



Medical students: professional values and fitness to practise

Guidance from the GMC and the MSC



General
Medical
Council

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 you must show respect for human life and make sure your practice meets the standards expected of you 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 and fitness to practise

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Contents

	Paragraph(s)	Page
Introduction	1–7	4
The purpose and status of this guidance	1–7	4
The professional behaviour expected of medical students	8–10	6
The principles of professional behaviour for medical students	11–38	6
Good clinical care	15–16	8
Maintaining good medical practice	17–19	9
Teaching and training, appraising and assessing	20–22	10
Relationships with patients	23–28	11
Working with colleagues	29–32	12
Probity	33–34	13
Health	35–38	14
The scope of student fitness to practise	39–61	16
Pastoral care and student support	41–45	16
Health and fitness to practise	46–54	18
GMC provisional registration for newly qualified doctors	55–61	21
The threshold of student fitness to practise	62–78	24
The meaning of student fitness to practise	64–69	24
Defining the threshold of student fitness to practise	70–72	26
Illustrating the threshold of student fitness to practise	73–75	27
Categories of concern	76–78	29
Table 1: Most frequent areas of concern relating to student fitness to practise		30

	Paragraph(s)	Page
Making decisions	79–117	32
The role of the investigator	80–83	32
The role of the fitness to practise panel	84–88	33
Outcomes of student fitness to practise hearings	89–96	34
Warnings	97–99	36
Sanctions	100–102	37
Conditions	103–108	37
Undertakings	109–112	39
Suspension from medical course	113–115	40
Expulsion from medical course	116–117	41
The key elements in student fitness to practise arrangements	118–142	43
Awareness and education	119–121	43
Communication	122–123	44
Confidentiality and disclosure	124–128	45
The roles of personal tutors, investigators and panel members	129–131	46
Applying the threshold of student fitness to practise	132–134	47
Timescales	135	47
Panel composition and training	136–138	48
Hearings	139	49
Support for medical students	140–141	49
University appeals committees and panels	142	50
Appendix A: Decision making chart for medical schools		51
Appendix B: Occupational health services for medical schools		52
Endnotes		57
Index		59

Introduction

The purpose and status of this guidance

- 1 In 2005 the General Medical Council (GMC) and the Medical Schools Council (MSC) established the joint Student Fitness to Practise Working Group which has developed this guidance for medical schools¹ and medical students. The guidance relates to:
 - the professional behaviour² expected of medical students
 - the scope of student fitness to practise
 - the threshold of student fitness to practise
 - making decisions
 - the key elements in student fitness to practise arrangements.
- 2 The GMC and the MSC hope and expect that both medical schools and medical students will find this guidance useful.
- 3 Medical students have certain privileges and responsibilities different from those of other students. Because of this, different standards of professional behaviour are expected of them. Medical schools are responsible for ensuring that medical students have opportunities to learn and practise the standards expected of them.
- 4 The aim of this guidance is to balance a positive approach to professional behaviour of medical students with more specific advice for medical schools on how to develop consistent fitness to practise procedures.

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- 5 This guidance considers medical students' fitness to practise in relation to their behaviour and in relation to their health when appropriate. Poor health can affect a student's fitness to practise either directly or by being a cause of misconduct.
 - 6 This guidance is aimed at medical students and anyone involved in medical education, including fitness to practise assessments, investigations and decisions. It should be noted that this guidance is complemented by Gateways to the Professions: Advising medical schools: encouraging disabled students, which is available on the GMC website and has particular relevance to the section on the scope of fitness to practise.
 - 7 In relation to the GMC's statutory role, this guidance is advisory rather than mandatory. However, GMC quality assurance reports on medical schools may recommend that they comply with the guidance or may commend an institution for good practice. Also, given that the GMC has to be satisfied that graduates applying for registration with a licence to practise are fit to practise, it would be surprising if a medical school thought it sensible to disregard this guidance.
 - 8 This part of the guidance aims to advise medical students and schools on the kinds of professional behaviour expected of medical students in order for them to be fit to practise. It does not provide an exhaustive list but should encourage students to strive for high standards in their professional and personal lives.

The professional behaviour expected of medical students

- 9 It sets out certain types of behaviour that could demonstrate that students are fit to practise as doctors, and are not likely to put patients and the public unnecessarily at risk. It uses the headings of *Good medical practice* (the GMC guidance that sets out the standards for all doctors to follow) to demonstrate that students, as well as doctors, have responsibilities in maintaining the standards of competence, care and behaviour.
- 10 The guidance also takes note of the Medical School Charter published by the MSC and the Medical Students Committee of the British Medical Association. This covers the responsibilities of the medical student, the responsibilities of the medical school, privacy and equal opportunity, administration and support, and student representation.

The principles of professional behaviour for medical students

- 11 Although medical students have legal restrictions on the clinical work they can do, they must be aware that they are often acting in the position of a qualified doctor and that their activities will affect patients. Patients may see students as knowledgeable, and may consider them to have the same responsibilities and duties as a doctor.

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- 12 Basic medical training gives students the opportunity to learn professional behaviour in a supervised environment that is safe for patients. It is also an opportunity for medical schools to identify types of behaviour that are not safe, and to take appropriate action to help students improve their behaviour; or if this is not possible or is unsuccessful, to make sure they do not graduate as doctors.
 - 13 One of the key priorities of the GMC is to set the standards for professional behaviour. *Good medical practice* is the GMC's core guidance for doctors and sets out the principles and values on which good practice is founded. *Tomorrow's Doctors* (2009) is the GMC's guidance for undergraduate medical education, and states that the principles in *Good medical practice* must form the basis of medical education. The *Trainee Doctor* sets out the outcomes that provisionally registered doctors must demonstrate as professionals in the workplace before they can be fully registered. The outcomes are set against the guidance in *Good medical practice*.
 - 14 Students must be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practise (there are some examples on pages 30 and 31). Their behaviour at all times must justify the trust the public places in the medical profession.

Good clinical care

- 15** Being able to provide good clinical care is fundamental to becoming a doctor. This objective should guide a student's behaviour in both their clinical and academic work. Medical students should reflect on how they can support and promote good clinical care as part of their medical education.
- 16** In order to demonstrate that they are fit to practise, students should:
- a** recognise and work within the limits of their competence and ask for help when necessary
 - b** accurately represent their position or abilities
 - c** make sure they are supervised appropriately for any clinical task they perform
 - d** respect the decisions and rights of patients
 - e** be aware that treatment should be based on clinical need and the effectiveness of treatment options, and that decisions should be arrived at through assessment and discussion with the patient
 - f** not unfairly discriminate against patients by allowing their personal views to affect adversely their professional relationship or the treatment they provide or arrange (this includes their views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, and social or economic status)
 - g** behave with courtesy
 - h** report any concerns they have about patient safety to the appropriate person.³

Maintaining good medical practice

- 17 Students must be aware of their responsibility to maintain their knowledge and skills throughout their careers.
- 18 Students are expected to keep up to date and to apply knowledge necessary for good clinical care. They should understand that as doctors they will have to participate in audit, assessments and performance reviews throughout their careers as part of revalidation and licensing.
- 19 In order to demonstrate that they are fit to practise, students should:
 - a reflect regularly on standards of medical practice in accordance with *Good medical practice* and *Tomorrow's Doctors*
 - b attend compulsory teaching sessions or make other arrangements with the medical school
 - c complete and submit course work on time
 - d be responsible for their own learning
 - e reflect on feedback about their performance and achievements and respond constructively
 - f be familiar with guidance from the GMC and other organisations, such as medical schools, hospitals, trusts and health boards
 - g respect the knowledge and skills of those involved in their education
 - h make sure they can be contacted and always respond to messages in relation to care of patients or their own education.

Teaching and training, appraising and assessing

- 20** Medical education has strong professional and academic aspects to it. Medical students must engage with patients and gain experience in clinical settings.
- 21** Doctors and students must be willing to contribute to the teaching, training, appraising and assessing of students and colleagues. They are also expected to be honest and objective when appraising or assessing the performance of others, in order to ensure students and colleagues are maintaining a satisfactory standard of practice.
- 22** In order to demonstrate that they are fit to practise, students should:
- a** demonstrate basic teaching skills
 - b** be aware of the principles of education in medicine
 - c** be willing to contribute to the education of other students
 - d** give constructive feedback on the quality of their learning and teaching experiences.

Relationships with patients

- 23** Medical students will have extensive contact with patients during their medical course. Although there are limits to these clinical contacts and students are supervised, patients may consider the student to be in a position of responsibility, and so may attach added importance to their opinions or comments.
- 24** Doctors and students must build relationships with patients based on openness, trust and good communication. Relatives, carers, partners and anyone else close to the patient, should also be treated with consideration and be given support when needed.
- 25** Doctors and students are expected to maintain a professional boundary between themselves and their patients or anyone close to the patient. They must not use their professional position to cause distress or to exploit patients.
- 26** *Good medical practice* states that patients must give informed consent to any activity. This includes participating in teaching or research, as well as in any activity undertaken by a medical student.
- 27** Patients have a right to expect information about them to be held in confidence. A patient's case must not be discussed in a way that would identify them with anyone not directly involved in their care, or in a public place. Academic work that contains specific information about a patient must not identify the patient if it is to be seen outside the patient's care team. This includes case or log reports that are submitted as part of the student's course work or assessment.

28 In order to demonstrate that they are fit to practise, students should:

- a** respect patients and treat them with dignity
- b** be aware of ethical issues in their professional behaviour with patients
- c** be open and honest when dealing with patients, their carers, relatives, partners or anyone else close to them
- d** make sure that patients have consented to a student being involved in their care
- e** make sure they are clearly identified as students
- f** dress in an appropriate and professional way and be aware that patients will respond to their appearance, presentation and hygiene
- g** make sure they follow the GMC's guidance on consent and confidentiality.

Working with colleagues

29 Medical students need to be able to work effectively with colleagues inside and outside of healthcare in order to deliver a high standard of care and to ensure patient safety.

30 Doctors and students must develop skills to work in multi-disciplinary teams. This involves respecting the skills and contributions of colleagues and other professionals, and developing effective communication with other members of the team and with patients.

31 It is also important that doctors and students protect patients from harm posed by another colleague's behaviour, performance or health. They should take steps to raise any concerns with the appropriate person.⁴

32 In order to demonstrate that they are fit to practise, students should:

- a** demonstrate skills that allow them to deal with uncertainty and change in the workplace
- b** be able to work effectively in a team and to take on different roles as appropriate, including taking responsibility for tasks
- c** develop and demonstrate teamwork and leadership skills
- d** be aware of the roles and responsibilities of other people involved in delivering healthcare
- e** respect the skills and contributions of colleagues and other professionals and not unfairly discriminate against them
- f** raise concerns about overall practice in a healthcare setting or about colleagues, including other students, medical practitioners and other healthcare workers, with the appropriate person⁵ if patients are at risk of harm.

Probity

33 Probity means being honest and trustworthy, and acting with integrity. *Good medical practice* requires doctors to make sure that their behaviour at all times justifies the trust that patients and the public place in the medical profession.

34 In order to demonstrate that they are fit to practise, students should:

- a** bring attention to any concerns about, or errors in, their clinical work
- b** be honest, genuine and original in their academic work, including when conducting research, and take effective action if they have concerns about the honesty of others

- c** be honest and trustworthy when writing reports and logbooks, and when completing and signing forms
- d** be honest in CVs and all applications and not misrepresent their qualifications, position or abilities
- e** not plagiarise others' work or use their own work repeatedly in a way that could mislead
- f** be honest and trustworthy in any financial dealings, especially if they are managing finances, and make sure that any funds are used for the purpose they were intended for
- g** co-operate with any formal inquiry by their medical school or other organisation into their health, behaviour or performance, or that of anybody else
- h** comply with the laws of the UK and, where relevant, any laws that apply specifically in England, Wales, Scotland or Northern Ireland
- i** comply with the regulations of their medical school, hospital or other organisation.

Health

- 35** It is important that medical students are aware that their own poor health may put patients and colleagues at risk.
- 36** *Good medical practice* requires doctors to seek and follow advice from a suitably qualified professional about their health. This is particularly important if they have, or suspect they have, a serious condition that could be passed on to patients, or if they are receiving treatment that could affect their judgement or performance.
- 37** Students should be registered with a GP to ensure they have access to independent and objective medical care.

38 In order to demonstrate that they are fit to practise, students should:

- a** be aware that their own health problems may put patients and colleagues at risk
- b** seek medical or occupational health advice, or both, if there is a concern about their health, including mental health
- c** accept that they may not be able to accurately assess their own health, and be willing to be referred for treatment and to engage in any recommended treatment programmes
- d** protect patients, colleagues and themselves by being immunised against common serious communicable diseases if vaccines are available and are recommended by the four UK Departments of Health
- e** be aware that they are not required to perform exposure prone procedures (EPPs) in order to achieve the expectations set out in *Tomorrow's Doctors*; students with blood-borne viruses (BBVs) can study medicine but they should not perform EPPs; they may have restrictions on their clinical placements; they must complete the recommended health screening before undertaking EPPs; and they must limit their medical practice when they graduate⁶
- f** not rely on their own or another student's assessment of the risk posed to patients by their health, and should seek advice, when necessary, from a qualified clinician or other qualified healthcare professional
- g** be aware that when they graduate they are responsible for informing their employer or other appropriate person if their health poses a risk to patients or the public.

The scope of student fitness to practise

- 39** This guidance aims to help medical schools make more consistent decisions on any fitness to practise cases they consider. However, it is not practical to produce an exhaustive list of examples and outcomes. The behaviour of students must be considered on a case-by-case basis by fitness to practise investigators and medical school panels.
- 40** Health and behaviour can both affect a student's fitness to practise. Medical schools may wish to use their fitness to practise procedures to consider serious health problems. This is especially the case when the problems have implications for the safety of patients or colleagues, even when there are currently no complaints about a student's behaviour.

Pastoral care and student support

- 41** It is important that medical students have opportunities to seek support for any matter before it becomes a fitness to practise concern. Medical schools should ensure that the procedures for addressing concerns are clearly outlined to medical students, student support services, and occupational health where appropriate. Students should be directed to the appropriate support services within the faculty or university. These support services may include student health services, disability advisers, occupational health services, confidential counselling, student groups, and personal tutors.

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- 42** Medical schools should encourage students to discuss problems in a supportive and confidential environment. If necessary, they should develop mutually agreed plans to address health and conduct issues before the student's fitness to practise becomes a formal concern. However, the decision to take this approach must be based on an assessment of the risk to patients and the public. If the fitness to practise of a student is called into question, support and remediation, when appropriate, should be offered to the student.
- 43** When fitness to practise concerns are identified, the medical school should offer support to the student alongside fitness to practise procedures.
- 44** Anyone who provides pastoral care for a student should not be involved in investigating or making decisions that could affect the student's career, even though personal tutors will often need to raise the initial concern.
- 45** Medical schools should clearly inform students that anyone providing support or pastoral care must inform the appropriate person if there is a reasonable belief that their behaviour or health raises or will raise fitness to practise concerns, or poses a risk to colleagues, patients or the public.

Health and fitness to practise

- 46** Medical education and training should be able to accommodate people with a range of ambitions, different faiths and backgrounds, as well as those with health conditions and disabilities. Varied perspectives make valuable contributions to the profession and the population it serves.
- 47** But medical students must be fit to practise medicine. In exercising the responsibility to register only doctors who are fit to practise, the GMC will always put the safety of patients above all other considerations. Medical students are expected to demonstrate all outcomes in *Tomorrow's Doctors* before they graduate, regardless of the specialty or career path that they may eventually pursue.⁷
- 48** An impairment or health condition may make it impossible for a student to meet the outcomes required by the GMC at the point of graduation. However, the student should be offered the appropriate level of adjustments and planning as well as discussions with them regarding their possible post graduation options. In the rare circumstance that a student cannot demonstrate the necessary competence, and if all avenues reasonable to the student and medical school have been explored and a way forward cannot be mutually agreed, it would then be appropriate to consider the student through formal fitness to practise procedures.

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- 49** Medical schools must make reasonable adjustments for students with an impairment in how they can achieve the outcomes set out in *Tomorrow's Doctors*.⁸ Although adjustments cannot be made to the outcomes themselves, reasonable adjustments can be made to the method of learning and the assessment by which the student demonstrates these skills.⁹ The GMC has published guidance on *Gateways to the Professions* which serves as a useful resource for medical schools and disabled students.
- 50** In most cases, health conditions and disabilities will not raise fitness to practise concerns, provided the student receives the appropriate care and reasonable adjustments necessary to study and work safely in a clinical environment. Medical schools should offer support and regular reviews of the student's progress.
- 51** Medical schools should strongly encourage all medical students to register with a local GP, who will be able to offer them support and continuity of care (see paragraph 37). Only in exceptional circumstances should doctors involved in teaching the student also be involved in providing a medical assessment or healthcare. It is unavoidable, however, that occasionally students will receive treatment from specialists who, at a different point, may also be involved in training them.

- 52** The occupational health service at the medical school or university should assess and advise on the impact of an impairment or health problem on a student's fitness to practise and, if appropriate, advise on adjustments in liaison with disability advisers. They should not usually become involved in treatment or pastoral care. If a student has a chronic or progressive illness which could affect their fitness to practise, an occupational health physician can keep the student's health and fitness status under review and advise on new adjustments if needed. If compliance with a treatment programme is necessary to ensure patient safety is not compromised, the occupational health service should act as the point of liaison with treating doctors. If the medical school does not have an occupational health service, advice and recommendations should be sought from an appropriate occupational health or medical specialist.
- 53** In some circumstances, it may be necessary for a GP or other doctor who is involved in the care of a medical student to raise concerns about the student's fitness to practise. These doctors must consider their duties under the GMC's *Confidentiality* guidance. In particular, they should consider whether disclosure is in the public interest (paragraphs 36 to 39 *Confidentiality*, GMC 2009).
- 54** Medical schools should make sure there are transparent and appropriate processes to help doctors or other healthcare providers to raise concerns about medical students. 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 in the best interests of protecting patients and the public and should preferably be with the knowledge and informed consent of the student in question.

GMC provisional registration for newly qualified doctors

- 55** The GMC's statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. In registering doctors, the GMC will promote the interests of patients by ensuring that doctors listed on the register of medical practitioners are fit to practise.
- 56** Newly qualified doctors are entitled to hold provisional registration with a licence to practise provided their fitness to practise is not impaired; and the GMC has a duty to assess the implications of any issue that calls into question an applicant's fitness to practise.
- 57** Fitness to practise may be impaired for a number of reasons:
- a** misconduct – this includes issues that raise a question about a doctor's probity, trustworthiness or character
 - b** deficient professional performance
 - c** a conviction or caution or a determination by a regulatory body whether issued within or outside the British Islands
 - d** adverse physical or mental health.

- 58** Students must be aware that unprofessional behaviour during their medical course, or serious health issues that affect their fitness to practise, may result in the GMC refusing to grant provisional registration with a licence to practise. This is the case even if the circumstance in question occurred before or early on in medical school. In reaching such a decision the GMC will consider all the available evidence and will also take into account the outcomes of any investigations undertaken by the medical school or other bodies. The law does not allow the GMC to make a conditional grant of registration, or to register a doctor and then submit them to fitness to practise procedures. The GMC advises all students when such issues arise to make an early application for registration with a licence to practise, as the application may take time to investigate.
- 59** In every case, the GMC applies the principles of public law and considers whether the refusal to grant registration would be a proportionate response. In addition to the impact that a refusal would have on the applicant, the GMC will also consider the pattern of occurrences, the seriousness of the issues raised, and the potential implications for public and patient safety, and confidence and trust in the profession if registration with a licence to practise were granted.

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- 60** Medical schools should inform students, as part of their admissions procedures, through student handbooks, and also as part of their fitness to practise guidance and procedures, that the GMC is responsible for decisions regarding registration. It must be made clear to students that the GMC will consider any issue that calls their fitness to practise into question. This includes anything that happened before or during their undergraduate years, and any decisions made by a fitness to practise panel or university. Medical schools should make students aware, before they apply for provisional registration with a licence to practise, of the requirements in the GMC's declaration of fitness to practise.
- 61** 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 registration based on the disclosed facts of the case. In these circumstances, the GMC may be able to indicate whether a student would be able to register at some point in the future; but this would not bind the GMC to a particular decision at the point of registration. Given the tight timelines for entering the Foundation Programme, advice should be sought as early as possible before applying for registration with a licence to practise.

The threshold of student fitness to practise

- 62** One of the functions of the GMC and medical schools is to develop standards and criteria for medical students to make sure they are fit to practise as doctors.
- 63** The GMC has the legal authority to decide the standards and outcomes that students must demonstrate at the point of graduation in order to provisionally register with the GMC. These are set out in *Tomorrow's Doctors*. These standards and outcomes form the basis for a decision to be made as to whether a student will be safe and effective as a doctor. The GMC expects medical students to work towards the standards set out in both *Good medical practice* and *Tomorrow's Doctors*.

The meaning of student fitness to practise

- 64** 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 2007)

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- 65** This statement should be taken into account when deciding if medical students are fit to practise. It is important that students with serious fitness to practise problems do not put patients or the public at risk.
- 66** It is common for medical students both to interact with patients and to have access to confidential patient information. Patients may view students as being in a position of trust and responsibility. They are often willing to allow students to be involved in their treatment as they accept that this is an important part of a student's education. But this willingness is based on trust that students will behave professionally, and that trained professionals will supervise them appropriately.
- 67** Students are expected to behave in a professional and responsible manner. Their behaviour should be measured against the principles set out in this guidance, in *Tomorrow's Doctors* and in *Good medical practice*. If a student's behaviour falls below these expected levels, the medical school should consider if this amounts to a fitness to practise concern, and therefore warrants consideration through its formal procedures.
- 68** Students are in a learning environment and at the start of their professional career. When considering the fitness to practise of a student, it may be 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 and remediation.

- 69** Medical schools are responsible for determining the fitness to practise of individual medical students. The GMC does not have any direct authority to deal with or advise on individual cases of the fitness to practise or disciplinary issues of medical students.

Defining the threshold of student fitness to practise

- 70** A student's fitness to practise is called into question when their behaviour or health raises a serious or persistent cause for concern about their ability to continue on a medical course, or to practise as a doctor after graduation. This includes, but is not limited to, the possibility that they could put patients or the public at risk, and the need to maintain trust in the profession.
- 71** In these circumstances, a student should be considered by fitness to practise procedures at the medical school. If a student's poor behaviour or health is to be considered through a university's general disciplinary procedures, this does not prevent it also being considered through the medical school's formal fitness to practise procedures. The two procedures will operate under different criteria, and it is important that they do not occur simultaneously. In general, university disciplinary procedures should consider the issue in the first instance and a fitness to practise hearing should take place once the disciplinary hearing has finished and the facts have been established.
- 72** Medical schools should consider the fitness to practise of medical students in relation to how it may have an impact on patient and public safety, and on the public's trust in the medical profession.

Illustrating the threshold of student fitness to practise

- 73** Investigators and panellists at medical schools must consider whether a student has engaged the fitness to practise threshold on a case-by-case basis.
- 74** When considering this threshold, they may want to consider the following questions:

Has a student's behaviour harmed patients or put patients at risk of harm?

Harm or risk of harm may be demonstrated by an incident or a persistent series of incidents that cause concern to personal tutors and academic or clinical supervisors. A series of incidents could indicate persistent failings that are not being, or cannot be, safely managed through pastoral care or student support. Or it may be that care and support have been tried and have failed.

Has a student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?

An isolated lapse from high standards of conduct – such as a rude outburst – would not in itself suggest that the student's fitness to practise is in question. But the sort of persistent misconduct, whether criminal or not, that indicates a lack of integrity on the part of the student, an unwillingness to behave ethically or responsibly, or a serious lack of insight into obvious professional concerns, would bring a student's fitness to practise into question.

Is a student's health or impairment compromising patient safety?

A fitness to practise procedure does not need to be initiated solely because a student is ill, even if the illness is serious. However, a student's fitness to practise is brought into question if it appears that they have a serious medical condition and they do not appear to be following appropriate medical advice as necessary in order to minimise the risk to patients and colleagues.

As explained in paragraph 48, although unlikely given reasonable adjustments, an impairment or health condition may make it impossible for a student to meet the outcomes set by the GMC at the point of graduation. In these rare cases, it may be appropriate to consider the student through formal fitness to practise procedures.

Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?

Conduct that shows that a student has acted without regard for a patient's rights or feelings, or abused their professional position as a medical student, will usually give rise to questions about fitness to practise.

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

The medical school should take action if a student's behaviour is such that trust in the medical profession might be undermined. This might include plagiarism, cheating, dishonesty in reports and logbooks, forging the signature of a supervisor, or failing to comply with the regulations of the medical school, university, hospital or other organisation.

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- 75** The advice above is only illustrative of the sort of concerns that could call a student's fitness to practise into question. A more complete, though not exhaustive, picture is provided in *Good medical practice* and other GMC guidance. The outcome in all cases will depend on the particular circumstances.

Categories of concern

- 76** This part of the guidance sets out areas of concern that may call into question whether a student is fit to practise. This is not an exhaustive list but indicates the most common concerns identified by medical schools.
- 77** The table overleaf shows the types of concerns identified in fitness to practise procedures at medical schools. These are also areas in which the GMC has taken action against doctors and which might be taken seriously when applying for provisional registration with a licence to practise. Within each category, there is a list of examples of allegations that medical schools have considered to be so serious or persistent that they went to fitness to practise procedures.
- 78** Decisions about the behaviour or health of students must be considered on a case-by-case basis, and should be based on whether the behaviour or health calls into question either the student's ability to continue on a medical course, or their fitness to practise as a doctor after graduation.

Table 1: Most frequent areas of concern relating to student fitness to practise

Areas of concern	Some examples of concern
Criminal conviction or caution	<ul style="list-style-type: none">■ Child pornography■ Theft■ Financial fraud■ Possession of illegal substances■ Child abuse or any other abuse■ Physical violence
Drug or alcohol misuse	<ul style="list-style-type: none">■ Drunk driving■ Alcohol consumption that affects clinical work or the work environment■ Dealing, possessing or misusing drugs even if there are no legal proceedings
Aggressive, violent or threatening behaviour	<ul style="list-style-type: none">■ Assault■ Physical violence■ Bullying■ Abuse
Persistent inappropriate attitude or behaviour	<ul style="list-style-type: none">■ Uncommitted to work■ Neglect of administrative tasks■ Poor time management■ Non-attendance■ Poor communication skills■ Failure to accept and follow educational advice
Cheating or plagiarising	<ul style="list-style-type: none">■ Cheating in examinations, logbooks or portfolios■ Passing off others' work as one's own■ Forging a supervisor's name on assessments

Areas of concern	Some examples of concern
Dishonesty or fraud, including dishonesty outside the professional role	<ul style="list-style-type: none"> ■ Falsifying research ■ Financial fraud ■ Fraudulent CVs or other documents ■ Misrepresentation of qualifications
Unprofessional behaviour or attitudes failure to keep appropriate boundaries in behaviour	<ul style="list-style-type: none"> ■ Breach of confidentiality ■ Misleading patients about their care or treatment ■ Culpable involvement in a failure to obtain proper consent from a patient ■ Sexual, racial or other forms of harassment ■ Inappropriate examinations or ■ Persistent rudeness to patients, colleagues or others ■ Unlawful discrimination
Health concerns and insight or management of these concerns	<ul style="list-style-type: none"> ■ Failure to seek medical treatment or other support ■ Refusal to follow medical advice or care plans, including monitoring and reviews, in relation to maintaining fitness to practise ■ Failure to recognise limits and abilities or lack of insight into health concerns ■ Treatment-resistant condition.

Making decisions

- 79** It is important to distinguish between the role of the investigator appointed by the medical school and the role of the fitness to practise panel.

The role of the investigator

- 80** The role of the investigator is to decide if there is enough evidence to determine if a student's fitness to practise is impaired. The investigator must act in a proportionate way by weighing the interests of patients and the public against those of the student. It is important to consider whether the behaviour is better dealt with through student support and remedial tuition, or through a formal fitness to practise panel hearing.
- 81** The investigator should keep a record of the investigation and decisions. They should consider the evidence based on the balance of probabilities that the student's fitness to practise is impaired.
- 82** If the investigator decides the behaviour is so serious or persistent as to call into question the student's ability to continue on a medical course, or their fitness to practise as a doctor after graduation, the case should be referred to a fitness to practise panel. This is in spite of any mitigating factors such as health problems.
- 83** The investigator should also take note of the advice on sanctions in this guidance.

The role of the fitness to practise panel

- 84** Like investigators, panels should keep in mind the balance between patient and public safety, the interests of the medical student, and the need to maintain trust in the profession.
- 85** All decisions should be taken in light of any guidance set by the GMC and should be consistent with the regulations and procedures of the medical school. Decisions should be based on the balance of probabilities that the student's fitness to practise is impaired.
- 86** Any mitigating factors should be considered by the panel when deciding on the appropriate outcome only after a finding that a student's fitness to practise is impaired. In any case before them, the panel will need to give due regard to any evidence presented by way of mitigation.
- 87** If the panel impose a sanction, they should give their reasons and specify any timeframe or conditions that may apply. They should issue a written determination and indicate whether the outcome of the hearing must be declared to the GMC when applying for registration with a licence to practise. They should also make sure the warning or sanction is proportionate to the behaviour, and that it will deal effectively with the fitness to practise concern.
- 88** There should be a clear formal appeals process. There is further guidance on procedures in the part of this guidance entitled 'The key elements in student fitness to practise arrangements' (paragraphs 118 to 142). Medical schools should make sure students are aware of their right to appeal against decisions of the fitness to practise panel, and of the appropriate procedures.

Outcomes of student fitness to practise hearings

89 Possible outcomes of hearings include:

- a** The student receives no warning or sanction.
- b** The student receives a warning as there is evidence of misconduct, but the student's fitness to practise is not impaired and does not require any of the sanctions listed below.
- c** The student's fitness to practise is judged to be impaired and they receive a sanction. Beginning with the least severe, the sanctions are:
 - conditions or undertakings
 - suspension from medical course
 - expulsion from medical course.

90 The purpose of the warnings and sanctions is to protect patients and the public, rather than to be a punishment for the student.

91 Decision makers should consider the options available starting with the least severe and moving to the next outcome only if satisfied that the warning or sanction is not strong enough to protect patients and the public.

92 Medical schools should consider whether it is necessary to suspend the student temporarily while the fitness to practise investigation or hearing takes place. This may be necessary in order to protect patients, colleagues, the student in question, or other students. Medical schools should make sure the decision is proportionate, fair and evaluated on a regular basis.

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- 93** When applying for provisional registration with a licence to practise, the student must be aware of their responsibilities regarding disclosure when completing the GMC's declaration of fitness to practise.
- 94** Students who receive a warning or sanction, short of expulsion, should also receive supervision or monitoring, or both, to satisfy the medical school regarding their fitness to practise. They should also be provided with 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.
- 95** If a student receives a warning or sanction, it should be made clear: why they have received it; the intended purpose; the expected duration; and whether or when their fitness to practise will be considered again in a formal hearing. 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 sanctions are severe, they can remain on the medical school's record after the student has applied for provisional registration with a licence to practise. The medical school's policy should explain how the school will deal with information about the case if the student takes longer than is usual to apply for provisional registration, or never applies at all.
- 96** It should be made clear to students that they can withdraw from their course rather than go through the formal fitness to practise procedures. It should also be made clear, if they do withdraw, whether it will be possible for them to return to their course later or transfer to a different course at the university.

Warnings

- 97** Warnings allow the medical school to indicate to a student that their behaviour represents a departure from the standards expected of medical students and should not be repeated. They are a formal response in the interests of maintaining professional values. There should be adequate support for the student to address any underlying problems that may have contributed to their poor behaviour.
- 98** The formal recording of warnings allows the medical school to identify any repeat behaviour and to take appropriate action. Any breach of a warning may be taken into account by a panel in relation to a future case against a student; or the breach itself may comprise misconduct serious enough to lead to a finding of impaired fitness to practise. The warning should remain on the student's record, and the student must be aware of their responsibilities regarding disclosure when applying to the GMC for provisional registration with a licence to practise.
- 99** Decision makers may want to consider the following questions when deciding if it is appropriate to issue a warning:
- a** Has the student behaved unprofessionally?
 - b** Does the student's behaviour raise concerns, but fall short of indicating that the student is not fit to practise?
 - c** Are the concerns sufficiently serious that, if there were a repetition, it would be likely to result in a finding of impaired fitness to practise? The decision makers will need to consider the degree to which the concern could affect patient safety and public confidence in the profession.

Sanctions

- 100** The purpose of the sanctions listed in paragraph 89c is to protect patients and the public, to maintain trust in the profession, and to ensure that students whose fitness to practise is impaired are dealt with effectively, including possibly being removed from their medical course. The sanctions, except expulsion, should give students the opportunity to learn from their mistakes.
- 101** Panels should consider whether the sanction will protect patients and the public, and maintain professional standards.
- 102** It is important that when a panel decides to impose a sanction, they make it clear in their determination that they have considered all the options. They should also give clear reasons, including any mitigating or aggravating factors that influenced their decision, for imposing a particular sanction. In addition, the determination should include a separate explanation as to why a particular length of sanction was considered necessary.

Conditions

- 103** Conditions are appropriate when there is significant concern about the behaviour or health of the student. This sanction should be applied at the panel level and only if the panel is satisfied that the student might respond positively to remedial tuition and increased supervision, and has displayed insight into their problems. The panel should consider any evidence such as reports on the student's performance, health, behaviour, and any other mitigating circumstances.

- 104** The student should be made aware that the sanction may be disclosed to appropriate people, and of the requirements in the GMC's declaration of fitness to practise when they are applying for provisional registration with a licence to practise.
- 105** The objectives of any conditions should be made clear so that the student knows what is expected of them, and so that a panel at any future hearing can identify the original shortcomings and the proposals for their correction. Any conditions should be appropriate, proportionate, workable and measurable.
- 106** Before imposing conditions the panel should satisfy themselves that:
- a** the problem can be improved through conditions
 - b** the objectives of the conditions are clear
 - c** any future assessment will be able to decide whether the objective has been achieved, and whether patients will still be at risk.
- 107** Although this list is not exhaustive, conditions may be appropriate when most or all of the following factors are apparent:
- the student has shown sufficient insight, and there is no evidence that they are inherently incapable of following good practice and professional values
 - there are identifiable areas of the student's studies in need of further assessment or remedial action
 - the student is willing to respond positively to support and conditions
 - the student is willing to be honest and open with patients, colleagues and supervisors if things go wrong

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- there is evidence, in cases involving health problems, that the student has genuine insight into their health problem, is aware of compliance with the guidance on health (paragraphs 46 to 54), and has agreed to abide by conditions relating to their medical condition, treatment and supervision
 - patients will not be put in danger either directly or indirectly as a result of the conditions
 - the conditions will protect patients during the time they are in force.

108 If a panel has found a student's fitness to practise impaired by reason of physical or mental health, the conditions should relate to the medical supervision of the student as well as to supervision on clinical placements. It is inappropriate for a panel to impose conditions if the student's fitness to practise has not been found impaired.

Undertakings

109 An undertaking is an agreement between a student and the medical school when there is a determination, and student acknowledgement, that the student's fitness to practise is impaired. This agreement is usually taken forward before or instead of a formal fitness to practise hearing or determination.

110 Undertakings may include restrictions on the student's clinical practice or behaviour, or the commitment to undergo medical supervision or remedial teaching. As with conditions, they are 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.

- 111** Undertakings will only be appropriate if there is reason to believe that the student will comply with them, for example, because the student has shown genuine insight into their problems and potential for remediation. The panel may wish to see evidence that the student has taken responsibility for their own actions, and when necessary taken steps to improve their behaviour.
- 112** When considering whether to invite the student to accept undertakings, the panel should consider:
- a** whether undertakings appear to offer sufficient safeguards to protect patients and the public
 - b** whether the student has shown sufficient insight.

Suspension from medical course

- 113** 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.
- 114** When students return from suspension, they are expected to comply with any further conditions. Students should consent to disclose the suspension and conditions to the appropriate people, and must be aware of the requirements regarding disclosure when applying to the GMC for provisional registration with a licence to practise.

115 Although this list is not exhaustive, suspension may be appropriate when some or all of the following factors are apparent:

- a breach of professional values is serious, but is not fundamentally incompatible with the student continuing on a medical course, and not so serious as to justify expulsion to protect patients and the public – but, given the seriousness of the breach, any sanction less than suspension would not be in the public interest
- 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
- there is no evidence that the student is inherently incapable of following good practice and professional values
- the panel is satisfied the student has insight and is not likely to repeat the behaviour
- there will be appropriate support for the student when they return to the course.

Expulsion from medical course

116 The 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 student should be helped to transfer to another course if appropriate. However, the nature of the student's behaviour may mean that they should not be accepted on clinically-related courses, or on any other course.

117 Expulsion, the most severe sanction, should be applied if the student's behaviour is considered to be fundamentally incompatible with continuing on a medical course or eventually practising as a doctor. Although this list is not exhaustive, expulsion may be appropriate when a student:

- has seriously departed from the principles set out in *Good medical practice* and in this guidance
- has behaved in a way that is fundamentally incompatible with being a doctor
- has shown a reckless disregard for patient safety
- has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients
- has abused their position of trust
- has violated a patient's rights or exploited a vulnerable person has committed offences of a sexual nature, including involvement in child pornography
- has committed offences involving violence
- has been dishonest, including covering up their actions, especially when the dishonesty has been persistent
- has put their own interests before those of patients
- has persistently shown a lack of insight into the seriousness of their actions or the consequences.

The key elements in student fitness to practise arrangements

118 This part of the guidance suggests core elements within student fitness to practise arrangements. These core elements are:

- awareness and education communication confidentiality and disclosure
- the roles of personal tutors, investigators and panel members applying the threshold of student fitness to practise timescales
- panel composition and training hearings
- support for medical students appeals.

Awareness and education

119 Medical schools should make sure admissions information, student handbooks and information about rules or regulations, as well as fitness to practise information, include statements about the responsibility of medical students to develop professional values. These documents should also emphasise that medical schools are responsible for making sure students are fit to practise at the point of graduation. This includes explaining the opportunities for student support and pastoral care and the medical school's fitness to practise procedures. Staff, including all NHS staff who have regular contact with students in an educational or supervisory capacity, should be familiar with the medical school's guidance. Where applicable, medical schools should also make sure that students are aware of the role and purpose of the occupational health service.

- 120** It should be made clear that the medical school will welcome and consider information or concerns about students from any source, including NHS staff, and patients or their carers.
- 121** Medical schools' information about their fitness to practise procedures should clearly distinguish between their roles in handling complaints and in considering fitness to practise cases; but it should also explain the relationship between these two roles. The information should also describe the roles of the medical school, the university, the Office of the Independent Adjudicator or the Scottish Public Services Ombudsman, the NHS and the GMC.

Communication

- 122** Processes should be in place to allow for clear and prompt communication at all stages, with everyone involved, whenever fitness to practise concerns emerge. These processes should be clearly stated in the medical school's documents, such as admissions statements and fitness to practise documents.
- 123** Medical schools should make sure students are aware of their professional values, and that these values are reflected positively within the school's curricula and assessments.

Confidentiality and disclosure

- 124** Medical schools will need to consider information storage and confidentiality. It may be appropriate to keep certain documents separate from a student's file with cross reference markers. Medical schools are expected to be aware of, and comply with, the *Data Protection Act 1998* in order to protect the confidentiality of students.
- 125** Medical schools should make it clear in their public documents and websites that they may pass personal information to other organisations, including the GMC, other medical schools or postgraduate deaneries/local education and training boards (LETBs)¹⁰, for example, if a student receives a warning or a sanction. Medical schools must have clear guidelines on the disclosure of information about cases 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'*.¹¹
- 126** 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'*.¹²
- 127** This will have implications for the responsibilities of, for example, occupational health practitioners, teachers, trainers, personal tutors and students.

- 128** Further ICO advice has indicated 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 etc in circumstances where it is clear that there would be a likelihood of real risk to the public if that information was not disclosed'*.¹³ This should be supported by clear, agreed procedures for sharing information between medical schools and other organisations.

The roles of personal tutors, investigators and panel members

- 129** A student's personal tutor should not also act as an investigator or as a member of the fitness to practise panel. This allows the tutor to support the student and ensures the objectivity of the investigator and the panel members who will be making decisions about the student's future.
- 130** The role of the investigator is to decide whether there is enough evidence to determine if a student's fitness to practise is impaired. The investigator should not also be a member of the fitness to practise panel.
- 131** The role of the panel is to deliberate on the evidence presented by the investigator, the student, expert advisers, and witnesses if applicable. The panel should set out their determination in writing, which should include reasons for their decision, warnings or sanctions, and the requirement to disclose the outcome to the GMC and other organisations such as postgraduate deaneries/LETBs or employers.

Applying the threshold of student fitness to practise

- 132** Medical schools should consider the threshold when considering whether a student's fitness to practise is impaired. Investigators and panels should ask whether a student's behaviour or health, or both, raise a serious or persistent cause for concern about their ability to continue on a medical course, or to practise as a doctor after graduation. This includes, but is not limited to, the possibility that they could put patients or the public at risk.
- 133** Evidence should be considered on the balance of probabilities.
- 134** Medical schools should explain to students that impaired fitness to practise may result in fitness to practise procedures and in sanctions being imposed. They should also refer to any relevant documents used by the medical school to define fitness to practise, for example, *Good medical practice*, *Tomorrow's Doctors*, or this guidance.

Timescales

- 135** Medical schools' fitness to practise procedures should include clearly defined timescales for the various stages of the procedures, including the investigation and hearing stages, taking into account how long a student may be prevented from continuing their course. In exceptional cases, the timescales may be extended to ensure the procedure is fair, for instance, to ensure that everyone involved is available. However, it is in everyone's best interests for the defined timescales to be adhered to if possible.

Panel composition and training

136 Medical schools' fitness to practise procedures must clearly describe the composition of the panel. In determining panel composition, the school should consider whether it would be practical to include:

- a** someone from outside the medical school
- b** someone with legal knowledge
- c** a student representative who does not know the student being investigated.

137 The panel must include a medical professional registered with the GMC. All panel members should receive training for their role, be appropriately experienced, and have access to all relevant documentation.

138 Panel members should be trained on the core competencies expected of them. Among other things, they should:

- know and understand the rules and regulations of fitness to practise and disciplinary matters at the medical school
- know and understand the relevant guidance, such as *Good medical practice*, *Tomorrow's Doctors*, and this guidance
- be familiar with the GMC's fitness to practise procedures
- 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 the fitness to practise proceedings are fair and proportionate know and understand the legal requirements and good practice of equality and diversity.

Hearings

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

- make sure the panel is unbiased and there are no obvious conflicts of interest between investigators, panellists and the student
- set up appropriate procedures to avoid delay
- indicate how a hearing may proceed in the absence of the student
- ensure there is proper disclosure of information and equal opportunity to present evidence, which may include providing the student with a complete copy of the information presented to the panel
- 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 decisions and sanctions are proportionate, and that reasons for the decisions are explained
- make sure that written records are kept of all panel deliberations.

Support for medical students

140 Medical schools should encourage students to be represented at fitness to practise hearings or to have a supporter present. Medical schools' fitness to practise procedures should set out how this will work in practice. The representation and support must protect the students' rights in line with the *Human Rights Act 1998*.

141 Medical schools' fitness to practise procedures should be clear about how equality and diversity considerations are incorporated. This should include outlining the school's responsibilities under the *Equality Act 2010*, particularly on the need to provide reasonable adjustments and support for those students who require them to access learning

University appeals committees and panels

142 Medical schools' fitness to practise procedures should clearly state the scope and process for appeals. They should recognise that the criteria for fitness to practise for medical students differ from those that apply to other students. Appeals policy documents could include, among other things, details on:

- a** limiting the appeals panel's role to referring the case back to another medical school fitness to practise hearing
- b** whether appeal hearings can reconsider the facts of the case or are limited to deciding whether due process was followed
- c** the composition of appeals panels, taking on board the advice in this guidance on panel composition and training, and in particular requiring a medical professional registered with the GMC to sit on the appeals panel.



Appendix B: Occupational health services for medical schools

- 1 The GMC has developed this protocol in conjunction with the Higher Education Occupational Physicians and Practitioners (HEOPS) group.
- 2 An occupational health service will be available to provide a wide range of relevant advice and help for medical schools, university management, staff and students, including undergraduates, postgraduates and student visitors.

Services available during the appointment process

- 3 The services available will vary from school to school, but applicants can be reassured that in line with accepted good practice and GMC advice:
 - a occupational health screening, assessment and decision making on fitness to practise is entirely separate from the academic or aptitude selection process
 - b any medical information they provide will remain confidential to the occupational health service and will normally only be disclosed on a need-to-know basis and with their full consent.
- 4 During the pre-application stage
 - a The occupational health service can provide advice to the medical school on the information to be included in the prospectus, on the website, and in other information sources.

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- b** The service should also provide advice to potential applicants who have concerns about their fitness to practise. The applicant's concerns may be about their medical fitness or potential to fulfil the core competencies of the course. Anyone who has concerns will be encouraged to contact the medical school's occupational health service as early as possible. The service's advice may take a number of forms including simple reassurance, a formal assessment, or seeking further specialist medical advice. The service should be able to assess possible reasonable adjustments and offer appropriate advice to the applicant, which may include exploring alternative career options.

5 During the pre-entry stage

- a** Following the offer of a provisional place, the occupational health service can provide advice, including the range of screening that should be undertaken, such as for blood borne viruses (BBVs).
- b** The service may send out pre-acceptance medical forms to incoming students and review the completed forms. In the vast majority of cases, the school will be advised that the student is medically fit for the course. But if there is cause for concern, appropriate action will be taken, which may include seeking further specialist advice. If an assessment is necessary, it may involve a review in a clinical skills environment and will usually be undertaken in consultation with the disability support office and others where necessary. The service will then provide advice to the school, possibly following a case conference, on the student's fitness to practise.

Services available upon entry

- 6 Once the applicant has entered medical school, the occupational health service should provide:
- a appropriate screening, such as for BBVs, in line with legislation and guidance
 - b vaccinations if required
 - c advice to the school and student regarding fitness to practise – an initial certificate of fitness to practise, in relation to clinical experience, may be provided before any screening or vaccination programmes have been completed
 - d ongoing monitoring and support if it is considered necessary.

Services available after entry

- 7 After entering medical school, students may be seen by the occupational health service as:
- a a personal referral by the student if they are concerned about a medical condition and the impact it may have on their academic performance or fitness to practise
 - b a school referral:
 - i if there is concern that a student's medical condition could have a real or a potential impact on their academic performance or potential to fulfil the core competencies of the course – this will be at an early stage before any fitness to practise procedures
 - ii if there is concern that a student's medical condition may affect their fitness to practise.

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- 8** In all cases the student has the same rights to confidentiality as any other patient. The occupational physician will be responsible for collecting all the medical information, and for providing advice on the real or potential impact on the student's fitness to practise. In some cases it may be considered necessary to seek an independent specialist report before providing the advice. The report provided by the occupational physician will include an opinion on the student's fitness to practise, and may recommend a break in study or reasonable adjustments if appropriate.
 - 9** The occupational health service may also provide:

 - a** ongoing monitoring of the student if requested by the school – the occupational physician, usually in consultation with the student's GP or an independent specialist, may consider that additional and independent monitoring is also necessary
 - b** advice to the school and student on the student's suitability to return to the course after a break in study.
 - 10** All such advice will take into account the core competencies of the course and the appropriateness of reasonable adjustments.
 - 11** Preferably with the student's consent, the occupational physician will make sure that the student's GP and specialist remain informed of the situation.

Additional services

- 12** Additional services provided by the occupational health service may include:
- a** practical advice on reasonable adjustments
 - b** drafting policy and guidance documents, on issues such as alcohol and drug abuse, and undertaking practical action in support of them
 - c** practical advice and vaccination for periods of elective study, other travel, special study modules, and intercalated periods of study
 - d** health surveillance if required by legislation, including screening, and health and safety advice for students involved in research, such as working with animals
 - e** medico-legal employment advice
 - f** liaising with occupational health services in NHS trusts, or their equivalents in the devolved countries, to facilitate NHS entry, health clearance and support
 - g** appropriate follow-up, screening and treatment following contamination, sharps, or inoculation incidents.
- 13** The occupational health service will, whenever necessary, work in co-operation with other student support services, such as counselling and disability support.
- 14** In order to provide the wide range of services listed in this appendix, occupational health services to medical schools should be led by a specialist occupational physician and appropriately trained nurses.

Endnotes

- 1 For convenience, the text refers to medical schools but much of the guidance will also apply to universities.
- 2 For convenience, the text refers to 'behaviour' rather than 'conduct', as in the context of this guidance we see the two words as having the same meaning. However, 'behaviour' does not include performance or competence.
- 3 It would be appropriate for students to raise concerns with their educational or clinical supervisor or their medical school dean/head of school.
- 4 It would be appropriate for students to raise concerns with their educational or clinical supervisor or their medical school dean/head of school.
- 5 It would be appropriate for students to raise concerns with their educational or clinical supervisor or their medical school dean/head of school.
- 6 If a student does have the opportunity to perform EPPs they should be aware of these publications: the Medical Schools Council, the Council of Heads and Deans of Dental Schools, Association of UK University Hospitals and the Higher Education Occupational Physicians Group guidance, *Medical and dental students: Health clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis* (2008); and the Scottish Government's publication *Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV for New Healthcare Workers with Direct Clinical Contact with Patients* (2008).

- 7 General Medical Council Education Committee Policy Statement: *Core Education Outcomes*, (2006): www.gmc-uk.org/education/undergraduate/historic_policy.asp
- 8 There are examples and advice on applying reasonable adjustments in *Gateways to the Professions: Advising medical schools: encouraging disabled students*, General Medical Council and the Department for Innovation, Universities and Skills (England), (2008).
- 9 *Gateways to the Professions: Advising medical schools: encouraging disabled students*, General Medical Council and the Department for Innovation, Universities and Skills (England), (2008).
- 10 In April 2013, postgraduate deaneries in England became part of local education and training boards (LETBs). The existing deanery structure remains in the rest of the UK.
- 11 Correspondence from the Information Commissioner's Office, (2006).
- 12 Correspondence from the Information Commissioner's Office, (2008).
- 13 Correspondence from the Information Commissioner's Office, (2008).

Index

Note: Numbers refer to paragraphs

A

acceptable behaviour 67
 aggressive behaviour 77
 alcohol abuse 77
 appeals process 88, 142
 appearance 28f
 asking for help 16a
 assessment 18, 20, 21, 27
 audit 18

B

behaviour of medical students 3–5
 before or during undergraduate
 years 60
 expectations 8–38
 good clinical care 15–16
 health 35–38
 liable to cause concern 76–78
 maintenance of good practice 17–19
 outside clinical environment 14
 principles of 11–14
 probity 33–34
 relationships with patients 23–28
 teaching and training 20–22
 unprofessional 58, 77
 working with colleagues 29–32
 blood-borne viruses 38e
 boundaries, professional 25
 British Medical Association 10

C

carers, communication with 24
 categories of concern 76–78
 cautions 57c
 cheating 74, 77
 chronic illness 52
 clinical care, good 15–16
 colleagues
 reporting on concerns 31
 working with 29–32
 communicable diseases 38d
 communication
 in fitness to practise cases 122–123
 with colleagues 30
 with patients 24, 30
 with relatives and carers 24
 competence
 clinical care 16a
 standards of 9
 complaint handling 121
 conditions, outcome of a hearing
 103–108
 confidentiality 27
 disclosure 124–128
 GMC guidance 28g, 53
 consent
 GMC guidance 28g
 patient 26, 28d
 student 54
 constructive feedback 22d
 convictions 57c

course work 19c, 27

courteous behaviour 16g

criminal convictions 77

D

Data Protection Act 1998 124, 125

deficient professional performance 57b

disability, see impairment

disability advisers 52

disclosure 53–54, 124–128

discrimination against patients 16f

dishonest behaviour 74, 77

dress and professional appearance 28f

drug abuse 77

E

education

- appraising and assessing 20–22

- awareness 119

- basic medical training 12

- continuing 17–19

- contribution to 22c

- remedial tuition 103

Equality Act 2010 141

errors, reporting of 34a

ethical behaviour 74

exposure prone procedures 38e

expulsions, outcomes of a hearing
116–117

F

faith 46

feedback, constructive 22d

financial dealings 34f

fitness to practise 5

- appeals committees and panels 142

- applying the threshold 132–134

- awareness and education 119–121

- categories of concern 76–78

- communication 122–123

- confidentiality and disclosure
124–128

- definition 64–69

- definition by GMC 64

- health 46–54

- hearings 139

- impairment 57a–d

- key elements 118–142

- panel composition and training
136–138

- role of tutors, personal investigators
and panel members 129–131

- scope 39–61

- support for medical students 140–141

- teaching and training 22

- timescales 135

- thresholds 62–78

 - applying 132–134

 - definition 70–72

 - illustrating 73–74

fitness to practise panel
 composition and training 136–138
 conditions 103–108
 expulsions 116–117
 hearings 139
 outcomes of hearings 89–96
 role 79, 84–88, 131
 sanctions 100–102
 suspensions 113–115
 undertakings 109–112
 warnings 97–99

forgery 74, 77

formal inquiries 34g

fraud 77

G

Gateways to the Professions 6, 49

general disciplinary procedures 71

General Medical Council (GMC) 1

consent and confidentiality

guidance 28g, 53

fitness to practise 64

key priorities 13

legal authority 63

outcomes required by 48

patient safety 47

provisional registration 55–61

purpose 55

general practitioner (GP), registration
 with 37, 51

good medical practice, maintaining 17–19

Good medical practice

acceptable behaviour 67

concerns for fitness to practise 75

definitions in 134

headings 9

health 36

informed consent 26

integrity 33

principles 13, 67, 117

standards 19a, 63

H

health of medical students 5, 35–38

chronic illness 52

concerns 77

fitness to practise 46–54, 57d

medical supervision of student 108

outcomes 48

progressive illness 52

help, asking for 16a

honesty 33–34, 74

Human Rights Act 1998 140

hygiene 28f

I

immunisation 38d

impairment 48–49, 52, 74

seeking advice on 138

inappropriate behaviour 77

Information Commissioner's Office
125, 126

information storage 124

informed consent 26, 28d, 28g, 54

integrity 33, 34b, 74

investigator, role of 79–83, 130

K

knowledge, maintaining 17

L

leadership 32c

limits of competence 16a

M

maturity 68

Medical School Charter 10

medical schools

admissions information 119

admissions procedures 60

appeals process 88

confidentiality 124, 125

decision making 39

disclosure of information policies 125

fitness to practise procedures 77, 95,

119, 134–136, 141–142

information storage 124

pastoral care 41–45

procedures for addressing concerns 41, 54

reasonable adjustments by 49, 50,
74, 141

regulations 34i

responsibilities 3, 10, 69

student support 41–45

warnings 97–99

Medical Schools Council (MSC) 1, 10

medical students

differences from other students 3

health of 35–38

pastoral care for 41–45

records 95

registration with GP 37, 51

relationships with colleagues 29–32

relationships with patients 23–28

support for 41–45, 140–141

mental health 38b

misconduct 57a

misrepresentation 16b

mitigating factors in fitness to practise

investigations 82, 86

multi-disciplinary teams 30

N

newly qualified doctors 56

O

occupational health 38b, 41, 52, 54, 127
 Office of the Independent Adjudicator 121
 outcome of a hearing 89–96
 conditions 103–108
 expulsions 116–117
 sanctions 100–102
 suspensions 113–115
 undertakings 109–112
 warnings 97–99

P

pastoral care while at medical school 41–45, 94
 patients
 communication with 24
 confidentiality 27
 consent 26, 28d
 discrimination against 16f
 protection from harm 31
 relationships with 23–28
 relatives, carers and partners 24
 responsibility towards 66
 rights and decisions 16d
 safety 16h, 47
 view of students 11, 66
 violation of rights 74
 performance reviews 18
 personal behaviour 14
 personal presentation 28f

personal tutors, role of 129
 plagiarism 34e, 74, 77
 probity 33–34
 professional appearance and dress 28f
 professional boundaries 25
 progressive illness 52
 provisional registration 55–61
 disclosure 93, 104, 114
 outcomes for 13
 public interest 53, 115
 public places, personal behaviour in 14
 purpose and status of this guidance 1–7

Q

quality assurance reports 7

R

racial harassment 77
 raising concerns 54
 reasonable adjustments 49, 50, 74, 141
 registration, provisional 13, 55–61, 93, 104, 114
 registration with GP 37, 51
 relationships
 with colleagues 29–32
 with patients 23–28
 relatives, communication with 24
 remedial support 94
 responsibilities
 of medical school 3, 10
 of medical students 3, 10

- to patients 66
- restrictions 38e, 110
- risk
 - assessment and student health 38f
 - to patient and public 65
- rudeness 74, 77

S

- safety
 - patient 16h
 - patient and public 72, 84
- sanctions, outcomes of a hearing 87, 89c, 100–102
- Scottish Public Services Ombudsman 121
- sexual harassment 77
- Student Fitness to Practise Working Group 1
- student record 95
- student support 41–45
- students, see medical students
 - supervision 16c, 66
- support for medical students 140–141
- suspensions, outcome of a hearing 92, 113–115

T

- teaching of others 22a, 22c teamwork 32c
- timescales 135
- Tomorrow's Doctors* 13

- acceptable behaviour 67
- definitions in 134
- exposure prone procedures 38e
- outcomes 47, 49
- principles 67
- scope 13
- standards 19a
- standards and outcomes 63
- understanding by panel members 138

Trainee Doctor, The 13

treatment, basis 16e

U

- undergraduate behaviour 60
- undertakings, outcomes of a hearing 109–112
- university appeals committees and panels 142
- university general disciplinary procedures 71
- unprofessional behaviour 77

V

- vaccination 38d

W

- warnings, outcome of a hearing 89b, 97–99
- withdrawal from medical courses 96

The first part of the paper discusses the importance of understanding the local context in which a project is implemented. This includes a thorough analysis of the social, cultural, and economic factors that may influence the success or failure of the intervention. It is essential to engage with local stakeholders from the outset to ensure that the project is relevant and sustainable.

The second part of the paper explores the challenges of implementing evidence-based interventions in low-resource settings. These challenges often stem from limited infrastructure, lack of trained personnel, and insufficient funding. Despite these obstacles, there are several strategies that can be employed to overcome them, such as building local capacity and fostering community ownership.

The third part of the paper presents a case study of a successful community-based intervention in a rural area. This example illustrates how a combination of local knowledge and external support can lead to effective and sustainable outcomes. The key factors for success include strong leadership, active participation of the community, and ongoing monitoring and evaluation.

In conclusion, the paper emphasizes the need for a holistic and context-specific approach to development work. By understanding the local context and engaging with the community, it is possible to design and implement interventions that truly make a difference.

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