hide it – your medical school will want to help you
- use your medical knowledge to treat yourself.
Domain 3: Communication, partnership and teamwork

**Communicate effectively**

43 Communication is vitally important when practising medicine. Doctors must work in partnership with patients. They must listen to and respect patients’ views about their health and share with them the information they want and need so that they can make decisions about their treatment and care. As a medical student, you will learn how to communicate effectively in a variety of clinical, simulated and non-clinical settings and it is important that this learning is applied to your interactions with patients.

44 When communicating with patients you must:

- listen to them and give honest responses to their questions – including being honest if you don’t know the answer to their question
- take into account the patient’s language and communication needs and other potential barriers to effective communication (for example, pain or anxiety) and ask for support if necessary
- be considerate and polite to anyone close to the patient, such as their relatives, carers and friends.

**Work collaboratively with colleagues to maintain or improve patient care**

45 All doctors must work effectively with other doctors and healthcare professionals to make sure patients are treated effectively. While on clinical placements, you need to be aware of, contribute to and enhance the work of these teams.

46 Your fellow students, clinical and non-clinical teachers and those responsible for the administration of your course are your colleagues. It’s important that you treat them with respect. You will also learn with students from other health professions and this is important in order to develop an understanding of the valuable contributions different professions make in a multidisciplinary healthcare team.

47 You must:

- work collaboratively with your teachers, trainers and fellow students, including those from other healthcare professions
- treat all colleagues fairly and with respect
- understand that your own behaviour can influence how a team works.

This final point means that you need to be aware of the impact that your behaviour may have on others. For example, if you fail to engage with a group project, this behaviour may adversely affect the others in your group.

**Teaching, training, supporting and assessing**

48 All registered doctors are expected to support and mentor their less experienced colleagues, even if they do not have a formal responsibility for education and training. This is how the profession supports the development of its members. Doctors are also expected to take part in the assessment of trainees and to provide feedback for the appraisals of colleagues. They must complete these activities in an open and honest way.
As a medical student, you may be expected to mentor other students or be asked to provide feedback about your peers. If you are asked to do this, you must do so in an honest, constructive, open and fair way.

One thing that you will be asked to do as a medical student is to give feedback on the quality of your placements and teaching. You must provide this feedback when asked to as it will help your medical school to improve the overall quality of the education they provide. You must be fair, constructive and professional in the feedback you provide and make comments based on your own experience. You should try to highlight areas of good practice as well as identifying areas where improvements could be made.

**Continuity and coordination of care**

Registered doctors have a responsibility to make sure patients are transferred safely between different doctors, teams and healthcare settings. This means they have to make sure that they share relevant information about the patient to the colleague or team that is taking over their care. They must also be satisfied that those to whom they hand over the care of the patient have the necessary qualifications and understanding to care for the patient effectively. As a medical student, you will learn how to carry out this process.

As a senior medical student, it is likely you will be expected to look after patients under supervision. You must make sure that when you transfer the care of a patient you share appropriate information with the person taking over their care and that you transfer care to an appropriate person. If you have any concerns about this process, you should ask a senior colleague for help.

**Establish and maintain partnerships with patients**

The ability to establish and maintain a partnership with patients is fundamental to good medical practice. As a medical student, you will learn how to develop a partnership with patients but there are also some fundamental things you must do in relation to all contact you have with patients.

You must:

- be polite and considerate at all times
- respect patient dignity, confidentiality and privacy
- treat patients fairly and with respect, no matter what you think about their life choices or beliefs
- be clear with patients about the role you will take in their care.
Working in partnership with patients means that doctors need to give them the information they want and need, so that patients can make decisions about their own care. You will also need to do this when you are directly involved in patient care. If you can’t give all the information that the patient wants, or answer their questions, you must ask for help and support from a more experienced colleague.

Maintaining patient confidentiality

All patients have a right to confidentiality. Confidentiality is a complex area, which you will learn about during your time at medical school. At a basic level, you need to be aware that you must never share information about a patient with anyone who is not directly involved in their care. You must not share identifiable information about a patient on social media, or include it in any work or logbooks you submit. You must also be mindful of a patient’s right to confidentiality when you discuss their condition with their friends and family, and when you discuss patient care with colleagues on the ward and in other public places.

Making a conscientious objection

Doctors have a right to opt out of providing certain types of treatment because of their personal beliefs and values, as long as this does not result in discrimination against individuals or groups of patients. Where they have a conscientious objection to arranging or providing a procedure, they must explain this to the patient, tell them they can see another doctor and make sure that they have the information to do so. They must not express disapproval of the patient’s choices in doing this. For more information, see the GMC’s guidance for registered doctors, Personal beliefs and medical practice.

A note on confidentiality

It’s normal to want to talk about things that you have seen on clinical placements with colleagues or friends. You will see unusual medical conditions and may be put in strange situations as well as being involved in situations where patients experience adverse outcomes. But it’s important that you never name your patients, as this would be a breach of their confidentiality.

You should also be careful to make sure that you never discuss patients in a public place or on social media. Even if you don’t mention a patient by name, there is a chance that someone nearby or looking online might know who you are talking about.

If you do want to talk to a colleague, friend or supervisor about what you have seen on placement, you should only do that in a private place. And you should not mention the patient by name, except to a clinician directly involved in their care.

For more information see the GMC’s guidance for registered doctors, Confidentiality and Doctors’ use of social media.

As a medical student, you also have the right to hold a conscientious objection to some types of treatment and you should discuss this with your medical school. However, you must meet the GMC outcomes for graduates (Tomorrow’s Doctors) and cannot be exempted from any of these outcomes.
Domain 4: Maintaining trust

Show respect for patients

59 Doctors must show respect for their patients at all times – this is also expected of medical students too. Showing respect means treating patients fairly and communicating in a polite and considerate way. It also means not expressing your personal beliefs to patients in ways that exploit their vulnerability or that would cause them distress.

60 Doctors are trusted individuals and are responsible for making decisions about a patient’s health. When a person is ill, they can be emotionally and physically vulnerable. Doctors must not take advantage of this vulnerability to pursue improper emotional or sexual relationships with patients or those close to them. This also applies to medical students. You must not use your position as a medical student to pursue an improper emotional or sexual relationship with a patient. This also applies when the patient initiates the relationship with you.

61 When something goes wrong with a patient’s treatment, doctors are expected to be open and honest with patients and their relatives. As a medical student, you will not be directly responsible for patient care because this responsibility will lie with your supervisor. But if you think that any aspect of care that you are involved in does go wrong, you should inform your supervisor as soon as possible. Your supervisor will support and guide you in putting matters right (if needed), which may include explaining to the patient what has happened and offering an apology.

Treat patients and colleagues fairly and without discrimination

62 Registered doctors have a responsibility to provide treatment based on the clinical needs of their patient rather than their own beliefs about the patient’s lifestyle or choices. As a medical student, you will not be expected to make decisions about treatment options, but you should bear in mind the importance of not letting your own judgements affect the way you treat people.

63 Doctors also have a responsibility to not unfairly discriminate against patients or colleagues by allowing their personal views to affect their professional relationship. As a medical student, you also have this responsibility. In your case, colleagues include fellow medical and other healthcare students, the clinicians and other staff you work with on clinical placements, and the staff at your medical school. You should not make discriminatory comments about individuals or groups of people either in public, or to fellow students, teachers and medical school staff or on social media.
You must not unfairly discriminate against patients or colleagues on the basis of their lifestyle, culture, or social or economic status. This includes characteristics protected by legislation. These are:

- age
- disability
- gender reassignment
- race
- marriage and civil partnership
- pregnancy and maternity
- religion or belief
- sex and sexual orientation.

Act with honesty and integrity

Honesty

Doctors hold a trusted position within society and are held to a high standard in terms of their behaviour. They must always make sure that their conduct – both professionally and personally – justifies their patients’ trust in them and the public’s trust in the profession.

As a medical student, you are on a path to join the medical profession and therefore a higher standard of behaviour is expected of you than is expected of other students on courses that don’t lead to the student joining a profession.

Demonstrating honesty

Here are some practical things you must do in order to demonstrate you are honest in your work as a medical student.

- Don’t pass off the work of others as your own. This is plagiarism.
- Be honest about your experience and qualifications. This means that you must not give your supervisors or teachers any misleading or false information about your qualifications or experience, or include such information in documents such as CVs and job applications.
- Make sure that when you carry out research, you report findings accurately and truthfully.
- Be honest and trustworthy in all your communications with patients and colleagues. This means making the extent of your knowledge clear and checking that the knowledge you provide is correct.
- Be open and truthful about your health and make use of the processes put in place by your medical school to support you.
- Be honest in the work you submit as part of your course. This means you must not claim to have done something, like a practical procedure on a clinical placement, if you have not.
- Don’t say that you have attended teaching sessions if you haven’t. And don’t ask another student to sign in for you.
- Be honest and open in any financial and commercial dealings with employers, insurers and other organisations and individuals.
Openness and legal or disciplinary proceedings

67 Doctors must be honest and trustworthy if they are asked to give evidence in any legal or disciplinary process. They are also expected to report certain matters to the GMC as their regulator. For example, if they receive a caution from the police they must report it to the GMC.

68 Medical students are not registered with the GMC, but they do have similar responsibilities in relation to their medical school. Medical schools must not graduate any student that they consider is not fit to practise. This means, even if you meet all the competencies and pass your exams, your medical school can only graduate you if it is satisfied that you are fit to practise. You will also need to declare any fitness to practise issues when you apply for provisional registration with the GMC.

69 As a medical student, you have a duty to cooperate with medical school fitness to practise procedures that involve you or your colleagues. You also have a responsibility to tell your medical school and the GMC when you apply for provisional registration if you:

- accept a caution for a criminal offence while you are at medical school, unless the caution is protected
- have been charged with or found guilty of a criminal offence while at medical school
- have any concerns about your health.

70 You should inform your medical school or university if you are the subject of any legal proceedings that could call into question your fitness to practise. You should not wait until legal proceedings have been concluded before you do this.

71 If you had any cautions or convictions before you started medical school, you are required to declare these on admission, unless they are protected. You can find more information about protected cautions and convictions on the GMC website.

72 You are also required to declare if there has ever been a determination by a UK or overseas regulatory body that your fitness to practise as a member of that regulated profession is impaired. For example, nursing, dentistry or law.
Professional misconduct: key areas of concern

A medical student’s behaviour must reflect the trust that patients and the public place in them. The following list gives some examples of unprofessional behaviour that would be a cause for concern if you displayed them. Concerns over a number of different areas or repeated or persistent concerns could lead to fitness to practise proceedings. It’s important to note that this list is not exhaustive.

1 Persistent inappropriate attitude or behaviour
   a Uncommitted to work or a lack of engagement with training
   b Neglect of administrative tasks
   c Poor time management
   d Non-attendance
   e Poor communication skills
   f Failure to accept and follow educational advice
   g Being rude to patients, colleagues or others
   h Being disruptive in teaching sessions
   i Challenging behaviour towards clinical teachers or not accepting criticism
   j Failing to answer or respond to communications

2 Unprofessional behaviour or attitudes
   a Misuse of social media
   b Breach of confidentiality
   c Misleading patients about their care or treatment
   d Culpable involvement in a failure to obtain proper consent from a patient
   e Sexual, racial or other forms of harassment or bullying
   f Inappropriate examinations or failure to keep appropriate boundaries in behaviour
   g Unlawful discrimination
   h Disruptive behaviour in the training environment
   i Unwillingness to learn from feedback given by others

3 Drug or alcohol misuse
   a Driving under the influence of alcohol or drugs
   b Alcohol consumption that affects clinical work or the work environment
   c Dealing, possessing, supplying or misusing drugs even if there are no legal proceedings – this may include legal highs
   d Excessive misuse of alcohol
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<th>Cheating or plagiarising</th>
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<td>a</td>
<td>Cheating in examinations</td>
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<td>Taking, dealing or supplying illegal drugs</td>
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<td>b</td>
<td>Passing off the work of others as your own</td>
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<td>Theft</td>
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<td>c</td>
<td>Forging a supervisor’s name or falsifying feedback on assessments, logbooks or portfolio</td>
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<td>Physical violence</td>
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<td>a</td>
<td>Falsifying research</td>
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<td>Financial fraud</td>
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<td>c</td>
<td>Fraudulent CVs or other documents</td>
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<td>Misrepresentation of qualifications</td>
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<td>Failure to declare relevant misconduct or health issues to your medical school or university</td>
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<th>Aggressive, violent or threatening behaviour</th>
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<td>a</td>
<td>Assault</td>
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<td>Cyber bullying</td>
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<td>Child pornography</td>
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<td>Child abuse or any other abuse</td>
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<td>a</td>
<td>Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional</td>
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<td>b</td>
<td>Refusal to follow medical advice or care plans, or to comply with arrangements for monitoring and reviews</td>
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<td>c</td>
<td>Failure to comply with reasonable adjustments to ensure patient safety</td>
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<td>d</td>
<td>Failure to recognise limits and abilities or lack of insight into health concerns</td>
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<td>Failure to be immunised against communicable diseases</td>
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Annex: Professionalism and fitness to practise processes in medical schools and universities

1. This annex sets out basic information on fitness to practise processes in medical schools and universities. You can find more information in the guidance, *Medical students: professionalism and fitness to practise*.

2. Medical schools have a duty to graduate only those students who are fit to practise. This requirement is set by the GMC, which is responsible for quality assuring medical education and training in the UK. Because of this requirement, your medical school will have ways to monitor students’ behaviour and have a fitness to practise or professionalism process to deal with students who display unprofessional behaviour.

3. We provide high-level guidance to medical schools on running these processes but the processes themselves do vary between medical schools. This is because each medical school is unique in its size and structure and because of other factors, such as their relationship to their parent university. However, we have set out a broad framework that schools follow.

Monitoring low-level concerns

4. Low-level concerns are things like missing teaching sessions, failing to hand in work on time or failing to respond to communications from the medical school. Medical schools will monitor the behaviour of its students in relation to these types of concerns. While one instance of this type of behaviour may not be enough to trigger a fitness to practise process, if a student persistently exhibits these types of behaviour it may be a cause for concern that the medical school will want to look at in more detail.
Some medical schools have a committee to look at instances of this type of behaviour, while in other schools an individual may be responsible for this process. This is an opportunity to discuss with the student why they have acted in this way and to identify any underlying issues that indicate the student needs additional support, such as a health issue.

These committees will also be able to advise students about the steps they need to take to avoid getting in further trouble in relation to their professional performance and can support students to help them do this.

These committees can sometimes issue a warning to say that a student must improve their behaviour or face further action.

What is a fitness to practise panel?

A fitness to practise panel is an impartial group of individuals that considers whether a student is fit to practise for the purposes of continuing their studies or for the purposes of graduation. Medical schools prepare evidence for the panel to consider and students can also submit any evidence they feel is relevant.

This evidence is then presented to the panel, which makes a decision based on it. A panel will seek to establish the facts of the case and will then decide whether the student’s fitness to practise is impaired. They will then make a decision on what, if any, sanction should be applied.

The panel will set out its decision in writing and explain the reasons for it. This decision letter will also give the student information on how they can appeal the panel’s decision.

If a student does something more seriously unprofessional or exhibits persistent low-level unprofessional behaviour, including in relation to the management of their health, this could potentially mean their fitness to practise is impaired. Their medical school will begin a process to investigate this behaviour. The investigation may conclude with no further action, a warning or referral to a fitness to practise panel.
Some of the factors fitness to practise panels consider

**Patterns of behaviour**
If a student keeps behaving in an unprofessional way, it can suggest they are not learning from their mistakes and can be evidence of an unprofessional attitude. This may also be considered in relation to a student’s health – for example, if they show a pattern of not asking for help with a medical condition.

**Insight**
This means the student understands that what they have done is unprofessional and why it is unprofessional. Establishing whether a student has insight is one of the key things panels look at. Things like apologising for their behaviour and being open and honest about past mistakes to third parties can help a student demonstrate insight.

**Remediation**
This is the process where the student takes steps to show that they have corrected their behaviour and are now fit to practise. Some examples of remediation might include:

- writing reflective essays on past unprofessional behaviour
- engaging with support provided by the medical school
- being able to demonstrate a significant period of good behaviour.

**Mitigating factors**
These are things that may help to explain the reasons for the student’s poor behaviour. For example, a student may have experienced bereavement and this might have had an impact on their behaviour.

**Aggravating factors**
These are things that make an offence worse. For example, if a student gets a conviction or caution and they were drunk at the time the offence was committed.

**The student’s year of study**
It is expected that students mature while they are at medical school and that they learn about professionalism as they progress through the course. Therefore, some examples of behaviour could be considered minor misconduct if displayed by a new student but would be taken more seriously in a student who was about to graduate. In addition, students nearing graduation may not have time to show that they have remediated and this can make it hard for medical schools to allow them to graduate.