Medical students: professionalism and fitness to practise

Draft guidance from the GMC and the MSC, for consultation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

This document gives high-level guidance about managing processes for professionalism concerns and fitness to practise in medical schools and universities. It should be read together with *Medical students: professional values*, which outlines the standards of professional behaviour expected of medical students.

You may also find it helpful to read *Supporting medical students with mental health conditions* and *Gateways to the professions*, which give guidance on how schools can support students with mental health conditions and disabilities.

You can read these and other guidance documents, along with additional resources to support the use of this guidance in practice, on the GMC website.
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What does this guidance cover?

1 Medical students are working towards joining the medical profession. Their studies will put them in contact with patients and members of the public, who may often be vulnerable. Because of this, we expect medical students to display standards of professional behaviour that are different from those expected of other students not training to join a regulated profession. Meeting these standards is a requirement for graduation.

2 Medical schools are responsible for giving their students opportunities to learn, understand and practise the standards we expect of them. To support this, the General Medical Council (GMC) and the Medical Schools Council (MSC) have produced Medical students: professional values – a guidance document for students that outlines the standards of professional behaviour expected of them.

3 The GMC and the MSC, referred to as ‘we’ and ‘us’ in this document, have produced this guidance aimed at those medical school and university staff and placement provider organisations that identify, manage and support students whose professionalism or fitness to practise is a cause for concern. The guidance will also be useful for anyone involved in fitness to practise investigations, hearings and decision making.

4 When a medical student’s conduct or health becomes a cause for concern it is essential that they are given the appropriate support and guidance to continue their studies. But some concerns can’t be remedied with support, so medical schools and universities must have a process in place to identify and deal with students whose conduct or health is such that their fitness to practise may be impaired.

5 This guidance aims to give medical schools and universities a consistent framework for addressing health and behaviour concerns in medical students. Medical schools and universities will also have their own local procedures that are appropriate for their size and governance structure, and they must follow these procedures.

6 Local procedures and practices should reflect the information given in this guidance. Any deviation from the medical school or university’s own procedures or this guidance should be justifiable and the reasons for any deviation documented.

7 Although this guidance is mainly aimed at medical schools and universities, medical students may also find it useful. It can help them to understand how medical schools and universities deal with professionalism concerns and fitness to practise issues. Students should also look at their own medical school or university procedures for guidance on local procedures and practices.
The GMC’s role in promoting professionalism and fitness to practise

8 The GMC helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. The standards of professional behaviour expected of registered doctors are set out in *Good medical practice* and the standards of professional behaviour expected of medical students are outlined in *Medical students: professional values*.

9 There are differences between the standards expected of medical students and those expected of registered doctors. However, medical students are the doctors of tomorrow and as such, there are many similarities between the behaviour expected of them at medical school and that expected of registered doctors.

10 This guidance aligns with the requirements of *Good medical practice* and, wherever possible, the GMC’s test of fitness to practise for doctors applying to join the register and fitness to practise procedures for registered doctors. This guidance also complements our guidance *Medical students: professional values*.

11 Awareness and education are key to making sure that all medical students are familiar with the standards of professional and personal behaviour expected of them from the very beginning of their course and the values that underpin them.

12 As well as it being important for students to behave in a way that demonstrates professional values, it is equally important for medical schools to actively promote an open and transparent culture that embeds these values.
Consideration equality and diversity issues

13 Medical schools’ procedures for managing concerns about professionalism and fitness to practise should clearly explain how they will consider equality and diversity issues. Procedures should outline schools’ responsibilities under the *Equality Act 2010* and should make sure that they don’t unfairly discriminate on the basis of lifestyle, culture, or social or economic status. This includes characteristics protected by legislation that apply to further and higher education establishments:

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

In addition, medical schools should be mindful of their responsibility to provide reasonable adjustments and support for students who need them to access learning.

You can find more information in the GMC guidance about preventing unnecessary barriers for disabled students studying medicine, *Gateways to the professions*.

14 Staff members who have significant roles in the student fitness to practise process, such as investigators, panellists or committee members and other relevant decision makers, must understand and receive training in the legal requirements and good practice of equality and diversity specific to their role.

* The *Equality Act 2010* does not apply to Northern Ireland. You can find more information about the equality legislation in Northern Ireland on the Equality Commission Northern Ireland’s website.
Fitness to practise

15 Under the terms of the Medical Act 1983, a registered doctor’s fitness to practise may be impaired by reason of:

- misconduct
- deficient professional performance
- a conviction or caution in the British Isles (or elsewhere for an offence which would be a criminal offence if committed in England or Wales)
- adverse physical or mental health
- not having the necessary knowledge of English
- a determination (decision) by a regulatory body, either in the UK or overseas, to the effect that their fitness to practise as a member of the profession is impaired.

16 The GMC uses these reasons for impairment when it applies the test of fitness to practise to registered doctors and those applying for registration. Medical schools may also wish to refer to these reasons for impairment when they make decisions about a student’s fitness to practise.

17 Medical schools and universities should be aware that fitness to practise concerns can involve issues that fit into more than one category. Where there are multiple issues (for example, health and misconduct), the medical school must consider all matters and must take account of the cumulative effect of all impairing factors. It’s important to make sure that the student is given appropriate support and, where a health condition is involved, the opportunity to seek appropriate treatment.

18 Deficient professional performance, in the context of medical students, refers to unsatisfactory academic competence and progression. As such, this is unlikely to be a reason for impairment of fitness to practise in medical students, and will be dealt with by the university or medical school’s academic procedures.

19 Medical schools should note that physical or mental health alone is not usually sufficient to conclude impairment. It is a student’s failure to seek the appropriate help or engage in the process to manage any condition that may call into question their fitness to practise.

20 Not having the necessary knowledge of English should also not normally be an issue for students working towards a primary medical qualification in the UK because medical schools require proof of English language skills at the point of entry to the course. Students will also be subject to ongoing assessment of their language and communication skills to meet the outcomes of undergraduate medical education.
Fitness to practise at graduation

21 Medical schools must not graduate students where fitness to practise concerns have been raised or are under consideration. By graduating a student, the medical school is declaring them fit to practise as a doctor.

22 How fitness to practise affects GMC provisional registration

Newly qualified doctors, who wish to work in the UK, must apply for provisional registration and answer questions relating to their health, conduct, and any criminal record, which will help the GMC decide if they meet the standards for registration. The GMC has a statutory duty to register only those doctors whose fitness to practise is not impaired. The GMC must reach this decision and cannot simply accept a decision made by another authority. If there are any concerns, the GMC will assess these and will decide whether to grant provisional registration. You can find more information on the GMC's registration and licensing webpages.

23 The law doesn’t let the GMC make a conditional grant of registration, or register a doctor and consider their fitness to practise afterwards. At the time of application, a doctor is either fit to practise or not fit to practise.

24 Medical schools should inform students that the GMC is responsible for decisions about registration, and that this includes a separate test of fitness to practise. This should be highlighted in admissions procedures, student handbooks and in fitness to practise guidance and procedures.

25 Medical schools must make clear to students that the GMC will consider any issue that calls their fitness to practise into question when they come to apply for provisional registration. This may, in exceptional circumstances, include incidents that happened before they entered medical school as well as incidents that occur during their undergraduate years.

26 Medical schools should make students aware, before they apply for provisional registration, of the requirements in the GMC’s declaration of fitness to practise. Any disciplinary or fitness to practise action taken by a medical school or university – for example, any issue that is considered by a formal panel, committee or hearing – should be declared to the GMC, irrespective of the outcome.

27 If there is a concern that a student may be refused registration, the GMC may be able to give advice on the possible outcomes of an application based on the disclosed facts of the case. It is important to note that this would not bind the GMC to a particular decision at the point of registration. If students, medical school or university staff, or any other person, has concerns, they should seek advice as early as possible. We will provide a link to contact details in the published version.
When should students be given pastoral care and student support?

28 Giving support to students is pivotal in helping to prevent issues of behaviour or health becoming more serious and a greater cause for concern. Students may be affected by many issues during their time at medical school, including health, financial and family or other social issues. When concerns arise, medical schools should give their students access to appropriate support to help manage these issues.

29 It is important that support is made available to students going through formal fitness to practise procedures, and written procedures should also include the requirement to give support to students from the outset of the process.

30 Medical schools should give their students clear information about the range and type of support services available. Staff should be aware of the details of what support is available and direct students to an appropriate service if necessary.

31 Support services may include:

- student health services (including mental health)
- disability support services
- occupational health services
- confidential counselling services
- support services through the student union – this may include peer support, financial, housing and legal help or advocacy
- personal tutors.
32 Medical schools should foster an open, transparent and supportive environment and encourage students to discuss problems openly with appropriate staff. There should be named or dedicated staff in the faculty who students know they can go to for advice and support in addition to their own personal tutor. Staff and students should work together in a cooperative way to address any issues, wherever possible.

33 There may be circumstances where information will need to be shared with relevant staff so they can provide support, but this should be done with the student’s consent. Staff should, however, make clear to students that information may be shared without their consent in limited circumstances – if there is a potential risk to colleagues, patients or the student themselves. In such circumstances, disclosure of information should be limited to that which is relevant to the issue.

34 Medical schools should make sure they regularly review the support a student is getting. They should monitor whether the support is helping to address the issues that the student has, and find out what else, if anything, needs to be done.

35 It is very important for the wellbeing of students that pastoral care and academic progress are, where possible, kept separate. Staff involved in making decisions on a student’s academic progression should not provide pastoral care.

36 The GMC and the MSC have jointly produced guidance for medical schools and medical students on Supporting medical students with mental health conditions. The guidance sets out some general principles that medical schools can also use to support students with physical health issues.
Considering health and disability issues

37 In most cases, health conditions and disabilities do not affect a medical student's fitness to practise, as long as the student:
- demonstrates appropriate insight
- seeks appropriate medical advice
- complies with treatment.

38 Medical schools must provide adjustments, where possible, to allow a student to fulfil the core competencies of their course and enable them to study and work safely in a clinical environment.

39 All students should register with a local general practitioner (GP), who will be able to offer them independent support and continuity of care while they are at medical school. Educational supervisors, who are involved in teaching a student, should not also be involved in providing their healthcare or occupational health assessments.

40 A GP or medical doctor who treats a student should not also be involved in occupational health assessments of fitness to practise, because this is a conflict of interest with their role as a therapeutic advocate. Similarly, occupational physicians are contractually obliged to give independent assessments of fitness to practise, so can’t also provide medical treatment services.

41 Students with health conditions – in particular, those with mental health conditions – are often identified as having problems because they display unprofessional behaviour that is out of character, such as poor attendance or failure to engage with their studies. Medical schools should give their staff training to help them identify students whose behaviour indicates an underlying health issue at an early stage.

42 When a student has a medical problem, it’s important to consider their fitness to study – whether they are well enough to participate and engage in their programme. The Higher Education Occupational Physicians group publishes fitness to train standards for medical students, Medical students – Standards of medical fitness to train on its website.

43 Students with medical problems should be referred to the university’s occupational health service so that they can be given an appropriate assessment. If it would be helpful and the student consents to it, the student’s treating specialist can give the medical school their opinion on whether the student should remain on the course. This advice is likely to be along the lines of one of the following.

- Medically fit to remain on the course
  This may also include recommendations about any reasonable adjustments (following consultation with the disability support office) and may also suggest the option of regular reviews through the occupational health service.
- **The need for an interruption from the course**
  This is usually recommended where there is the need for the student to take time out to access appropriate treatment or if they require a period of stability. Any return to the course should be dependent upon a further review through the occupational health service to confirm the student’s medical fitness. If the medical school does not consider such a review appropriate, they should give a clear, documented explanation as to why.

- **Referral to an independent specialist for further advice**
  This may be recommended by an occupational health physician in a limited number of complex cases (often involving mental health conditions). Such a referral would be made with the student’s informed consent. The independent specialist will produce a report, which they will send to the occupational health service. The occupational health service will discuss the report with the student, before sending further information and advice to the medical school.

- **Students should be able to self-refer to the occupational health service if they have concerns that a medical condition may affect their academic performance or fitness to practise. They should be reassured that any information received during such a consultation is confidential and any subsequent report will only be with their informed consent unless the occupational health practitioner considers that the student is a potential risk to others or themselves.**

- **Following an occupational health assessment, any subsequent report should address:**
  - the issue of the student’s medical fitness to study or practise
  - any necessary adjustments or support needed
  - the need for reviews
  - any expectations of the student – for example, compliance with medication.

- **The treating doctor has the same duty of confidentiality to students as to any patient. If the student does not consent to the disclosure of information about them, the doctor can only disclose it if either it is required by law or they judge disclosure to be in the public interest.**

*For more information, see GMC guidance on Confidentiality.*
In some cases, the occupational health physician may ask the student to give enhanced consent for the disclosure of medical information to let them provide appropriate care and ongoing support. For example, if a student returns to their course after a period of ill health, it may be helpful for the student, the disability support office, the occupational health physician and the treating specialist to discuss what steps they might take to minimise future problems.

In some cases, medical schools may need to monitor the extent to which a student is complying with a treatment programme to make sure they are fit to study or practise. The occupational health service is in an ideal position to do this, in consultation with the treating specialist.

Medical schools must make reasonable adjustments for students with a disability to allow them to achieve the outcomes for graduates required by the GMC. Although adjustments can’t be made to the outcomes themselves, reasonable adjustments can be made to learning and assessment methods. In all cases, any reasonable adjustments should be subject to regular review. You can find further information in the GMC guidance, Gateways to the professions.

If a student is receiving ongoing support for a health condition, it may be appropriate to arrange their placements in locations where they can receive continuity of care with the same healthcare professionals.

Medical schools should make clear to students that in some circumstances equivalent adjustments may not be available when they enter postgraduate education. Medical schools may find it helpful to ask local postgraduate education providers what reasonable adjustments they are able to provide. This will help medical schools to better inform students about what reasonable adjustments may be realistic in the workplace, which will help students to make informed decisions about their progression through medical education.

In rare circumstances, a chronic or progressive health condition may mean that it isn’t possible for a student to meet all the outcomes required by the GMC for graduation. Also, in a small number of cases, a health condition may mean that a student’s fitness to practise is impaired. If a student is unable to demonstrate the necessary competencies and all options for support and adjustments have been explored without success, it may be necessary to begin formal fitness to practise procedures. Medical schools must continue to support students throughout this process.
The transfer of information (TOI) process is designed to support medical students during their transition from medical school to employment as a doctor in training, in the first year of the Foundation Programme (F1).

It allows medical students to identify areas where they may need more support once they enter F1, in relation to:

- health and wellbeing
- educational progress
- professional performance.

Students complete the TOI forms and the medical school signs them off. Medical schools can add extra information where appropriate.

Medical students must include on the TOI form details of any fitness to practise or disciplinary cases that resulted in a written warning or sanction. This is to protect patient safety by making sure that concerns can be tracked from medical school to postgraduate education and training and to make sure that students can continue to be supported in relation to their development as a professional.

It is important to note that the TOI process does not replace the need to report any fitness to practise issues to the GMC or to flag health and disability matters to employers.

You can find more information in the MSC’s guidance on the process for applicants.
How should medical schools deal with concerns they receive about a student’s health or behaviour?

59 Allegations about a student’s health or behaviour may come from a number of sources, including:

- members of medical school or university staff
- staff who work in placement provider organisations
- occupational health physicians
- fellow students – the circumstances by which this information comes to light should be carefully examined
- police
- self-referral – perhaps declaration of a criminal matter
- member of the public
- anonymous complaint, whistleblower or media.

60 Medical schools and universities should make sure that their procedures have sufficient flexibility to receive allegations from a number of sources. They should also make sure procedures clearly define how cases are evaluated and, if necessary, include an option to fast-track cases of a serious nature.

61 Medical schools should also consider how they will deal with anonymous complaints and how they can gather evidence in these circumstances. It may be appropriate to deal with such complaints under the medical school or university’s anonymous complaint or whistleblower policy.

62 In some situations, such as where there is an allegation of plagiarism, it may be appropriate to consider the case under both academic and fitness to practise procedures. In these cases, medical schools should conduct the academic process first and conclude it before beginning the fitness to practise process. This will avoid the student facing simultaneous disciplinary procedures for the same allegation.

63 Medical schools’ procedures on dealing with concerns should also make clear how and when they communicate allegations to the student. Medical schools must give allegations to the student in writing before beginning any investigation.
How should medical schools deal with low-level professionalism concerns?

64 Medical students must meet all the outcomes for undergraduate medical education, including behaving according to ethical and legal principles. Medical schools are required to have formal processes in place for assessing these requirements. Any system for identifying, raising and monitoring low-level professionalism concerns should work in conjunction with existing systems for assessment.

65 Having a formal process for reporting and monitoring low-level professionalism concerns – such as lateness, not handing in work on time and missing lectures – will allow any unprofessional behaviour to be identified and addressed before it leads to more significant fitness to practise issues.

66 Students who experience difficulties with their health may display unprofessional behaviour that raises a low-level concern. It is important that medical schools have a system to identify students who display such behaviour, since this may be an early indicator of more significant misconduct or health issues.

67 Low-level professionalism concerns may be identified and raised by a number of sources, such as personal tutors, staff on placement or other students (see paragraph 59). Some medical schools have a card or points system for flagging unprofessional behaviour and such systems have the advantage that they can also be used to recognise and promote exemplary professional behaviour.

68 It’s important that medical schools give clear guidance to staff on their process for reporting any concerns about students and that they make sure this guidance is clearly available to anyone who may wish to use it.

69 Medical schools should also tell students how they will identify and monitor unprofessional behaviour, and what its consequences will be. Medical schools should be open and transparent with students and give clear and consistent advice.

70 There should be a defined process with specified criteria for making decisions about persistent low-level concerns. Many medical schools have a group or committee to address persistent low-level concerns and make decisions about whether a student has reached the threshold of their fitness to practise being impaired. In other schools, a senior staff member, such as the dean or year tutor, is responsible for doing this.
It is not practical to define a particular number of low-level concerns that mean a student’s behaviour has reached the threshold for a referral to fitness to practise procedures. Medical schools must consider students’ behaviour on a case-by-case basis. Medical schools must be consistent in their assessment of whether a student has reached the threshold for referral to fitness to practise procedures, taking into consideration the student’s previous behaviour and any patterns of persistent misconduct.

As a rule, medical schools should consider whether a student’s behaviour indicates they may be a risk to patients or the public, or may undermine public trust in the medical profession, when they decide whether the student has met the threshold for referral to fitness to practise procedures.

Whatever outcome or action the committee or individual decides to take in relation to a low-level concern, it must be clearly justified and explained to the student. In addition, the implications of repeating the behaviour should be detailed for the student in writing. Medical schools should keep a record of all the decisions they make in relation to low-level concerns so that they can follow up on persistent instances of poor behaviour.

In some circumstances, a student’s behaviour or pattern of behaviour may depart significantly from the expected standards of professionalism outlined in Medical students: professional values, but not reach the threshold for referral to fitness to practise procedures. In these circumstances, as well as monitoring future behaviour, it may be appropriate to issue a warning to the student without referring their case to a student fitness to practise panel or committee (see table 2).
What do we mean by student fitness to practise?

In relation to a doctor’s fitness to practise the GMC states:

‘To practise safely, doctors must be competent in what they do. They must establish and maintain effective relationships with patients, respect patients’ autonomy and act responsibly and appropriately if they or a colleague fall ill and their performance suffers.

‘But these attributes, while essential, are not enough. Doctors have a respected position in society and their work gives them privileged access to patients, some of whom may be very vulnerable. A doctor whose conduct has shown that he cannot justify the trust placed in him should not continue in unrestricted practice while that remains the case.’

The meaning of fitness to practise, GMC policy statement, 2014.

This statement explains what fitness to practise is for a registered doctor. But it is also relevant to medical students. Students are also in a privileged position, and have access to patients who may be vulnerable. Medical schools should not let a student continue their medical studies unrestricted, or let them graduate from medical school if their conduct suggests they may be a risk to patients or the public.

Students are in a learning environment and at the start of their professional career. When medical schools consider the fitness to practise of a student, it is appropriate to reflect on the severity of the behaviour, the maturity of the student and the year of study, as well as the likelihood of repeat behaviour and how well the student will respond to support.

Expectations of students are likely to change over the course of their studies. For example, misdemeanours in the early years of study, when a student has greater scope to demonstrate remediation, may have less of an impact on a student than misdemeanours in the later years of their course when there is less time before they must meet the requirements for graduation.

Medical schools should be aware that when concerns are raised about a student in the final year of study, there may not be sufficient time to resolve them. If a concern about a student’s fitness to practise is raised close to the date of graduation, then the medical school should consider the amount of time the student will have to demonstrate remediation. It may be necessary to allow a student to repeat all or part of a year, if appropriate. But in cases where there is an outstanding, justifiable concern over a student’s fitness to practise, the medical school must not graduate the student.
The threshold of student fitness to practise

80 In deciding whether to refer students to fitness to practise procedures, medical schools should consider how their behaviour or health might affect patient and public safety, or the public’s trust in the medical profession.

81 Investigators and panellists must consider whether a student’s behaviour has crossed the fitness to practise threshold on a case-by-case basis.

82 The following questions can help when considering this threshold. Medical schools should be mindful that this advice is only illustrative of the sort of concerns that could call a student’s fitness to practise into question and the outcome in all cases will depend on the particular circumstances.

Has a student’s behaviour deviated from the guidance set out in Medical students: professional values or a medical school’s own code of conduct and might it, as a result, have harmed patients or put patients, colleagues or themselves at risk of harm?

An incident or a series of incidents that cause concern to personal tutors and academic or clinical supervisors can be evidence of harm or risk of harm. A series of incidents can suggest persistent failings that are not being, or cannot be, safely managed through pastoral care or student support. For example, a persistent failure to engage with studies, follow instructions and heed educational advice.

Has a student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients, teachers or colleagues?

An isolated lapse in conduct, such as a rude outburst, may not in itself suggest that the student is not fit to practise. But persistent misconduct, which indicates a lack of integrity on the part of the student, an unwillingness to behave responsibly or ethically, or a serious lack of insight into obvious professional concerns, would bring a student’s fitness to practise into question.

Persistent misconduct, such as being disruptive in teaching sessions, showing challenging behaviour towards clinical teachers, failing to accept criticism and repeatedly not responding to communications may also be grounds for considering a student has reached the threshold of impairment.

Have attempts to improve a student’s behaviour failed and does the medical school identify a remaining unacceptable risk to patient safety or public confidence in the profession?

If a medical school has tried to give a student care and support or educational remediation to address some, or all, issues that are causing concern, but these measures have failed, it’s likely that the student’s fitness to practise will be called into question. For example, the student may have been given a warning for previous misconduct and been told that a repeat of the behaviour would indicate impairment of fitness to practise and formal proceedings.
Has a student abused a patient’s trust or violated a patient’s autonomy or other fundamental rights?

Behaviour that shows that a student has acted without regard for a patient’s rights or feelings, or has abused their position as a medical student, will usually give rise to questions about fitness to practise. For example, if a student deliberately misleads patients by not displaying their student identity badge to obtain consent to carry out an examination.

Has a student behaved dishonestly, fraudulently or in a way designed to mislead or harm others?

Deliberate dishonesty or fraudulent behaviour will call into question a student’s fitness to practise, especially if there is a pattern of this kind of behaviour. Examples may include plagiarism, cheating, dishonesty in reports and logbooks or forging the signature of a supervisor.

Might the student’s behaviour undermine public confidence in doctors generally if the medical school did not take action?

The medical school should take action if a student’s behaviour might undermine trust in the medical profession. This might include, for example, misuse of social media, receiving a criminal caution or conviction, failing to comply with the regulations of the medical school, university, hospital or other organisation, or dishonest and fraudulent behaviour.

Is a student’s health or disability compromising patient safety?

Medical schools don’t need to start fitness to practise procedures just because a student is ill, even if the illness is serious. However, they might need to if the student is not following medical advice to minimise the risk to themselves and colleagues. Or if the student does not have insight into the impact of their condition and how it might compromise patient safety.

The threshold of student fitness to practise: health

Medical schools should consider fitness to practise procedures for a student with a health condition (including addiction) in the following circumstances.

- Where there are significant concerns about the student’s fitness to practise or about patient safety. For example, if a student’s ill health appears to be uncontrolled or where there is evidence that the student is not following treatment or advice.

- Where there is a significant risk of relapse or loss of insight, which may be characteristic of a condition, for example addiction or certain mental health conditions.

- Where there are significant misconduct issues linked with a health condition. For example, where a student is convicted of a drink-driving offence.
There is no need to intervene if:

- there is no risk to patients, staff, fellow students or to public confidence in the profession
- the student has insight into their condition
- the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies appropriately.

**Reasons for impaired fitness to practise in medical students**

Table 1 gives examples of the sorts of behaviour that might indicate that a student’s fitness to practise is impaired. The examples vary in seriousness. In some cases, the behaviour itself might indicate a need to refer the student directly into fitness to practise procedures. Other examples are less serious on their own, but if they happen repeatedly or in combination, or if there are aggravating factors, there may also be grounds for referral to a fitness to practise investigation.

To put these examples of behaviour in context, we’ve organised the table according to the published reasons for impairment for fully or provisionally registered doctors and applicants for registration. These examples are not intended to be an exhaustive list. Medical schools should consider each case individually in light of the specific circumstances that the case presents.

Students must meet the outcomes of undergraduate medical education to graduate with a medical degree. There is some overlap between the expected professional behaviour of students and the assessed outcomes of medical education in relation to professionalism. Therefore, medical schools may have a formal means of assessing some of the behaviour outlined in this table.
Table 1 – Reasons for impaired fitness to practise in medical students

The reasons for impairment are set out at Section 35C (2) of the Medical Act 1983 (as amended). There are six reasons why the fitness to practise of a fully or provisionally registered doctor may be impaired. Two of these – deficient professional performance and not having the necessary knowledge of English – are not included in the table because they are unlikely to be addressed by the medical school or university student fitness to practise process (see paragraphs 18 and 20).

<table>
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<th>Reasons for impairment</th>
<th>Key areas of concern</th>
<th>Examples of behaviour</th>
</tr>
</thead>
<tbody>
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<td>Misconduct – this includes issues that raise a question about a student’s honesty, trustworthiness or character</td>
<td>Drug or alcohol misuse</td>
<td>• Driving under the influence of alcohol or drugs</td>
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<td></td>
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<td>• Alcohol consumption that affects clinical work or performance in the educational environment</td>
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<td>• Dealing, possessing or misusing drugs</td>
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<td>• Excessive misuse of alcohol</td>
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<tr>
<td>Cheating or plagiarism</td>
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<td>• Cheating in examinations</td>
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<td>• Passing off others’ work as one’s own</td>
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<td>• Forging a supervisor’s signature or feedback on assessments, logbooks or portfolios</td>
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<td>• Signing another person into a session register to confirm their attendance</td>
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<td>Dishonesty or fraud, including dishonesty outside the professional role</td>
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<td>• Falsifying research</td>
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<td>• Financial fraud</td>
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<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 issues to medical school or university</td>
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<td>• Wilful withholding or misrepresentation of health issues (eg blood-borne viruses)</td>
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<td>Aggressive, violent or threatening behaviour</td>
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<td>• Assault</td>
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<td>• Physical violence</td>
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<td>• Bullying</td>
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<td>• Harassment</td>
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<td>• Stalking</td>
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<td>• Cyberbullying</td>
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<td>Unprofessional behaviour or attitudes</td>
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<td>• Misuse of social media</td>
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<td>• Breach of confidentiality</td>
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<td>• Misleading patients about their care or treatment</td>
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<td>• Culpable involvement in a failure to obtain proper consent from a patient</td>
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<td>• Sexual, racial or other forms of harassment</td>
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<td>• Inappropriate examinations or failure to keep appropriate boundaries in behaviour</td>
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<tr>
<td></td>
<td></td>
<td>• Unlawful discrimination</td>
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<tr>
<td>Reasons for impairment</td>
<td>Key areas of concern</td>
<td>Examples of behaviour</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>Misconduct – this includes issues that raise a question about a student’s honesty,</td>
<td>Persistent inappropriate attitude or behaviour</td>
<td>■ Disruptive behaviour in the training environment</td>
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<tr>
<td>trustworthiness or character</td>
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<td>■ Unwillingness to learn from feedback given by others</td>
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<td>A conviction or caution in the British Islands for a criminal offence, or a conviction</td>
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<td>■ Rudeness to patients, colleagues or others</td>
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<td>elsewhere for an offence which, if committed in England and Wales, would constitute a</td>
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<td>■ Uncommitted to work or a lack of engagement with training, programme of study or</td>
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<td>criminal offence</td>
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<td>clinical placements</td>
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<td>■ Neglect of administrative tasks</td>
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<td>■ Poor time management</td>
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<td>■ Non-attendance</td>
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<td>■ Poor communication</td>
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<td></td>
<td><strong>Note: Medical schools can still take action in the light of any misconduct, even if there is no criminal caution or conviction relating to any of these matters.</strong></td>
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<tr>
<td>A determination by a body in the United Kingdom responsible under any enactment for</td>
<td>A determination, regardless of whether or what sanction was imposed</td>
<td>■ A finding of impairment of fitness to practise by a health or social care regulatory</td>
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<td>the regulation of a health or social care profession to the effect that the person’s</td>
<td></td>
<td>body</td>
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<tr>
<td>fitness to practise as a member of that profession is impaired, or a determination by</td>
<td></td>
<td>■ A previous finding of impairment of fitness to practise by a university or medical</td>
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<td>a regulatory body elsewhere to the same effect</td>
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<td>school that was not disclosed on application for admission</td>
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<td>Adverse physical or mental health</td>
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<td>■ Failure to seek appropriate treatment or advice from an independent and appropriately qualified health professional</td>
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<td>■ Refusal to follow medical advice or care plans, including monitoring and reviews</td>
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<td>■ Failure to recognise limits and abilities or lack of insight into health concerns</td>
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<td></td>
<td>■ Failure to be immunised against communicable diseases</td>
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<tr>
<td>A determination, regardless of whether or what sanction was imposed</td>
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</table>
Referring a student to fitness to practise procedures

88 If a student’s behaviour suggests they may be a risk to patients or the public, or may bring the profession into disrepute, it is appropriate to consider their fitness to practise through a formal procedure.

89 The decision to refer to a fitness to practise investigation may be based on evidence considered at a low-level concerns committee or by an individual, depending on the medical school’s process. It could be because of a single significant event or a pattern of behaviour, and may also be the result of educational remediation that has failed to resolve the issue.

90 In exceptional circumstances, a student may be referred to fitness to practise procedures because of a health condition that is preventing them from meeting the required competencies, even after reasonable adjustments have been made.

What is the role of the investigator?

91 The medical school or university should appoint an investigator (or investigators) to consider cases that have been referred to fitness to practise procedures. Schools may already have informally gathered evidence to help them decide whether to refer a student to fitness to practise procedures.

92 The role of the investigator, or investigators, is to gather evidence to inform a decision on whether the student’s fitness to practise is impaired. This decision will be made by the fitness to practise panel or committee.

93 The investigator:

- should not be the student’s personal tutor or anyone else who is involved in supporting the student or making decisions about their academic progress
- must be appropriately trained and able to carry out an effective investigation in a proportionate way, considering both the interests of patients and the public and those of the student
- should keep a full record of the investigation.
It is helpful for the investigator to order the record of the investigation chronologically. To give a balanced account of the facts that the panel or committee will consider, the investigator should include records of complaints, meetings, interviews and statements, and any evidence of positive behaviour in support of the student. After reviewing the evidence, the investigator should make a written report of the results of the investigation, which details all the evidence gathered.

The investigator should present their findings to a committee or individual in an equivalent, decision-making role. Depending on the nature of the issue, the findings may be presented directly to a fitness to practise panel. This may be appropriate for serious misconduct issues or convictions.

If the concerns committee, panel members or relevant decision maker considers the student’s behaviour is serious or persistent enough to call into question their fitness to continue on their medical course, or their fitness to practise as a doctor after graduation, they should refer the case to a fitness to practise panel for an independent decision. They should do this even if there are mitigating factors such as health problems.

If the committee or relevant decision maker does not consider that there is sufficient evidence to call into question a student’s fitness to practise, the school or university should deal with the student’s behaviour in another way. For example, it may be appropriate to issue a warning or require the student to undertake educational remediation, such as completion of a piece of reflective writing, or meeting the terms of an educational agreement, while continuing to provide any appropriate support for the student.

In some cases, it may be appropriate to give the student an opportunity to offer an undertaking, rather than referring them to a fitness to practise panel (see undertakings, paragraphs 103–109).

It is not appropriate for an investigator to be the decision maker, since there may be a conflict of interest if an investigator was called to present the case on behalf of the medical school in a subsequent fitness to practise hearing.

What are the possible outcomes of an investigation?

At the end of an investigation, there are a number of possible outcomes:

- conclude the case with no action
- issue a warning
- agree undertakings
- refer the case to a fitness to practise panel.
Warnings

101 Warnings are appropriate when a student’s behaviour is significantly different from expected standards. Warnings are a formal response intended to maintain professional values and prevent a repeat of the behaviour. Students should be offered adequate support to address any underlying reasons for their behaviour. See table 2 for factors to consider when deciding on a warning.

102 The committee or relevant decision maker must make clear to the student what will happen if they repeat the behaviour for which they have received a warning. A breach of a warning may be taken into account by a committee or panel in relation to a future case against a student, or the breach itself may comprise misconduct serious enough to lead to referral to a fitness to practise investigation. The warning should remain on the student’s record, and the student must be aware of their responsibilities regarding disclosure when completing their TOI form and applying to the GMC for provisional registration.

Undertakings

103 An undertaking is an agreement between a student and the medical school. They can be used in situations where the student’s behaviour is consistent with their fitness to practise being impaired but the student acknowledges this impairment, has insight and is seeking ways to address the underlying issues. Undertakings allow medical schools and medical students to come to an agreement as to the best course of action after they have identified a concern.

104 An undertaking is usually more appropriate in health-related cases where there is impairment of a student’s fitness to practise and may be put forward by the student before or instead of a formal fitness to practise hearing or determination.

105 Undertakings are only appropriate if there is reason to believe that the student will comply with them, ie the student has shown genuine insight into their problems and wants to resolve them.

106 Undertakings may include:

- compliance with an educational learning agreement associated with enhanced supervision
- a commitment to undergo medical supervision for a health-related matter
- complying with remedial teaching or learning experiences.

107 Undertakings are most likely to be appropriate if the concerns about the student’s fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the best way to address them.

108 In some circumstances, such as where a student is already seeking appropriate support and therapy to manage a health condition, it may be appropriate to invite the student to agree undertakings. In these circumstances, medical schools should consider the points in table 2.
109 Medical schools should monitor students to make sure they comply with the agreed undertakings. The consequences of not complying with undertakings should be clearly set out to the student in writing when the undertakings are agreed.

110 The role of the committee or panel is to make an independent decision on a student’s fitness to practise, based on the evidence gathered and presented to them by the investigator. The committee or panel should take into account the balance between patient and public safety, the interests of the medical student, and the need to maintain trust in the profession.

111 Committees or panels should consider any guidance set by the GMC and work in accordance with the regulations and procedures of the medical school or university. Procedures should be set out in writing and made available to students.

112 Committees or panels must consider each case on its own merits and circumstances and make decisions on the balance of probabilities about whether the student’s fitness to practise is impaired.

113 If the committee or panel finds that:

- the student has sufficiently addressed any concerns relating to health or conduct and poses no risk to patients or the public, nor any risk to undermining the public’s trust in the medical profession, the committee or panel should find that the student’s fitness to practise is not impaired. An appropriate outcome in such a case may be no warning or sanction.

- the student’s fitness to practise is not impaired, but there is evidence of misconduct, the committee or panel may issue the student with a warning. This should give details of the misconduct and the consequences of any similar behaviour or further misconduct (see warnings, paragraphs 101–102).

- the student’s fitness to practise is impaired, the committee or panel will need to consider any mitigating or aggravating factors when deciding an appropriate outcome or sanction. Any sanction should be proportionate to the student’s behaviour and deal effectively with the fitness to practise concern.

114 Committees or panels should set out in writing the outcome of the hearing (the determination). This document should give detailed reasons about why the committee or panel came to its decision. The determination should include the details of any sanctions imposed, the reasons for them and any relevant timescales and mechanisms for review.
The GMC requires any student who has been through a formal fitness to practise procedure to declare this on their application for provisional registration, regardless of the outcome. The committee or panel should include information about this requirement in the outcome letter. The GMC will also require evidence that any undertakings or conditions have been completed and appropriately monitored and reviewed.

There should be a clear, formal appeals process. Medical schools should make sure students are aware of their right to appeal against decisions of the fitness to practise panel, and of the process for doing this.

Fitness to practise committee or panel
Composition and training

Medical schools’ fitness to practise procedures must describe clearly the composition of the committee or panel.

The committee or panel must include a registered medical practitioner with a licence to practise.

Medical schools should also consider including on panels:

- someone from outside the medical school
- someone with legal knowledge
- a student representative who does not know the student being investigated
- where the concerns are related to health, a relevant health specialist, for example a psychiatrist or occupational health physician. This person should not be involved in the treatment of the student.

Committee or panel members should have appropriate experience and receive training for their role. There should also be a clear description of the requirements of the role. Panellists must:

- know and understand the rules and regulations of fitness to practise and disciplinary matters at the medical school
- know and understand the outcomes of undergraduate medical education and the relevant guidance, such as Good medical practice, Medical students: professional values and this guidance
- be fair-minded and willing to hear the full facts of the case before reaching a decision
- be prepared to seek appropriate expert advice, especially in cases involving health or impairment issues
- make sure that fitness to practise proceedings are fair and proportionate.
Committee or panel hearings

121 Medical schools and universities must make sure that their proceedings are fair and transparent. Among other things, they should:

- take steps to establish that there are no conflicts of interest between investigators, panellists and the student
- set up appropriate procedures without unnecessary delay
- include in their policy how a hearing may proceed in the absence of the student
- make sure that both the student and the representatives of the school or university have a complete copy of all the information given to the committee or panel
- make sure that all parties have an equal opportunity to present evidence
- make sure that panellists apply the civil standard of proof – ‘on the balance of probabilities’
- be prepared to hold hearings in public if that is what the student wants (except hearings involving health issues, which should be held in private)
- make sure that decisions and sanctions are proportionate
- make sure decisions, and reasons for them, are explained and given in writing
- consider what to do if there is a split vote. For example, it may be appropriate for the chair to have the casting vote. Alternatively, medical schools may wish to consider having an odd number of panellists to avoid this situation.

Support and representation for medical students at committee or panel hearings

122 Medical schools should encourage students to have a supporter or legal representative present at fitness to practise hearings. The students’ union may also be an important source of advice and support. Medical schools’ fitness to practise procedures should set out how support and representation will work in practice.

123 A student who is subject to fitness to practise procedures should be given written guidance to explain:

- what will happen at all stages of the process
- where they can get support
- the information they need to provide for their hearing.

Medical schools should also give the student an indicative timeframe for the process.
Witnesses at committee or panel hearings

124 If individuals or experts have information that the committee or panel should consider, they should be asked to give an account of this information in writing. In certain circumstances, it may be appropriate for medical schools or universities to invite witnesses to be present at a committee or panel hearing to give verbal evidence. This may be required if clarification is needed about information given in a witness’s statement or if there are conflicting accounts of information given by two witnesses. The representatives of the medical school or the student should be given the opportunity to ask questions of any witness who is invited to give evidence during a committee or panel hearing.

What are the outcomes of a fitness to practise committee or panel?

125 A fitness to practise committee or panel may decide on one of a number of possible outcomes (see table 2).

If the student’s fitness to practise is not impaired, the committee or panel can apply:

- no warning or sanction
- a warning.

If the student’s fitness to practise is impaired and requires a sanction (or the agreement of undertakings as an alternative to a sanction), the committee or panel can:

- suspend the student from the medical course
- expel the student from the medical course.

Warnings or undertakings

126 A fitness to practise committee or panel may decide to issue a warning to a student as an outcome if there is evidence of misconduct, but the student’s fitness to practise is not impaired and does not require a sanction (see paragraphs 101–102 and table 2).

127 The medical school and student will usually agree undertakings before a case is heard by a fitness to practise committee or panel, if the circumstances are appropriate (see table 2). However, in some cases it may be appropriate for a fitness to practise committee or panel to agree undertakings offered by a student. In these situations, the medical school or university must have reason to believe the student has insight and will comply with the agreed undertakings. Medical schools should monitor and review undertakings to ensure continued compliance and effectiveness.
Sanctions

128 The purpose of sanctions (conditions, suspension or expulsion) is to protect patients and the public, to maintain trust in the profession, and to make sure that a student whose fitness to practise is impaired is dealt with effectively. This includes possibly being removed from their medical course. Sanctions are not intended as a punishment for the student and, with the exception of expulsion, should give a student the opportunity to learn from their mistakes.

129 Committees or panels should consider whether the sanction will protect patients and the public, and maintain professional standards. They should consider sanctions in a stepwise order, considering the least necessary sanction first and progressing to the next if they think that a lesser sanction is not appropriate in relation to the circumstances of the case.

130 It is important that, when a panel or committee decides to impose a sanction, they make it clear in their determination that they have considered all the available options. They should also give clear reasons for imposing a particular sanction, including any mitigating or aggravating factors that they took into account in making their decision. They should also explain the intended purpose of the sanction in the determination.

131 The determination should include an explanation if a particular length of sanction was considered appropriate and include the date that it is effective from.

132 If a student’s fitness to practise will be considered again, for example to determine if any remediation has been successful, the determination should specify when and who will do this. For example, would it be by the same committee or panel?

133 The panel or committee should outline in their determination letter the student’s right to appeal against any sanction. They should also give information about how to appeal and include any associated timings in the determination.

134 The determination letter should also make clear the requirements for disclosure to the GMC when the student applies for provisional registration and for them to complete the TOI form.

135 Medical schools should have a clear policy on how long warnings and sanctions will remain on a student’s record. This should be at least the length of time it usually takes for a student to get provisional registration with the GMC. If the panel or committee considers it necessary, the sanctions can remain on the medical school’s record after the student has applied for provisional registration. The medical school should keep student records until the graduate gets full registration with the GMC.
Conditions

136 Conditions are appropriate when there is significant concern about the behaviour or health of a student. This sanction should be available after a committee or panel hearing and only if the committee or panel is satisfied that the student might respond positively to remediation and increased supervision, and has displayed insight into their problems. The committee or panel should consider any evidence, such as reports on the student’s performance, health and behaviour, and any other mitigating or aggravating factors.

137 The committee or panel should make the objectives of any conditions clear, so that a student knows what is expected of them. Conditions should be specific, proportionate, workable, time bound, measurable and monitored. The committee or panel should specify how compliance with the conditions will be measured and who will be responsible for monitoring. The consequences of breaching any conditions should also be made clear to the student.

138 When reviewing a case where conditions have been imposed, the committee or panel should consider whether the conditions remain appropriate.

139 Before imposing conditions, the committee or panel should satisfy themselves that:

- the problem can be addressed through conditions
- the objectives of the conditions are clear
- conditions will be appropriately monitored
- any future assessment will be able to decide whether the objective has been achieved, and whether patients are going to be at risk if the condition is removed.

140 If a committee or panel has found a student’s fitness to practise impaired because of physical or mental health, the conditions should relate to the medical supervision of the student as well as to supervision on clinical placements.

141 A committee or panel should not impose conditions if they have found that the student’s fitness to practise is not impaired.
Suspension from medical course

142 Medical schools should consider whether the nature of a concern means that the student should be temporarily suspended. This may be appropriate immediately after the concern has been raised, or in response to evidence that arises during the investigation or fitness to practise hearing. Any suspension must be made to protect patients, colleagues, the student in question, or other students. Medical schools should make sure the decision is proportionate, fair, documented and evaluated on a regular basis.

143 Suspension prevents a student from continuing with their course for a specified period, and from graduating at the expected time. Suspension is appropriate for concerns that are serious, but not so serious as to justify expulsion from the medical school. See table 2 for points to consider when deciding if it is appropriate to suspend a student.

144 It’s important that medical schools have a process in place to make sure that a student who returns from suspension understands the seriousness of the findings that led to their suspension and demonstrates insight. This process should also permit consideration of whether any conditions or remediation work is required. It may be appropriate to convene a student fitness to practise panel or committee, or a lower-level committee, to consider these matters prior to the return of a student after suspension, depending on the medical school’s internal procedure.

Expulsion from medical course

145 The committee or panel can expel a student from the medical school if they consider that this is the only way to protect patients, carers, relatives, colleagues or the public. The medical school and university should help the student transfer to another course if appropriate. However, the nature of the student’s behaviour may mean that they should not be accepted onto health-professional-related courses, or indeed on any other course.

146 Expulsion, the most severe sanction, is appropriate if the medical school or university considers that the student’s behaviour is fundamentally incompatible with continuing on a medical course or subsequently practising as a doctor. See table 2 for points to consider when deciding if it is appropriate to expel a medical student.

147 Students who are expelled from a medical degree should be added to the excluded student database, which is hosted by the Medical Schools Council.

148 Medical schools and universities should review their fitness to practise procedures to include appropriate measures to address a situation where a student with a fitness to practise concern leaves voluntarily before a conclusion is reached. All cases that reach a hearing should come to a formal decision and conclusion, even if the student leaves voluntarily before the hearing has concluded. Medical schools must give the student a full opportunity to participate in the hearing, even if he or she leaves voluntarily.
Table 2 – Outcomes of an investigation or fitness to practise committee or panel

This list is not exhaustive, but highlights factors to consider. Sanctions (conditions, suspension or expulsion) may be appropriate when most or all of the factors listed are apparent. In order to keep the terminology simple, references to panel in this table mean a fitness to practise panel or committee.

<table>
<thead>
<tr>
<th>Possible outcome of:</th>
<th>No action</th>
<th>Warning</th>
<th>Referral to fitness to a practise panel</th>
<th>Undertaking</th>
<th>Condition</th>
<th>Suspension</th>
<th>Expulsion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation or panel</td>
<td>Investigation or panel</td>
<td>Investigation only</td>
<td>Investigation or panel</td>
<td>Panel only</td>
<td>Panel only</td>
<td>Panel only</td>
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<td>The student’s fitness to practise is not impaired</td>
<td>The student’s fitness to practise is not impaired</td>
<td>The student’s fitness to practise may be impaired</td>
<td>The student’s fitness to practise is impaired</td>
<td>The student’s fitness to practise is impaired</td>
<td>The student’s fitness to practise is impaired</td>
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<td>There is no risk to patients or to public confidence</td>
<td>Their behaviour does not present a risk to patients or to public confidence</td>
<td>The breach of professional values is serious and may present a risk to patients or to public confidence</td>
<td>The proposed undertakings offer sufficient safeguards to protect patients and the public</td>
<td>The conditions will protect patients during the time they are in force</td>
<td>A breach of professional values is serious, but not fundamentally incompatible with the student continuing on a medical course – expulsion not justified to protect patients and the public. But, given the seriousness, any sanction less than suspension would not be in the public interest</td>
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<td>The student has insight into any medical condition</td>
<td>The student’s behaviour raises concern and is a significant deviation from expected standards</td>
<td>The student does not show insight into the situation</td>
<td>The student has shown genuine insight into their problems and wants to resolve them</td>
<td>The student has shown sufficient insight, and is willing to respond positively to support and conditions</td>
<td>The student’s judgement may be impaired, in cases that relate to the student’s health, and there is a risk to patient safety if the student were allowed to continue on the course even under conditions</td>
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<td>In cases of health, the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies appropriately</td>
<td>The concerns are serious enough that if there were a repetition it would be likely to result in a finding of impaired fitness to practise</td>
<td>The student is likely to repeat the behaviour</td>
<td>The student is already seeking help and support that would comply with any conditions the medical school may wish to impose</td>
<td>There are identifiable areas of the student’s studies in need of further assessment or remedial action</td>
<td>There is no evidence that the student is inherently incapable of following good practice and professional values. For example, they have not received previous warnings, nor are they in breach of agreed conditions or undertakings</td>
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<td>The student has seriously departed from the principles set out in Outcomes for graduates (Tomorrow’s Doctors) and Medical students: professional values</td>
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<tr>
<td>Possible outcome of:</td>
<td>No action</td>
<td>Warning</td>
<td>Referral to fitness to a practise panel</td>
<td>Undertaking</td>
<td>Condition</td>
<td>Suspension</td>
<td>Expulsion</td>
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<td>Panel only</td>
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**Factors to consider**

- **No action**
  - The concern warrants a formal recording to help identify repeat behaviour

- **Warning**
  - There is evidence that the student is inherently incapable of following good practice and professional values. For example, they have received previous warnings or are in breach of agreed conditions or undertakings

- **Referral to fitness to a practise panel**
  - The student has genuine insight into their health problem, is aware of compliance with the guidance on health and has agreed to abide by conditions relating to their medical condition, treatment and supervision

- **Undertaking**
  - The panel is satisfied the student has insight and is not likely to repeat the behaviour

- **Condition**
  - The student has behaved in a way that is fundamentally incompatible with being a doctor

- **Suspension**
  - A decision maker decides that the evidence is sufficient to put before a fitness to practise panel

- **Expulsion**
  - Patients will not be put in danger either directly or indirectly as a result of the conditions
  - There will be appropriate support for the student when they return to the course
  - The student has committed offences of a sexual nature, including involvement in child pornography
  - The student has violated a patient’s rights or exploited a vulnerable person
  - The student has abused their position of trust
  - The student has committed offences involving violence
  - The student has been dishonest, including covering up their actions, especially when the dishonesty has been persistent
  - The student has put their own interests before those of patients
  - The student has persistently shown a lack of insight into the seriousness of their actions or the consequences
Reviewing a student’s fitness to practise following a sanction

149 Students who receive a sanction, short of expulsion, should also receive ongoing supervision or monitoring, or both, to satisfy the medical school regarding their continued fitness to practise. They should also be given remedial or pastoral support, or both. If the student is in the early stages of their medical education, it may be valuable to support them to reflect on their fitness to practise at least once a year.

Timescales for fitness to practise procedures

150 Medical schools and universities should make sure that documentation about their fitness to practise procedures includes clearly defined timescales for the various stages of the procedures. It should include timescales for the investigation and hearing stages, taking into account how long a student may be prevented from continuing their course.

151 Any time limits imposed under the process should include reasonable notice periods, which will allow a student enough time to prepare for and attend a hearing. It is in everyone’s best interests for defined timescales to be adhered to if possible, but they should be flexible enough to reflect what is reasonable under the circumstances. It should be possible to shorten timeframes if a student presents an immediate, significant risk or to extend them in exceptional cases to make sure that the procedure is fair (for instance, to make sure that everyone required to attend the meeting is available).
Excluding students on health grounds

In exceptional circumstances, medical schools and universities may exclude students on health grounds. This differs from the GMC’s fitness to practise processes, as registered doctors cannot be excluded from the register on purely health grounds. But medical students are not registered doctors – they are training to join a profession and therefore it may be necessary to remove them from the course to protect patients.

Medical schools can remove students from the course if they have a health condition or disability that means they will not be able to meet the outcomes of undergraduate medical education (see paragraphs 37–52).

A student can also be removed from the course if they consistently fail to manage their health condition, have a lack of insight into the impact their health has on others or consistently fail to follow the advice of their treating physician. In these instances, the medical school must show that they have taken steps to support the student to continue on the course and have sought to offer adjustments to allow the student to continue. Medical schools should also seek expert advice from a qualified clinician.

If a student fitness to practise panel believes that a student should be excluded on grounds of health, it should consider the following questions.

- How long has the student been on the course, and what opportunities has the medical school given them to show they are able to manage their condition?
- Does a pattern of behaviour suggest that the student fails to manage their health in certain contexts?
- Is there a pattern of behaviour that shows that a student consistently fails to have insight into the impact their health might have on patients and their peers?
- Is there a pattern of behaviour that shows that the student fails to follow the advice of their treating physician in relation to their health?

For further advice on supporting students with mental health conditions, please see the GMC and MSC guidance Supporting medical students with mental health conditions. This advice applies equally to medical students with physical health conditions. Medical schools may also wish to consider the GMC’s statement on disability and the need to meet competencies in medical education.
Confidentiality and disclosure

152 Medical schools should be aware of the importance of information storage and confidentiality issues. In some cases, it may be appropriate to keep certain documents separate from a student’s file with cross reference markers. Medical schools must comply with the Data Protection Act 1998 to protect the confidentiality of students.

153 Medical schools should also make clear in their public documents and on their websites that personal information may be passed to other organisations, including the GMC, other medical schools, foundation schools or postgraduate deaneries, for example, if a student receives a written warning or a sanction.

154 Medical schools must have clear guidelines on the disclosure of information in situations where a student’s fitness to practise has raised concern. The Information Commissioner’s Office (ICO) has given this advice:

‘The Data Protection Act 1998 does not represent a complete barrier to disclosure, rather it would allow it where it is necessary and proportionate and where certain conditions have been met. Where there is a real issue about a student’s fitness to practise and where this represents a risk to patients or members of the public then disclosure would seem to be justified.’

155 The ICO has also indicated that when fitness to practise concerns are raised, ‘a balancing decision would need to be made between the rights of the individual student and the likelihood of a real risk to the public.’ This will have implications for the responsibilities of, for example, occupational health practitioners, teachers, trainers, personal tutors and students.

156 Furthermore, the ICO says that all students should be informed that, in addition to any other purposes for which their personal data may be used, information may also be shared with medical and educational supervisors in circumstances where it is clear that there would be a likelihood of real risk to the public if that information was not disclosed. This should be supported by clear, agreed procedures for sharing information between medical schools and other organisations.

157 Medical schools should make sure there are transparent and appropriate processes that will allow GPs or healthcare providers to raise concerns about medical students, if necessary. For example, where locally applicable, it may be appropriate to use the occupational health service, student support services, or a named academic or administrator as the first point of contact. Any exchange of confidential medical information should be carried out in the interests of protecting patients and the public, and preferably with the knowledge and consent of the student in question. For more information, see the GMC’s guidance, Confidentiality.
Appeals committees and panels

158 Medical schools and universities should have a fair and transparent process for appealing the findings of the student fitness to practise committee or panel, which should be clear and compliant with equality and diversity requirements. Those who have been closely involved giving support to a particular student, and those who served on the committee or panel that considered that student’s case, should not sit on the appeals panel.

159 Medical schools should make sure that their fitness to practise procedures clearly state the scope of and process for appeals, including:

- the circumstances in which an appeal can be made
- whether the appeal will be considered by a committee or panel or an individual
- whether there will be a hearing or simply a reconsideration of the decision based on the papers originally submitted to the panel
- whether the appeals committee or panel (or individual) can reconsider the facts of the case or is limited to deciding whether due process was followed
- whether the appeals committee or panel (or individual) can itself make a new decision on impairment, or whether it can simply refer the case back to a new fitness to practise committee or panel
- the composition of the appeals committee or panel, taking on board the advice in this guidance on committee or panel composition and training, and in particular the requirement that a registered doctor with a licence to practise sit on the appeals committee or panel
- details of further stages of appeal if they exist, and information on what students can do if they have exhausted the appeals process but still disagree with the outcome.

160 If the outcome of a case is overturned, either following appeal to the university or student ombudsman (see below) because of a failing to follow due process, this does not overrule any decision about whether a student is fit to practise. In these circumstances, the case will need to be reconsidered by the medical school or university following appropriate procedures but still giving due consideration to any potential impairment of a student’s fitness to practise.
161 When the medical school and university procedures for an appeal have been exhausted, students have a right to pursue a complaint with the relevant student ombudsman or equivalent. For the four countries of the UK these are:

- the Office of the Independent Adjudicator for England and Wales
- the Scottish Public Services Ombudsman for Scotland
- the visitorial arrangement for Queen’s University, Belfast.

These bodies will carry out an impartial review of a student’s complaint and will focus on whether the medical school and university have followed their own procedures. They will also consider whether decisions were reasonable, evidence-based and justified. You can find further information specific for the relevant country on the ombudsmen’s websites, whose links are opposite.
Appendix

Diagram:

An example illustration (page 40) of the process for managing professionalism concerns and fitness to practise issues in relation to medical students.

This illustration is intended as a reference only – medical schools or universities may have different local process structures. The diagram illustrates that a critical component at all stages of the process is student support and pastoral care.