

Case studies: medical students professionalism and fitness to practise

These case studies will help you see how *Achieving good medical practice* and *Professional behaviour and fitness to practise* can apply in real life scenarios.



Social media use (page 2)

Sarah and Mohammed are part of a WhatsApp group with other medical students. Find out what happens when they are reported for sharing stories about patients and staff on Facebook.



Personal health (page 7)

Aaron is struggling with anxiety and depression due to his academic workload. Find out what happens when he continues to struggle but is reluctant to seek help.



Serious misconduct (page 11)

Stephanie is a year five medical student whose personal behaviour is called into question on a night out. Find out what happens when she tries to treat a friend in an emergency.



Working in isolated environments (page 15)

Ramesh is a year four medical student doing his first clinical placement in a rural area. Find out what issues he faces when working in an isolated environment.



Repeated low level concerns (page 19)

Yanmei is a first year student who is finding it difficult adapting to university life. Find out what happens when she continues to arrive late and misses a few assessment deadlines.

Social media use - case study

Sarah and Mohammed are third year medical students on the same course doing a clinical placement together. They are part of a WhatsApp group with other medical students on the same placement where they share stories about the patients and staff.

After a few months, Mohammed took a screen shot of a particularly funny story he wrote, and posted it on his Facebook page. He mentioned a patient he saw in A&E, dressed as an elf, who had injured themselves re-enacting a climactic battle scene from The Lord of the Rings. Although he didn't use the patient's name, he did describe their symptoms and circumstances.

Some friends, who were not medical students, shared the post. Another student who was friends with Mohammed on Facebook reported the incident to the medical school.

The medical school identified the students involved in the group, and shared the incident with medical school staff. Given the evidence, the school started a fitness to practise investigation^[5]. Sarah and Mohammed each received a letter outlining the allegations against them, the relevant guidance, and a copy of the student fitness practise processes at their school.

The medical school appointed an investigator who spoke with each of the students to get the facts of the case. They presented their findings to an investigation committee within the medical school. The school told Mohammed and Sarah about the student support services available to them and their personal tutors would be on hand to offer support where necessary.

How did Sarah and Mohammed react?

Sarah went to see her personal tutor. She was annoyed and felt she'd been unfairly treated. She said she only set up the group to have 'a laugh' in a private chat with her friends. She didn't think the tone of the stories posted were inappropriate or disrespectful. She thought the information would remain within the group. She thought Mohammed was to blame for sharing it and everything else was out of proportion.

Her tutor referred to the definition of social media in GMC guidance. The tutor also explained platforms like WhatsApp may not be secure and the incident could have breached patient confidentiality. The stories had also upset some medical school staff. Sarah was indignant despite her tutor's advice.

A few weeks later she met with her personal tutor again to review her thoughts on the situation and her actions. The tutor was surprised her attitude had not changed. Although she'd had time to think about her behaviour, she still blamed Mohammed and maintained she'd done nothing wrong. Her tutor was shocked by her lack of insight into why what she had done was unprofessional.

By contrast, Mohammed reflected on his behaviour and was mortified. He said he didn't appreciate snippets of information posted online could be compiled with other details and risk breaching patient confidentiality. He also didn't appreciate posting on social media could result in someone identifying a patient. The tone of the stories and his behaviour embarrassed him.

What happened next?

The investigation committee considered the evidence collected by the investigator such as:

- the reason the group was set up (to entertain the students)
- the length of time the group had been operating
- the tone of the material circulated
- the offence caused to hospital and medical school staff.

They acknowledged Sarah set up the group and enabled sharing inappropriate material in the first place, and Mohammed was a willing participant. It was clear to the committee the group's actions had the potential to bring the profession and the medical school into disrepute and their behaviour called into question their professional judgement. They referred Sarah and Mohammed, as well as the rest of the participants of the WhatsApp group, to a student fitness to practise panel.

The panel considered each case individually and weighed various factors including:

- the previous good standing of the student
- whether this was an isolated incident
- whether they had shown insight and genuine remorse.

All students were invited to attend a meeting with the panel, and were given the documents reviewed by the panel. Students were also encouraged to submit evidence, and to bring a representative, friends or relatives to the hearing^[4].

What happened at the hearings?

Sarah's case

The panel discussed Sarah's case first. They considered her previous good standing, looked at her role in the incident and her reaction since. Sarah came to the hearing and insisted she had not done anything wrong. The panel had concerns she had shown no insight into her behaviour, which was also reported by her tutor based on their regular meetings.

After careful discussion the panel decided Sarah's fitness to practise was impaired. They suspended Sarah for six months as a signal of the severity of her behaviour for public trust in the profession^[6].

The panel also imposed conditions. They asked Sarah to:

- undertake a series of reflective pieces of work on professionalism,
- complete an assignment on the importance of confidentiality and
- to attend regular meetings with her personal tutor to assess her progress in understanding why what she did was wrong.

Sarah would have to meet with the panel again when returning to the course, prove she had insight into her actions and could show she had met the conditions they placed on her^[7].

Sarah received a letter with the panel's decision and a detailed explanation of their reasoning.

Mohammed's case

The panel also looked at Mohammed's case. Although he contributed to the original group, and posted the story in question on Facebook, he had shown insight into his actions. Reports from his tutor and the student support services Mohammed had seen throughout the process to support him with his anxiety reassured the panel. The panel also heard Mohammed's testimony at the hearing and believed he showed genuine remorse for his behaviour.

The panel decided Mohammed's fitness to practise was not impaired. They felt it appropriate to issue a warning and required him to complete a piece of reflective writing on the events.

The rest of the group's case

The other students involved in the group also attended a panel hearing. They also showed insight into their actions and regretted the incident. Because of this, they received the same outcome as Mohammed.

The panel made it clear to all students who received a written warning that it may be taken into account if there is a similar incident in the future. The panel also explained that the warning will remain on their record. The students will need to declare it when completing their TOI form^[9] before their first foundation post, and when applying to the GMC for provisional registration^[8].

What to take away

- Students' willingness to reflect on their behaviour and accept responsibility for their actions shows they understand the impact and are willing to learn from their mistakes. This was a crucial difference between Sarah and Mohammed in the outcome of their cases.
- Students will see unusual medical conditions and situations when on clinical placement. It's normal to want to talk about it with colleagues or friends, but they must not share information about a patient without their consent^[1].
- Students should also make sure they never discuss patients in a public place or on social media. Even if the patient's name isn't mentioned, there's a chance someone might guess who the patient is^[2].
- Use social media to express views, but don't behave in a derogatory or discriminatory manner to other users. Once information is published on social media, users may not be able to control how others use it^[3].
- Be aware of the limitations of privacy online and review the privacy settings for your social media profiles. Social media sites cannot guarantee confidentiality whatever privacy settings are in place^[10].

References to the guidance

Achieving good medical practice: guidance for medical students

Domain 3: Communication, partnership and teamwork

1. [Maintaining patient confidentiality](#) (paragraphs 56-59)
2. [Practical tip #8: How does confidentiality apply to my placement?](#)
3. [Practical tip #9: Social media dos and don'ts](#)
4. [Annex: Professionalism and fitness to practise processes in medical schools and universities](#)

Professional behaviour and fitness to practise: guidance for medical schools and their students

5. [The threshold of student fitness to practise](#) (Question 6)
6. [What are the outcomes of a student fitness to practise committee or panel?](#)
7. [Reviewing a student's fitness to practise following a sanction](#) (paragraph 147)
8. [How fitness to practise affects GMC provisional registration](#) (paragraphs 17-22)
9. [Transfer of information as students move to F1](#) (paragraphs 51-56)

Other guidance

10. [Doctors' use of social media \(2013\)](#)

Personal health - case study

Aaron is a second year medical student with an excellent academic record. He enjoyed his first year at medical school, but is starting to worry about the increasing workload.

At the start of his second year, Aaron was stressed about the academic workload and worried he might not be able to keep up. He was also nervous about having more contact with patients.

He didn't speak to anyone about this, as he thought his fellow students must be feeling the same. He worried they might think he couldn't cope.

Aaron fell behind with his work as the year progressed. He had trouble sleeping, which affected his concentration. The lack of sleep affected his emotions and energy levels. Some days he couldn't even get out of bed or leave his flat. He also had relationship problems with his boyfriend, and had fallen into debt. As a result he missed two mandatory teaching sessions in a row.

His medical school tracked student attendance and called him in to see his personal tutor. Aaron went to the meeting, but he did not tell his personal tutor that he was feeling depressed. He was worried the medical school wouldn't support him.

One of Aaron's fellow students noticed he didn't seem to be his normal, confident self and appeared withdrawn and upset. He encouraged Aaron to go and see his GP, but Aaron didn't want to. He worried the GP would tell his medical school and the problems he was experiencing would go on his record.

Aaron still struggled. He had no appetite and lost some weight. He also stopped seeing his friends and lost interest in the things he used to enjoy doing. He missed more teaching sessions and failed to hand in his work on time on three occasions.

He was referred to his medical school's professional concerns committee, which is the body that looks at minor lapses in professionalism^[5].

What happened next?

At the committee Aaron became upset and admitted he was struggling with his mental health. The committee were sympathetic of Aaron's situation. They gave him a written warning for missing teaching sessions and, with his consent, referred him to the university's occupational health service. They also advised him to speak to his personal tutor and his GP to discuss anything he wanted with them^[2].

Aaron was worried about seeing the occupational health team, but at the appointment he was relieved to find that they were supportive. They told him they would protect his confidentiality and they would not tell the medical school the details of his problems. They explained the occupational health service would look to see if there were any adjustments to make it easier for him to complete the course. They also encouraged Aaron to see his GP.

The GP formally diagnosed Aaron with depression. With Aaron's consent, they sent their report to the occupational health service. On seeing the report, occupational health recommended for Aaron to attend cognitive behaviour therapy (CBT) sessions. The medical school rearranged some of Aaron's teaching sessions so he could attend CBT. They also ensured he was put on placements close to the medical school so he could get to his appointments^[8].

Aaron responded well to the treatment prescribed by the GP and the adjustments put in place by his medical school. With this ongoing support in place, he managed to get back on track and continued with his studies.

What could Aaron have done?

Carrying on without seeking help was not the best thing to do. Aaron missed the opportunity to see if his medical school had support services that could have helped him earlier in the year. He also risked falling behind with his studies as things didn't improve.

See what support his medical school can give.

This is the best course of action for Aaron. Some of the things he could look into include:

- what support services are available, including peer support or counselling
- whether the medical school has study skills courses that could help him to manage his work load better, and study in a way that suits him
- talking to his personal tutor or other staff member about his concerns

Talk to his friends.

It is always good to share problems with friends, but they may not be in the best place to help. They are not experts in the support services available at the medical school. Even if they are well meaning, they may not appreciate the seriousness of the problem and whether Aaron needs support.

What to take away

- Students have the same rights to confidentiality as other patients. GPs would only transfer confidential information if it was to protect patients and the public. In this case there is no indication Aaron's condition is serious enough to impact on patients^[1]. There would be no reason for the GP to tell the medical school.
- Mental health charity MIND states 1 in 4 people in the UK will experience a mental health problem each year. Doctors are as likely to develop mental health problems compared to the general population. Medical schools should create an environment where mental health is discussed openly and have systems in place to support students^[7].
- Students should make sure they register with a local GP when they come to medical school. That way they can have easy access to independent medical advice for anything they need.
- Students should approach their school for support if they are experiencing academic, financial, social or health issues. All these factors may impact on a student's ability to excel on the course. Medical schools want their students to do well and will want to help in any way they can^[4].
- Having a health condition is not a fitness to practise concern. How the student deals with their condition is what's important^[3]. It is not in a student's interest to conceal a serious health problem. If a student understands their condition and seeks appropriate support from a healthcare practitioner and follows their advice, there is no reason for their health to become a fitness to practise concern.

References to the guidance

Achieving good medical practice: guidance for medical students

Domain 2: Safety and Quality

1. [Protect patients and colleagues from any risk posed by your health](#) (paragraphs 29-36)
2. [Getting independent medical advice](#) (paragraphs 37-38)
3. [Practical tip #7: Your health - dos and don'ts](#)
4. [Informing your medical school](#) (paragraphs 39-41)
5. [Annex: Professionalism and fitness to practise processes in medical schools and universities](#)
6. [Monitoring low-level concerns](#)

Professional behaviour and fitness to practise: guidance for medical schools and their students

7. [Considering health and disability issues](#) (paragraphs 33-56)

Other guidance

8. [Supporting students with mental health conditions](#)

Serious misconduct - case study

Stephanie is a fifth year medical student. She successfully completed the previous years of her course and was excited about graduating and becoming a Foundation doctor.

On a Friday night halfway through her final year, Stephanie was out at a bar in town with other fifth years. After quite a few drinks, her friend Shay suddenly slumped to the floor. Stephanie tried to pick her up, but Shay was unable to stand and seemed to lose consciousness. The emergency services were called.

When the paramedics arrived, they tried to attend to Shay, but Stephanie pushed them away. She shouted she was a doctor and they shouldn't interfere. The paramedics saw that Stephanie was drunk and not in a fit state to treat a patient. They weren't sure that she was a qualified doctor.

The paramedics tried to question Stephanie about Shay and what had happened, but Stephanie was uncooperative and became aggressive. The bar security ended up holding her back so the paramedics could look after Shay.

The paramedics were then able to do their job and Shay was taken to hospital. After finding out who Stephanie was and reflecting on the situation, the paramedics decided to call the medical school. They told the school about Stephanie's aggressive behaviour and how she had endangered the patient by obstructing them.

What happened next?

Once the medical school found out about the incident, they decided the student fitness to practise (SFTP) threshold had potentially been crossed. The school started an investigation. The school wrote to Stephanie to let her know about the investigation, outlining the allegations against her and the relevant parts of the guidance. They also sent her a copy of their SFTP procedures.

The investigator checked Stephanie's record and asked her personal tutor whether this was typical behaviour. Stephanie's personal tutor was surprised to hear of the incident, as it wasn't characteristic of her. But in this instance, Stephanie:

- Misrepresented her qualifications when she claimed to be a doctor^[1];
- Acted outside her competence by trying to treat someone when she was unqualified and intoxicated; and
- Endangered patient safety^[2] by hindering the qualified medical professional^[3].

Stephanie was asked to submit a statement and in it she claimed she had not tried to get in the way of Shay's treatment.

Because of the severity of Stephanie's misconduct^[12], the investigation committee referred the case to an SFTP panel^[10]. The committee prepared a report explaining their decision, which was also shared with Stephanie.

What support did Stephanie receive?

The medical school invited Stephanie to attend the panel meeting, taking place several weeks later. They gave her a copy of all the documents made available to the panel and encouraged her to submit evidence. She was also told she could bring representatives, legal support, and any witness she wanted on the day.

Stephanie was distressed about the investigation and arranged to speak to her personal tutor. At this meeting Stephanie admitted the accusations against her were true. She said she denied them in panic because of the impact the investigation might have on her career^[5].

Her tutor asked if she understood why she had been referred to the SFTP panel, which Stephanie did. The tutor also explained it could be a supportive process if Stephanie was open, honest and cooperative^[6] with the medical school throughout.

Following from her tutor's guidance, Stephanie contacted her students' services advisers. With their recommendation, she collected testimonies from her peers and some lecturers about her academic performance and good character. She also wrote an apology letter to the paramedics.

What happened on the day of the panel?

On the day of the panel, Stephanie attended with her adviser. She apologised to the panel for her conduct and explained it was not in keeping with her usual behaviour. The panel had seen the evidence, including a testimony from Shay saying Stephanie was a good friend who was sorry for her actions on the night. Stephanie's testimonies also said she did not drink excessively and the night was a one-off incident.

The panel took all the facts into consideration:

- Stephanie's initial dishonesty during the investigation.
- Her year of study, meaning she was nearing graduation so there was not much time for Stephanie to show remediation.

- Her good academic record and positive testimonies.
- Her eventual engagement with the SFTP process.
- Her remorse and the remediation efforts she had shown already by apologising to the paramedics.
- Stephanie's excessive drinking on the night was considered an aggravating factor.

The panel agreed Stephanie's behaviour was not fundamentally incompatible with being a doctor, but they wanted to emphasise the seriousness of her actions. Her conduct on the night had strayed far from what is expected of medical students in *Achieving good medical practice*.

The panel sanctioned Stephanie with a nine-month suspension^{[11][13]}. This suspension meant she was not fit to practise at the point of graduation, so the school could not let her graduate. Stephanie had to repeat her final year, and was required to attend a follow up meeting with the SFTP panel before graduating the next year.

Stephanie had to complete work set by the medical school to ensure she remained up to date with her studies. Once she returned to the course, Stephanie was required to have regular meetings with her personal tutor on professionalism and write a reflective essay on her behaviour. As long as Stephanie complied with these conditions, the medical school would allow her to graduate.

What to take away

- Attitudes to the SFTP process are crucial. Honesty about actions, insight into why behaviour was unprofessional, and taking steps to show remediation are key to the investigation outcome. If Stephanie hadn't shown remorse and tried to remediate her behaviour, her sanctions may have been even more severe. This is also taken into account by the GMC when applying for provisional registration^[8].
- Recognising your limits. Medical students must recognise the limits of their competence and not misrepresent their qualifications. On placements, it is important to make clear to patients they are a student rather than a doctor, or speak out if asked to perform a procedure they are inexperienced with^[1].
- Fitness to practise can be beneficial. Even though SFTP can be a stressful process, it is also a form of support. In this example, it has allowed Stephanie to access help and what she learns from the experience may help her to become a good doctor.

References to the guidance

Achieving good medical practice: guidance for medical students

Domain 1: Knowledge, skills and performance

1. [Apply knowledge and experience to practice](#) (paragraphs 6-7)

Domain 2: Safety and quality

2. [Protect patients and colleagues from any risks posed by your health](#) (paragraphs 29-36)

Domain 3: Communication, partnership and teamwork

3. [Work collaboratively with colleagues to maintain or improve patient care](#) (paragraphs 45-48)

Domain 4: Maintaining trust

4. [Show respect for patients](#) (paragraphs 63-67)
5. [Act with honesty and integrity](#) (paragraphs 72-73)
6. [Openness and legal or disciplinary proceedings](#) (paragraphs 74-80)
7. [Professionalism - key areas of concern](#) (paragraph 81)
8. [Annex: Professionalism and fitness to practise processes in medical schools and universities](#)

Professional behaviour and fitness to practise: guidance for medical schools and their students

9. [The threshold of student fitness to practise](#) (paragraphs 79-80)
10. [Referring a student to fitness to practise procedures](#) (paragraphs 86-88)
11. [What are the outcomes of a fitness to practise committee or panel?](#)
12. [Table 1 - Reasons for impaired fitness to practise in medical students](#)
13. [Table 2 - Outcomes of an investigation or fitness to practise committee or panel](#)

Working in isolated environments - case study

Ramesh was excited about learning new skills on his rural placement, but working in an isolated environment brought its own issues.

Ramesh is a fourth year graduate entry medical student doing his first clinical placement in a rural area. His placement is at a GP practice in a small town alongside Dr Alison MacCallan, who is the only GP in the town and the surrounding area. Ramesh sits in on Dr MacCallan's consultations and also joins her for home visits and emergency out-of-hours GP work.

During these consultations Ramesh met Ewan, one of the doctor's regular patients. Ewan has a chronic condition and several co-morbidities, and takes a lot of long-term medication to manage his health.

One day, Ewan contacted the surgery about some acute symptoms and Dr MacCallan decided she needed to do an urgent home visit. Ramesh accompanied her. During the visit, Dr MacCallan asked Ramesh to help her with a diagnostic procedure. Ramesh had observed this procedure in clinical placements, but had not done it himself.

He thought he should know it as a fourth year student, and felt bad no one else was around to help. He was also worried Ewan would think he is not competent enough.

What should Ramesh do?

1. Carry out the procedure to help Dr MacCallan - as there is no one else around he can only do his best.
2. Tell Dr MacCallan he can't help her as he has never done the procedure before.
3. Tell Dr MacCallan he has observed, but not done, the procedure and ask if she and Ewan would still be comfortable for him to try.

What did Ramesh do?

Ramesh was honest with Dr MacCallan and said he'd seen the procedure twice, but not performed it himself. He said he could try and do his best with her supervision, and asked if she and Ewan were happy with this. Dr MacCallan reassured him and continued with the procedure herself. She asked Ramesh to call an ambulance as Ewan needed to be transferred to hospital. Once Ewan was admitted and stable, she arranged for Ramesh to practise the procedure at the surgery.

The next day, another patient of the surgery, Donald, met Ramesh on the street and asked him if Ewan was ok. He said they'd been neighbours and friends for years. He had seen Dr MacCallan and Ramesh go into Ewan's house and was worried about Ewan's health. Ramesh was not sure what to say and he didn't know if Ewan had given consent^[4] for any details of his condition to be shared.

What should Ramesh do?

1. Tell Donald that Ewan is in hospital but he believes he will make a good recovery in a few days - Donald is only asking out of concern after all.
2. Tell Donald he cannot share any details because Ewan has not consented to it.
3. Ask Donald to speak to Dr MacCallan, as Ewan is her patient.

Support from Dr MacCallan

Ramesh felt there was nothing he could tell Donald without breaching confidentiality^[5]. He told Donald he was sorry, but he couldn't share any details with him. Donald was not happy with Ramesh's response and kept pushing him to give an answer. Ramesh felt uncomfortable and couldn't think of anything to say. He rushed away telling Donald he had to be at the surgery.

Ramesh spoke to Dr MacCallan about Donald. Dr MacCallan said it was a difficult situation and agreed he had done the right thing not sharing any information about Ewan's condition^[6].

Dr MacCallan didn't recall Ewan mentioning Donald at any point. She checked Ewan's records to ensure he hadn't given permission to share health information with Donald. Dr MacCallan told Ramesh no information could be disclosed to Donald under these circumstances.

Dr MacCallan also told Ramesh although this was primarily about patient confidentiality, it was worth considering whether he (or any other medical student who was not qualified) could give an accurate picture of Ewan's situation.

Ramesh returned to his medical school at the end of the placement. He shared his experiences with other fourth years^[1], in a session designed to debrief about their rural placements.

What to take away

- Acting within competence. Medical students must recognise the limits of their competence^[2] and ask for help when necessary. Students should clearly explain their level of competence to anyone who supervises them on a placement^[3], so they are not asked to do anything they are not trained to do.
- Asking for help. If students are not sure they are able to carry out a procedure competently, they should ask for help from a more experienced colleague. Students should only attempt practical procedures if they are trained to do so, and only under appropriate supervision.
- Maintaining patient confidentiality. All patients have a right to expect their doctors will hold information about them in confidence. Confidentiality is central to trust between doctors and patients. Medical students must be clear about what information a patient has agreed can be shared with friends and family before discussing their care

References to the guidance

Achieving good medical practice: guidance for medical students

Domain 1: Knowledge, skills and performance

1. [Practical tip #1: What is reflection?](#)
2. [Apply knowledge and experience to practice](#) (paragraphs 6-11)
3. [Practical tip #2: Bring professional on placements](#)
4. [Practical tip #3: Consent - things to remember](#)

Domain 3: Communication, partnership and teamwork

5. [Maintaining patient confidentiality](#) (paragraphs 56-59)
6. [Practical tip #8: How does confidentiality apply to my placements?](#)

Other guidance

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 our guidance, *Confidentiality*:

7. Principles (paragraphs 6-11)
8. Protecting information (paragraphs 12-16)
9. Sharing information with a patient's partner, carers, relatives or friends (paragraphs 64-66)

Repeated low-level concerns - case study

Yanmei is a first year medical student living away from home for the first time. She is finding the change from school to university challenging. She is missing her family and does not think she has many things in common with people from her course.

Yanmei was used to a structured day with a regular schedule back home, so she found it hard to organise her time and keep up with the demands of her course. All this is worrying her so focusing on her studies is difficult, even though she tries hard to do so.

A few weeks into second semester, Yanmei started arriving late for her tutorials and missed some mandatory sessions.

Yanmei received an invitation from her personal tutor to discuss her absences. But she worried the tutor would reprimand her, so she decided not to attend. She lied to her tutor by saying she was ill on the day.

One of Yanmei's friends from her tutorial group, Gavin, also noticed her absences and asked her if anything was wrong. Yanmei said everything was fine, but asked Gavin to sign her into the next taught session as a favour. Yanmei did this because she felt under a lot of pressure and worried she would not make it to the next session. She was also scared the medical school would put her through disciplinary proceedings if they knew. Gavin declined to sign Yanmei in, but didn't mention this to anyone else.

Later Yanmei handed in two assignments late, and had marks deducted as a penalty. She received feedback on this from her year lead. The year lead asked about the assignments and her absences during taught sessions.

Yanmei became uncomfortable and refused to discuss details. She said she'd just been busy over the last few weeks, and that it wouldn't happen again. The year lead tried to reassure Yanmei and to understand the reasons for her behaviour. They spoke to Yanmei about the support available to her, and encouraged her to use the university's services.

But Yanmei continued to miss lectures^[6] and was referred to the professional concerns committee, which is the body that looks at minor lapses in professionalism^[2].

How was Yanmei supported?

Yanmei met again with her year lead after she heard she had been referred to the professional concerns committee. She was upset and told the year lead she had been struggling with attending lectures. She found managing her time and study workload difficult. She also said she felt alone and was struggling to understand and adjust to the new expectations on her at university. It was different to her time at school and how her parents supported her at home.

The year lead thanked Yanmei for her openness and said he would share this information with the committee. The medical school's student support team arranged a meeting with Yanmei before her visit to the professional concerns committee to help her prepare.

They discussed why her tactics for coping were not appropriate, in particular misleading the tutor about her absences. They outlined what practical support might be available to her to help overcome the challenges she was facing.

What did the professional concerns committee do?

The committee took into consideration she had been honest^[11] and had sought help to address her situation, along with the other facts of the case. Due Yanmei's openness and she was now attending sessions and managing her workload much better, they decided the case had not reached the threshold for a student fitness to practise (SFTP) investigation^[3].

The committee issued a written warning to Yanmei, detailing the concerns about her attendance. The warning explained if there were any further misconduct concerns, Yanmei might face SFTP proceedings in future. The concerns were documented and a copy of the written warning was added to Yanmei's student record.

The committee were sympathetic to Yanmei's situation and appreciated starting university can be challenging. They directed Yanmei to the student support services.

A member of the support staff met with Yanmei every two weeks, and provided resources to help her study more effectively. Yanmei also met with her personal tutor often for help and encouragement. The medical school assigned Yanmei a 'buddy' from the second year, so they could share their experiences of adjusting to medical school.

With this support in place, Yanmei completed her first year of medical school successfully.

What could Yanmei and Gavin have done?

Where could Yanmei go for support?

Yanmei's medical school understands how difficult it can be to adjust to university life, and a new method of teaching and learning. The school and the university have many systems in place to offer support. These include study skills and help with other academic issues such as stress and anxiety. Yanmei could reach out to:

- Her personal tutor. They are there to help students and can provide information on the medical school's support services and other support available through the university
- The university's support services through the student union. They can help on many things, and they may provide peer support
- The university's student health services. To get support on stress or anxiety
- Confidential counselling services offered by the university.

What could Gavin do to help Yanmei?

Try to find out more from Yanmei and encourage her to seek help.

This is a good option and having a supportive friend can encourage people to look for help. But Gavin has to make sure that he provides support and not medical advice. He should also be ready to talk to the medical school if he is concerned Yanmei is not getting the support she needs.

Ask for advice from student support or a tutor without naming Yanmei.

This is also a good option as Gavin may want some advice on how to help Yanmei deal with her situation. Gavin needs to understand if he has serious concerns about Yanmei's wellbeing he will need to raise those. Medical schools find it difficult to deal with anonymous concerns, but there is advice in our guidance about raising concerns about peers^[8].

Raise his concerns about Yanmei to her personal tutor.

Gavin should do this if he has concerns about Yanmei's wellbeing. Medical schools can support those who raise concerns.

What to take away

- Medical students are likely to experience situations that will have an emotional impact on them, both on study and on placement. At times, they may experience stress and anxiety. This is completely normal and the medical school will support them with safe ways to share, reflect on^[7] and get help with difficult experiences^[1].
- Openness is important. Students must behave honestly from the point when they apply to medical school, during their studies and when working as a doctor. Honesty is a fundamental ethical principle and a core professional behaviour which is central to maintaining trust in doctors. Students have a responsibility to be open and truthful about any problems - this will enable the school to support them to develop^[12]. They must also be honest about their work and experience - including the teaching sessions students have attended and the work they have submitted.
- Monitoring low level concerns^[2] isn't about finding students and punishing them. It is about identifying students who may be struggling or need extra support, as well as identifying students who are at risk of developing more serious SFTP concerns^[13].
- It is important for medical schools to have a system to identify low-level professionalism concerns. Medical schools should also tell their students how to raise concerns about their peers. Whether the SFTP threshold has been crossed should be determined on a case-by-case basis. Medical schools should have a governing set of rules for handling of low level concerns and be consistent in their assessment.

References to the guidance

Professional behaviour and fitness to practise: guidance for medical schools and their students

1. [When should students be given pastoral care and student support?](#) (paragraphs 23-26)
2. [How should medical schools deal with low-level professionalism concerns?](#) (paragraphs 62-73)
3. [The threshold of student fitness to practise](#) (paragraphs 79-80)
4. [Referring a student to fitness to practise procedures](#) (paragraphs 86-88)
5. [Table 1 - Reasons for impaired fitness to practise in medical students](#)

Achieving good medical practice: guidance for medical students

Domain 1: Knowledge, skills and performance

6. [Develop and maintain your professional performance](#) (paragraphs 1-5)
7. [Practical tip #1: What is reflection?](#)

Domain 2: Safety and quality

8. [Practical tip #5: What if my concern is about my friends or peers?](#)
9. [Protect patients and colleagues from any risks posed by your health](#) (paragraph 32)
10. [Getting independent medical advice](#) (paragraph 37)

Domain 4: Maintaining trust

11. [Act with honesty and integrity](#) (paragraphs 72-73)
12. [Practical tip #11: How can I demonstrate honesty?](#)
13. [Professionalism - key areas of concern](#) (paragraph 81)
14. [Annex: Professionalism and fitness to practise processes in medical schools and universities](#)