



Achieving good medical practice:

guidance for medical students



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Council**

The duties of a doctor registered with the General Medical Council

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

Knowledge, skills and performance

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

Safety and quality

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

Communication, partnership and teamwork

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

Maintaining trust

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

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

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 the GMC's core guidance for doctors, *Good medical practice*, apply to you as a student. Understanding how the core guidance for doctors applies now and in your career will help you be a good student and, in the future, a good doctor.

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You can find the latest version of this guidance on our website at

www.gmc-uk.org/agmp

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What does this guidance cover?

Maintaining a high standard of professional behaviour

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'll be joining a trusted profession, we expect you to understand that there is a difference in the standard of behaviour expected of 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 place 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.

As a medical graduate, you'll 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 won't register medical graduates who are not fit to practise medicine.

In addition to this guidance, we've also produced guidance for medical schools and medical students on managing professionalism and fitness to practise concerns. It outlines the processes that medical schools should follow if they're worried about a student's professionalism or fitness to practise medicine.

Examples of the kinds of behaviour that are a cause for concern and may lead to formal processes being used are outlined in the *Professionalism – key areas of concern* section of this guidance (see pages 47–53).

About *Good medical practice*

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

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.

Using this guidance

Patients need good doctors – 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 that supports it.

In this guidance, the GMC and the MSC (referred to as 'we' throughout the guidance) show 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 this 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.

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 give an explanation of how to meet requirements, and where there are exceptions to how the principle might apply.

Throughout this guidance, we also offer more detail and practical tips on how you can meet the requirements we set out. You will find these in the text boxes, outlined in green.

Going above and beyond – taking on the challenge of professional excellence

This guidance explains the standards of professional behaviour expected of you during your studies. True professionalism is about striving for excellence – to achieve this you'll 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
- be responsive to feedback
- prioritise your time well and ensure a good work-life 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.

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'll 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.

Domain 1: Knowledge, skills and performance

Develop and maintain your professional performance

- 1** As a registered doctor, you'll be expected to keep your skills and knowledge up to date so you can give your patients the best standard of care.
- 2** Registered doctors must be familiar with and follow all laws and regulations relevant to their practice as well as any guidance 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.
- 3** As a medical student, you'll 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'll continue to build on what you have learnt. For you, this aspect of good medical practice is about participating fully in this learning process.

4 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 or university in relation to your studies
- respond constructively to verbal and written feedback from patients, lecturers, clinicians and members of the multidisciplinary 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 education and training.

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.

See our guidance for students on being a reflective practitioner, where we use the views of medical students, doctors and medical educators to explain why reflection is important and show you how you can use it in your daily life as a student and beyond – *The reflective practitioner – a guide for medical students* can be found at www.gmc-uk.org/reflective-practitioner.

- 5 As a medical student, you'll learn about relevant laws and professional guidance, and it's 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

- 6 Registered doctors must recognise and work within the limits of their competence.
- 7 As a medical student, this applies to you in relation to the time you'll spend with patients on a clinical placement. It also means you should only treat patients or give 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 you are not asked to do anything 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 9)
- engage in a timely fashion with routine evaluation systems provided by your medical school or university (for example, end of placement questionnaires or 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 it is visible at all times.
- 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.
- Attend induction sessions if they're 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 any concerns. If in doubt, make sure you ask if there is anything in particular you should know at the start of your placement.
- Be honest with patients if you don't know the answer to their questions. 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.

8 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 if you have been trained to do so, and only under supervision that is appropriate to your level of competence.

- 9** 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 won't 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 20–28.
- 10** While you are at medical school, you'll learn how to make good clinical decisions and how to be satisfied a patient has given consent. You'll 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.*
- 11** Towards the end of your studies, you may be responsible, under supervision, for explaining to a patient what will happen to them – and, in some cases, getting their consent for a minor procedure, such as taking a blood sample or a blood pressure reading. In almost all other cases, you won't 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're happy for a student to be involved in their care.

* You can find out more about consent in the GMC's guidance for registered doctors, *Consent: patients and doctors making decisions together*, available at www.gmc-uk.org/consent

Consent - things to remember

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 a student, you can ask if they're happy for you to talk to them about their health or carry out a procedure.

Remember:

- if you have any concerns about whether a patient has given consent to you being involved in their care or undertaking any type of procedure, talk to your supervisor about your concerns.
- you should be aware that sometimes patients might 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.

* See Part 3 of *Consent: patients and doctors making decisions together* for more information on a patient's capacity to consent, available at www.gmc-uk.org/consent

Record your work clearly, accurately and legibly

- 12** 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.
- 13** This helps to ensure effective team working, safe handover and continuity of care. Therefore, the information must make sure 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.
- 14** As a medical student, you must make sure that the notes you write are clear, accurate and legible, even when made as part of the learning process, as this will help you develop the skills you'll need as a doctor.
- 15** You should 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 you carry out as part of your studies.

Recording your work – dos and don'ts

Do:

- make it clear that you're 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're 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 – especially when they relate to patients – using facilities designed for the disposal of confidential material.

Don't:

- write anything you would not want 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 2: Safety and quality

Contribute to and comply with systems to protect patients

- 16** Registered doctors must not only comply with rules designed to protect patients, but also seek to improve the quality of the services they give to patients – both at an individual and at a systems level.
- 17** As a medical student, you'll learn about quality improvement and quality assurance, and will have the opportunity to take part in audits and reviews. You'll also be in clinical settings during your studies and you must tell your supervisor when things go wrong and when these problems affect, or could affect, patient care.
- 18** During 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 inquiry. Although your medical school will normally be told about 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.
- 19** You must 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.*

* The GMC and the Nursing and Midwifery Council have produced joint guidance for nurses and doctors, *Openness and honesty when things go wrong: the professional duty of candour*, available at www.gmc-uk.org/candour

Respond to risks to safety

- 20** 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.
- 21** 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.*
- 22** 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.

* The GMC has produced guidance on *Raising and acting on concerns about patient safety* and a decision-making tool that will help registered doctors know what to do if they have a concern about patient safety. See www.gmc-uk.org/raisingconcerns

How to raise a patient safety concern

- 23** 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. This is why you should, wherever possible, follow your medical school's formal policy on raising concerns, which will help you understand how to deal with difficult issues like these.
- 24** In exceptional circumstances, you may not feel comfortable following the medical school's policy (for example, because the person causing the concern is the person you have to raise it with), but you must still find another way to raise your concern. For example, you can talk to a member of staff with whom you have an ongoing relationship, such as your personal tutor, who can support you. If the concern arises while you are on a placement, you may also find it helpful to refer to the placement provider's raising concerns policy.
- 25** It can be difficult for organisations to deal with anonymous concerns, because it's more difficult to investigate the situation if they don't know who made the complaint. Therefore, you should avoid raising concerns anonymously wherever possible. Remember that, although your medical school will know who raised the concern, they won't necessarily need to name you as the source of concern when they investigate.

What if my concern is about my friends or peers?

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

You might be concerned about the behaviour of a fellow student, for example if they:

- are rude to a patient
- do not contribute to group work you've been assigned
- post inappropriate content on social media (see the *Social media dos and don'ts* box on pages 36–37)
- are intoxicated when attending a placement, lecture or seminar.

It can be even harder to raise concerns about a peer's health, but you must bring this to the attention of your medical school if you are worried about their safety or wellbeing. You should never attempt to treat a fellow student's health condition – when you raise your concerns it's important to remember that this will enable your medical school to give them help and support.

26 If you're not sure whether you should raise a concern formally, you should ask your medical school or an experienced healthcare professional for advice. GMC guidance to doctors on raising concerns acknowledges issues like this, including, for example, if the person causing concern is part of the problem or the doctor doesn't have confidence that the concern will be addressed adequately based on previous experiences. You may therefore find this guidance helpful.*

What should I do if I have a concern about a member of staff at my medical school or on a clinical placement?

27 It's just as important to raise concerns you have about the staff you work with. For example, a doctor, nurse or other healthcare professional who is or may be:

- acting outside his or her competence
- failing to see concerns about their health or not following advice on these concerns.

28 You may also have concerns about the lecturers and staff at your medical school. And while they 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. They can then take steps to enable the individual to get the support they need. You must always raise concerns in a confidential, non-judgemental way.

* See the *Steps to raise a concern* section of the GMC's guidance *Raising and acting on concerns about patient safety*, available at; www.gmc-uk.org/raisingconcerns

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 relationship with their medical school, which will expect them to raise concerns.

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 doing what is necessary to protect patients.

Protect patients and colleagues from any risk posed by your health

- 29** Registered doctors must protect patients from any risk 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.
- 30** You'll have significant contact with patients while on clinical placements. Any health issues you have may affect them, as well as your fellow students and teachers.
- 31** 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.
- 32** As a medical student, both during study and on a placement, you're likely to experience situations that will have an emotional impact on you. At times, you may experience stress and anxiety. This is completely normal and your medical school will support you with safe ways to share and reflect on difficult experiences. But if you are concerned about your levels of anxiety, you should seek help from your general practitioner (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 necessary.

- 33** You should 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.
- 34** You must comply with the occupational health policies and procedures of your medical school or university (for example, immunisation against common, serious communicable diseases).
- 35** You must engage with the occupational health referral process if your health has deteriorated, or if there are concerns that your health may have an impact on your ability to study.
- 36** 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 may not be able to 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.

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

Getting independent medical advice

- 37** Doctors should, wherever possible, avoid treating themselves or providing medical care to anyone with whom they have a close personal relationship. They must seek independent medical advice on issues relating to their own health.
- 38** As a medical student, you also need to seek independent and objective advice from a GP or other appropriately qualified healthcare professional and not rely on what you have learnt as a medical student or the views of other students, 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.

Your health – dos and don'ts

Do:

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

Don't:

- hide it – your medical school will want to help you
- diagnose or treat yourself
- seek treatment from friends, family or those close to you.

Informing your medical school

- 39** Doctors must declare any health conditions which might affect their fitness to practise to the GMC so that it can take any necessary action to protect patients and help the doctor get the support they need.
- 40** As a medical student, 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. This is so that your medical school can support you, and it can only do this if it knows 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.
- 41** *Supporting medical students with mental health conditions** is guidance for medical students and medical schools on dealing with mental health conditions. *Welcomed and valued*[†] provides advice for medical schools and postgraduate educators on how to support disabled learners, and those with long-term health conditions.

* See www.gmc-uk.org/mentalhealth

† See www.gmc-uk.org/welcomedandvalued

Domain 3: Communication, partnership and teamwork

Communicate effectively

- 42** Doctors must work in partnership with patients and good communication is vital if they are to do this successfully. Working in partnership is about supporting patients to make decisions about their treatment and care, by listening to and respecting their views about their health. Working in partnership is also about sharing information patients want or need, in a way that is tailored to their needs.
- 43** As a medical student, you'll 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.
- 44** 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 questions a patient may have, but you are expected to listen to them and respect their views. You should do your best to find out the answers to the patient's questions yourself, or pass 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*

* You can find more information and interactive resources aimed at helping doctors provide good care for people with a learning disability in the GMC's learning disabilities guidance, available from www.gmc-uk.org/ethical-guidance/ethical-hub/learning-disabilities.

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

Work collaboratively with colleagues to maintain or improve patient care

- 45** Doctors must work collaboratively with other doctors and healthcare professionals to make sure patients are treated effectively.
- 46** When on clinical placements, you must be aware of and contribute fully to the work of the healthcare team. You must contribute effectively to any team you are part of in your non-clinical training.
- 47** 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'll also learn with students from other health professions, which is important to help you develop a better understanding of the roles that different professions play in a multidisciplinary healthcare team.
- 48** 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

- 49** 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. The GMC also expects doctors to take part in the assessment of doctors in training and to give feedback for the appraisals of colleagues. They must complete these activities in an open and honest way.
- 50** As a medical student, you may be expected to mentor other students or be asked to give feedback about your peers. If you are asked to do this, you must do so in an honest, constructive, open and fair way.
- 51** As a medical student, you'll be asked to give feedback on the quality of your placements and teaching. You must give this feedback when asked, 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

- 52** Registered doctors must contribute to the safe transfer of patients between different doctors, teams and health and social care settings. This means they must make sure they share relevant information about the patient with the colleague or team that is taking over their care. They must 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.
- 53** As a senior medical student, it is likely you'll be expected to look after patients, under supervision. When you are transferring the care of a patient, you must make sure you transfer care to an appropriate person and that you share relevant 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

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

- 55** As a medical student, you'll learn how to develop a partnership with patients. Therefore you must:
- be polite and considerate at all times
 - listen and respond to patients' views and concerns
 - respect patients' 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'll take in their care.

Maintaining patient confidentiality

- 56** All patients have a right to expect that their doctors will hold information about them in confidence. Confidentiality is central to trust between doctors and patients.
- 57** However, confidentiality is not absolute, and appropriate information sharing is essential to the efficient provision of safe, effective care. You'll learn about this 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 without the patient's permission.

- 58** Many improper disclosures are unintentional. You must not share identifiable information about a patient where you can be overheard, such as 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. You can find more 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 – in the GMC’s guidance, [*Confidentiality*](#).*
- 59** You must also follow any policies of your medical school, university or placement provider to make sure personal information is stored and disposed of securely.

* See *Confidentiality* at www.gmc-uk.org/confidentiality

How does confidentiality apply to my placements?

It's normal to want to talk about things you have seen on clinical placements with colleagues or friends. You'll see unusual medical conditions and may be put in situations where patients experience adverse outcomes. But you must never disclose patient identifiable information without a patient's consent.* If you're not sure what to share if you're asked to provide information for an inquiry or logbook, you should ask for advice before you disclose any information.

You should also 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's a chance that someone nearby (or online, if you're on social media) might know whom you are talking about.

If you do want to talk to a colleague, friend or supervisor about what you have seen on a placement, you should only do that in a private place. And you shouldn't 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](#). You can find these at www.gmc-uk.org/guidance.

* For more information on this, see paragraphs 8–9 of the GMC's guidance *Consent: patients and doctors working together*, available at www.gmc-uk.org/consent

Social media dos and don'ts

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 is used by others and it can be difficult to remove it 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 and don't post discriminatory content
- 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

60 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, they must explain this to the patient, tell them about their right to see another doctor and make sure they have the information to do so. Doctors must not express disapproval of the patient's lifestyle, choices or beliefs in doing this. You can find more information in the GMC's guidance [Personal beliefs and medical practice](#).*

* See www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice

- 61** Medical schools have an obligation to make adjustments for cultural or religious beliefs, but they must balance these adjustments against practical considerations. For example, they may need to schedule clinical placements or assessments during certain religious festivals or at times of religious observance.
- 62** 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 achieve the capabilities described in the GMC's [Outcomes for graduates](#).*

* See www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates

Domain 4: Maintaining trust

Show respect for patients

- 63** Doctors must not use their professional position to pursue a sexual or improper emotional relationship with patients or those close to them.
- 64** When something goes wrong with a patient's treatment, doctors must be open and honest with patients and carers.
- 65** As a medical student, 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'll be joining a trusted profession, 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.
- 66** Treating patients with respect includes not expressing your personal beliefs to patients in ways that exploit their vulnerability or would cause them distress.
- 67** As a medical student, you won't be directly responsible for patient care because this responsibility will lie with your supervisor. But if you think any aspect of care that you are involved in has gone wrong, you should tell your supervisor as soon as possible. Your supervisor will support you, and if necessary will help you to put things right, which may include explaining to the patient what has happened and offering an apology.

Treat patients and colleagues fairly and without discrimination

68 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

- their clinical judgement about the likely effectiveness of the treatment options.

Doctors must not refuse or delay treatment because they believe a patient's actions or lifestyle have contributed to their condition.

69 As a medical student, you won't be expected to make decisions about treatment options. But you mustn't let your own opinions or views affect the way you treat patients and others or the information you give them.

70 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.

71 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, which are:

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

How can I handle 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 and how they influence your thinking and the way you respond to people or situations. Developing this skill is fundamental to making good decisions as a professional.*

* See *The reflective practitioner - a guide for medical students* at www.gmc-uk.org/reflective-practitioner

Act with honesty and integrity

Honesty

- 72** Doctors hold a trusted position in society and must make sure their conduct – both professionally and personally – justifies their patients' trust in them and the public's trust in the profession.
- 73** As a student aiming to join a trusted profession, you have to meet a higher standard of behaviour than other students, who are on courses that don't directly lead to joining a profession.

How can I demonstrate honesty?

You must behave honestly from the point that you apply to medical school, during your studies and when you 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 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.
- When you carry out research, make sure 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 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

- 74** Doctors must be honest and trustworthy if asked to give evidence in any legal or disciplinary process. They're also expected to report certain matters to the GMC, for example if they receive a caution from the police.
- 75** Medical students are not registered with the GMC, but you have similar responsibilities in relation to your medical school. Medical schools must not graduate any student with a primary medical qualification who they don't consider 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 you are fit to practise. You'll also need to declare any fitness to practise issues when you apply for provisional registration with the GMC.*
- 76** 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

* See www.gmc-uk.org/declaringftp

† A student at a medical school in Scotland will not have to disclose receipt of a caution to the medical school – because medical schools apply the law pertaining to the country in which they are based and in Scotland cautions do not have to be disclosed. However, a student at a medical school in Scotland will have to disclose receipt of a caution to the GMC when they apply for registration.

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

77 You should tell your medical school or university if you are the subject of any legal proceedings that could call into question your fitness to practise medicine. You shouldn't wait until legal proceedings have been concluded before you do this.

78 If you had any cautions* or convictions before you started medical school, you must declare these on admission, unless they are protected. Note that the definition of protected cautions and convictions is different between England and Wales, Scotland and Northern Ireland. You need to refer to the definition that applies to the country where your medical school is based.

Read more about [protected cautions and convictions](#).[†]

* As explained in previous footnote, a student or applicant will not have to disclose a caution to a school based in Scotland upon admission.

† See *Supplementary information about protected cautions and convictions* at www.gmc-uk.org/studentftp

- 79** You must also tell your medical school, and the GMC when 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.
- 80** If you have any questions about what you should declare to the GMC or to your medical school, you can get advice from your medical school, a medical defence organisation or the British Medical Association (BMA).

You can read our guidance on [completing the declaration of fitness to practise](#).*

* See www.gmc-uk.org/declaringftp

Professionalism – key areas of concern

Behaviour outside of medical school

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

For example, you shouldn't 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 behaviour, even if it happened outside of the medical school or 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.

81 A medical student's behaviour must justify the trust that patients and the public have in them. Examples of unprofessional behaviour that would be a cause for concern are listed below. Some of these examples apply to the medical school environment, but it's important to remember that you need to behave professionally outside your medical school too. Unprofessional behaviour over a number of different areas, or repeated or persistent unprofessional behaviour, 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 from constructive 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 practice

- Misuse of social media, such as criticising 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, the work environment, or performance in the educational 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 with fellow students or others, details of questions or tasks from exams you have taken
- Forging a supervisor's name or falsifying feedback on assessments, logbooks or portfolios

Dishonesty or fraud, including dishonesty outside the professional role

- Falsifying research
- Committing financial fraud
- Creating 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 (for example, blood-borne viruses)

Aggressive, violent or threatening behaviour

- Assault
- Physical violence
- Bullying
- Harassment
- Stalking
- Online bullying or trolling

Any caution or conviction

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

Annex: Professionalism and fitness to practise processes in medical schools and universities

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)

You can read [*Professional behaviour and fitness to practise: guidance for medical schools and their students*](#) for more information.

* You can read *Professional behaviour and fitness to practise: guidance for medical schools and their students* at www.gmc-uk.org/studentftp

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- 1 This annex sets out basic information on fitness to practise processes in medical schools and universities. You can find more information in our guidance, [*Professional behaviour and fitness to practise: guidance for medical schools and their students*](#).*
 - 2 Medical schools have a duty to graduate with a primary medical qualification only those students who are fit to practise medicine. This requirement is set by the GMC, which is responsible for the quality assurance of all 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 its relationship to its parent university. However, we have set out a broad framework for schools to follow.

* You can read *Professional behaviour and fitness to practise: guidance for medical schools and their students* at www.gmc-uk.org/studentftp

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 concern. One instance of this type of behaviour may not be enough to trigger a fitness to practise process – but if a student persistently exhibits these types of behaviour, the medical school will want to look at the concerns 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 into 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 medicine 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 or committee.

What is a fitness to practise panel or committee?

- 9** A fitness to practise panel or committee 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 or committee to consider – students can also submit any evidence they feel is relevant.
- 10** The medical school and student then present their evidence to the panel or committee, which makes a decision based on it. A panel or committee will seek to establish the facts of the case – they make their decision based on the balance of probabilities that the alleged incident occurred. They will then decide whether the student's fitness to practise medicine is impaired and make a decision on what, if any, sanction should be applied.

- 11 The panel or committee 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 decision of the panel or committee.

What support will I get during a fitness to practise investigation?

- 12 Your medical school and university will support you 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 our guidance [*Professional behaviour and fitness to practise: guidance for medical schools and their students*](#).*

* You can read *Professional behaviour and fitness to practise: guidance for medical schools and their students* at www.gmc-uk.org/studentftp

Some of the factors fitness to practise panels and committees consider

Patterns of behaviour

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

Insight

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

Remediation

This is the process where you take steps to show you have corrected your 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 your 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 poor behaviour. For example, you may have experienced bereavement and this might have affected your behaviour. You should note that although mitigating factors might explain your behaviour, they might not necessarily reduce its impact or seriousness.

Aggravating factors

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

Your year of study

It is expected that you mature while you're at medical school and learn about professionalism as you progress through your course. Therefore, some examples of behaviour could be considered minor misconduct if displayed when you are a new student, but would be taken more seriously if you were about to graduate. In addition, if you are nearing graduation you may not have time to show that you have remediated and this can make it hard for your medical school to allow you to graduate.

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