Executive summary
From 19 August to 13 November 2015, the GMC and the Medical Schools’ Council (MSC) consulted on proposed revisions to the guidance for student fitness to practice (SFTP), last reviewed in 2009. The consultation also made proposals for new guidance aimed at medical students on professional values.

The revised guidance on student fitness to practise (SFTP) processes aims to bring further consistency without being over-prescriptive, whilst also recognising the significant progress made by schools in this area since 2009. There is a new, separate document to address medical students and explain the professional values and behaviours expected of them. This significantly enhances existing guidance and is reorganised to reflect Good Medical Practice.

The consultation outcome showed there is wide acceptance of the proposed guidance with respondents agreeing with the approach and signalling the guidance gave useful advice.

Recommendations
The Strategy and Policy Board is asked to:

a Approve the two guidance documents: the revised SFTP processes guidance, Professional Behaviour and Fitness to Practise: Guidance for Medical Schools and their students (Annex A) and the new guidance, Achieving Good Medical Practice: guidance for medical students (Annex B).

b Consider the consultation outcomes summary and comments in the report at Annex C.

c Indicate whether further changes should be made to the guidance documents.

d Agree that we launch the guidance at the joint MSC and GMC SFTP training conference on 27 May 2016.
Why we are addressing this subject

1. Theme 2 of *Promoting Excellence* (Educational governance and leadership) states that ‘Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification’. 23 graduates of UK medical schools were refused provisional registration in the last six years (2010-2015 inclusive) on the grounds they were not fit to practise.

2. The existing guidance is now over six years old (published November 2009). To reflect current practice and the understanding of SFTP processes which has developed over that period, we and the MSC agreed that a refresh of the guidance is needed. The emerging view from the SFTP training conference jointly hosted by the GMC and MSC in 2015 was that guidance designed to increase standardisation and consistency would be beneficial. Feedback from other key interest groupd showed that medical students only consult the guidance when involved in SFTP processes and that medical schools would welcome a document specifically addressed to their students.

The proposed approach

3. The revised piece of guidance dedicated to SFTP processes is aligned with GMC language and processes for provisional registration and FTP as much as possible. In line with feedback from medical schools, it aims to offer high level guidance on procedures that will be flexible enough to fit in with the varied governance structures between different institutions.

4. The new guidance document on professional values aimed at students has been mapped to the four domains of the current version of *Good Medical Practice*. It covers the same areas as GMP but is written in a less formal, more accessible way, including issues identified as current and recurring from our engagement activities with medical students. Throughout the guidance there are text boxes which provide practical examples of the types of things students should do to remain professional, both on and off campus.

Consultation outcome

5. The consultation outcome showed there is wide support across the board for the revised SFTP guidance. Respondents supported having two separate guidance documents for SFTP processes and professional values.

6. Respondents considered that the SFTP processes guidance was clear and covered all the necessary areas. Respondents welcomed the new elements in the guidance, such as the information on impaired fitness to practise from the Medical Act 1983, the
alignment to fitness to practise test at provisional registration, and the new section on health and disability cases. There was support for the inclusion of questions to help determine whether the threshold for fitness to practise had been reached and for the addition of a table setting out reasons for impaired fitness to practise. Respondents also thought the enhanced section on pastoral care and support was helpful. Furthermore, there was consensus to encourage medical students to read this document as well as the piece on professional values. We are conscious about the length of the revised guidance document, but this reflects the request from medical schools for more expanded, detailed guidance.

7 In terms of the new professional values guidance for students, there was strong support for aligning the document with the four domains of *Good Medical Practice* and respondents felt each domain gave relevant and useful advice for medical students. The inclusion of examples of unprofessional behaviour and an annex with an overview of SFTP process were both considered helpful. Again, we are conscious of the length and will produce resources to accompany the document (e.g. flyers, cards, posters), in order to help students digest the key messages from the content.

8 All comments from the consultation were taken into consideration during redrafting, and the revised guidance seen at Annexes A and B incorporates suggestions. A full report on the consultation outcome is at Annex C.

9 Prior to consultation, we undertook extensive engagement with key interest groups across the four countries (Annex D). We surveyed all medical schools and 2,500 medical students, with results pointing to strong support of the review.

**Implementation**

10 We propose to launch the new documents at the joint GMC and MSC SFTP training conference on 27 May 2016, with an implementation date of September 2016.

11 Our intention is to produce additional material to enhance the new guidance documents. The details are yet to be finalised but will include case studies and FAQs. This approach was supported in the consultation responses, with specific suggestions for areas such as mental health, social media and how to escalate low level concerns.

12 We will monitor the implementation of the revised guidance from the next academic year (2016/17).

**Equality and diversity**

13 The guidance states that the SFTP procedures should comply with the Equality Act 2010. It explains that medical schools must make reasonable adjustments and provide support to enable disabled students to continue with their studies. We asked
a specific question in the consultation about the impact of the draft guidance on groups from the protected characteristics.

14 The main issues respondents raised on the consultation were health related, specifically about students expelled on health grounds: for example, when a student develops a health condition, or where an existing condition significantly deteriorates. The guidance says that medical schools can expel students on health grounds: ‘A student can 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.’ The guidance flags that this is different from the approach that the GMC takes for registered doctors, as doctors are never removed from the register purely on health grounds. The small number of comments in relation to this section mainly queried whether this distinction is lawful.

15 The revised guidance now clarifies that, in contrast to the GMC’s approach to fitness to practise in respect of registered doctors, a student fitness to practise decision does not involve a decision to erase someone from the professional register and therefore remove their ability to practise the profession. It also confirms that this approach is consistent with adverse physical or mental health being a reason for impairment when the GMC applies the test of fitness to practise to applicants for registration and may therefore be a reason for the GMC refusing registration.

16 Ultimately, a decision whether to expel a student on health grounds is a matter for the medical school. Such a decision would result in expulsion from a particular medical course and it would only be appropriate where it was deemed by the medical school to be a necessary step to protect the public. We have made it more explicit in the guidance that medical schools must provide support and adjustments for disabled students before the fitness to practise route is used. Expulsion would not prevent a student from being able to apply to re-join another medical course in the future, providing the public protection concerns have been addressed.

Next steps

17 Subject to the Board’s approval, the revised Student Fitness to Practise guidance documents will be prepared for launch. This will be done in close collaboration with the MSC as co-authors of the guidance.

18 We are working closely with the Strategy and Communication directorate on the production of the documents and the communication plan.
Professional behaviour and fitness to practise

Guidance for medical schools and their students’
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 Achieving good medical practice: guidance for medical students, 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.
Contents

What does this guidance cover? 2
The GMC’s role in promoting professionalism and fitness to practise 3
Considering equality and diversity issues 4
Fitness to practise – an overview 5
Fitness to practise at graduation 6
How fitness to practise affects GMC provisional registration 6
When should students be given pastoral care and student support? 7
Considering health and disability issues 9
Transfer of information as students move to Foundation Year 1 12
How should medical schools deal with concerns they receive about a student’s health or behaviour? 13
How should medical schools deal with low-level professionalism concerns? 14
Medical student fitness to practise 16
What do we mean by student fitness to practise? 16
The threshold of student fitness to practise 17
The threshold of student fitness to practise: health 18
Reasons for impaired fitness to practise in medical students 19
Table 1 – Reasons for impaired fitness to practise in medical students 20
Referring a student to fitness to practise procedures 22
What is the role of the investigator? 22
What are the possible outcomes of an investigation? 23
Fitness to practise committee or panel 26
What are the outcomes of a fitness to practise committee or panel? 28
Table 2 – Outcomes of an investigation or fitness to practise committee or panel 32
Reviewing a student’s fitness to practise following a sanction 35
Timescales for fitness to practise procedures 35
Confidentiality and disclosure 37
Appeals committees and panels 38
External complaints 39
Appendix 40
Diagram: an example illustration of the process for managing professionalism concerns and fitness to practise issues in relation to medical students 41
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 with a primary medical qualification. This guidance only applies to medical students. Once a doctor is registered their fitness to practise is monitored by the GMC.

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 *Achieving good medical practice: guidance for medical students* - a guidance document for students that outlines the standards of professional behaviour expected of them. Medical schools are reminded that fitness to practise should be just part of how they ensure that their students become excellent professionals. Education and training on professionalism are also important.

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. In this guidance we use the terms ‘you must’ and ‘you should’ in the following ways.

- ‘You must’ is used for an overriding principle.

- ‘You should’ is used when we are providing an explanation of how you can meet an overriding principle.

- ‘You should’ is also used where the principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.
6 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.

7 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.

8 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.

9 Medical schools and other stakeholders, including medical students, were consulted as part of the development of this guidance and medical schools provided valuable input to the pre-consultation development of this guidance.
The GMC’s role in promoting professionalism and fitness to practise

10 The GMC helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. The Medical Act (as recently amended) makes it clear that that public protection is the overarching objective of the GMC and that this involves:

- protecting, promoting and maintaining the health, safety and well-being of the public
- promoting and maintaining public confidence in the medical profession
- promoting and maintaining proper professional standards and conduct for members of that profession.

11 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 *Achieving good medical practice: guidance for medical students*.

12 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.

13 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 *Achieving good medical practice: guidance for medical students*.

14 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. Medical schools should also understand that students coming to study in the UK from overseas may need additional support to understand some of the cultural aspects of working and studying in the UK.

15 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.
Consider equality and diversity issues

16 Medical schools’ procedures for managing concerns about professionalism and fitness to practise should clearly explain how they will take steps to ensure their processes are fair. 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.

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

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

19 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 - an overview

20 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 a conviction 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 responsible for regulation of a health or social care profession, either in the UK or overseas, to the effect that their fitness to practise as a member of the profession is impaired.

21 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.

22 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.

23 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.

† Having the necessary knowledge of English does not apply at the point of registration as a question of fitness to practise. It is relevant to the grant of a licence to practise rather than to registration.
24 Medical schools should note that adverse 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.

25 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
26 Medical schools must not graduate students where fitness to practise concerns have been raised or are under consideration. Therefore all fitness to practise concerns must have been considered and a determination on them reached before the student can be allowed to graduate. By graduating a student, with a recognised primary medical qualification, the medical school is declaring them fit to practise as a doctor.

How fitness to practise affects GMC provisional registration
27 Medical graduates, who wish to work in the UK, must apply to the GMC 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 requirements 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.

28 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.

29 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.

30 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.

31 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. Students should be reminded that if they have any concerns about what they should declare to the GMC they should speak to their medical school in the first instance.

32 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 [Link to be added here].
When should students be given pastoral care and student support

33 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. Medical schools should be aware that overseas medical students may have particular support needs due to their unfamiliarity with their new home and work environment. When concerns arise, medical schools should give their students access to appropriate support to help manage these issues.

34 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.

35 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.

36 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.

Medical schools may also wish to signpost students to medical defence organisations who can provide support for students going through fitness to practise processes.

37 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.
38 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 and should only be shared with those that have a legitimate need to know. This duty to share information in limited circumstances applies to both medical school and university staff and independent practitioners providing support services.

39 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.

40 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.

41 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

42 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.

43 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.‡

44 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.

45 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.

46 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.

47 Low level concerns processes can be used to identify and support students with health conditions. Fitness to practise procedures can be used where making adjustments and providing support have been tried without success. The fitness to practise process can help students by ensuring they access the support that will enable them to complete their course.

‡ Medical schools can find more detail on making reasonable adjustments, as well as examples of adjustments other medical schools have made in the GMC’s Gateways guidance.[link]
48 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.

49 Students with a diagnosed medical condition should be referred to the university’s occupational health provider 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.

50 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 will only be shared with their informed consent unless the occupational health practitioner considers that the student is a potential risk to others or themselves. They should be encouraged to consent to share the occupational health report with their medical school.

51 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.

52 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. §

53 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.

54 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.

55 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.

56 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.

57 Medical schools should make clear to students that in some circumstances equivalent adjustments may not be available when they enter postgraduate education. Medical

§ For more information, see GMC guidance on Confidentiality.
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.

58 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.

59 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.
Transfer of information as students move to Foundation Year 1

60 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 is separate from the process of applying for registration with the GMC.

61 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.

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

63 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.

64 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.

65 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?

66 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, raising concerns policy or media.

67 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.

68 Medical schools should also consider how they will deal with anonymous complaints and how they can gather evidence in these circumstances. Anonymous complaints can limit a medical school’s ability to take action as it will be more difficult to investigate and gather evidence. It may be appropriate to deal with such complaints under the medical school or university’s anonymous complaint or raising concerns policy.

69 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.

70 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. They should
also give students information about the fitness to practise process and the support available to them during it.
How should medical schools deal with low-level professionalism concerns?

71 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.

72 Students who experience difficulties with their health may display unprofessional behaviour that raises 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.

73 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). For example, 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.

74 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.

75 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.

76 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.

77 There should be clear processes 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.

78 Whatever method medical schools use they should define a set of rules governing how the process will be handled and make these available for students.
79 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.

80 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.

81 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.

82 In some circumstances, a student’s behaviour or pattern of behaviour may depart significantly from the expected standards of professionalism outlined in *Achieving good medical practice: guidance for medical students*, 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).
Medical student fitness to practise

What do we mean by student fitness to practise?

83 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.

84 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.

85 Students are in a learning environment 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.

86 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.

87 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 require 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

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.

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

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 about behaviour and/or health 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 or health 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. The principle of public trust in the profession applies to doctors:

Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients’ trust in them and the public’s trust in the profession

Good medical practice para 65

Students are training to join the profession and therefore the same principle applies. In relation to students some factors medical schools could consider 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**

91 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.

- If the student fails to comply with measures and adjustments set by occupational health or others that are designed to enable them to complete the course.

- If a health condition continues to impact on the student's ability to engage with the course after adjustments have been made.

- Where there are significant misconduct issues linked with a health condition. For example, where a student is convicted of a drink-driving offence.

92 Medical schools should consider the following factors to decide whether not intervention is needed:

- whether there is risk to patients (now or in the future), 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 or activities appropriately.

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

93 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.

94 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.

95 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>
<thead>
<tr>
<th>Reasons for impairment</th>
<th>Key areas of concern</th>
<th>Examples of behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<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>n  Driving under the influence of alcohol or drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Alcohol consumption that affects clinical work or performance in the educational environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Dealing, possessing or misusing drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Excessive misuse of alcohol</td>
</tr>
<tr>
<td>Cheating or plagiarism</td>
<td></td>
<td>n  Cheating in examinations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Passing off others’ work as one’s own</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Forging a supervisor’s signature or feedback on assessments, logbooks or portfolios</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Signing another person into a session register to confirm their attendance</td>
</tr>
<tr>
<td>Dishonesty or fraud, including dishonesty outside the professional role</td>
<td>Falsifying research</td>
<td>n  Financial fraud</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Fraudulent CVs or other documents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Misrepresentation of qualifications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Failure to declare relevant misconduct issues to medical school or university</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n  Wilful withholding or misrepresentation of health issues (eg blood-borne viruses)</td>
</tr>
</tbody>
</table>
### Aggressive, violent or threatening behaviour
- Assault
- Physical violence
- Bullying
- Harassment
- Stalking
- Cyberbullying

### Unprofessional behaviour or attitudes
- Misuse of social media
- 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 failure to keep appropriate boundaries in behaviour
- Unlawful discrimination
<table>
<thead>
<tr>
<th>Reasons for impairment</th>
<th>Key areas of concern</th>
<th>Examples of behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misconduct – this includes issues that raise a question about a student’s honesty, trustworthiness or character</td>
<td>Persistent inappropriate attitude or behaviour</td>
<td>Disruptive behaviour in the training environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unwillingness to learn from feedback given by others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rudeness to patients, colleagues or others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uncommitted to work or a lack of engagement with training, programme of study or clinical placements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neglect of administrative tasks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poor time management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poor communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taking or dealing illegal drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Theft (including train fare evasion)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial fraud</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child pornography</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child abuse or any other abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual offences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A determination by a body in determination, the United Kingdom responsible regardless of whether under any enactment for the or what sanction was regulation of a health or social imposed care profession to the effect that the person's fitness to practise as a member of that profession is impaired, or a determination by a regulatory body elsewhere to the same effect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A previous finding of impairment of fitness to practise by a university or medical school that was not disclosed on application for admission</td>
</tr>
</tbody>
</table>
Referring a student to fitness to practise procedures

96 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.

97 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.

98 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?

99 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.

100 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.

101 The investigator:

- should not, as far as possible, 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.

102 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.

103 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 or committee. This may be appropriate for serious misconduct issues or convictions.

104 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 or committee for an independent decision. They should do this even if there are mitigating factors such as health problems.

105 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.

106 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 or committee (see undertakings, paragraphs 103–109).

107 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?

108 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 or committee.

Warnings

109 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.

110 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

111 An undertaking is an agreement between a student and the medical school. They can be agreed at the investigation stage or by a panel or committee. 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.

112 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.
Undertakings are only appropriate if there is reason to believe that the student will comply with them, i.e. the student has shown genuine insight into their problems and wants to resolve them.

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.

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.

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.

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.

Referral to a fitness to practise committee or panel

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.

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.

Committees or panels must consider each case on its own merits and circumstances and make decisions on the balance of probabilities about the facts of the case and use their own judgement to determine whether the student’s fitness to practise is impaired.
121 The committee or panel can find 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, the committee or panel may issue the student with a warning, if their behaviour has significantly departed from expected standards. This should give details of the behaviour and the consequences of any similar behaviour (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.

122 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.

123 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.

124 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*

125 Medical schools’ fitness to practise procedures must describe clearly the composition of the committee or panel.
126 The committee or panel must include a registered medical practitioner with a licence to practise.

127 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.

128 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 Achieving good medical practice: guidance for medical students 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

129 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’ - to their findings of fact

- 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)\(^5\)

- 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**

130 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.

131 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

\(^5\) This does not mean that students and others should have unlimited access to proceedings – medical schools can set rules as to how a public hearing will be held.
guidance to help them put together information for their hearing.

Medical schools should also give the student an indicative timeframe for the process.

Witnesses at committee or panel hearings

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?

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:

- agree undertakings
- apply conditions
- suspend the student from the medical course
- expel the student from the medical course.

Warnings or undertakings

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

135 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. 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

136 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.

137 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, starting with the least severe 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.

138 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.

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

140 If a student’s fitness to practise will be considered again at a review hearing, 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?

141 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.
142 The determination letter should also make clear the requirements for disclosure to the GMC when the student applies for provisional registration and when they complete the TOI form.

143 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

144 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 academic or professional performance, health and behaviour, and any other mitigating or aggravating factors.

145 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.

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

147 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.
If a committee or panel has found a student’s fitness to practise impaired because of adverse physical or mental health, the conditions should relate to the medical supervision of the student as well as to supervision on clinical placements.

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

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. It may also be a proportionate response where a student is charged with a serious criminal offence but has not yet been convicted. 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.

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.

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

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.

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.

155 Students who are expelled from a medical degree should be added to the excluded student database, which is hosted by the Medical Schools Council. They should be informed in writing that they will be added to the database and given a chance to appeal the decision to place them on the database.

156 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>
<td></td>
</tr>
</tbody>
</table>

**Factors to consider:**

- **The student's fitness to practise is impaired:**
  - The student's fitness to practise is not impaired
  - The proposed undertakings offer sufficient safeguards to protect patients and the public while the time they are in force

- **There is no risk to patients or to public confidence:**
  - Their behaviour does not present a risk to patients or to public confidence

- **The student has insight into reckless any medical patient condition safety:**
  - The student has shown sufficient insight into and is a wants to support and conditions
  - The student has shown sufficient insight, and is a positively to support and conditions

- **In cases of health, the student is seeing appropriate treatment, Doctors following professional values:**
  - The student is likely to repeat the behaviour
  - The student is already seeking help and support that would comply with any likely to result in a finding
  - There are identifiable areas of the student's studies in need of further assessment or remedial action conditions the medical school

- **The student has shown a disregard for the student's professional values:**
<table>
<thead>
<tr>
<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>Possible outcome of:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Factors to consider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The concern warrants way a formal recording to help identify repeat behaviour</td>
<td>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.</td>
<td>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.</td>
<td>The panel is satisfied the student has insight and is not likely to repeat the behaviour</td>
<td>The student has behaved in a way that is fundamentally incompatible with being a doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A decision maker decides that the evidence is sufficient to put before a fitness to practise panel</td>
<td>Patients will not be put in danger either directly or indirectly as a result of the conditions</td>
<td>There will be appropriate support for the student when they return to the course</td>
<td>The student has committed offences of a sexual nature, including involvement in child pornography</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has violated a patient's rights or exploited a vulnerable person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has abused their position of trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has committed offences involving violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has been dishonest, including covering up their actions, especially when the dishonesty has been persistent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has put their own interests before those of patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has persistently shown a lack of insight into the seriousness of their actions or the consequences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reviewing a student’s fitness to practise following a sanction

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

Medical schools and universities should make sure that documentation about their fitness to practise procedures includes 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.

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).
Expelling students on health grounds

In exceptional circumstances, medical schools and universities may expel students on health grounds. This differs from the GMC’s fitness to practise processes, as registered doctors cannot be removed from the register on purely health grounds, although they can be suspended indefinitely from the register in certain circumstances. 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.

The difference in a student fitness to practice context is that it does not involve a decision to erase someone from the register and therefore remove their ability to practise the profession, it is expulsion from a particular medical course and it will only be appropriate where it is deemed a necessary step to protect the public. It does not prevent a student from being able to apply to rejoin another medical course in future, providing the public protection concerns have been addressed.

A student can 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. This should be done through a formal fitness to practise process managed in line with the guidance provided in this document.

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 or committee believes that a student should be expelled 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?

Medical schools can also 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). This is a different situation from the one...
outlined above and the views of occupational health physicians and other specialists will be crucial in supporting medical schools to make this decision. Medical schools should also consider the ability of the student to meet the outcomes within a reasonable time frame and the impact of prolonged absences from the course on learning including the currency of knowledge.

All decisions related to expelling a student on health grounds must be made on a case by case basis. There are no health conditions that should automatically lead to expulsion; medical schools must follow guidance, including that which is set out in this document, to ensure that their decisions are fair and proportional. 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

160 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.

161 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.

162 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’.

163 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.

164 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.

165 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

166 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.

167 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.

168 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.

169 Universities responsible for hearing appeals should be aware that medical students are training to join a registered profession. This means that they are expected to behave professionally throughout their course. It is very important that universities bear in
mind the future safety of patients when considering any matter relating to a student’s fitness to practise.

170 It is important to note that even if an appeal is successful the GMC will make its own decision on fitness to practise on the point of registration.
External complaints

171 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.

172 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 XX) 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.
Email: gmc@gmc-uk.org
Website: www.gmc-uk.org Telephone: 0161 923 6602

Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service

General Medical Council
3 Hardman Street, Manchester M3 3AW

Join the conversation
@gmcuk
facebook.com/gmcuk
linkd.in/gmcuk
youtube.com/gmcukt

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750).

To ask for this publication in Welsh, or in another format or language, please call us on 0161 923 6602 or email us at publications@gmc-uk.org.
7 - Student Fitness to Practise guidance review - outcome of public consultation

Achieving good medical practice

Guidance for medical students
**About this guidance**

The General Medical Council (GMC) and the Medical Schools Council (MSC) have published this guidance for medical students to outline the standards expected of them both inside and outside of medical school.

This guidance shows how the principles and values of Good medical practice – which all doctors must be familiar with and follow – apply to you as a student. Understanding how the guidance applies now and in your career will help you be a good student and in future, a good doctor.
Contents

Medical students: professional values  03
What does this guidance cover?  04
Domain 1: Knowledge, skills and performance  05
Develop and maintain your professional performance  05
Apply knowledge and experience to practice  06
Record your work clearly, accurately and legibly  08
Domain 2: Safety and quality  09
Contribute to and comply with systems to protect patients  09
Respond to risks to safety  10
Protect patients and colleagues from any risks posed by your health  11
Domain 3: Communication, partnership and teamwork  14
Communicate effectively  14
Work collaboratively with colleagues to maintain or improve patient care  14
Teaching, training, supporting and assessing  14
Continuity and coordination of care  15
Establish and maintain partnerships with patients  15
Domain 4: Maintaining trust  17
Show respect for patients  17
Treat patients and colleagues fairly and without discrimination  17
Act with honesty and integrity  18
Professional misconduct: key areas of concern  20
Annex: Professionalism and fitness to practise processes in medical schools and universities  22
Monitoring low-level concerns  22
A formal fitness to practise investigation  23
What is a fitness to practise panel?
The duties of a doctor registered with the General Medical Council

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

Knowledge, skills and performance

1. Make the care of your patient your first concern.

2. 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

3. Take prompt action if you think that patient safety, dignity or comfort is being compromised.

4. Protect and promote the health of patients and the public.

Communication, partnership and teamwork

5. Treat patients as individuals and respect their dignity.
   - Treat patients politely and considerately.
   - Respect patients’ right to confidentiality.

6. 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.

7. Work with colleagues in the ways that best serve patients’ interests.

Maintaining trust
8 Be honest and open and act with integrity

9 Never discriminate unfairly against patients or colleagues.

10 Never abuse your patients’ trust in you or the public’s trust in the profession.

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

11. This guidance explains the standards of professional behaviour expected of you during your studies. True professionalism is about striving for excellence and to achieve this you will need to learn to:

- develop healthy ways to cope with stress and challenges (resilience)
- deal with doubt and uncertainty
- apply ethical and moral reasoning to your work
- work effectively in a team, including being able to give constructive and honest feedback
- manage your own learning and development, including being responsive to feedback
- prioritise your time well and ensure a good home work balance
- promote patient safety and be able, where appropriate, to raise concerns
- work collaboratively with patients and other professionals
- deal with and mitigate against personal bias.

12. You may find many of these difficult or challenging to do well but, as with all elements of professionalism, your medical school will help you to develop these skills. Being professional means you will need to make time to reflect on your experiences, to learn continually and to apply your learning in practice. You will need to seek out feedback, remain up to date with professional and ethical guidance and be able to adapt to changing circumstances. Your teachers and trainers want you to develop and become an excellent doctor so you should look to them for guidance and support.

About Good Medical Practice

13. Good medical practice describes what is expected of all doctors registered with the GMC. It is a doctor’s responsibility to be familiar with GMP and the explanatory guidance which supports it, and to follow the guidance they contain.

14. Doctors must use their judgement in applying the principles to the various situations they will face as a doctor, whether or not they hold a licence to practise, whatever field of medicine they work in, and whether or not they routinely see patients. Doctors must be prepared to explain and justify their decisions and actions.
About this guidance

15 Patients need good doctors, and training to be a good doctor starts at medical school. During your studies, you’ll learn the importance of professionalism and the principles and values set out in the GMC’s core guidance for doctors, Good medical practice and the explanatory guidance.

16 In this guidance, the GMC and the MSC (referred to as ‘we’ from now on), have shown how the principles and values in Good medical practice apply to you as a medical student to help prepare you for your future role as a doctor. Much of the guidance is relevant specifically to your work on clinical placements. But professionalism is broader than this and includes all elements of your academic study as well as the need to be trustworthy and honest.

17 In this guidance we use the terms ‘you must’ and ‘you should’ in the following ways.

- ‘You must’ is used to highlight important areas that are strongly linked to Good medical practice.

- ‘You should’ is used when we are providing an explanation of how to meet requirements and also where there are exceptions to how the principle might apply.

- Throughout this guidance, we have also offered more detail and practical tips on how you can meet the requirements set out in this guidance.

18 Your studies will bring you into contact with patients and members of the public, who can be physically and emotionally vulnerable. Because of this, and the fact that you will be joining a trusted profession, we expect you to understand that there is a difference in the standard of behaviour expected for students on courses that bring them into contact with patients and the public. Specifically, your behaviour at all times, both in the clinical environment and outside of your studies, must justify the trust that patients and the public places in you as a future member of the medical profession. We and your medical school will support you in your journey from student to doctor, which includes teaching and assessment on professionalism.

19 As a medical graduate, you will need to register with the GMC and get a licence to practise before you can begin work as a doctor if you wish to work in the UK. The GMC will not register medical graduates who are not fit to practise medicine.

20 We’ve also produced guidance for medical schools and medical students on managing professionalism and fitness to practise concerns. This guidance outlines the processes that medical schools should follow if they are worried about a student’s professionalism or fitness to practise.
21 Examples of the kinds of behaviour that are a cause for concern and may lead to formal processes being used are outlined in the Professional misconduct: key areas of concern section of this guidance (see pages 20–21).
Domain 1: Knowledge, skills and performance

Develop and maintain your professional performance

As a registered doctor, you will be expected to keep your skills and knowledge up to date so that you can give your patients the best standard of care.

It’s important that registered doctors are familiar with and follow all laws and regulations relevant to their practice as well as any guidance that the GMC issues. This will protect patients by making sure they receive safe and lawful treatment and will help doctors to provide the best care possible.

As a medical student, you will learn the basic skills and knowledge you need to treat patients but you are also developing your ability to learn and acquire future skills. As you move through medical school and into postgraduate education and training, you will continue to build on what you have learnt. For you, this aspect of good medical practice is about participating fully with this learning process.

You must:

- engage fully with your medical course by attending educational activities, including lectures, seminars and placements, and by completing coursework
- listen to the advice of your lecturers and trainers
- comply fully with the regulations and other systems or structures provided by your medical school and/or University in relation to your studies’
- respond constructively to verbal and written feedback from patients, lecturers, clinicians and members of the multi-disciplinary team by critically reflecting on the feedback and making an action plan to improve where necessary'
- reflect on what you have learnt and look at ways to improve your own performance.

What is reflection?

You will hear about the concept of reflective practice throughout your time at medical school.

At its core, reflection is thinking about what you’ve done, what you did well and what you could do better next time. To do this you need to think about what effect your actions have on yourself and on others, including patients and colleagues, across all aspects of your
For example, if you have an interaction with a patient or a colleague that didn’t go as planned you should explore how you approached the situation in a critical light to see if you can learn from what happened and use that learning to improve the way you approach similar situations in the future.

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

26 As a medical student, you will learn about relevant laws and professional guidance and it is important that you apply that learning when you are on a clinical placement. On a clinical placement, it is your responsibility to know, and proactively find out, about these policies and procedures and apply them in your work. This includes following the relevant laws and guidance when you are on an overseas placement or elective.

**Apply knowledge and experience to practice**

27 Registered doctors must always recognise and work within the limits of their competence.

28 As a medical student, this applies to you in relation to the time you will spend with patients while on a clinical placement. It also means that you should only provide treatment or a medical advice when you are under the supervision of a registered healthcare practitioner. You must not carry out procedures on friends or your family. You must:

- recognise the limits of your competence and ask for help when necessary
- make sure you clearly explain your level of competence to anyone who supervises you on a placement, so that you are not asked to do anything that you are not trained to do
- make sure patients, carers and colleagues are aware that you are a medical student and not a registered doctor
- take action if you think you’re not being effectively supervised on a clinical placement see paragraph 14
- engage in a timely fashion with routine evaluation systems provided by your medical school (for example, end of placement questionnaire, staff-student liaison committees).
Being professional on placements – practical steps

- Always introduce yourself to patients, letting them know your name and that you are a medical student.

- When you meet a patient for the first time check if they have any objections to having a student present.

- If your medical school or placement provider has given you an ID badge or similar, make sure you wear it at all times and make sure it is visible.

- Dress smartly and in line with dress codes set out by your medical school or placement provider.

- Arrive on time for your placement and do not leave your placement early unless you have agreed this with a relevant supervisor.

- Make sure you attend induction sessions if they are offered.

- Attend all mandatory training arranged for you while on a placement.

- Make sure you know about and follow the rules and guidance specific to your placement including how you should raise concerns if you have any. If in doubt, make sure you ask if there is anything in particular you should know about at the start of your placement.

- Be honest with patients if you don’t know the answer to their question. Patients appreciate that you are there to learn.

- Make sure you know who is responsible for directly supervising you on your placement and who has the overall responsibility for medical students where you are working. This will help you understand where to go if you need help and if you have any concerns you need to raise.

- Be aware that while on any elective, in the UK or abroad, students should still apply the advice in this guidance wherever possible.

If you are not sure you are able to carry out a procedure competently, you should ask for help from a more experienced colleague such as a nurse or qualified doctor. You should only attempt practical procedures under supervision, if you have been trained to a level which enables you to perform the task independently.
If you think you are not being properly supervised on a placement, you should stop the work you are doing and raise your concerns with the placement provider and your medical school. This will not impact on your studies and will show that you are a responsible student acting in a professional manner. We also expect you to take prompt action if you have any concerns about possible risks to patients, as set out in paragraphs XXX.

While you are at medical school, you will learn how to make good clinical decisions and how to be satisfied a patient has given consent. You will learn that the consent process is about shared decision making between a doctor and a patient, where the doctor uses their specialist knowledge and experience to help their patient consider their options and make an informed decision.* Towards the end of your studies you may be responsible, under supervision, for explaining to a patient what will be happening and in some cases getting their consent for a minor procedure such as taking a blood sample or blood pressure reading. In almost all other cases you will not be solely responsible for seeking consent. Whatever the circumstances you should always check with the patient what they have already agreed to in terms of treatment and that they are happy.

**Consent**

Patients need to know that you are a student so they can make an informed decision about whether they want you to be involved in their care. Once they know you are student you can then ask if they are happy for you to talk to them about their health or carry out a procedure.

If you have any concerns about whether a patient has given consent to you being involved in their care or to undertake any type of procedure, talk to your supervisor about your concerns.

You should be aware that sometimes patients may not have the capacity to give consent.

You should not carry out any procedure on a patient without their consent for that specific procedure.

You must respect the decision of patients who do not want you to be involved in their care.

**Record your work clearly, accurately and legibly**

Doctors must record their work clearly, accurately and legibly. Records should include:

- relevant clinical findings
decisions made and actions agreed (and show who they were made by)

any drugs prescribed or other investigation or treatment

the information given to the patient.

33 This helps to ensure effective team working, safe handover and continuity of care. Therefore the information must ensure that anyone reading those notes can understand them and rely on the fact that the information is correct. This includes patients and their relatives or carers.

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

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

Recording your work – dos and don’ts

Do:

- make sure that you note you are a medical student when you add anything to a patient’s notes. You should put your name and year of study so what you write can be checked by a registered health professional.

- make sure the notes you take are dated, clear, accurate and legible – even if they are not going on a patient’s official record.

- Make sure your notes are recorded as soon as possible after your interaction with a patient.

- Get rid of your notes carefully when they relate to patients, using facilities designed for the disposing of confidential material.

Don’t:

- write anything you would not wish to be made public in notes, logbooks or reports.

- submit work that is difficult to read or poorly presented.

- store confidential material in places that aren’t secure. This includes digital and paper files.
Domain 1: Safety and quality

Contribute to and comply with systems to protect patients

36 Registered doctors must not only comply with rules designed to protect patients, they must also seek to improve the quality of the services they provide to patients; both at an individual and at a systems level.

37 As a medical student you will learn about quality improvement and quality assurance, and will have the opportunity to take part in audits and reviews. You will also be in clinical settings during your studies and you must tell your supervisor when things go wrong and this affects or could affect patient care.

38 During the course of your medical training, you may witness or be involved in something going wrong with a patient’s care, and you may be asked to contribute to an internal enquiry. Although your medical school will normally be informed of significant events, you should contact senior staff (for example, your year director or personal tutor) at an early stage so they can arrange support for you. This will protect patients and allow the clinical team you are working with to respond appropriately.

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

Respond to risks to safety

40 Patient safety is the responsibility of the whole team, which could include clinical and non-clinical members. This is why registered doctors must take action to raise concerns and support others to raise concerns about patient safety.

41 This applies to everyone working in a healthcare setting – including medical students on clinical placements. Patient safety does not just relate to the clinical treatment patients get – it also includes raising concerns when a patient’s dignity or comfort is compromised.

42 You must:

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

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

Examples of the types of behaviour you could be concerned about might include:

- a fellow student being rude to a patient
- someone in your project group not contributing to the work you have been assigned to do
- a medical student putting inappropriate content on social media see paragraphs xxx of this guidance
- a fellow student attending a placement, lecture or seminar while intoxicated.

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

When you raise concerns about another student’s behaviour or health, it is important to remember you are doing the right thing (often for them too) and that your medical school will give them help and support.

44 We recognise that raising concerns about patient care can be difficult. As a medical student, you may not feel comfortable raising issues with supervisors who may be responsible for making assessments of your performance on the placement. You may also feel uncomfortable raising concerns with senior clinicians. For these reasons, your medical school should have a formal policy in place to deal with these issues, which you should follow wherever possible. This policy will also include mechanisms to help you deal with these difficult issues. The GMC provides advice on raising concerns which you may find helpful.

45 If you are not sure if you should raise a concern formally, you should ask your medical school or an experienced healthcare professional for advice.

Raising concerns – a legal or a moral duty?

Medical students are not registered with the GMC and are not employees of their placement providers. This means that neither the GMC nor placement providers can legally require students to raise concerns. However students do have a formal
Medical students also have a moral responsibility to raise concerns about patient safety, dignity and comfort. Professionalism is not about doing the minimum - it is about going the extra mile to protect patients.

46 In exceptional circumstances, you may not feel comfortable following the medical school’s policy, but you must still find another way to raise your concern. For example, you could talk to a member of medical staff who you have an ongoing relationship with, such as your personal tutor, who will be able to support you and raise the issue with your medical school. If the concern arises whilst you are on placement you may also find it helpful to refer to the placement provider’s raising concerns policy.

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

48 You may also have concerns about the lecturers and staff at your medical school. Although these staff may not be an immediate risk to patients, your medical school will still want to know if you are concerned about someone’s health or wellbeing. It’s important to remember that, by raising a concern about a colleague, you are not acting against them – you are protecting patients and allowing that individual to get the support they need.

49 You must:

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

- raise concerns in a confidential, non-judgmental manner.

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

51 You should be aware that it can be difficult for organisations to deal with anonymous concerns as not knowing who made the complaint can make it more difficult to investigate the situation. Therefore you should avoid raising concerns anonymously wherever possible. Remember that although your medical school will know who raised the concern they will not necessarily need to name you as the source of concern when they investigate.
Protect patients and colleagues from any risks posed by your health

52 Registered doctors must protect patients from any risks posed by their health. To do this they must ask for help from a suitable colleague and follow their advice about any changes to their practice the colleague considers necessary.

53 You will have significant contact with patients while on clinical placements and any health issues you have, may affect them and your fellow students and teachers.

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

55 As a medical student, both during study and on placement, you are likely to experience situations that will have an impact on you emotionally. At times, you may experience stress and anxiety. This is completely normal and your medical school should support you with safe ways to share and reflect on difficult experiences. However if you are concerned about your levels of anxiety you should seek help from your GP and other appropriate sources (for example, helplines) to address any issues at an early stage. This may include making adjustments to your training or practice, if required.

56 You should also be aware that some conditions that are usually minor, such as the common cold, may have a disproportionate impact on some patients, for example those with compromised immune systems. You need to bear this in mind when you decide whether to go to a placement if you are unwell.

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

58 You must also engage with the occupational health referral process if your health has deteriorated and/or there are concerns that your health may impact on your ability to study.

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

Getting independent medical advice

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

<table>
<thead>
<tr>
<th>Your health – dos and don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do:</strong></td>
</tr>
<tr>
<td>■ tell your medical school if you have a health condition or you experience significant changes to a stable health condition</td>
</tr>
<tr>
<td>■ get appropriate support – all medical schools have support systems in place to help you, so; take advantage of these</td>
</tr>
<tr>
<td>■ register with a GP local to your medical school</td>
</tr>
<tr>
<td>■ seek independent advice if you have a health condition or think that your health or personal circumstances may be affecting your studies or training</td>
</tr>
<tr>
<td>■ if you are given a treatment plan, make sure you follow it and don’t make changes to your treatment without consulting your treating physician.</td>
</tr>
<tr>
<td><strong>Don’t:</strong></td>
</tr>
<tr>
<td>■ hide it - your medical school will want to help you</td>
</tr>
<tr>
<td>■ diagnose or treat yourself</td>
</tr>
<tr>
<td>■ seek treatment from friends or family</td>
</tr>
</tbody>
</table>

**Informing your medical school**

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

63 This is important for the following reasons.

■ Your medical school will want to support you, but it can’t do this if it doesn’t know that you have a problem.
■ Telling your medical school shows you have insight into the impact your condition may have on patients, your fellow students and yourself. This is a crucial factor that medical schools consider in relation to health and fitness to practise.

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

64 The GMC has produced guidance for medical students and medical schools on dealing with mental health conditions, *Supporting medical students with mental health conditions*. There is also guidance that gives practical suggestions to medical schools to help them make medicine more accessible to disabled students in *Gateways to the professions*. 
Domain 3: Communication, partnership and teamwork

Communicate effectively

65 Good communication is vital in helping doctors work in partnership with patients. Doctors can support patients to make decisions about their treatment and care by listening to and respecting patients' views about their health and sharing with them the information they want or need, in a way that is tailored to the patient's needs.

66 As a medical student, you will learn how to communicate effectively in a variety of clinical, simulated and non-clinical settings and it is important that you apply your learning in your interactions with patients.

67 When communicating with patients you must:

- be honest when you don't know something. As a student you're not expected to know the answers to all the patient’s questions, but you are expected to listen to them and respect their views. You should do your best to find out the answers to patient’s questions yourself, or by passing the query on to someone who will be able to help.

- take into account the patient’s language and communication needs and other potential barriers to effective communication (for example, pain or anxiety) and ask for support to help you communicate effectively if necessary.

- be considerate and polite to anyone close to the patient, such as their relatives, carers and friends at all times and not just in the context of a consultation.

Work collaboratively with colleagues to maintain or improve patient care

68 Doctors must work collaboratively with other doctors and healthcare professionals to make sure patients are treated effectively.

69 When on clinical placements, you need to be aware of and contribute fully to the work of the healthcare team. You should also contribute effectively to any team that you are part of in your non-clinical training.

70 You must treat your colleagues with respect, this includes; your fellow students, clinical and non-clinical teachers and those responsible for the administration of your course. You will also learn with students from other health professions and this is important to help you develop an understanding of the roles that different professions play in a multidisciplinary healthcare team.
71 You must:

- work collaboratively with your teachers, trainers, administrative or support staff and fellow students, including those from other healthcare professions
- treat all peers and colleagues fairly and with respect
- understand that your own behaviour can influence how well a team works and be prepared to adapt your behaviour to achieve the goals of the team.

**Teaching, training, supporting and assessing**

72 Every member of the medical profession is responsible for supporting less experienced members. This means doctors should be prepared to contribute to teaching and training other doctors and students and should be willing to take on mentoring roles. They are also expected to take part in the assessment of trainees and to provide feedback for the appraisals of colleagues. They must complete these activities in an open and honest way.

73 As a medical student, you may be expected to mentor other students or be asked to provide feedback about your peers. If you are asked to do this, you must do so in an honest, constructive, open and fair way.

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

**Continuity and coordination of care**

75 Registered doctors have a responsibility to contribute to the safe transfer of patients between different doctors, teams and health and social care settings. This means they have to make sure that they share relevant information about the patient with the colleague or team that is taking over their care. They must also be satisfied that when they hand over or delegate care, it is to someone with the appropriate qualifications, skills and experience to provide safe care for the patient.

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

**Establish and maintain partnerships with patients**

77 All registered doctors must establish and maintain partnerships with patients. This means being polite, considerate and treating patients as individuals. It also means respecting their dignity and privacy and treat patients fairly and with respect whatever their life choices and beliefs.

78 As a medical student, you will learn how to develop a partnership with patients, therefore you must:

- be polite and considerate at all times
- listen and respond to patient views and concerns
- respect patient dignity, confidentiality and privacy
- treat patients fairly and with respect, no matter what your own thoughts are about their life choices or beliefs
- be clear with patients about the role you will take in their care.

**Maintaining patient confidentiality**

79 All patients have a right to expect that information about them will be held in confidence by their doctors and confidentiality is central to trust between doctors and patients.

80 Confidentiality is not absolute however, and appropriate information sharing is essential to the efficient provision of safe, effective care. You will learn about this during your time at medical school but you need to be aware that you must never share confidential information about a patient with anyone who is not directly involved in their care.

*A note on confidentiality*

It’s normal to want to talk about things that you have seen on clinical placements with colleagues or friends. You will see unusual medical conditions and may be put situations where patients experience adverse outcomes. But you must never disclose patient identifiable information without a patient’s consent and if you are unsure about what to share if asked to provide information for an enquiry or logbook, ask for advice before disclosing any information.
You should also be careful to make sure you never discuss patients in a public place or on social media. Even if you don’t mention a patient by name, there is a chance that someone nearby (or online if you’re on social media) might know who you are talking about.

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

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

**81** Many improper disclosures are unintentional. You must not share identifiable information about a patient where you can be overheard, for example in a public place or on social media, or include it in any work or logbooks you submit. You must be clear about what confidential information a patient has agreed can be shared with friends and family before you discuss their care. Information about when and how you can disclose personal information about patients – with their consent, where the law requires it and in the public interest – is available in the GMC’s guidance, *Confidentiality*.

**82** You must also follow any policies which your medical school has in place to make sure that personal information is stored and disposed of securely.

**Social media**

**Do:**

- Check your privacy settings so you know who can see what on the platforms you use. But remember that social media sites cannot guarantee confidentiality whatever privacy settings you use.

- Remember that the apps you use may link to your social media profile and that information from that site may be seen by users of the app.

- Maintain boundaries by not engaging with patients or others about a patient’s care through your personal social media profiles or platforms. Instead, if appropriate, use a separate professional platform or profile to respond.

- Remember that once information is published on social media sites you may not be able to control how it used by others and it can be difficult to remove from the internet or the site it was originally posted on.

- Use social media to express your views, but don’t behave in a derogatory manner to
other users or post content that is discriminatory.

- Think carefully about how others, particularly patients both present and future, might perceive your content.

Don’t:

- Share information about patients or post information that could identify a patient.
- Misrepresent your skills or level of training to others.
- Post complaints about your placement providers, medical school, teachers or trainers.

Making a conscientious objection

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

84 Whilst medical schools have an obligation to make reasonable accommodations for cultural or religious beliefs, these adjustments must be balanced against practical considerations, for example, clinical placements or assessments may need to be scheduled during certain religious festivals or times of religious observance.

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

Show respect to patients

86 Doctors must not use their professional position to pursue a sexual or improper emotional relationship with patients or those close to them.

87 When something goes wrong with a patient’s treatment, doctors must be open and honest with patients and carers.

88 As a medical student with access to patients and information about patients and those close to them, you also have a privileged place in society and so you must not use your position to pursue a sexual or improper emotional relationship with them. This includes situations where a patient or someone close to them tries to initiate a relationship with you.

89 Treating patients with respect includes not expressing your personal beliefs to patients in ways that exploit their vulnerability or that would cause them distress.

90 As a medical student, you will not be directly responsible for patient care because this responsibility will lie with your supervisor. But if you think that any aspect of care that you are involved in does go wrong, you should inform your supervisor as soon as possible. Your supervisor will support to put matters right (if needed), which may include explaining to the patient what has happened and offering an apology.

Treat patients and colleagues fairly and without discrimination

91 Doctors must provide or arrange investigations and treatment based on the assessment that they, and their patient make, of the patient’s needs and priorities and on the doctor’s clinical judgement about the likely effectiveness of the treatment options. Doctors must not refuse or delay treatment because they believe that a patient’s actions or lifestyle have contributed to their condition.

92 As a medical student, although you will not be expected to make decisions about treatment options, you should not let your own opinions or views affect the way you treat people or the information you give them.

93 Medical students must treat their colleagues with respect. In your case, colleagues include fellow medical and other healthcare students, the clinicians and other staff you work with on clinical placements, and the staff at your medical school.
94 You must not unfairly discriminate against patients or colleagues on the basis of their lifestyle, culture, or social or economic status. This includes characteristics protected by legislation. These are:

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

**Unconscious bias**

Unconscious biases are the beliefs, attitudes or stereotypes that affect your understanding, actions, or decisions in a way you are not consciously aware of. Often these biases affect the immediate decisions we make about people and situations. Reflective practice involves trying to identify your personal biases, how they influence your thinking and the way you respond to people or situations. As a medical student, this is a skill that you should seek to develop so you can make good decisions as a professional.

**Act with honesty and integrity**

**Honesty**

95 Doctors hold a trusted position in society and must make sure that their conduct – both professionally and personally – justifies their patients’ trust in them and the public’s trust in the profession.

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

Medical students must behave honestly from the point that they apply to medical school, during their studies and when they start working as a doctor.

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

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

**Openness and legal or disciplinary proceedings**

Doctors must be honest and trustworthy if they are asked to give evidence in any legal or disciplinary process. They are also expected to report certain matters to the GMC, for example, if they receive a caution from the police.
98 Medical students are not registered with the GMC, but they do have similar responsibilities in relation to their medical school. Medical schools must not graduate any student with a primary medical qualification who they consider is not fit to practise. This means, even if you meet all the competencies and pass your exams, your medical school can only graduate you if it is satisfied that you are fit to practise. You will also need to declare any fitness to practise issues when you apply for provisional registration with the GMC.

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

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

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

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

102 You are also required to declare to your medical school and to the GMC at the point that you apply for registration if there has ever been a determination by a UK or overseas regulatory body that your fitness to practise as a member of that regulated profession is impaired. For example, nursing, dentistry or law.

103 If you have any questions about what you should declare to the GMC or to your medical school, you can seek advice from your medical school, a medical defence organisation or the BMA.

---

**Behaviour outside of medical school**

Medical students need to behave professionally outside of work and medical school. This means that you should avoid doing things which will undermine the trust that patients have in doctors and the public has in the medical profession.

For example you should not make discriminatory comments about individuals or groups of people in public, or on social media. Your medical school will take action if you do something unprofessional, such as get a caution for drunken behavior, even if it happened
outside of the medical school or even over the summer holidays. This means you should take responsibility for your actions and be aware that they may have a wider impact on how your medical school views your professionalism.
Professionalism - key areas of concern

104 A medical student’s behaviour must justify the trust that patients and the public have in them. These are examples of unprofessional behaviour that would be a cause for concern. Some of the concerns listed here apply to the medical school environment but it is important to remember that you need to behave professionally outside of medical school too. Concerns over a number of different areas or repeated or persistent concerns could lead to fitness to practise proceedings. It’s important to note that this list is not exhaustive.

Persistent inappropriate attitude or behaviour

- Uncommitted to work or a lack of engagement with training, programme of study or clinical placements
- Neglect of administrative tasks
- Poor time management
- Non-attendance
- Poor communication skills
- Failure to accept and follow educational advice and unwillingness to learn from feedback given by others
- Being rude to patients, colleagues or others
- Unwillingness to learn constructive from feedback given by others
- Being disruptive in teaching sessions or the training environment
- Challenging behaviour towards clinical teachers or not accepting criticism
- Failing to answer or respond to communications

Failing to demonstrate good medical practise

- Misuse of social media such as criticizing placement providers
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 or bullying

Inappropriate examinations or failure to keep appropriate boundaries in behaviour

Unlawful discrimination

Drug or alcohol misuse

Driving under the influence of alcohol or drugs

Abusing prescription medication

Alcohol consumption that affects clinical work or the work environment

Dealing, possessing, supplying or misusing drugs even if there are no legal proceedings – this may include legal highs

A pattern of excessive misuse of alcohol

Cheating or plagiarising

Cheating in examinations

Signing peers into taught sessions from which they are absent

Passing off the work of others as your own

Sharing details of questions of tasks from exams you have taken with fellow students

Forging a supervisor’s name or falsifying feedback on assessments, logbooks or portfolio

Dishonesty or fraud, including dishonesty outside the professional role

Falsifying research
Financial fraud
Fraudulent CVs or other documents
Misrepresentation of qualifications
Falsifying signatures on documents such as portfolios
Failure to declare relevant misconduct or health issues to your medical school or university
Wilful withholding or misrepresentation of health issues (e.g. blood-borne viruses)

Aggressive, violent or threatening behaviour

Assault
Physical violence
Bullying
Harassment
Stalking
Online/internet bullying/trolling

Any caution or conviction (unless protected)

Taking, possessing, dealing or supplying illegal drugs
Theft
Physical violence
Fare avoidance
Financial fraud
Child pornography
Child abuse or any other abuse
Sexual offences

Health concerns and insight or management of these concerns

- Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional
- Failure to follow the requirement to tell your medical school or university if you have a serious health condition
- Refusal to follow medical advice or care plans, or to comply with arrangements for monitoring and reviews
- Failure to comply with reasonable adjustments to ensure patient safety
- Failure to recognise limits and abilities or lack of insight into health concerns
- Failure to be immunised against common serious communicable diseases (unless contraindicated)
Annex: Professionalism and fitness to practise processes in medical schools and universities

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

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

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

**Monitoring low-level concerns**

4. Low-level concerns are things like missing teaching sessions, failing to hand in work on time or failing to respond to communications from the medical school. Medical schools will monitor the behaviour of their students in relation to these types of concerns. While one instance of this type of behaviour may not be enough to trigger a fitness to practise process, if a student persistently exhibits these types of behaviour it may be a cause for concern that the medical school will want to look at in more detail.

5. Some medical schools have a committee to look at instances of this type of behaviour, while in other schools an individual may be responsible for this process. This is an opportunity to discuss with the student why they have acted in this way and to identify any underlying issues that indicate the student needs additional support, such as a health issue.

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

7. These committees can sometimes issue a warning to say that a student must improve their behaviour or face further action.
A formal fitness to practise investigation

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

What is a fitness to practise panel?

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

10 This evidence is then presented to the panel, which makes a decision based on it. A panel will seek to establish the facts of the case; they make their decision based on the balance of probability that the alleged incident occurred. They will then decide whether the student’s fitness to practise is impaired. They will then make a decision on what, if any, sanction should be applied.

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

Support

12 Your medical school will provide you with support during fitness to practise investigations and hearings. You can also contact external organisations such as the BMA or a medical defence organisation which can also provide support and guidance.

13 You can find further guidance on student fitness to practise procedures in the GMC and MSC guidance Professional Behaviour and Fitness to Practise: Guidance for Medical Schools and their students.
**Some of the factors fitness to practise panels consider**

**Patterns of behaviour**

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

**Insight**

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

**Remediation**

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

- writing reflective essays on past unprofessional behaviour
- engaging with support provided by the medical school
- being able to demonstrate a significant period of good behaviour.
- engaging with activities such as random drug and alcohol screening that can be used to show a change in behaviour.

**Mitigating factors**

These are things that may help to explain the reasons for the student’s poor behaviour. For example, a student may have experienced bereavement and this might have affected their behaviour. It should be noted that whilst mitigating factors might explain the student’s behaviour they may not necessarily reduce its impact or seriousness.

**Aggravating factors**

These are things that make an offence worse. For example, if a student repeats behaviour they have previously received a warning for.

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

Introduction

From 19 August to 13 November 2015 GMC and MSC consulted on revised guidance on student fitness to practice processes and professional values for medical students.

The consultation was the final part of the joint GMC and MSC guidance Medical Students: professional values and fitness to practice which began in 2014, previously to that date informal discussions took place between the two organisations and with stakeholders as to how to progress with this review. In 2014 MSC and GMC engaged in formal engagement with medical schools and medical students and new drafts for consultation were developed in 2015.

This report of the consultation sets out the approach to the consultation, a summary of the findings and conclusions, a breakdown of responses, and the analysis of responses to each question.

Background

In 2005 the General Medical Council (GMC) and the Medical Schools Council (MSC) established the joint Student Fitness to Practise Working Group. The group was chaired by Professor Tony Weetman, then Chair of the MSC Education Sub-Committee and Professor Peter Rubin, then Chair of the GMC Education Committee. This group developed the first joint GMC and MSC guidance on student fitness to practise in 2007. This guidance was updated in 2009 to include more information on how medical schools should deal with instances where the fitness to practise concern related to a student’s health.

Since 2005 the amount of work that medical schools have put in into fitness to practise procedures has grown on almost a yearly basis. This is due to the increasing litigiousness of medical students and greater scrutiny by bodies such as the Office of the Independent Adjudicator (OIA). Data collected through quality assurance activities shows that it is an
area where medical schools have made continuous improvements to their processes to ensure that they are legally robust and fair.

In 2014 work began to review the 2009 version of the guidance. A survey of medical students was carried out to test their views on issues relating to professionalism. 2,500 students responded to this survey. Also as part of this process the GMC and MSC undertook regional liaison events with fitness to practise leads from medical schools across the UK as to what they would like to see in any updated version of guidance. This feedback was used to develop a first draft of the new guidance which was then sent to an expert group of medical school staff and students for comment. The main changes that were made include:

- Splitting the guidance into two documents; guidance for students on professional values and guidance primarily aimed at medical schools on running fitness to practise processes.
- More advice is given to medical schools on managing low level concerns and the importance of record keeping.
- The advice to schools is now more aligned to how the GMC makes decisions on fitness to practise at the point of registration to allow for greater consistency between these processes.
- The guidance to medical students on professional values is mapped to Good Medical Practice to explain to students why being professional is important for them as both students and as future doctors.

**The consultation**

The consultation document asked for views on various aspects of the new guidance documents. The consultation document contained five sections in total:

The first section asked whether MSC and GMC had been correct to separate the previous guidance into two separate documents. It also asked whether the names given to the two pieces of guidance were appropriate.

The second section asked specific questions about the guidance to students on professional values. Questions were asked about each domain of the new guidance which is mapped to the domains in Good Medical Practice and about areas like the inclusion of text boxes to further contextualise the guidance for students.

The third section asked questions about the guidance on running student fitness to practise processes: Medical students: professionalism and fitness to practise. Questions in...
this section focused on areas of the guidance that were not in the previous document. This included more advice on what the GMC looks for in relation to fitness to practise at the point of registration and fitness to practise and health concerns. This section was followed by two free comment boxes where respondents could make comments on areas not covered in the questions in the previous two sections of the consultation.

The fourth section asked respondents to make suggestions as to what additional materials would help them to implement the guidance. This section asked about the following types of resources:

- Case studies
- Frequently asked questions (FAQs)

It also asked respondents to suggest other types of additional materials they would find helpful.

The final section focused on equality and diversity and asked whether the two guidance documents would impact positively or negatively on any particular groups.

**Approach to the consultation**

**Consultation document**

There were 31 questions in the consultation document. Most questions asked whether respondents agreed, disagreed or were not sure about what was proposed, and gave the opportunity to enter any comments. Most questions allowed respondents to add free text comments and questions about the clarity of the guidance documents used a four point scale (ranging from not clear at all to very clear, plus a not sure option).

Responses to the consultation questionnaire could be submitted using the GMC’s e-consultation website ‘Community People’, or by filling out a consultation response form (pdf). There were also ‘other format’ responses in the form of letters and emails which did not address all the consultation questions directly.

Welsh language versions of the consultation document and response form were also published.

**Communications approach**

The GMC and MSC contacted representatives of all key interest groups across the UK about the consultation, encouraging participation and sharing with members / colleagues.
Over 1,900 emails were sent to Education representatives and representatives of lay and equality and diversity groups, patients and the public. Emails were sent to:

- Council members and national education organisations
- Government officials and employers including Chief Executives of Trusts, Medical Directors and DMEs
- Education stakeholders including Heads of medical schools, postgraduate Deans, NHS regulators, doctor organisations, politicians, equality and diversity groups, patients and the public.

Medical students – news was cascaded to them via medical schools, also:

- GMC Student News – updates in this were sent to c. 17,000 on four occasions

In addition to emailing key interest groups at launch, a range of other methods to promote the consultation were used:

- Reminder emails and calls to key stakeholders
- Social media activity, including posting key questions from the consultation on Facebook to target medical students, which received over 2,500 responses – see report of this [here](#).
- Postcards promoting the consultation to medical students and those involved in medical education were sent to every UK medical school
- External newsletters and articles in trade media including: UKFPO Weekly Information Bulletin; BMJ; BMA News Review (Doctors edition)
- Promotional email footers
- Roundtable events; one with older people, organised by Age Concern, and one with medical students
- Promotional web and newsletter cascade by partner organisations
- Other organisations highlighted the consultation with their audiences including: UKFPO; NHS Employers; Academy of Medical Royal Colleges
- The review was presented at meetings, including: Medical Schools Council (MSC) Heads of School; Education and Training Advisory Board; MSC Education Leads.
Analysis and reporting

The responses to the 31 questions were analysed in two parts.

For the statistical analysis the numbers of ‘yes’, ‘no’, and ‘not sure’ responses were looked at to find out how much support there was for each proposal. These statistics were based only on the responses received in the questionnaire format, excluding ‘other format’ responses in letters or emails.

Qualitative analysis of the responses was conducted, reviewing the comments, looking at reasons for agreement or disagreement, and identifying suggestions for changes or improvements. This looked at differences between individuals and organisations, as well as differences between respondent categories (students, medical schools, and medical educators).

For the qualitative analysis comments from the ‘other format’ responses were included. Comments from meetings were also included into the summary of the themes and the analysis of responses and findings.

The analysis and findings of the consultation have been used to revise the two new guidance documents.

Summary of the findings

Breakdown of responses

The consultation received a total of 74 responses.

In addition to those who responded using the questionnaire (e-consultation website or pdf response form) the GMC and MSC received consultation responses in the form of email or letter, which may not have answered all the questions directly. These have been included in the total number of consultation responses as ‘other format’ responses.

Method of response

<table>
<thead>
<tr>
<th>Method of response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-consultation website</td>
<td>43</td>
</tr>
<tr>
<td>PDF response form</td>
<td>26</td>
</tr>
<tr>
<td>Other format</td>
<td>5</td>
</tr>
<tr>
<td>Total number of responses</td>
<td>74</td>
</tr>
</tbody>
</table>
### Type of respondent

<table>
<thead>
<tr>
<th>Type of Respondent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>44</td>
</tr>
<tr>
<td>Organisation</td>
<td>30</td>
</tr>
<tr>
<td>Total number of responses</td>
<td>74</td>
</tr>
</tbody>
</table>

![Pie chart showing individual and organisation responses](chart.jpg)

- Individual: 59% (41%)
- Organisation: 41% (59%)
### Country of residence of individual or where organisation is based

<table>
<thead>
<tr>
<th>Country</th>
<th>Individual</th>
<th>Organisation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK wide</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>England</td>
<td>24</td>
<td>15</td>
<td>39</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scotland</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Wales</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other – European Economic Area</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other – rest of the world</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not stated</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
<td><strong>30</strong></td>
<td><strong>74</strong></td>
</tr>
</tbody>
</table>

---

www.gmc-uk.org
Respondents by category

<table>
<thead>
<tr>
<th>Category of individual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>10</td>
</tr>
<tr>
<td>Medical educator</td>
<td>10</td>
</tr>
<tr>
<td>Medical student</td>
<td>21</td>
</tr>
<tr>
<td>Member of the public</td>
<td>0</td>
</tr>
<tr>
<td>Other healthcare professional</td>
<td>2</td>
</tr>
<tr>
<td>Other individual</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total individuals</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category of organisation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body representing doctors</td>
<td>3</td>
</tr>
<tr>
<td>Body representing patients or the public</td>
<td>0</td>
</tr>
<tr>
<td>Government department</td>
<td>0</td>
</tr>
<tr>
<td>Independent healthcare provider</td>
<td>0</td>
</tr>
<tr>
<td>Medical school (undergraduate)</td>
<td>21</td>
</tr>
<tr>
<td>Postgraduate medical institution</td>
<td>1</td>
</tr>
<tr>
<td>NHS or HSC organisation</td>
<td>0</td>
</tr>
<tr>
<td>Regulatory body</td>
<td>0</td>
</tr>
<tr>
<td>Other organisation</td>
<td>5</td>
</tr>
</tbody>
</table>

www.gmc-uk.org
Individual respondents

Further breakdown of individual respondent data including details of doctor roles, disability, gender, age and ethnic origin, are at Appendix B.

Organisational respondents

A list of all the organisations who responded is at Appendix C.

Overall support for the two pieces of draft guidance

The majority of respondents agreed that the decision to split the previous guidance into two separate documents, one focusing on professional values and the other on fitness to practise processes, was the correct one. Where respondents had concerns it was not because they fundamentally disagreed with splitting the guidance; their concerns related to ensuring that students also knew about the process guidance and were able to access it. This is an issue that can be picked up through the way in which the guidance documents are launched.

A number of suggestions were made on the names of the two guidance documents to clarify their purpose. Suggestions from a number of stakeholders were used to formulate the final names:

- Achieving Good Medical Practice: guidance for medical students – student focused guidance on professional values
- Professional Behaviour and Fitness to Practise: Guidance for Medical Schools and their students – guidance on student fitness to practise processes

Guidance on professionalism for medical students

The majority of respondents felt that it was appropriate for this guidance to be mapped to the four domains of Good Medical Practice. No respondents reported that they didn’t like the guidance being set out in this way. Respondents, particularly medical students, liked the inclusion of text boxes within the guidance.

Respondents were asked whether it was helpful to include a brief overview of fitness to practise processes within this guidance. Most people felt this was a helpful addition. The inclusion of a list of unprofessional behaviours at the end of the guidance was also welcomed.

Questions about the appropriateness of the four domains found the majority of respondents felt the guidance provides relevant advice that will be useful for medical
students. Drafting suggestions were made for each domain, to address areas where respondents were unsure about specific points in the guidance.

- Domain 1 - respondents suggested changes to the text box on reflection and felt that consent should be covered in more detail within a separate text box.
- Domain 2 - respondents suggested minor drafting changes to clarify the advice on raising concerns anonymously.
- Domain 3 - respondents wanted more advice on consent and confidentiality and their relationship to social media.
- Domain 4 - respondents made minor suggestions about the drafting of this section, particularly in relation to the points on raising concerns and honesty.

These suggestions around drafting changes have all been considered and the guidance has been updated as a result. One of the most consistent comments about the draft guidance was that it sets out minimum standards of behaviour but the concept of professionalism goes beyond this. A new text box has been added at the start of the guidance to address this point and it has also been considered throughout the redrafting of the guidance.

There were a number of comments suggesting that the guidance should cover quality improvement and the importance of systems in ensuring patient safety in more detail. These are important areas and ones which both the GMC and MSC have focused on in the report *First do no harm: patient safety in undergraduate medical education*. For this guidance it has been decided that it would not be helpful to cover this in more depth as it would detract from the main focus of the guidance which is professional behaviours. This is a topic where it might be helpful for the GMC and MSC to produce a resource targeted at medical students and this should be considered in the future.

**Fitness to practise process guidance**

The vast majority of respondents thought that the guidance was clear or very clear. Most respondents also felt the guidance covered the areas that it should and that no additional areas of guidance are needed.

There was some tension in the responses between those that felt that the guidance was too detailed and those who wanted additional information. The GMC and MSC have reflected on this and have decided that the current level of detail is an acceptable compromise. Further information can be provided to those schools that would like this in the planned additional resources.

The consultation asked whether it was helpful to include details of reasons for impaired fitness to practise for doctors on the medical register as listed in the Medical Act 1983.
Most respondents agreed it was helpful to include this information. There was clear agreement within the responses that it was useful to have the guidance aligned with the GMC’s test of fitness to practise at provisional registration. Some respondents wanted more information and examples around the test of fitness to practise used by the GMC. This is an area where policy does change and therefore, it is felt that this information would be better held in supporting documents in order to increase the longevity of the guidance.

The consultation asked questions about the enhanced section on student support and pastoral care. The majority of respondents thought this section was helpful although a number requested clarification about when information can be shared without a student’s consent. This point has been addressed in the redrafting of the document. Similarly the section on dealing with cases involving health and disability was welcomed by respondents. Some drafting changes were suggested, mainly around what type of specialist should advise a committee or panel; these have been made.

This new version of the guidance makes it clear that medical schools can expel students on health grounds, unlike the GMC which never removes doctors from the register for such reasons although they do permanently suspend doctors from the register. The section states that medical schools can do this on two grounds:

- inability to meet the requirements of the course within a reasonable length of time, when:
  - efforts have been made to support the student that have proved unsuccessful
  - reasonable adjustments have been made but have failed to enable the student to meet the outcomes.
  - where the student’s behaviour in relation to their health condition causes fitness to practise concerns.

The majority of respondents, including medical students, supported this section of the guidance. Two respondents did raise concerns about the equality and diversity implications of this section but legal advice has confirmed that this is an acceptable approach. The updated version of the guidance includes more explanation as to why medical school can expel students on health grounds.

Respondents flagged that they required more clarification on how to deal with anonymous complaints and this has been added to the guidance. In relation to the section on monitoring low level concerns, this was strongly identified as an area where medical schools would like additional case studies or worked examples to support their understanding of the section. There was support for the inclusion of questions to help determine whether the threshold for fitness to practise had been reached and for the
inclusion of a table setting out reasons for impaired fitness to practise. Likewise, the new section on the investigation process was welcomed. One concern raised by respondents was that these processes do vary between medical schools, often for very good reasons. However, it is felt that this section provides high level guidance on best practice and therefore should be implementable across all schools.

Suggestions for additional resources

A number of suggestions were made for areas where medical schools would like a case study or working example. The biggest area was mental health, but issues such as social media and escalating low level concerns through the fitness to practise process were also mentioned.

In terms of FAQs a number of areas were raised:

- Health and reasonable adjustments (in particular mental health)
- Low level concerns
- When to disclose fitness to practise matters to the GMC
- Fitness to practise and provisional registration.
- Plagiarism and fitness to practise
- Social media

A number of other types of resources were suggested by respondents:

- Mechanisms for sharing good practise including anonymised case reports
- Film clips of mock fitness to practise hearings to help students understand the process
- Online training resources for those involved in fitness to practise
- Templates and examples such as outcome letters

Conclusions and next steps

It was clear that overall there is wide acceptance of the two documents and as a result of this the basic format of the two pieces of guidance has been retained.
Throughout the consultation helpful comments were made on improving clarity of the guidance. It was also encouraging to note there were no major concerns about the accuracy of the advice in either document. Comments made by respondents have influenced drafting changes throughout both documents. In particular within the student guidance on professional values, there are new text boxes containing guidance on social media, consent and unconscious bias. Within the process guidance, the wording has been refined to address respondents’ concerns in relation to key issues including anonymous complaints and sharing information about a medical student’s health.

Both pieces of guidance have been redrafted and will be launched in May 2016 for implementation in September 2016.

**Analysis of responses and findings**

A statistical breakdown and summary of themes arising from the comments is set out below for each question.

The statistical breakdown is based on the respondents that used the questionnaire format (e-consult or pdf response form). The total excludes blank responses which are noted in a separate column.

The total given for comments includes responses received in other formats. Where possible, the ‘other format’ responses were incorporated into our responses database against the appropriate consultation question. Where they could not be matched to particular consultation questions they have been considered as general comments and considered in the overall analysis.
**Question 1**

Do you agree with the approach to separate the guidance and produce two documents? Do you have any comments?

**Statistics**

**How many responses were there for each answer?**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td>36</td>
<td>4</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>Organisations</td>
<td>22</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>58</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>70</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>83%</td>
<td>6%</td>
<td>10%</td>
<td>1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q1 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>11</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Organisations</td>
<td>13</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Total comments</td>
<td>24</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>33</td>
</tr>
</tbody>
</table>

**Findings**

Overall respondents concurred that the guidance was clear, well laid out and that it was a good thing to have the principles/behaviours separated out from the regulatory processes.

The Point of Care Foundation noted, ‘*Having two separate documents helps focus thinking on the relative responsibilities of both students and medical schools and in this way it is easier to see at what level action needs to be taken (individual, organisational or cultural)*’.

There was some concern from respondents (7/24) that medical students would be more inclined to read the student professionalism guidance and ignore the fitness to practise guidance. Both documents should be seen as a set and medical students should be encouraged to read both and have access to both.
Discussion

The majority of respondents were in favour of, or had no particular objection to the guidance taking the form of two separate documents. However, there was concern around medical students being more inclined to read the student professionalism guidance and ignore the fitness to practise guidance, even though both were equally important for them. This was expressed from respondents in each of the ‘agree’, ‘disagree’ and ‘not sure’ categories. A further concern was noted by a medical school, on the possibility of students being disadvantaged in potential hearings if the fine detail between the two documents is very different.

Rather than the issue being one of separate documents, the main issue the best way to ensure medical students read both documents. This could be considered as part of the implementation strategy for the guidance in 2016.

Recommendations

When launching the guidance, it will be essential to promote that the two documents are part of a set to be used together and are equally as important and useful for medical students. Medical students should be encouraged to read both documents.

Question 2

Do you think the titles of the documents are appropriate and reflect the content of the guidance? Do you have any comments?

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q2</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>33</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>44</td>
</tr>
<tr>
<td>Organisations</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>44</td>
<td>19</td>
<td>4</td>
<td>1</td>
<td>68</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>65%</td>
<td>28%</td>
<td>6%</td>
<td>1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Q2 comments

<table>
<thead>
<tr>
<th>Q2 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
</table>
Findings
There were 68 responses to this question. The majority of respondents (44/68; 65%) answered ‘yes’, that they thought the titles of the documents were appropriate and reflected the content of the guidance.

Discussion
The majority of respondents answered that they thought the titles were appropriate and reflective of the content of the documents. Those that were happy tended not to provide comments. However, half of the medical schools that responded felt the titles could have been more reflective of the content of the documents and the target audience. A number of these respondents provided suggestions.

Recommendations
Consideration should be given to changing the titles of the documents. The project team may wish to consider all the suggested options and decide on which best reflects the content and target audience of each document.

- ‘Achieving Good Medical Practice: guidance for medical students’ may be appropriate since it reflects the content of the document and makes it clear who is the target audience.
- ‘Professional Behaviour and Fitness to Practise: Guidance for Medical Schools and their students’

These are slightly adapted versions of the titles suggested by a medical school.

Question 3
Do you think it is helpful to have the guidance ordered under the four domains of Good Medical Practice? Please give reasons for your response.

Statistics
How many responses were there for each answer?
Findings

No respondents disagreed with the suggested approach; while two respondents answered they were not sure. 33 comments were received in total and of these, 14 came from individuals and 15 came from organisations.

The majority of respondents specifically commented that ordering in the four domains improved continuity and clarity of the guidance. Five respondents reiterated in their comments that having the document aligned to Good Medical Practice (GMP) was helpful.

Warwick Medical School said ‘This gets students into the mind-set of thinking about their professional obligations as a doctor from the earliest point in their studies’. A medical student commented ‘It is a good structure as you can see how it all ‘ties in’ and how you develop these values from a medical student to a doctor’.

Discussion

The overall theme of the comments was positive with respondents strongly in favour of mapping the student professional values guidance to the four domains of GMP.
Recommendations

The responses to this question clearly demonstrate that respondents that answered were in favour of ordering the guidance into the four domains of GMP.

The references around discussing requirements for a registered doctor and medical student interchangeably are valid. This should be made more explicit in the revised versions of the guidance.

Question 4

Does domain 1 of the draft guidance *Medical students: professional values – Knowledge, skills and performance* – give relevant advice and guidance that will be useful for medical students? If no, please say why not.

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q4</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>34</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td>Organisations</td>
<td>19</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>53</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>64</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>83%</td>
<td>6%</td>
<td>6%</td>
<td>5%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Findings

64 respondents answered this question. Of these, 53 (83%) agreed that Domain 1 gives relevant advice and guidance that will be useful for medical students, four (6%) disagreed, and another four (6%) weren’t sure. 17 respondents provided comments.
Of the 53 respondents answering ‘yes’, six provided a comment. One of these simply expressed support for Domain 1, whilst the others suggested minor improvements which could be made to particular paragraphs in this section: ‘It gives a streamlined transition where we will continue to use these four domains as doctors and hopefully make the transition from medical student to doctor smooth.’ (Medical student)

All four of the respondents answering ‘no’ provided a comment to explain their answer setting out a range of changes they would want to see made to the domain. All four respondents stating they were unsure also provided a comment to explain their answer. The commenters suggested various improvements which could be made to the text: “Broadly OK, but there may be some principles which need greater emphasis. Also, students may take ‘patient’ to refer exclusively to those who are patients in the clinical environment where they are placed, but we have had cases where the unprofessional conduct involved carrying out a procedure on a fellow student – it should perhaps make clear that treating anyone without being competent would be unprofessional” (St George’s Medical School).

**Discussion**

Answers to this question demonstrate that the majority of respondents found domain 1 of the draft guidance to give relevant advice and guidance that will be useful for medical students. Feedback from the comments indicated that the respondents largely supported the domain’s content. However, across almost all answers, various amendments to the text were suggested, as set out above. The organisation responses tended to give more critical responses than individual respondents, with many suggestions.

The most commonly raised issues were around the paragraphs on reflection and on consent.

**Recommendations**

Consider redrafting the guidance in line with comments made in answer to this question.

**Question 5**

Does domain 2 of *Medical students: professional values – Safety and quality* – give relevant advice and guidance that will be useful for medical students? If no, please say why not.

**Statistics**

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q5</th>
<th>Yes</th>
<th>No</th>
<th>Not</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
</table>

www.gmc-uk.org
Findings

66 respondents answered this question. Of these, 49 (74%) agreed that domain 2 gives relevant advice and guidance that will be useful for medical students, four (6%) didn’t agree and seven (11%) weren’t sure. 24 respondents provided comments.

Of the 49 respondents answering ‘yes’, seven provided a comment. Some of these simply expressed support for the relevance of Domain 2 whilst others suggested minor improvements that could be made to the structure and content of the domain: ‘Good at highlighting the responsibility students have for patient safety, raising concerns and seeing support.’ (UK Council for Teachers of Professionalism)

All four respondents answering ‘no’ provided a comment to explain their answer. The commenters suggested a range of changes to the domain.

All seven respondents (11%) answering ‘not again provided a comment to explain their answer. The commenters suggested various improvements which could be made to the text. For example:

‘We suggest the section could focus on the student first and then explain the ‘systems to protect patients’ - although we do recognise the guidance has been written in the same sequence with ‘Good Medical Practice.’ (Faculty of Health and Medicine, Lancaster University)

---

<table>
<thead>
<tr>
<th>Q5 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Organisations</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Total comments</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>24</td>
</tr>
</tbody>
</table>

| Total number of responses to this question | 49 | 4 | 7 | 6 | 66 |
| % of those who responded to this question | 74% | 6% | 11% | 9% | 100% |
Discussion
On the whole, respondents agreed that domain 2 of the draft guidance gives relevant advice and guidance that will be useful for medical students. Feedback from the comments indicated that the respondents largely supported the domain's content. However, many minor changes were suggested. A greater proportion of organisations disagreed or was unsure about the domain than individuals, and they offered more suggestions for change.

Several respondents raised issues with the point in paragraph 33 on anonymous concerns. These issues centred on the importance of providing sufficient information to investigate a case – and anonymity might obstruct this.

Recommendations
Consider the drafting suggestions made in response to this question.

Question 6
Does domain 3 of Medical students: professional values – Communication, partnership and teamwork – give relevant advice and guidance that will be useful for medical students? If no, please say why not.

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q6</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>Organisations</td>
<td>19</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>52</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>87%</td>
<td>2%</td>
<td>7%</td>
<td>5%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q6 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Findings

52 respondents (87%) answered ‘yes’ to the question. Of these, six provided a comment. Despite agreeing with the usefulness of Domain 3, all of these suggested minor improvements that could be made to the text. Only one respondent disagreed with the usefulness of Domain 3 and they made comments on how the section could be improved rather than fundamentally disagreeing with this section of the guidance. Four respondents were unsure about the usefulness of Domain three, and all four provided a comment.

Some respondents only left comments of which this is an example:

'This section strongly reflects CAIPE’s position regarding the importance of collaborative working. CAIPE would endorse and welcome the document’s emphasis on working and learning in partnership with patients / colleagues and other healthcare professionals.’
(Centre for Advancement of Inter-professional Education (CAIPE)

Discussion

Answers to this question indicate that almost all respondents found domain 3 of the draft guidance to give relevant advice and guidance that will be useful for medical students.

In addition to a variety of small amendments to the text, common suggestions included expanding on consent and confidentiality and their relationship to social media. Several responses mentioned that more content is needed on the responsible use of social media as a doctor. This included not sharing any information about patients, as well as the importance of maintaining boundaries by not befriending patients on social media.

Recommendations

Consider the drafting suggestions made in response to the question.

Question 7

Does domain 4 of Medical students: professional values – Maintaining trust – give relevant advice and guidance that will be useful for medical students? If no, please say why not.

Statistics

How many responses were there for each answer?
Strategy and Policy Board meeting, 22 March 2016

Agenda item 7 – Student Fitness to Practise guidance review – outcome of public consultation

<table>
<thead>
<tr>
<th>Q7</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>32</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Organisations</td>
<td>18</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>50</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>83%</td>
<td>5%</td>
<td>8%</td>
<td>3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q7 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Organisations</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Total comments</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>13</td>
</tr>
</tbody>
</table>

**Findings**

There were 34 individual respondents. Almost all (32) of these, agreed with Domain 4, one respondent disagreed and another was unsure. The two individuals who did not answer ‘yes’ were both medical educators.

‘Yes, very clear and important section. Box on p18, especially point about attendance and signing in for other students, is important and very helpful. Point 64: could highlight that bias and discrimination may be unconscious so need to be very alert to this.’ (Plymouth University Peninsula School of Medicine and Dentistry)

‘It might be useful to add a sentence about ‘self-plagiarism’: we’ve had examples of students cutting and pasting material from theses from previous degree courses into new work on our MB ChB courses. Our view is that this is, in effect, equivalent to publishing the same research paper in two journals without appropriate attribution.’ (Medical educator)

**Discussion**

Answers to this question indicate that the majority of respondents found domain 4 of the draft guidance to give relevant advice and guidance that will be useful for medical students. One individual who had answered ‘no’ commented to say that they did in fact agree with the question, but wanted to flag one point they disagreed with (the notion of...
‘unfair discrimination’). 13 of the 60 respondents left comments to support their answer, and most of these offered minor suggestions for improvement.

Several respondents made suggestions to improve paragraph 69 on students reporting concerns to their medical school, with most stressing that students need to know that schools have to be informed in a timely manner.

Two respondents suggested that guidance on use of social media should be given in this section, despite this topic being covered in domain 3. Comments mentioning social media indicated that readers might like to see all of this guidance in one place, such as a key messages box in the document, rather than quick mentions in several domains and a link provided for more information online.

There were several comments regarding the content of the ‘Demonstrating honesty’ text box. Some respondents suggested that it should stipulate that medical students need to be honest from the point of their application to medical school, throughout their university work, and beyond graduation.

**Recommendations**

Consider the drafting suggestions made in response to this question.

**Question 8**

Do you think having examples of unprofessional behaviour for medical students is helpful? If no, please say why not.

**Statistics**

**How many responses were there for each answer?**

<table>
<thead>
<tr>
<th>Q8</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>33</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Organisations</td>
<td>22</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>55</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>62</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>89%</td>
<td>0%</td>
<td>6%</td>
<td>5%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q8 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
</table>

www.gmc-uk.org
Findings
62 respondents answered this question and of these, 55 (89%) agreed that having examples of unprofessional behaviour for medical students is helpful; none disagreed and four (6%) were unsure. 26 respondents provided comments (three of the comments were from organisations that did not indicate whether or not they agreed with the question).

Sixteen comments said it was helpful, or extremely helpful, to provide examples of unprofessional behaviour.

‘This is absolutely excellent.’ (Medical educator)

‘The list of examples is an excellent approach which allows staff and students to reflect on the types of behaviours which 'cross the threshold' to be considered as a fitness to practise issue.’ (Queens University Belfast medical school)

Four respondents raised the need to clarify that the examples are not exhaustive. ‘While examples are useful, there is a concern that the examples will be read as a defining list by students and legal representatives. It is important to make sure that the selection of examples does not constrain or misrepresent the scope of what might be unprofessional.’ (St Georges, University of London)

Discussion
There is clear support for providing examples. However, there are some areas that need further consideration.

Recommendations

- Consider how to address examples of illegal activity.
- Clarify that the list is not exhaustive.
- Consider the suggested additional examples.
Question 9
Do you think it’s useful for the guidance to contain an annex that gives an overview of student fitness to practise procedures? If no, please say why not.

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q9</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>32</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Organisations</td>
<td>22</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>54</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>59</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>92%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q9 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Organisations</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total comments</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

Findings
59 respondents answered this question. Seven respondents said the annex was useful.

‘The annex achieves the aim of separating disciplinary processes from the discussion about professionalism, and avoids the impression that we only assess professionalism when we identify its absence.’ (Medical educator)

One respondent thought that by not having the full information about fitness to practise procedures, medical students were discouraged from reading it. They noted it would be useful if medical students were aware of it and at least considered the full detail, even though it is intended for medical schools.
Recommendations

- Include advice to students recommending they read the guidance to medical schools.
- Consider drafting suggestions.

Question 10

Do you think the text boxes within the guidance will help students to understand what is expected of them in terms of professional behaviour? Please give reasons for your response.

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q10</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>31</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>Organisations</td>
<td>22</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>53</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>88%</td>
<td>2%</td>
<td>7%</td>
<td>3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q10 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Organisations</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Total comments</td>
<td>27</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>32</td>
</tr>
</tbody>
</table>

Findings

60 respondents answered this question. Twenty five respondents made comments indicating how helpful the text boxes were, describing them as practical, illustrative, providing a good summary for students, accessible, helping understanding, and providing clarity.
‘I am a medical student and this is really clear and helpful for me. Sometimes guidance that is given in more abstract terms can be hard to understand as to how it applies to practice.’ (Medical student)

Suggested improvements were:

- Providing case examples (one respondent who answered no also suggested this).
- Sign-posting the relevant paragraph within the boxes.
- Including a text box about internet and social media.

Other comments included:

- One respondent was not clear why this information was in boxes, and whether it is intended to be part of the guidance (part of the prescriptive requirements)
- One respondent commented that the text in a box is unlikely, by itself, to make any difference to understanding.
- One respondent thought that most of the examples given were obvious and didn’t need to be written down.

**Recommendations**

Consider the drafting suggestions made in response to this question.

**Question 11**

How clear is the guidance for medical students and medical schools on professional values and fitness to practise? Please give reasons for your response.

**Statistics**

**How many responses were there for each answer?**

<table>
<thead>
<tr>
<th>Q11</th>
<th>Very clear</th>
<th>Fairly clear</th>
<th>Not very clear</th>
<th>Not clear at all</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>16</td>
<td>13</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Organisations</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>26</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>28</td>
<td>25</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>56</td>
</tr>
</tbody>
</table>
Findings
There were 56 responses to this question of how clear the guidance was; ‘very clear’, ‘fairly clear’, ‘not very clear’, or ‘not clear at all’. Ninety five percent of respondents said ‘very clear’ (28/56; 50%) or fairly clear (25/56; 45%).

Respondents that said the guidance was very clear were all very positive in their comments that it was well compartmentalised and easy to follow. Ten respondents provided a comment to this question. Queens University, Belfast commented, ‘Overall, I feel that the two documents (one aimed for medical schools and the other for medical students) are well written and provide a lot of useful information in an easily accessible and understandable manner’.

King’s College London did not answer the question on clarity of the guidance but did provide the following helpful comment:

‘..Overall consensus was that the document provides excellent information and guidance. Pleased to see the importance placed on the wellbeing of students and their pastoral care being kept separate from academic progress where possible. Appreciated the clarity around the role of Educational Supervisor. It has provided us an opportunity to revisit some of our established procedures and ensure we are adopting consistent best practice and providing clear information’.

There were 14 comments from respondents that found the guidance to be ‘fairly clear’. Two themes emerged from the comments:

- Length of document: Three respondents commented that the document was a ‘bit lengthy’ which is in line with the comment below from the respondent that felt the guidance was not very clear. One of the responses conceded that it is a difficult area and need to be quite prescriptive.
More clarity in certain areas: Five respondents said that the guidance was ‘fairly clear’ – because there were areas that would benefit from some greater clarity. Four of the five that commented to this effect didn’t specify what areas – or said they had highlighted elsewhere in their response.

The only respondent that answered not very clear provided the following reasons for their answer:

‘It is long and ‘wordy’. Good editing could reduce its length by half... reads like the GMC’s fitness to practise manual, slightly edited for medical schools. ...medical schools are being asked to replicate how the GMC deals with doctors... universities do not have the regulatory authority of the GMC’. (Medical educator)

There were no respondents that felt the guidance was not at all clear.

Discussion
The overwhelming majority of respondents (95%) felt that the guidance was very or fairly clear. Comments were positive, but occasionally constructive suggestions were provided. These have been captured in this report.

Recommendations
The specific drafting suggestions should be considered. It may also be appropriate to attempt to reduce the length of the document. On the whole, the message was that respondents were happy with the content and clarity of the guidance overall – with reference to the fact that they had highlighted any areas that they thought could be improved upon in other areas of the consultation response.

Question 12
Is there anything missing from the guidance? If yes, please tell us what you think is missing.

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q12</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>5</td>
<td>17</td>
<td>7</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Organisations</td>
<td>12</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>28</td>
</tr>
</tbody>
</table>
Findings

17 respondents in total felt something was missing from the guidance, and all provided comments to expand on their answer. Most of the comments of those who answered ‘yes’ were suggestions for expanding or developing certain points to be more helpful or to avoid confusion. However, some respondents put forward areas not covered in the draft guidance that should be added, and others suggested ideas to apply to the document overall to improve it.

Eight respondents who answered ‘yes’ suggested specific points to be expanded for strength or clarity. Several topics not already addressed were suggested as additions to the guidance, by those who’d answered that, something was missing.

There were five respondents who answered the question of what was missing in relation to Medical students: professional values (MSPV). These should be looked at with the answers to question 25, which asks for further comments about the guidance for students.

Equality issues

Several of the suggestions touched on areas that might have equality implications.

- Information on adjustments – An organisation suggested it would be useful to include examples of the types of adjustments that could be made.

- Information on fitness to practise threshold for health – One medical school thought ‘the guidance as it stands at the moment does not address the persistent or recurring nature of some mental health conditions’
Paragraph 13 on equality and diversity – If schools need to outline how they'll consider equality and diversity in their procedures, then it would be helpful to provide a standard paragraph on this.

Discussion
Respondents provided a variety of suggestions in response to this question, with only a small degree of overlap.

Recommendations
Each suggestion will need to be considered in light of previous work to decide if it is appropriate to amend the guidance.

The suggestions made relating to the guidance for students should be considered along with the responses to question 25.

Question 13
Is there anything in the guidance that you do not think we should include? If yes, please tell us what you think should be removed.

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q13</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>27</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>18</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>5</td>
<td>45</td>
<td>2</td>
<td>2</td>
<td>54</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>9%</td>
<td>83%</td>
<td>4%</td>
<td>4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q13 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>
Findings
54 respondents answered this question. One respondent said that while both documents focus on minimum standards the overall goal is to promote excellence in professionalism. We should also provide a positive angle on exemplary behaviours and related examples to help convey the sense of pushing the average further above the fitness to practise line.

Recommendations
- Consider how we promote positive examples, possibly through other engagement work.
- Consider whether we need to qualify the section on occupational health to reflect that it may not be available in all universities.
- Consider whether all the references to other GMC guidance are necessary.

Question 14
Is it helpful to include this information at the beginning of the guidance? Do you have any comments?

We begin the guidance by defining the reasons for impaired fitness to practise for doctors on the medical register as listed in the Medical Act 1983. We also include information about the requirements for provisional registration with the GMC to put into context why fitness to practise processes for medical students are important.

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q14</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>29</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Organisations</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>50</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>53</td>
</tr>
</tbody>
</table>
% of those who responded to this question  |  94%  |  0%  |  2%  |  4%  |  100%
---|---|---|---|---|---

<table>
<thead>
<tr>
<th>Q14 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Organisations</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total comments</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>12</td>
</tr>
</tbody>
</table>

**Findings**

There were 53 responses to this question; 50 of them (94%) agreed that including the information about impaired fitness to practise and provisional registration at the beginning of the guidance was helpful.

There were 12 comments made by respondents; seven were from organisations and five were from individuals. There were ten comments from respondents who agreed that having the information at the beginning of the guidance was helpful. A medical educator said ‘It is important to place the information in its proper, professional context.’ Another medical educator said ‘It emphasises the link between fitness to practise as a student and fitness to practise as a Foundation Year doctor.’

Four comments made reference to this information being useful for students, with one of them stating that it would be useful in the student guidance too.

**Discussion**

Most of the comments were statements of support for the inclusion of the information. But in addition to the drafting suggestion above, there were three suggestions made:

- One medical school requested advice added about dealing with students who have been charged with a serious crime, but not convicted or acquitted yet.

- One respondent suggested that to aid the goal of promoting excellence, there should be a more positive angle at the start of the document.

**Recommendations**

Consider changing the documents in the ways suggested in the four comments above under drafting suggestions and discussion.
Question 15
Do you agree that it is useful to have the guidance aligned with the GMC’s test of fitness to practise at provisional registration? Do you have any comments?

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q15</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Organisations</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>52</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>96%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q15 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Organisations</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Total comments</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>13</td>
</tr>
</tbody>
</table>

Findings
Of the 54 responses to this question, 50 (96%) were positive about the alignment of the guidance with the GMC’s test of fitness to practise at provisional registration. There were 13 comments made in response to this question; seven were from organisations and six were from individuals. There were 11 comments from respondents who answered ‘yes’.

Eight responses commented on how or why the alignment was useful, with three simply stating that they agreed with this, or that it is a good approach. A doctor said ‘it gives the students a clear idea of standards that GMC expects them to fulfil to achieve provisional registration. I think this will be useful in trying to explain and develop professional behaviour.’ Barts and The London School of Medicine and Dentistry said ‘Without transparency of process, consistency of approach, and a clear link with the four key domains of a doctor’s professional responsibilities, the concept of fitness to practise is
diminished: reduced to a set of hurdles to be jumped over, rather than underpinning a profession.’

There were four comments from those who agreed that it was useful to have the guidance aligned with the GMC’s test of fitness to practise at provisional registration, but added suggestions for improvement. There were no respondents who answered ‘not sure’ to this question.

Discussion

There was clear agreement that it was useful to have the guidance aligned with the GMC’s test of fitness to practise at provisional registration.

Most of the comments gave reasons why the alignment was good. However, there were five respondents who suggested ways to improve the guidance.

- University appeals processes may not deal with patient protection, so it would be better if they aligned to patient issues.
- Adding examples showing how the threshold of student fitness to practise evolves would be helpful, recognising the trajectory of undergraduate professionalism.
- Emphasise that medical students are not regulated by the GMC, and that universities don’t have the GMC’s regulatory authority.
- Clarify wording in paragraph 21 to avoid suggesting that a student who had had concerns addressed by an fitness to practise committee must not be allowed to graduate.

Recommendations

Consider each of the suggestions above in light of previous work and reasons for the current text, and revise the guidance if appropriate.

Question 16

Do you think further information on provisional registration declarations is needed in the guidance itself?

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q16</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
</table>

www.gmc-uk.org
Findings

52 respondents answered this question, 27 of whom agreed that further information on provisional registration declarations is needed in the guidance itself.

Two respondents made reference to a link to up to date information, with one suggesting a web link to the GMC website. The same respondent and one other also sought clarification on what incidents needed to be declared to medical schools.

‘We...agree there should be explicit advice as to which fixed penalty notices must be declared (since some should be and others don't need to be). A link to the GMC web site would be a good solution to maintain up to date information (Faculty of Health and Medicine, Lancaster University).’

Two respondents (a doctor in training and a medical student) felt that it would be useful to cite examples (in the form of a list) of what incidents should be disclosed and what shouldn’t.

Two medical schools again sought clarification on the declarations students would be expected to make. Two respondents said it may be sufficient if supported by additional resources, so they could signpost students to the relevant areas for further information.
Discussion
Respondents acknowledged that additional resources could enhance the information currently available, and this would include links to the GMC website so users can access up to date resources.

Some respondents sought clarification on exactly what students should disclose the medical schools. Medical students would benefit from explicit examples in the form of case studies so it is clear exactly what needs to be declared.

Recommendations
To consider producing supporting information so that Medical Students are clear exactly what needs to be disclosed and have access to up to date information.

Question 17
Is the section on pastoral care and student support (paragraphs 28–36) helpful? Do you have any comments?

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q17</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>25</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Organisations</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>47</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>94%</td>
<td>4%</td>
<td>0%</td>
<td>2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q17 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Organisations</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Total comments</td>
<td>16</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
</tbody>
</table>
Findings

50 people answered this question, 47 of whom agreed that the section on pastoral care and student support was helpful. Two disagreed. 27 of the respondents identified themselves as individuals, 25 of whom answered ‘yes’ and 2 ‘no’. 23 of the respondents identified themselves as organisations, 22 of whom answered ‘yes’ and 2 answered ‘no’.

One medical student remarked on the importance of student support in preventing medical students from qualifying and spreading poor practice.

Two respondents specifically mentioned the quality of Occupational health services in Medical schools. One had reservations of some services not being fit for purpose and the other commented that although the role of Occupational health was useful, it had been difficult to get clear decisions and therefore the guidance would prove useful (University of Birmingham Medical School,).

One respondent said that the guidance should aim to raise the standard of the support services provided.

One organisation commented on the usefulness of templates for Occupational health and specialist medical reports. And it would be: ‘useful to tease out the implications for: sharing confidential information during investigations and panel hearings; monitoring the outcomes of any intervention/remediation’ (Barts and The London School of Medicine and Dentistry).

Another respondent (a medical student) commented that they would like the wording strengthened from a ‘should’ to a ‘must’ given the importance of student support services. E.g. Medical schools must give their students access to appropriate support as pastoral care ought not to be optional.

Equality issues

It may be desirable to acknowledge that overseas students may experience higher levels of stress due to the unfamiliarity with home/working environment, in addition to cultural sensitivities of recognising mental health issues.

Discussion

It should be acknowledged that the majority of respondents agreed that the section on pastoral care and student support was helpful. Only two respondents disagreed with this. The comments received were focused on how we could enhance the current text.

Of the comments we received in the ‘yes’ camp, a common theme was clarifying exactly whose duty it was to disclose information about a student without consent. Two respondents agreed this should extend to those in support roles throughout the institution.


**Recommendations**

Clarify the position held by those with a duty to disclose information about a student without consent i.e. those working in support roles throughout the institution.

**Question 18**

Does the section on health and disability (paragraphs 37–52) give clear and helpful guidance to medical schools about dealing with fitness to practise cases that involve health and disability concerns? If no, please give further details.

**Statistics**

**How many responses were there for each answer?**

<table>
<thead>
<tr>
<th>Q18</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>25</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Organisations</td>
<td>17</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>24</td>
</tr>
</tbody>
</table>

Total number of responses to this question: 42, 4, 3, 2, 51

% of those who responded to this question: 82%, 8%, 6%, 4%, 100%

**Q18 comments**

<table>
<thead>
<tr>
<th>Q18 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Organisations</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

Total comments: 8, 3, 3, 2, 16

**Findings**

The majority of respondents answering this question (42/51, 82%) agreed the guidance was clear and helpful. One organisation said the section would benefit from examples of adjustments that can be made (paragraph 38). Another organisation said:

*We do have a concern that the approach in the guidance seems to be that a student will only go through the fitness to practise process on health grounds alone if they potentially*
need to be withdrawn. We currently use our fitness to practise process for other outcomes such as suspending a student on health grounds where they won't willingly apply for a leave of absence or placing conditions on their studies to manage their health. We strongly feel this approach is appropriate and should be within the guidance. (University of Birmingham Medical School)

Equality issues
The guidance may benefit from clarity on what reasonable adjustments must be made to accommodate medical students with a disability. Disability is a protected characteristic under the Equality Act and therefore the guidance should signpost to the Act.

Discussion
It should be noted that the majority of respondents agreed that the section was clear and helpful. The comments above are made by a minority of respondents and therefore consideration should be given on how much weight should be attached.

However, the comments included some valid points and consideration should be given to them.

Recommendations
Consider whether to implement drafting suggestions and additions highlighted suggested by respondents.

Question 19
Is the section on excluding students on health grounds reasonable? Do you have any comments?

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q19</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>23</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Organisations</td>
<td>19</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>42</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>53</td>
</tr>
</tbody>
</table>
% of those who responded to this question | 79% | 6% | 11% | 4% | 100%

<table>
<thead>
<tr>
<th>Q19 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Organisations</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Total comments</td>
<td>10</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

**Findings**

42 of the 53 respondents who answered the question agreed with the statement. 18/20 medical school respondents agreed that exclusion on these grounds was reasonable. 10 respondents provided comments, of which six simply expressed agreement or explained the positive comment. Most of these six comments stated the section clarified and explained an important area, with medical schools and doctors citing it as helpful:

*This is useful advice on the GMC position on this issue. I had not previously understood the difference between the positions of students and qualified doctors in this regard. I am now better informed as a result of the guidance.* (Doctor)

A number of other respondents considered the advice and principles were basically helpful but considered improvements could be made. Issues raised by these respondents included a lack of clarity about temporary exclusions/leave of absence for health reasons in this section (one individual and one medical school)

The six ‘not sure’ responses represent a range of respondents (two schools, two other organisations and two individuals) and views on this section. One doctor considered this section of the guidance would create unnecessary anxiety amongst any students with long term illnesses. A medical student respondent was concerned that the section stated that consideration should be made on a case by case basis, as otherwise it risked students being excluded ‘simply on the grounds of common characteristics of or assumptions about their condition’.

The statement on the consideration of health conditions in under-graduate and post-graduate training was generally seen as helpful, although one organisation was unsure and requested further clarification of this point

**Equality issues**

The comments that questioned whether it was correct to treat health issues differently in undergraduate and postgraduate education did so partly because they suspected it would
constitute unlawful discrimination. The comments also identified the need to make reasonable adjustments to enable students to meet the outcomes of their course.

Discussion
Medical schools appear to find this section useful, with the most significant theme within the responses stating the section was helpful. Several schools identified additional considerations they would like to see included- these included the suggestions made by medical schools who answered ‘not sure’, but also some of those who agreed.

This might indicate the guidance in its current form doesn’t give enough context or information to provide reassurance about the fairness of the process (although it is probably implicit in that we provide guidance for schools). Some respondents were unclear on what the basis of the differing considerations governing health issues in undergraduate education and postgraduate practice actually is.

The issue of temporary exclusions was also raised by three respondents. The section is concerned with permanent exclusion of a student but one medical school noted that they used similar processes to initiate temporary leave of absence on health grounds, and others questioned how this fitted with schools using temporary suspensions.

Recommendations
The consultation responses suggest actions which might result in:

- Expanding the list of the principles medical schools might need to take into account of in making a decision of this kind
- Signposting to other parts of the guidance (both for schools and students) to ensure that it is made clear to readers that principles which are applied in the guidance as a whole also apply to this situation as well.
- Clarifying the terms exclude and expel.

Question 20
Is the section about dealing with concerns from different sources helpful? Do you have any comments?

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q20</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
</table>

www.gmc-uk.org
Findings

Respondents to this question were overwhelmingly positive, with no respondents disagreeing. This was reflected in the comments provided for this question. Four respondents made positive comments about the section and several suggestions to improve the guidance received. Few other themes can be identified but the two which stood out concerned the timing of the process, how and what information schools provide to students when an allegation is made. Two respondents also cited issues around anonymous complaints.

Manchester Medical School and one body representing doctors provided comments only. The medical school suggested clarifying the distinction between disciplinary and fitness to practise functions in committees. The Medical Protection Society considered the list of possible referral sources was superfluous.

Discussion

Issues about communication with students as set out in paragraph 63 were raised by four organisational respondents. It is clear that some stakeholders consider the practicalities of paragraph 63 are potentially complicated, but there wasn’t substantive disagreement about the intentions expressed.

On a related note, two medical schools noted the difficulties presented by anonymous complaints in taking action - one suggested the guidance should note that there were professional duties in this area.
Strategy and Policy Board meeting, 22 March 2016

Agenda item 7 – Student Fitness to Practise guidance review – outcome of public consultation

Recommendations

- Align terminology to other GMC documentation; specifically consider whether references to ‘whistleblowing’ should be amended to ‘raising concerns’.

- With regard to paragraph 63:
  - Add a sentence to note students should receive information about the process and support available during it.
  - Consider further clarification of when allegations/information about the issue under investigation should be provided to the student.

- Clarify what would constitute a ‘fast track’ and whether any guidance around timescales would be appropriate.

- Consider incorporating principles from other GMC guidance re: anonymous complaints.

Question 21
Do you agree that it’s helpful to provide information about monitoring and managing low-level concerns? If no, please say why not.

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q21</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Organisations</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>52</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>96%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q21 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Findings
Respondents were very positive about the principles expressed in this section. The content of the comments generally reflected requests for drafting clarifications or other examples, but some substantive issues were raised.

Some respondents disagreed with very specific aspects of the guidance in their comments. The University of Aberdeen School of Medicine while agreeing in general, asked some specific questions around the guidance’s apparent endorsement of card/point based systems.

Discussion
One issue raised by three respondents was a request for examples- one medical school and two other organisations requested examples of:

- Monitoring systems for managing low level concerns
- The kinds of behaviours considered to be low level concerns

One other suggestion was that the GMC provide mechanisms for sharing practice between schools.

Recommendations
- Either within the guidance, or as a separate project, consider the development of a small number of case studies of managing low level concerns. This could potentially link to the GMC’s good practice work stream.

- Consider the case for recommending points/card based systems for monitoring low level concerns as a way to encourage professional behaviour. This could lead to retention, removal or amendment to statements about the benefits of card/point based systems for monitoring student professionalism.

- Define, in a footnote, how the guidance defines ‘public confidence’

- Consider whether it would be helpful to describe the process of moving from low level to more serious concerns.
Question 22
Are these questions useful? If no, please tell us what questions would be more useful to include.

The guidance includes a series of questions to help establish the thresholds of fitness to practise for behaviour and health (paragraph 82).

Statistics
How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q22</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Organisations</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>52</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>96%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Q22 comments

<table>
<thead>
<tr>
<th>Q22 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Organisations</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total comments</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

Findings
52 respondents answered this question. No-one said that the questions were not useful or that they were unsure whether they were useful or not. Both respondents who left the tick boxes blank were organisations.

Five respondents provided comments; one individual and four organisations.

Three respondents who agreed the questions were useful provided comments. These were all about specific wording.
Discussion

There was almost universal support for these questions being included in the guidance and only one comment that suggested any sort of structural change rather than simply a drafting change.

Recommendations

Given the extremely high support for the questions, it is recommended that they are kept in the guidance in their current form. While there was one suggestion to change the format to a list (as used in the student professional values guidance), all the other respondents found them useful in their current form. Furthermore, those who use the guidance will have access to both documents and so the list will also be available separately.

The GMC and MSC could consider whether or not a reference to the honesty of those signing off competencies or authorising assessments is necessary. Presumably those responsible for this will usually be regulated professionals themselves and so would already be under a professional obligation to be honest.

Question 23

Do you agree that the information provided in Table 1 is useful? If no, please tell us why not.

Table 1 (pages 20–21) outlines the reasons for impaired fitness to practise in medical students. It has been informed by GMC data collected from medical schools and universities and by comments from medical school staff and students following a review of an early draft of the guidance.

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q23</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Organisations</td>
<td>21</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Total number of responses to this</td>
<td>48</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>52</td>
</tr>
</tbody>
</table>
Strategy and Policy Board meeting, 22 March 2016

Agenda item 7 – Student Fitness to Practise guidance review – outcome of public consultation

<table>
<thead>
<tr>
<th>question</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of those who responded to this question</td>
</tr>
<tr>
<td>92%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q23 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Organisations</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Total comments</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Findings

Most respondents answering this question (50/52, 96%) felt the information provided in Table 1 was useful. The two respondents who said they weren’t sure if it was useful were both organisations. One organisation and one individual left the boxes blank. 10 respondents provided comments: eight organisations and two individuals.

Six respondents who thought the table was useful provided comments. Three of these provided general support for including the table.

Three respondents suggested where they thought there were gaps in the information included in the table. One individual doctor said that the table might not adequately cover the low level concern student.

Equality issues

The MPS is concerned that the placing of drug and alcohol concerns as the first item in the table next to misconduct may stigmatise behaviours as misconduct when they are in fact a result of health concerns.

Discussion

Respondents were very strongly in favour of including this table and found it useful. No respondents said it was not useful and only two said they weren’t sure.

Recommendations

Re-ordering the table to move drug and alcohol concerns lower down should be considered. The table should be checked against the sorts of behaviour talked about in the
professional values document to see if they are consistent. If not, they should be made as consistent as possible.

It is essential to ensure that language is appropriate to the four home countries.

**Question 24**

Is it useful to include this section, which has more detail about the investigation process and outcomes? If no, please tell us why not.

**Statistics**

**How many responses were there for each answer?**

<table>
<thead>
<tr>
<th>Q24</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>25</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Organisations</td>
<td>19</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>44</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>53</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>83%</td>
<td>2%</td>
<td>9%</td>
<td>6%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q24 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Organisations</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Total comments</td>
<td>7</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

**Findings**

83% of the respondents answering this question indicated the details on the investigation process were useful. Seven of the respondents who answered ‘yes’ provided comments. Three of these expressed concern or reservations about the advice to be prepared to hold hearings in public. The University of Aberdeen School of Medicine was worried about the
practicalities, saying ‘What would happen if the student said they wanted the hearing in a lecture theatre with all of their year group present?’

A medical educator who said that the table was not useful said that the section was too detailed and not appropriate unless the GMC is going to mandate that all schools follow it. They were concerned that otherwise it may lead to students querying the processes in their own school. S/he also felt that hearings in public are ‘entirely inappropriate.’

Discussion
There was a high level of support for including this section, although several comments highlighted the difficulty in pinning down a process that differs between schools and raised the question of how these differences can be dealt with. Some schools told us about the particular ways in which the process we have outlined differs from their process.

There are some practical considerations around the composition of panels and in particular whether it is reasonable and practical to say that investigators should never be involved in assessment decisions.

There are also some concerns about allowing students to have hearings held in public, particularly around the possibility that students want many of their classmates to attend to support them. There seems to be concern about both the practicality of this and the appropriateness. It does not seem insurmountable though, as we are not suggesting that public access should be unlimited.

Some respondents commented on the ordering of the steps in our process, saying that sometimes issues we mention are relevant elsewhere in the process.

Recommendations
Information about MDOs should be added into the student support section. This is a simple change that is likely to be useful for students.

It should be clarified that holding a hearing in public does not mean that other students (or others) should have unlimited access to the proceedings.

Consideration should be given to the suggestion about including a consideration of future risks to patient safety.

There may be a need to be more explicit about how previous behaviour that did not result in formal fitness to practise action may be relevant in future investigations and about how failure to comply with any warnings or undertakings applied at investigation stage might be dealt with.
Question 25
Do you have any further comments about Medical students: professional values that are not covered by the above questions?

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q25 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Total comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
</tbody>
</table>

Findings

There were 29 further comments provided in response to this question to provide anything further that wasn’t covered in other questions on the guidance document for professional values.

There were seven comments that reiterated that respondents welcomed the guidance and found it clear and easy to follow, for example:

‘Very logical and well thought out document. Easy to follow and understand for medical students and consistent with the guidance that will be appropriate when qualified.’
(Individual, other healthcare professional)

‘Well written document with good practical examples which demonstrate the relevance of the document with examples familiar to students.’
(Doctor)
Equality issues

Specific equality issues were raised;

Paragraph 58 empowers students to have conscientious objection to certain medical treatments or procedures. However a number of medical schools have a statement in the Ethical Code which all students sign, along the lines of 'I will not allow my personal beliefs to influence my medical education'. We would therefore welcome clarification on this issue.

Paragraph 54, third bullet point: the addition of some clarity regarding whether the phrase 'life choices' is intended to cover sexuality and if so whether a more appropriate phrase should be used?

Discussion

The output from this question is a collation of various suggestions and requests for clarity. Each of these will need to be considered in turn and the guidance amended if required.

A medical student suggested: ‘It would be good to disseminate these booklets to medical students to give to medical students who are about to start clinical placements and structure 'professional development' discussion tutorials around the guidance (if this is not already the case). This would help to promote awareness and understanding of the guidance’.

Recommendations

There are a number of suggestions for consideration to provide clarity to the final drafts of the documents.

Question 26

Do you have any further comments about Medical students: professionalism and fitness to practise that are not covered by the above questions?

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q26</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Total number of responses to this question

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Total comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

Findings

20 comments were received to this question and of these, six came from individuals, and 14 from organisations. Not surprisingly medical schools formed the bulk of the organisational responses, with eight comments.

Five of the comments were very positive about the guidance as a whole and were deemed useful in helping to shape fitness to practise proceedings within medical schools. Indeed one respondent said they will feed back the recommendation of including a student representative on their College Fitness to Practise Panel to their university. This is not current practice and they will also reinforce the need for a relevant health specialist.

‘The document appears to be comprehensive, providing helpful guidance and a relevant level of support. There is a fair representation of Professionalism as outlined in Good Medical Practice’ (University of Dundee)

‘Generally a good document with plenty of detailed guidance. It will be helpful to have further case studies to try and improve the approach of different medical schools, so that there is more consistency’ (Doctor)

Recommendations

- Drafting suggestions highlighted should be considered point by point and it might be worthwhile going back to individuals or organisations that have raised substantial points with a tailored response if there is scope to do so or at least make the consultation report available to them.

- Case studies to be produced to enhance the guidance online, as there seems to be a real desire to bring the guidance to life. This has already been factored into the project plan.
Question 27

Are there any issues or situations that you think it might be useful to have a case study on? If yes, please give details of these issues or situations.

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q27</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>14</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Organisations</td>
<td>17</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>31</td>
<td>10</td>
<td>8</td>
<td>3</td>
<td>52</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>60%</td>
<td>19%</td>
<td>15%</td>
<td>6%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Q27 comments

<table>
<thead>
<tr>
<th>Q27 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Organisations</td>
<td>17</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Total comments</td>
<td>31</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>35</td>
</tr>
</tbody>
</table>

Findings

A number of respondents suggested focusing case studies on a few areas. The common themes identified are below:

Mental health

Seven respondents suggested mental health as a topic for case studies. Specifically in relation to:

- What the guidance means for students dealing with a disability or mental health issue.
- Depression and anxiety.
Eating disorders and attention deficit hyperactive disorder.

A student who has completed all academic requirements – but not permitted to graduate due to impairment from a mental health condition.

Other suggested areas

- Misuse of drugs/alcohol (four respondents)
- Misuse of social media (two respondents)
- Communication issues (three respondents) e.g. rudeness towards patients/colleagues
- Plagiarism (two respondents)
- Poor attendance (two respondents)
- Mature students – balancing work/life
- Dishonesty
- Traffic offences
- Defining low level concerns and how they escalate into more serious concerns

Discussion

The responses raise a number of areas to focus learning materials on. Although common themes were identified, the response rate was not high.

Therefore other mechanisms for collating the views of medical students, Medical schools and doctors may prove useful in gathering more data.

Question 28

Are there any issues that you think it would be useful to include in a series of frequently asked questions? If yes, please give details of these issues.

Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q28</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
</table>
Findings

There were 52 responses to this question asking respondents to highlight any issues that would be useful to include in a series of frequently asked questions.

Suggestions included:

- A range of mental health concerns from anxiety related conditions to medicated mental health disorders such as bipolar and psychotic episodes

- Other long-term conditions like diabetes, specific learning difficulties, depression and mood disorders

- Guidance on minor short-term illness that might be a risk to some patients (coughs, colds, GI infections). When should students be absent from placements for these reasons? And what illnesses might be acceptable not to take a leave of absence for.

- Low grade professionalism concerns in consecutive years, when Universities expect slate to be ‘wiped clean’ each year, where recurrent issues are the concern.

- What information can be passed to the GMC, particularly in cases where a student withdraws before the case is resolved (before a hearing takes place and also before the investigator determines whether there is a case to be heard)
Implications of fitness to practise findings for a student’s future medical career - consequences of non-disclosure of an issue that has potential fitness to practise dimensions

Where students have been subject to fitness to practise proceedings during their studies, what strategies and behaviours are likely to result in successful provisional registration by the GMC? How can the medical school best evidence insight demonstrated by students and the effect of remediation?

Plagiarism

Social media issues, including conduct on 'private' pages.

How to manage conflicts between University procedures and Fitness to Practise processes.

Mature students, family lives and previous healthcare careers

Advice on access to Medical School 'Raising Concerns' protocols

Anonymous complaint case

Where a student passes all his/her assessments despite having been absent for multiple teaching sessions

Discussion

The question we asked was whether there were any tricky issues that users of the guidance would find it helpful to have included in a series of frequently asked questions. One respondent suggested ‘It would be extremely helpful to collect examples of difficult queries from students and medical schools to develop a bank of FAQs’. The suggestions provided are ordered in themes and can be used as a starting point for compiling a list of FAQs.

Recommendations

Suggested scenarios can be used to compile a list of questions and answers. Other areas, flagged as a problem in consultation responses for other questions, can be included if they will benefit from extra advice and information.

Question 29

Do you have any other ideas about resources we could provide to support use of the guidance documents in practice? If yes, please give details of these resources.
Statistics

How many responses were there for each answer?

<table>
<thead>
<tr>
<th>Q29</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>7</td>
<td>15</td>
<td>5</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Organisations</td>
<td>7</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>14</td>
<td>29</td>
<td>6</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>28%</td>
<td>58%</td>
<td>12%</td>
<td>2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q29 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Organisations</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Total comments</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
</tbody>
</table>

Findings

50 responses were received to this question and of these, 29 (58%) did not have any comments about additional resources to enhance the guidance. 14 did have comments, 6 were not sure and one response was left blank.

There was a 50/50 split between organisations and individuals that provided comments (seven from each) with the majority of comments coming from medical students (five) and medical schools (six).

Overall there was a lot of support for an online tool with film clips and real life case studies.

Discussion

The GMC and MSC should consider developing a mechanism to share good practice, perhaps through the establishment of regional networks and/or a database of potential panel members that institutions could refer to. It would be helpful to have examples of
good practice from other medical schools around support for students, sanctions, conditions etc., to see what other schools do in these circumstances.

**Recommendations**

Consider developing an online tool and FAQs to include any of the following:

- Additional online training resources - either short videos to accompany individual case studies, practitioners talking about the importance of the key concepts of fitness to practise and how these apply to the real world of being a doctor, or quizzes/scenarios similar to those used on the current website for students.

- Anonymised real life cases describing the entire pathway of the fitness to practise process from breach to disciplinary action and highlighting the medical school and medical student view on the barriers they feel exist about when to raise fitness to practise (including the multiple, minor incident pathway) concerns.

- Film clips to include a mock student fitness to practise hearing.

Consider publishing on the GMC/MSC website:

- An outcome report from a student fitness to practise hearing, suitably redacted.

Consider developing templates to be published on the GMC/MSC website:

- Examples of communications from the GMC in cases where a student's provisional registration is being investigated (so we can see what information the students and the medical schools are asked to provide).

- Example determination letters (from MPTS) showing the detail and reasoning required.

**Question 30**

Are there any particular groups who would be helped by our revised guidance? If yes, please tell us which groups you think would be helped and in what way.

**Statistics**

**How many responses were there for each answer?**

<table>
<thead>
<tr>
<th>Q30</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>1</td>
<td>28</td>
</tr>
</tbody>
</table>
Findings

50 people responded to this question. 28 were individuals and 23 were organisations. There was a relatively even split across this question, with 16 respondents choosing ‘yes’, 18 saying ‘no’ and 18 saying they were unsure. One respondent left the tick box blank.

18 respondents made comments. All of those who said ‘yes’ made a comment and none of those who said no commented. There was one comment from a respondent who wasn’t sure and one from a respondent who left the tick boxes blank.

Of the respondents who answered ‘yes’, only two specifically referred to a group of students with a protected characteristic under the Equality Act 2010. Both of these respondents were medical students. One said that it would be helpful specifically to Muslim students as it would help to make clear that they should be allowed time to pray, and the other said that the guidance would be helpful to disabled students.

One medical school said that the guidance would be particularly helpful to students with mental health concerns and the staff who support them. While not a protected characteristic in itself, some students may have a long term mental health conditions that is considered a disability under the Act.

Two individuals, a medical student and a medical educator mentioned that the guidance would be helpful to international medical students or those with different cultural and ethical backgrounds.

An individual doctor who left the boxes blank thought it was helpful to state that students with health problems or disabilities can be effective doctors.

---

www.gmc-uk.org
Two respondents made suggestions about how the guidance could be implemented. One suggested that giving it out in welcome packs would be useful for all students. The other suggested that we audit the implementation to see if medical schools are using it and whether it is improving consistency.

**Question 31**

Are there any particular groups who would be disadvantaged by our revised guidance? If yes, please tell us which groups you think would be disadvantaged and in what way.

**Statistics**

**How many responses were there for each answer?**

<table>
<thead>
<tr>
<th>Q31</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>1</td>
<td>18</td>
<td>8</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>Organisations</td>
<td>1</td>
<td>17</td>
<td>4</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Total number of responses to this question</td>
<td>2</td>
<td>35</td>
<td>12</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>% of those who responded to this question</td>
<td>4%</td>
<td>71%</td>
<td>24%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q31 comments</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Blank</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Organisations</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total comments</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

**Findings**

There were 49 responses to this question. Of these, 35 (71%) said ‘no’, they didn’t think there were any particular groups that would be disadvantaged by the revised guidance and 12 (24%) respondents answered ‘not sure’. There were only two responses that answered ‘yes’ to this question, and these were the two respondents that provided comments.
Plymouth University wrote: ‘Not disadvantaged, but need to be clear that students from different cultural backgrounds (with different understandings of professionalism) will have to adapt to the UK/GMC culture of professionalism and this may not always be easy’.

A medical student expressed concern about students with health issues and wrote ‘Students with physical illnesses that may find themselves made subject to exclusion rather than the fitness to practise procedure. The latter process appears to offer more safeguards for a student’s interests’.

Discussion & Recommendations

The former point from Plymouth medical school is a valid request and advice in this area could be strengthened in the guidance for medical students. The latter point is not applicable – since a student would not be excluded from a course without formal fitness to practise procedures. This would be an outcome on the basis that they were not fit to practise. In light of this comment, it may be worth looking if this message could be reinforced in the guidance.
**Appendix B: Breakdown of individual respondent data**

### Role of doctor respondents

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioner</td>
<td>1</td>
</tr>
<tr>
<td>Consultant</td>
<td>5</td>
</tr>
<tr>
<td>Other hospital doctor</td>
<td>0</td>
</tr>
<tr>
<td>Doctor in training</td>
<td>1</td>
</tr>
<tr>
<td>Medical director</td>
<td>0</td>
</tr>
<tr>
<td>Other medical manager</td>
<td>1</td>
</tr>
<tr>
<td>Staff and associate grade (SAS) doctor</td>
<td>0</td>
</tr>
<tr>
<td>Sessional or locum doctor</td>
<td>0</td>
</tr>
<tr>
<td>Other doctor</td>
<td>2</td>
</tr>
<tr>
<td>Not stated</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total (made up of 10 from doctor category plus 4 from medical educator category)</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

### Current practice setting of doctor respondents

<table>
<thead>
<tr>
<th>Setting</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>12</td>
</tr>
<tr>
<td>Independent or voluntary</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

(From categories of doctor, medical educator, medical student, and other healthcare professional)

### Disability

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No / not stated</td>
<td>41</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

---

---
Appendix C: Organisations who responded

- Barts and The London School of Medicine and Dentistry
- BLM
- Brighton and Sussex Medical School
- British Medical Association
- Centre for Advancement of Interprofessional Education (CAIPE)
- College Fitness to Practise Committee, Leicester Medical School
- Faculty of Health and Medicine, Lancaster University
- Hull York Medical School
- Kings College London GKT School of Medical Education
- Manchester Medical School
- Medical Defence Union
- Medical Protection Society (MPS)
- Picker Institute Europe
- Plymouth University Peninsula School of Medicine and Dentistry
- Queens University Belfast medical school
- Royal College of Physicians of Edinburgh
- School of Medicine, Keele University
- St Georges, University of London
- The Point of Care Foundation
- UCL Medical School
- UK Council for Teachers of Professionalism (professionalism leads from all UK medical schools)
University of Aberdeen School of Medicine

University of Birmingham Medical School

University of Dundee

University of Exeter Medical School

University of Glasgow

University of Oxford Medical School

University of Sheffield

University of Swansea Medical School

Warwick Medical School
Agenda item 7 - Annex D

Annex D: Summary of engagement activities

Review of guidance *Medical students: Professional values and fitness to practise*

Working with doctors Working for patients
How did we engage with our stakeholders when preparing for the review?

- Conducted December 2014 – January 2015
- Thoughts on student professionalism
- Completed by 2,500 students (just over 6% of all medical students in 2014/15 academic year)
- Report available [here](#)

- Workshops in London, Manchester, Edinburgh, Cardiff and Belfast (Nov 2014) - SFTP specialists from all medical schools
- Attendees joined panel of ‘critical friends’ for guidance review

- Conducted Sept 2014 – all UK medical schools
- Asked about existing fitness to practise processes - to understand level of variation
- Presented [summary of findings](#) to joint GMC and MSC SFTP training conference in May 2015

Public consultation
(August – November 2015)
Summary: Key project milestones

- **Sept 2016**: Implementation of guidance
- **May 2016**: Finalisation of guidance based on consultation responses
- **Dec 2015 – March 2016**: Development of draft guidance and public consultation
- **Jan 2015 - Nov 2015**: Stakeholder engagement (medical schools, students, SFTP experts)
- **Sept 2014 – Jan 2015**: Development of draft guidance and public consultation
- **Launch of new guidance**
Thank you

Please email us at quality@gmc-uk.org if you need any further information about this review

Working with doctors Working for patients