21 May 2015

Strategy and Policy Board

To consider

Consultation on guidance: *Medical student professional values* and *Medical student professionalism and fitness to practise*

Issue

1. We propose launching a public consultation on two documents that are the products of our review of *Medical students: professional values fitness to practice* in August 2015

Recommendations

2. The Strategy and Policy Board is asked to:

   a. Agree to launch a consultation on two guidance documents: *Medical student professional values* and *Medical student fitness to practise*, to commence on 19 August for a period of twelve weeks.

   b. Agree that following the consultation the guidance documents will be submitted to the Strategy and Policy Board for approval.

   c. Note the current draft proposals of the guidance documents *Medical student professional values* (Annex A) and *Medical student professionalism and fitness to practise* (Annex B).
Consultation on guidance: Medical student professional values and Medical student professionalism and fitness to practise

Issue

3 Domain 6 of Tomorrow’s Doctors (Support and development of students, teachers and the local faculty) states that medical schools must have robust and fair procedures to deal with students who are a cause for concern on academic or non-academic grounds.

4 In order to support medical schools in implementing this standard the GMC and Medical Schools Council (MSC) produced joint guidance; Medical students: professional values and fitness to practise. The existing guidance is now almost six years old (published November 2009) and needs updating to reflect the evolved understanding and importance of student fitness to practise (SFTP) processes since the time of first writing.

5 The current guidance is aimed at two audiences; it provides medical students with information on professional values and medical school SFTP leads with guidance on conducting SFTP procedures.

6 The objective of the review is to produce two guidance documents: an updated version of guidance on SFTP processes for medical schools, and a new guidance document for students on professional values.

7 The Education and Training Advisory Board responded positively to our proposal to produce two guidance documents at its meeting on 4 February 2015.

Medical student professionalism and fitness to practise

8 Information received from medical schools since the current guidance was first published indicates that schools have gained a greater awareness of the importance of ensuring they have robust processes in place to deal with SFTP issues. They also report they have implemented or improved systems to identify and monitor low level behaviour issues that are a cause for concern in their students.

9 However, provisional registration was refused to 17 graduates of UK medical schools in the last 5 years (2010–2014 inclusive) on the grounds they were not fit to practise. This may indicate that medical schools are not always making decisions on SFTP in line with GMC provisional registrations. Closer scrutiny has shown that in some cases medical schools were not aware of the issue that precluded the student from registering. While in others, the student had been through SFTP processes at the medical school and the outcome appears to have been not in line with the GMC test of fitness to practise.
We have worked with colleagues in Registration and Fitness to Practise in order to align the revised guidance with GMC language and processes for provisional registration (PR) and FTP, where possible. The revised guidance now has a new section on monitoring and identifying low level concerns and references reasons for impairment outlined in the Medical Act and used in PR and FTP. It also provides greater clarity around who should be the decision makers at different stages of the process (low level concerns/investigation/panel) and clearer guidance on warnings and sanctions. The updated document aims to provide high level guidance on procedures that will be flexible enough to fit in with the varied governance structures of different medical schools.

Our intention is to produce additional resource material on our website to enhance the new guidance documents. The details of this supporting information are yet to be finalised but will include case studies, templates for occupational health assessment reports and frequently asked/difficult questions informed by our own enquires or those submitted on request by medical schools and universities.

More detailed information on other relevant areas such as the test of fitness to practise at provisional registration, transfer of information (TOI) and appeals (including university and student ombudsmen) will be available to medical school staff and students as a resource on GMC and MSC websites. Information on these areas will be kept fairly high level in the guidance document so that any necessary updates can be made to the information without a formal consultation.

We have also called upon an occupational health consultant – who was central to the GMCs health and disability review - to provide an expert opinion on the health sections of the guidance.

Medical student professional values

Feedback from a number of sources (British Medical Association medical student representatives, Regional liaison advisors and medical school staff) indicates that the majority of students are not familiar with the existing guidance document and do not use it as a reference for expected professional values, unless they are going through the fitness to practise process.

Medical students do not currently have a dedicated guidance document outlining professional values that can be promoted to them as a group, in order to reinforce the kinds of behaviour expected of them. Medical schools have told us that they would welcome such a document.

The student professional values guidance is mapped to the current version of GMP under four domains. The language used in this document is consistent with that used for GMP in order to prepare students who will be working to GMP when they become provisionally registered.
We have used our information sources (student professional values survey, medical schools annual returns, soft intelligence from QA visits and RLAs and published information on student professionalism) to determine which areas are current and recurring issues for students and provided reasoning for expected behaviours of medical students both on and off campus.

Timelines

First drafts of both guidance documents are being reviewed by a selected group of SFTP leads from seven medical schools/universities across the four UK countries.

We will host a twelve week, public consultation that will start on 19 August 2015.

We have bimonthly meetings with colleagues in the Strategy and Communication Directorate and have an agreed work plan in place, which includes the edit and design of the documents prior to consultation. We also intend to host face-to-face consultation events with medical schools, medical students and patient groups in early autumn 2015.

The new documents will be launched in spring 2016 with an implementation date of September 2016.
Supporting information

How this issue relates to the corporate strategy and business plan

23  Strategic aim 2: to help raise standards in medical education and practice.

What engagement approach has been used to inform the work

29  We carried out four workshops with medical school student fitness to practise leads in November 2014. These events took place at each of the five GMC offices (London, Edinburgh, Cardiff, Belfast and Manchester) and had representatives from 27 medical schools and two schools setting up new programmes (University of Central Lancashire and Buckingham). Medical school student fitness to practise leads attended. They are the users of the guidance and are in the best position to tell us what works and what areas they would appreciate strengthened guidance in. We received lots of positive, constructive feedback. Comments were captured and discussed at an internal one day workshop and used to inform the new and revised guidance documents.

30  We also hosted a survey of medical students to gauge perceptions of professional values. The survey consisted of 12 scenario based questions and ran for six weeks throughout December 2014 and early January 2015. We promoted the survey using social media and postcard flyers with QR (quick response) barcodes handed out at medical school events. We received an unprecedented number of responses: 2501. The results provide us with a snapshot of what students think is acceptable and unacceptable behaviour. Trends generally follow what we would expect and indicate that the majority of students have a good grasp of what is expected of them, but there are a number of areas where students would benefit from reinforced guidance on professional values (for example, honesty and confidentiality).

How the issues differ across the four UK countries

31  We have been mindful of the fact that the new guidance is relevant to medical schools in all four countries of the UK. We have hosted engagement events at all five GMC offices and have representatives on our task and finish group from medical schools in all four UK countries.

32  The student ombudsmen that deal with appeals when fitness to practise issues have exhausted the medical school or university processes are different for each of the UK countries. This will be acknowledged in the guidance.

Equality and Diversity

33  We are also mindful of the equality and diversity implications of the guidance review project and will actively target protected groups to offer them an opportunity to respond to our consultation.
We have also recently changed the information we collect in the medical schools annual return (MSAR) to improve the robustness of our data of the number of black and minority ethnic medical students being referred to student fitness to practise procedures. This information will be used to inform our guidance to medical schools.

The guidance states that the SFTP procedures should be in line with the Equality Act and any staff in significant roles must understand and receive training in the legal requirements and good practice of equality and diversity.

If you have any questions about this paper please contact: Mary Agnew, Assistant Director - Standards, MAgnew@gmc-uk.org, 020 7189 5325.
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**Medical student professional values**
Medical student professional values
Medical student professional values

1. Patients need good doctors and being a good doctor starts at medical school. During your studies you will learn the importance of professionalism and the principles set out in our guidance for doctors, Good medical practice. Here we explain what these values mean for you during your time as a medical student, working towards becoming a doctor.

2. We have set out this guidance under the four domains we use in Good medical practice. This is to make sure that what is expected of you is consistent and to give you some continuity between medical school and your practice as a doctor. Many of the standards are relevant specifically to your work on clinical placements, but there is also guidance on other more general aspects of professionalism, such as engaging with coursework and honesty.

3. Your studies will put you in contact with patients and members of the public, who are often physically and emotionally vulnerable. Because of this, and the fact that you are joining a trusted profession, we expect you to display different standards of behaviour from those expected of students on academic courses. Your behaviour at all times, both in the clinical environment and in your personal life, must justify the trust that the public places in you and the medical profession.

4. Your medical school should have provided you with their local guidance about what behaviours they expect of you. Your school will also have systems in place to identify any student whose behaviour falls below expected standards. You should familiarise yourself with these systems so that you know what is and isn't acceptable and what will happen if your conduct/behaviour falls short of what is expected.

5. Your medical school or university will take very seriously any behaviour that could put patients at risk or jeopardise the trust placed in the medical profession by patients and the public. Medical schools will take appropriate action and this will include providing help and support to students who need it. If a student’s behaviour raises a fitness to practise concern, the medical school or university will consider it via formal procedures. If their behaviour does not improve, or is incompatible with becoming a doctor, the medical school will not allow them to graduate.

6. As a newly qualified doctor you will need to register with the General Medical Council (GMC) and obtain a licence to practise before you can begin work as a doctor. The GMC will not register medical graduates who are not safe to practise medicine, or who do not meet the required standards of ethical conduct.

7. The GMC and Medical Schools Council (MSC) have provided guidance for medical schools and medical students on Professionalism and fitness to practise. This guidance provides an outline of processes that should be followed by medical schools when dealing with students whose professionalism or fitness to practise is a cause for concern.

8. Examples of the kinds of behaviour that are a cause for concern and may lead to formal processes for unprofessional behaviour or fitness to practise are provided in paragraph 50 of the guidance.
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Domain 1 - Knowledge, skills and performance

Develop and maintain your professional performance

9 As a registered doctor you will be expected to keep your skills and knowledge up to date so that you can provide the best standard of care for your patients. As a medical student you are learning the basic skills and knowledge you need to treat patients and as you move through medical school and into postgraduate education and training you will continually build on what you have learnt. For you, this aspect of good medical practice is about engaging fully with this learning process.

You must:

• Engage fully with your medical course by attending all educational activities including lectures, seminars and placements.
• Listen to the advice of your lecturers and trainers and respond positively to feedback on your work.
• Reflect on what you have learnt and look at ways in which you might improve your own performance.

10 It is important that registered doctors keep up to date with and follow the laws and regulations that apply to medical practice and any ethical guidance issued by the GMC. This will protect patients by ensuring that they receive safe and legal treatment and prevent them from getting into trouble. As a medical student, you will learn about relevant laws and guidance and it is important that you apply that learning when on clinical placements. Doctors must also be familiar with the guidelines and rules that their employers have put in place to protect patients and ensure that the service is delivered effectively. When you go on a clinical placement you should know about these policies and procedures and you must work in line with them.

You must:

• Comply with relevant laws and ethical guidance.
• Follow the guidelines and rules that placement providers have put in place when you are on a clinical placement.

Apply knowledge and experience to practise

11 Registered doctors must always recognise and work within the limits of their competence. As a medical student this requirement applies to you in relation to the time you will spend with patients whilst on clinical placements.

You must:

• Recognise the limits of your competence and ask for help when necessary. This means that you should never undertake any procedure that you have not been trained how to do. If you are unsure you must ask for help from a more experienced colleague, for example a nurse or qualified doctor. With supervision and help you may be able to undertake a task you haven’t done before but you should not attempt this by yourself.
- Make sure you are clear about your level of competence with those who are supervising you on placements so that 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 prompt action if you think you are not being effectively supervised whilst on clinical placement. You should stop the work you are doing and raise your concerns with the placement provider and, if necessary, your medical school.

12 Domain 1 of *Good medical practice*, also covers the appropriate treatment of patients. As a medical student you are in the process of learning how to do this, so this is not something you should be given sole responsibility for. However it is important that you always act in line with what you have learned in relation to treating patients. If you have any concerns you should speak to your supervisor or a member of the medical school staff.

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

13 It is important that registered doctors record their work clearly, accurately and legibly. Records should include relevant clinical findings, decisions made and actions agreed (and by whom), any drugs prescribed or other investigation or treatment, and the information given to the patient. This helps to ensure effective team working, safe handover and continuity of care.

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

You must:

- Always make sure that the notes you take are clear, accurate and legible even if they are not going on a patient’s official record.
Domain 2 - Safety and Quality

Contribute to and comply with systems to protect patients

15 You will learn about quality improvement and quality assurance and during your studies you will have the opportunity to take part in audits and reviews. As a medical student you will also be in clinical settings and this will mean you have certain responsibilities in terms of bringing any adverse events and drug reactions to your supervisor’s attention. If something goes wrong whilst you are on a placement you may be asked to contribute to an internal inquiry. If this happens you can ask your medical school to support you. It is very important that you contribute honestly and openly to the process.

You must:

- Tell your supervisor or a registered colleague, such as a nurse, if you spot an adverse event, such as failure to comply with hygiene regulations, or an adverse drug reaction. This will protect patients and allow the clinical team you are working with to respond appropriately.
- Always be open and honest when discussing things that have gone wrong or when contributing to adverse incident reporting processes.

Respond to risks to safety

16 Patient safety is the responsibility of the whole clinical and non-clinical team. Everyone working in a healthcare setting has the responsibility to raise concerns about patient safety and this includes medical students when they are on clinical placements. Patient safety does not just relate to the treatment patients receive, it also includes issues around their dignity and comfort. Patients must be treated compassionately and their right to personal dignity must be upheld.

17 Raising concerns about patient care can be difficult. As a medical student you may not feel comfortable raising issues with supervisors who may also be responsible for making decisions about your performance on the placement. You may also feel uncomfortable raising concerns with clinicians who are very senior. Your medical school will have a policy for raising concerns that will address these issues, and you should ensure that you are familiar with it before you go out on placement and you should follow the procedure if you have concerns. If you do not feel comfortable with following the medical school policy for any reason, you must find another way to raise your concern. For example you could talk to a member of medical staff with whom you have an ongoing relationship, such as your personal tutor.

You must:

- Raise any concerns you have about patient safety, dignity or comfort promptly.
- Wherever possible you should follow your medical school’s policy on raising concerns.
Another important part of responding to risks to patient safety is raising any concerns you might have about the staff you work with. For example, you might be worried that a colleague is working beyond their competence level and putting patients at risk because they are doing something they are not qualified to do. Or you might be concerned that the health of one of your colleagues may potentially put patients at risk. Registered doctors are expected to take prompt action if they have concerns that a colleague may be putting patients at risk and as a medical student you also have this responsibility, in relation to the staff you work with on placements and in non-clinical settings and your fellow medical students. Your medical school should have a policy in place to deal with these issues, which you should follow wherever possible. It is important to remember that by raising a concern about a colleague, you are not acting against the person you raise concerns about; you are protecting patients and allowing that individual to get the support they need.

You must:

- Raise concerns if you feel that those you are working with are putting patients at risk for any reason including if you think their health may put patients at risk. This includes raising concerns about your fellow medical students.

**Protect patients and colleagues from any risks posed by your health.**

You will have significant contact with patients whilst on clinical placements and your health may also impact on your fellow students and teachers. Registered doctors must protect patients and colleagues from any risks posed by their own health and as a medical student you also have this responsibility.

If you know or suspect that you have a serious condition that could be passed on to patients you must follow your medical school’s guidance in relation to this.

You should ensure you have been immunised against common serious communicable diseases in line with your medical school’s policy.

You should also be aware that you are not required to perform exposure prone procedures* (EPPs) in order to achieve the expectations set out in *Tomorrows Doctors*. Students with blood-borne viruses (BBVs) can study medicine, but they should not perform EPPs and may have restrictions on their clinical placements. They must also complete the recommended health screening before undertaking any EPPs and must limit their medical practice when they graduate [needs an updated reference].

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* Exposures prone procedures (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.
23 Both medical students and registered doctors should seek independent medical advice on their own health. This means going to see your GP or appropriately qualified health professional, rather than relying on what you have learnt as a medical student or relying on the views of other students. Because it is important that you have access to independent advice you should register with a GP that is local to your medical school.

24 Sometimes medical students have serious health problems that have the potential to impact on patients or their colleagues as well as on their ability to study. This is not unusual and your medical school will have processes in place to help you. The important point is that you must have insight into your condition and how it might impact on others. You should seek independent advice from a qualified practitioner and follow their advice.

25 If you know or suspect that you have a serious condition that you could pass on to patients or colleagues, or that could adversely affect your studies, you must also tell your medical school. They will want to support you and they cannot do this if they are not aware there is a problem. Not telling your medical school about your health condition implies a lack of insight into your health which may have more serious consequences than being open, honest and seeking help. You should also comply with medical school investigations into the impact your health might have, for example by engaging with referrals to occupational health services. Medical schools’ processes are designed to help you and to ensure that wherever possible you are able to continue with your studies.

Advice for students with mental health conditions has been published by the GMC: Supporting medical students with mental health conditions [hyperlink].
Domain 3 – Communication, partnership and teamwork

Communicate effectively

26 Communication is vitally important to the practice of medicine. Doctors must work in partnership with patients, listening to and respecting their views about their health and sharing with them the information they want and need about their condition and treatment options so that they can make decisions about their treatment and care. You will learn how to communicate effectively in a clinical setting and it is important that this learning is applied to your interactions with patients.

When communicating with patients you must:

- Listen to them and provide honest responses to their questions. This includes being honest if you don’t know the answer to their question.
- 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 if necessary.
- Be considerate and polite to anyone close to the patient, such as their relatives, carers and friends.

Work collaboratively with colleagues to maintain or improve patient care

27 All doctors must work effectively with other doctors, nurses and other health professionals to ensure that patients are treated effectively. Whilst on clinical placements, medical students need to be aware of and contribute to the work of these teams but their obligations go further than that.

28 Whilst at medical school, your fellow students, teachers and trainers are your colleagues. It is important that you treat them with respect. You will also undertake learning with students from other healthcare professions and it is important that you engage with this process so that you develop an understanding of the contributions other professions make to the healthcare team.

You must:

- Work collaboratively with your teachers, trainers and fellow students, including those from other healthcare professions.
- Treat all colleagues fairly and with respect.
- Understand that your own behaviour can influence how a team works. This means that you need to be aware of the impact that your behaviour may have on others. For example if you fail to engage with a group project this may adversely impact on the others in your group.

Teaching, training, supporting and assessing

29 All registered doctors are expected to support and mentor their less experienced colleagues, even if they do not have a formal responsibility for education and training, this is how the profession supports the development of its members. Doctors are also expected to take part in
the assessment of trainees and to provide feedback for the appraisals of colleagues. They must undertake these activities in an open and honest way.

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

31 One thing that you will be asked to do as a medical student is to provide feedback on the quality of your placements and teaching. You must provide this feedback when asked to as it will help your medical school to improve the overall quality of the student experience. You must be fair in the feedback you provide; you should be objective and make comments based on your own experience.

**Continuity and coordination of care**

32 Registered doctors have a responsibility to ensure patients are transferred safely between different doctors, teams and healthcare settings. This means they have to ensure that they share relevant information about the patient to the colleague or team that is taking over their care. They must also be satisfied that those who they hand over the care of the patient to have the necessary qualifications and understanding to care for the patient effectively.

33 As a medical student, you will be expected to look after patients under supervision towards the end of your course. You must make sure that when you transfer the care of a patient you share appropriate information with the person taking over their care and that you transfer care to an appropriate person. If you have any concerns about this process you should ask a senior colleague for help.

**Establish and maintain partnerships with patients**

34 The ability to establish and maintain a partnership with patients is fundamental to good medical practice. As a medical student you will learn how to develop a partnership with patients but there are also some fundamental things you must do in relation to all contact you have with patients.

You must:

- Be polite and considerate at all times.
- Respect patient’s dignity and privacy.
- Treat patients fairly and with respect, whatever you think about their life choices or beliefs.
- Be clear with patients about the role you will take in their care.

35 Working in partnership with patients also requires doctors to provide them with the information they want and need to make decisions about their own care. You will also need to do this if when you are directly involved in patient care. If you are unable to provide all the information that the patient wants, or answer their questions, you must ask for help and support from a more experienced colleague.
Patients must also be given the information they need to make an informed decision about whether they wish to be involved in teaching or research. Responsibility for ensuring that a patient has consented to being involved in these activities lies with the registered doctor who has overall responsibility for the patient. However if you feel at all unsure about whether a patient has consented to you being present for the purposes of teaching you should raise your concerns with the relevant member of staff.

All patients have a right to confidentiality. Confidentiality is a complex area which you will learn about during your time at medical school. However you do need to be aware that at a basic level you should not share information about a patient with anyone not directly involved in their care. You should not share identifiable information about a patient on social media or include it in any work or log books you submit. You should also be mindful of a patient’s right to confidentiality when discussing their condition with friends and family, and when discussing patient care with colleagues on the ward and in other public places.

Doctors have a right 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. Where they have a conscientious objection to arranging or providing a procedure, they must explain this to the patient, tell the patient they can see another doctor and ensure that they have the information to do so. They must not express disapproval of the patient’s choices in doing this.

As a 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 need to be aware that you must meet the outcomes set out in Tomorrow’s Doctors and you cannot be exempted from any of these outcomes.

Medical students must never express disapproval of a patient’s lifestyle, choices or beliefs.
Domain 4 - Maintaining trust

Show respect for patients

41 Doctors must show respect for their patients at all times, and this is also expected of medical students. Showing respect means treating patients fairly and communicating in a polite and considerate way. It also means not expressing your personal beliefs to patients in ways that exploit their vulnerability or that would cause them distress.

42 Doctors are trusted individuals and are responsible for making decisions relating to a patient’s health. When a person is ill they are can be emotionally and physically vulnerable and doctors must not take advantage of this vulnerability to pursue improper emotional or sexual relationships with patients of those close to them. This also applies to medical students. You must not use your position as a medical student to pursue an improper emotional or sexual relationship with a patient you meet whilst on clinical placement.

43 When something goes wrong with a patient’s treatment doctors are expected to be open and honest with patients and their relatives. As a medical student you will not be directly responsible for patient care because this responsibility will lie with your supervisor. However, if some aspect of care that you are involved in does go wrong, you should:

- Inform your supervisor as soon as possible.
- Put matters right if that is possible.
- Offer an apology to the patient.
- Explain fully what has happened to the patient and offer an apology with the support of a senior colleague.

Treat patients and colleagues fairly and without discrimination

44 Registered doctors have a responsibility to provide treatment based on the clinical needs of their patient rather than their own beliefs about the patient’s lifestyle or choices. As a student you will not be expected to make decisions about treatment options but you should bear in mind the importance of not letting your own judgements affect the way you treat people.

45 Doctors also have a responsibility to not unfairly discriminate against patients or colleagues by allowing their personal views to affect their professional relationship. As a medical student you also have this responsibility. In your case, colleagues include fellow medical and other healthcare students, the clinicians you work with on clinical placements and the staff that work at your medical school. You should not make discriminatory comments about individuals or groups of people either in public, to fellow students, teachers and medical school staff or on social media.

46 You must not unfairly discriminate against patients or colleagues on the basis of their lifestyle, culture, social or economic status. This includes characteristics protected by legislation; age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.
Act with honesty and integrity

Honesty

47 Doctors hold a trusted position within society and they are held to a high standard in terms of their behaviour and honesty. They must always ensure that their conduct justifies their patients' trust in them and the public's trust in the profession. As a medical student you are on a path to join the medical profession and therefore a higher standard of behaviour is expected of you than is expected of other students on academic courses.

You must:

• Be honest about your experience and qualifications. This means that 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.
• Ensure that when carrying out research you report findings accurately and truthfully.
• Not pass off others work off as your own; this is commonly known as plagiarism.
• Be honest and trustworthy in all your communications with patients and colleagues. This means making the extent of your knowledge clear and undertaking checks to ensure the knowledge you provide is correct.
• Maintain patient confidentiality at all times including when using social media.
• Be honest in the work you submit as part of your course. This means you should not claim to have done something like a practical procedure on a clinical placement if you have not.
• Not say that you have attended teaching sessions when you have not attended or ask another student to sign in on your behalf.
• Be honest and open in any financial and commercial dealings with employers, insurers and other organisations and individuals.

Openness and legal or disciplinary proceedings

48 Doctors must be honest and trustworthy if they are asked to give evidence in any legal or disciplinary process. They are also expected to report certain matters to the GMC as their regulator. For example if they receive a caution from the police they must report that to the GMC.

49 Medical students are not registered with the GMC but they do have similar responsibilities in relation to their medical school and will be subject to a test of fitness to practise when they apply for provisional registration with the GMC. As a medical student, you have a duty to cooperate with medical school fitness to practise procedures that involve you or your colleagues. You also have a responsibility to tell your medical school and the GMC when you apply for provisional registration:

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

Any criminal cautions or convictions obtained before you entered medical school should have been declared on admission unless protected.
Unprofessional behaviour: key areas of concern

A medical student’s behaviour must reflect the trust that patients and the public place in them. The following list provides some examples of unprofessional behaviour that would be a cause for concern if displayed by a medical student. It is important to note that this list is not exhaustive. Some of these examples, such as violent or sexual offences would no doubt be dealt with as emergency fitness to practise cases. Other less serious examples of misconduct may not, as one-off occurrences, call into question a student’s fitness to practise. But they could form part of a pattern of behaviour that warranted closer investigation.

Persistent inappropriate attitude or behaviour

- Uncommitted to work / lack of engagement with training
- Neglect of administrative tasks
- Poor time management
- Non-attendance
- Poor communication skills
- Failure to accept and follow educational advice
- Persistent rudeness to patients, colleagues or others

Unprofessional behaviour or attitudes

- Misuse of social media
- Breach of confidentiality
- Misleading patients about their care or treatment
- Culpable involvement in a failure to obtain proper consent from a patient
- Sexual, racial or other forms of harassment
- Inappropriate examinations or failure to keep appropriate boundaries in behaviour
- Unlawful discrimination
- Disruptive behaviour in the training environment
- Unwillingness to learn from feedback given by others

Drug or alcohol misuse

- Driving under the influence of alcohol or drugs
- Alcohol consumption that affects clinical work or the work environment
- Dealing, possessing, supplying or misusing drugs even if there are no legal proceedings
- Excessive misuse of alcohol

Cheating or plagiarising

- Cheating in examinations
- Passing off others’ work as one’s own
- Forging a supervisor’s name on assessments or logbooks or portfolios

Dishonesty or fraud, including dishonesty outside the professional role

- Falsifying research
- Financial fraud
Fraudulent CVs or other documents
Misrepresentation of qualifications
Failure to declare relevant misconduct or health issues to medical school / university

**Aggressive, violent or threatening behaviour**
- Assault
- Physical violence
- Bullying
- Harassment
- Stalking

**Any caution or conviction (unless protected)**
- Taking, dealing or supplying illegal drugs
- Theft
- Physical violence
- Financial fraud
- Child pornography
- Child abuse or any other abuse
- Sexual offences

**Health concerns and insight or management of these concerns**
- Failure to seek appropriate treatment or advice from an independent and appropriately qualified health professional
- Refusal to follow medical advice or care plans, including monitoring and reviews
- Failure to make reasonable adjustments to ensure patient safety
- Failure to recognise limits and abilities or lack of insight into health concerns
- Failure to be immunised against communicable diseases
12 - Consultation on guidance: Medical student professional values and Medical student professionalism and fitness to practise

Medical student professionalism and fitness to practise
Medical student professionalism and fitness to practise
Medical student professional values

The behaviour of medical students must, at all times, justify the trust the public places in the medical profession. Most students will meet the required standards but, for those who do not, medical schools must have arrangements in place to deal with any issues that arise.

The General Medical Council and Medical Schools Council have published guidance for medical students outlining the standards expected of them on and off campus. This guidance, Medical student professional values is structured under the following four domains of Good medical practice.

Knowledge, skills and performance

- Develop and maintain your professional performance
- Apply knowledge and experience to practise
- Record your work clearly, accurately and legibly

Safety and quality

- Contribute and comply with systems to protect patients
- Respond to risks to safety
- Protect patients and colleagues from any risks posed by your health

Communication, partnership and teamwork

- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Teaching, training, supporting and assessing
- Continuity and coordination of care
- Establish and maintain partnerships with patients

Maintaining trust

- Show respect for patients
- Treat patients and colleagues fairly without discrimination
- Act with honesty and integrity
About this guidance

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

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

All our guidance is available on our website, along with learning materials to support the use of this guidance in practice, including frequently asked questions, case studies and templates for occupational health practitioners.
The scope of this guidance

1 Medical students are working towards joining the trusted profession of being a doctor. Their studies will put them in contact with patients and members of the public, who may often be vulnerable. Because of this, we expect medical students to display standards of professional behaviour that are different from those expected of other students.

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

3 When a medical student’s conduct or health becomes a cause for concern it is essential that they are provided with the appropriate support and guidance to continue their studies. However, some concerns cannot be remedied with support alone and it is a requirement of the Medical Act that medical schools have a process in place to deal with students whose fitness to practise may be impaired.

4 This guidance is aimed at medical school and university staff who are involved in identifying, managing and supporting students whose professionalism or fitness to practise is a cause for concern. The guidance will also be useful for anyone involved in fitness to practise investigations, hearings and decision making.

5 This guidance is advisory rather than mandatory. It aims to provide medical schools and universities with a consistent framework for addressing health and behaviour concerns in medical students. Medical schools and universities must have their own local procedures that are appropriate for their size and governance structure, and must follow these procedures. Local procedures and practises should reflect the advice provided in this guidance. Any deviation from the medical school/university’s own procedures, or this guidance should be justifiable and the reasons for any deviation documented.

6 Although this document is mainly aimed at medical schools and universities, medical students may also find it useful in helping them to understand how professionalism and fitness to practise issues are dealt with by medical schools. Students should also look at their own medical school and /or university procedures for guidance on local procedures and practices.
Professionalism and fitness to practise

7 The GMC helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving (and exceeding) those standards, and take action when the standards are not met.

8 The standards of professional behaviour expected of registered doctors are set out in Good medical practice (GMP) and the standards of professional behaviour expected of medical students are outlined in Medical student professional values.

9 There are differences between the standards expected of medical students and those expected of registered doctors and there may also be different expectations of students in the early years of study compared with those close to graduation. However, medical students are the doctors of tomorrow and as such there are many similarities between the standards of professional behaviour expected of them at medical school and those expected of registered doctors.

10 We have aligned this guidance with the requirements of GMP, Medical student professional values, and, wherever possible, the GMC's fitness to practise procedures for registered doctors and the test of fitness to practise for doctors applying to join the register.

11 Awareness and education are key to ensuring that all medical students are familiar with both the professional behaviours expected of them from the very beginning of their course, and the values that underpin them. Medical schools should promote a culture that embeds these values.

Equality and Diversity

12 Medical schools’ procedures for professionalism concerns and fitness to practise should be clear about how issues of equality and diversity are to be considered. Procedures should outline the school’s responsibilities under the Equality Act 2010, particularly the responsibility to provide reasonable adjustments and support for those students who require them to access learning.

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

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

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

15 These reasons for impairment are used by the GMC for registered doctors subject to fitness to practise considerations and are also used in the test of fitness to practise when assessing provisional registration applications. Medical schools may also wish to refer to these reasons of impairment when considering a student’s health and/or behaviour and making decisions about their fitness to practise. It should be noted that physical or mental ill health alone is not sufficient to conclude impairment. It is a student’s failure to seek the appropriate help to manage any condition that may call into question their fitness to practise.

16 Medical schools and universities should be aware that fitness to practise concerns can involve issues that fit in to more than one category. Where there are multiple issues (e.g. health and misconduct) both matters must be considered and must take account of the cumulative effect of all impairing factors. It is important to ensure that the student is provided with appropriate support and, where a health condition is involved, appropriate treatment.

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

18 Not having the necessary knowledge of English should also not be an issue for students working towards a primary medical qualification in the UK as medical schools require proof of English language skills at the point of entry to the course.
**Fitness to practise at graduation**

19 Medical schools and universities are responsible for making sure students are fit to practise when they graduate. Students must not graduate with any outstanding fitness to practise issues. By graduating a student, the medical school is declaring them fit to practise as a doctor.

**GMC provisional registration**

20 Newly qualified doctors must apply for provisional registration and complete a declaration of fitness to practise to join the GMCs register. The GMC have a statutory duty only to register those doctors whose fitness to practise is not impaired. This decision must be reached by the GMC and cannot simply be an acceptance of a decision made by another authority. If there are any issues of concern, these will be assessed, and a decision made about whether or not to grant provisional registration, taking account of:

- whether the matter meets the threshold for impairment; in the case of misconduct this means whether the matter is serious/deplorable. In the case of physical or mental health that means whether the applicant has complied with GMP.[Link to information page explaining how test of fitness to practise is applied]
- the pattern of occurrences,
- the seriousness of the issues raised,
- whether there are any potential implications for public and patient safety
- the impact on confidence and trust in the profession.

21 The law does not allow the GMC to make a conditional grant of registration, or to register a doctor and consider their fitness to practise afterwards. A doctor is either fit to practise at the time of application, or they are not.

22 Students must be aware that unprofessional behaviour during their medical course, serious health conditions that are uncontrolled and/or into which they lack insight, or substance/alcohol abuse may result in the GMC refusing provisional registration.

23 Medical schools should inform students that the GMC is responsible for decisions about registration, and that this includes a separate test of fitness to practise. This should be highlighted in admissions procedures, student handbooks and in fitness to practise guidance and procedures.
24 Medical schools must make clear to students that the GMC will consider any issue that calls their fitness to practise into question. This may, in exceptional circumstances include incidents that happened before or during their undergraduate years.

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

26 If there is a concern that a student may be refused registration, the GMC may be able to give advice on the possible outcomes of an application based on the disclosed facts of the case. It is important to note that this would not bind the GMC to a particular decision at the point of registration. Students, medical school / university staff, or anyone with concerns, should seek advice early as possible before application.
Pastoral care and student support

27 Providing support to students is pivotal in helping to prevent issues of behaviour or health becoming more serious and a greater cause for concern. Students may be affected by a many issues during their time at medical school, including health, financial and family or other social issues. When concerns are identified, students should be provided with appropriate support to manage these issues.

28 If the fitness to practise of a student is called into question, they should be offered support and, where appropriate, remediation. It is important that support is made available to students going through formal fitness to practise procedures.

29 Medical schools should give clear information to students about what support services are available and direct them to these services if necessary.

30 Support services may include:

- student health services (including mental health)
- disability advice
- occupational health services
- confidential counselling
- student groups
- financial, housing or legal help
- personal tutors

31 Medical schools should encourage students to discuss problems in a supportive and confidential environment with appropriate staff. They should make clear to students that only in rare circumstances, if there is a potential risk to colleagues, patients or the student themselves, would their confidentiality be breached.

32 Medical schools should make sure they regularly review the support a student is receiving and monitor whether it is helping to address the identified issue/s and what, if anything, further needs to be done.

33 It is very important for the wellbeing of students that pastoral care and academic progress are kept separate. Staff involved in making decisions on a student’s academic progression should not provide pastoral care, even though a student’s personal tutor may raise the initial concern.
The GMC has produced guidance for medical schools and medical students on *Supporting medical students with mental health conditions* and the general principles set out in that guidance can also be used to support students with physical health issues.
Health and disability

35 In most cases, health conditions and disabilities do not affect a medical student’s fitness to practise, as long as the student complies with the requirement to seek appropriate advice and treatment, and is given any appropriate reasonable adjustments they need to study and work safely in a clinical environment.

36 All students should be encouraged to register with a local GP, who will be able to offer them independent support and continuity of care during their time at medical school. It is not good practice for doctors involved in teaching a student to also be involved in providing their healthcare or medical assessment. This should be in exceptional circumstances only, such as emergency situations.

37 Students with ill health may be deemed not ‘fit to study’ and require an interruption in their studies until they have sufficiently recovered. The decision that a student is not fit to study should be made by a healthcare professional. It will be appropriate in situations where a student is physically unable to cope with the demands of the course due to ill health, or has a communicable disease and should not be in contact with patients. A student may not be ‘fit to study’ but their ‘fitness to practise’ may not be called into question if they have insight into their medical condition and are engaged in a treatment programme that is expected to improve their health.

38 Students with health conditions, in particular mental health conditions, are often identified because they display unprofessional behaviour that is out of character, such as poor attendance or lack of engagement with their studies. Medical schools may want to consider providing training to staff to enable them to more readily identify students whose behaviour indicates an underlying health issue.

39 Referral to the occupational health service by the medical school or university is appropriate when there is a concern that a student's health could have a real or a potential impact on their academic performance or ability to fulfil the core competencies of the course. Wherever possible, referral should be at an early stage, before any fitness to practise procedures.

40 Students should also be able to refer themselves for assessment if they have concerns about how a medical condition may impact on their academic performance. Medical schools should make sure that students are aware of the role and purpose of the occupational health service.
An occupational health assessment will provide information and advice on the impact of any identified condition and if appropriate, advice on any necessary adjustments should also be sought in liaison with disability advisers.

Wherever possible it a medical assessment should be carried out by a healthcare professional with expertise in the particular health condition. This will permit an appropriate and independent clinical assessment of the student’s condition and its implications.

Occupational health personnel should not usually become involved in treatment or pastoral care for a student.

Medical schools may wish to use a template report or provide a series of questions for occupational health or treating physicians to complete in order to obtain specific information about a student’s condition that addresses diagnosis, prognosis and management of a student’s condition. This will ensure the collection of consistent, relevant information to inform any decisions about their fitness to practise.

If compliance with a treatment programme is necessary to ensure patients are not put at risk, the medical school should ensure that there is a point of contact who can act as a liaison with any treating medical specialists and confirm that the student is engaged with treatment.

A student who has a chronic or progressive illness that could affect their fitness to practise should be kept under review by an occupational health physician who will also be able to recommend if any adjustments are needed.

Medical schools must make reasonable adjustments for students with a disability to allow them to achieve the outcomes for graduates required by the GMC. Although adjustments cannot be made to the outcomes themselves, reasonable adjustments can be made to the method of learning and the assessment by which the student demonstrates these skills. The GMC has published guidance on *Gateways to the Professions* which serves as a useful resource for medical schools and disabled students.

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

Medical students should be made aware that in some circumstances equivalent adjustments may not be available in the workplace at all hospital trusts. Medical schools may find it helpful to make enquiries with local postgraduate education
providers to find out what reasonable adjustments can be provided. This will allow medical schools to better inform students about what reasonable adjustments are realistic in the workplace to allow students to make an informed decision about their progression.

50 In rare circumstances, a chronic or progressive health condition may mean that it is not possible for a student to meet all the outcomes required by the GMC for graduation. Also, in a small number of cases a health condition may mean that a student’s fitness to practise is impaired. If a student is unable to demonstrate the necessary competence, all avenues reasonable to the student and medical school have been explored and a way forward cannot be agreed, it may be appropriate to initiate formal fitness to practise procedures.

Transfer of Information

51 The transfer of information (TOI) process is designed to support medical students during their transition from medical school to employment as an F1 doctor.

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

- health and wellbeing
- educational progress
- professional performance

53 TOI forms are completed by the student and signed off by the medical school. Medical schools have the opportunity to provide additional information where appropriate.

54 Medical students are required to include on the TOI form details of any fitness to practise cases that resulted in a written warning or sanction. This is designed to protect patient safety by ensuring that concerns can be tracked from medical school in to postgraduate education and training and to ensure that, as F1 doctors, students can continue to be supported as professionals.

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

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

- members of medical school or university staff
- staff on placement
- occupational health
- fellow students – the circumstances by which this information comes to light should be carefully examined
- police
- self-referral – perhaps declaration of a criminal matter
- member of the public
- anonymous complaint (whistle blower) or media

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

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

59 In some situations, such as where there is an allegation plagiarism, it may be appropriate to consider the case under both academic and fitness to practise procedures. In this instance, one process should conclude before the other starts, to avoid the student facing simultaneous disciplinary procedures for the same allegation.

60 Medical schools’ procedures on dealing with concerns should also make clear how and when the allegations are communicated to the student. Allegations should be provided to the student in writing before commencement of an investigation.
Low level professionalism concerns

61 Medical students must meet all the competencies for graduates outlined in *Tomorrow’s Doctors*. This includes behaving according to ethical and legal principles, and medical schools are required to have formal process in place for assessing this (Outcomes 3 - TD09). Any system for identifying, raising and monitoring low level professionalism concerns on an ad hoc basis should work in conjunction with existing systems for assessment.

62 Having a formal process for reporting and monitoring low level professionalism concerns such as lateness, not handing in work on time and missing lectures will allow unprofessional behaviours to be identified and addressed before they become more significant fitness to practise issues.

63 Students experiencing difficulties with their health and conduct may display unprofessional behaviour that raises a low level concern. It is important that medical schools have a system in place to identify students who are displaying such behaviour since this may be an early indicator of more significant misconduct or health issues.

64 Low level professionalism concerns may be identified and raised by a number of sources; for example personal tutors, staff on placement and also other students (see raising concerns, paragraph 56). Some medical schools have a card or points system for flagging unprofessional behaviours and such systems have the advantage that they can also be used to recognise and promote exemplary professional behaviours.

65 It is important that medical schools provide clear guidance on their process for reporting any concerns and that this guidance is brought to the attention of anyone who may wish to use it.

66 Medical schools should also make clear to students how unprofessional behaviour will be flagged and monitored and the consequences of this. Medical schools should be open and transparent with students and provide clear and consistent advice.

67 Many medical schools have a group or committee to address persistent low level concerns and make decisions about whether the threshold of fitness to practise has been reached. In other schools, a senior staff member, such as the Dean or Year Tutor is responsible for doing this.
68 It is not practical to define a particular number of low level concerns that mean a student’s behaviour has reached the threshold for a referral to fitness to practise (FTP). Students’ behaviour must be considered on a case-by-case basis. Medical schools must be consistent in their assessment of whether the threshold for referral to FTP has been reached, taking into consideration the student’s previous behaviour and any patterns of persistent misconduct.

69 As a general rule medical schools should consider whether a student’s behaviour indicates they are a risk to patients or the public, or will undermine trust in the medical profession when deciding on whether they have met the threshold of fitness to practise.

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

71 In some circumstances, a student’s behaviour or pattern of behaviour may depart significantly from the expected standards of professionalism outlined in *Medical student’s professional values*, but has not reached the FTP threshold. In these circumstances it may be appropriate to issue a warning without referring the case to a student fitness to practise panel / committee (see table 2).
Student fitness to practise

The meaning of student fitness to practise

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

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

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

73 This provides an explanation of the term fitness to practise for a registered doctor but it is also relevant to medical students. Students are also in a privileged position, and have access to patients who may be vulnerable. A student should not be permitted to continue their medical studies unrestricted, or be graduated from medical school if their conduct suggests they may be a risk to patients or the public.

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

75 Expectations of students are likely to change over the course of their studies. For example, misdemeanours in the early years of study may be treated less severely than they are later on, when students have had greater exposure to patients and are nearer to clinical practice.

76 Medical schools should be aware that when concerns are raised about a student in the final year of study, there may not be sufficient time to resolve them.

* The meaning of fitness to practise, GMC policy statement, 2014
If a concern about a student’s fitness to practise is raised close to the date of graduation then the medical school should consider the amount of time the student will have to demonstrate remediation. It may be possible to allow a student to repeat all or part of a year, if appropriate. However, in cases where there is an outstanding, justifiable concern over a student’s fitness to practise, the medical school must not graduate the student.

The threshold of student fitness to practise

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

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

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

1. **Has a student’s behaviour deviated from the guidance set out in Medical student professional values and has it, as a result, harmed patients or put patients, colleagues or themselves at risk of harm?**

   An incident or a series of incidents that cause concern to personal tutors and academic or clinical supervisors can be evidence of harm or risk of harm. A series of incidents can suggest persistent failings that are not being, or cannot be, safely managed through pastoral care or student support.

2. **Have attempts to improve a student’s behaviour failed and does the medical school identify a remaining unacceptable risk to patient safety?**

   Care and support or educational remediation have been tried and have failed to address some or all of the issues that are causing concern. The student may have been given a warning for previous misconduct and been told that a repeat of the behaviour would indicate impairment of fitness to practise and formal proceedings.

3. **Has a student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients or colleagues?**
An isolated lapse in conduct, such as a rude outburst, may not in itself suggest that the student’s fitness to practise is in question. But persistent misconduct, that indicates a lack of integrity on the part of the student, an unwillingness to behave ethically or responsibly, or a serious lack of insight into obvious professional concerns, would bring a student’s fitness to practise into question.

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

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

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

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

**Might the student’s behaviour undermine public confidence in doctors generally if the medical school didn’t take action?**

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

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

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

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

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

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

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

82 There is no need to intervene if:

- there is no risk to patients or to public confidence in the profession.

- the student has insight into their condition.

- the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies appropriately.
Reasons for impaired fitness to practise in medical students

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

84 In order to put these behaviours in context we have organised the table according to our published reasons for impairment for fully/provisionally registered doctors and applicants for registration. These examples are not intended to be an exhaustive list. Medical schools should consider each case individually in light of the specific circumstances that case presents.

85 Students must meet the competencies in Tomorrow’s Doctors, which sets out the outcomes that all students must meet so that they can graduate. There is some overlap between expected professional behaviour and the outcomes in Domain 3 of Tomorrow’s Doctors (The doctor as a professional). Medical schools may, therefore, have a formal means of assessing some of the behaviours outlined in this table.

INSERT TABLE 1
Table One - Reasons for impaired fitness to practise in medical students.

<table>
<thead>
<tr>
<th>Reasons for impairment*</th>
<th>Key areas of concern</th>
<th>examples of behaviour include;</th>
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| Misconduct - this includes issues that raise a question about a student’s probity, trustworthiness or character. | Drug or alcohol misuse | • Driving under the influence or alcohol or drugs  
• Alcohol consumption that affects clinical work or the work environment  
• Dealing, possessing or misusing drugs even if there are no legal proceedings  
• Excessive misuse of alcohol |
| Cheating or plagiarising | | • Cheating in examinations  
• Passing off others’ work as one’s own  
• Forging a supervisor’s name on assessments or logbooks or portfolios |
| Dishonesty or fraud, including dishonesty outside the professional role | | • Falsifying research  
• Financial fraud  
• Fraudulent CVs or other documents  
• Misrepresentation of qualifications  
• Failure to declare relevant misconduct or health issues to medical school / university. |
| Aggressive, violent or threatening behaviour | | • Assault  
• Physical violence  
• Bullying  
• Harassment |
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<th>Unprofessional behaviour or attitudes</th>
<th>Stalking</th>
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<td>Misuse of social media</td>
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<td>Breach of confidentiality</td>
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<td>Misleading patients about their care or treatment</td>
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<td>Culpable involvement in a failure to obtain proper consent from a patient</td>
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<td>Sexual, racial or other forms of harassment</td>
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<td>Inappropriate examinations or failure to keep appropriate boundaries in behaviour</td>
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<td>Unlawful discrimination</td>
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<td>Disruptive behaviour in the training environment</td>
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<td>Unwillingness to learn from feedback given by others</td>
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<th>Persistent inappropriate attitude or behaviour</th>
<th>Stalking</th>
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<td>Uncommitted to work / lack of engagement with training</td>
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<td>Neglect of administrative tasks</td>
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<td>Poor time management</td>
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<td>Non-attendance</td>
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<td>Poor communication skills</td>
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<td>Failure to accept and follow educational advice</td>
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<td>Persistent rudeness to patients, colleagues or others</td>
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</tbody>
</table>
| A conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence | Any caution or conviction (unless protected) | • Taking or dealing illegal drugs  
• Theft  
• Physical violence  
• Financial fraud  
• Child pornography  
• Child abuse or any other abuse  
• Sexual offences  

**NB.** Medical schools can still take action in the light of any misconduct, even if there is no criminal caution or conviction for any of these matters. |
|---|---|---|
| Adverse physical or mental health | | • Failure to seek appropriate treatment or advice from an independent and appropriately qualified health professional  
• Refusal to follow medical advice or care plans, including monitoring and reviews  
• Failure to recognise limits and abilities or lack of insight into health concerns  
• Failure to be immunised against communicable diseases  

| A determination by a body in the United Kingdom responsible under any enactment for the regulation of a health or social care profession to the effect that his fitness to practise as a member of that profession is impaired, or a determination by a regulatory body elsewhere to the same effect. | Determination; regardless of whether or what sanction was imposed | • A finding of impairment of fitness to practise by a health or social care regulatory body.  
• A previous finding of impairment of fitness to practise by a university or medical school that was not disclosed on application for admission.  

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

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

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

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

Role of the investigator

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

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

91 The investigator:

- should not be the student’s personal tutor or anyone else who is involved in supporting the student or making decisions about their academic progress.

- must be appropriately trained and able to carry out an effective investigation in a proportionate way, considering both the interests of patients and the public and those of the student.

- should keep a full record of the investigation.

92 It will be helpful to order the record of the investigation chronologically. In order to provide a balanced account of the facts to be considered, the
investigator should include records of complaints, meetings, interviews, statements and any evidence of positive behaviours in support of the student.

93 The investigator should present their findings to a low level concerns committee or individual in an equivalent, decision making role.

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

95 If the investigator doesn’t think there is enough evidence to call into question a student’s fitness to practise, the school or university should deal with the student’s behaviour in another way. For example, it may be appropriate to issue a warning or require educational remediation, such as completion of a piece of reflective writing, whilst continuing to provide any appropriate support for the student.

96 In some cases it may be appropriate to give the student an opportunity to offer an undertaking, rather than referring them to a fitness to practise panel. For example, this may be appropriate if a student admits an offence, shows insight and there is no indication to suggest there may be a repeat of the offence (see undertakings). In such circumstances, the medical school or university should identify a relevant decision maker; this may be the low level concerns committee or an individual trained and experienced in making such decisions.

97 It is not appropriate for the investigator to be the decision maker. This may present a conflict of interest if the investigator were called upon to present the case on behalf of the medical school in a subsequent fitness to practise hearing.

Outcomes of investigations

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

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

**Warnings**

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

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

**Undertakings**

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

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

103 Undertakings are only appropriate if there is reason to believe that the student will comply with them, for example, because the student has shown genuine insight into their problems and wants to resolve them. The medical school may wish to see evidence that the student has taken responsibility for their own actions, and when necessary taken steps to improve their behaviour.

104 Undertakings may include:

- restrictions on the student’s clinical practice or behaviour
a commitment to undergo medical supervision

remedial teaching

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

106 In some circumstances, for example where a student is already seeking appropriate support and therapy to manage a health condition, it may be appropriate to invite the student to agree undertakings. In these circumstances, medical schools should consider the questions outlined in table 2.

107 Medical schools should monitor students to ensure they comply with the agreed undertakings. The consequences of not complying with undertakings should be clearly set out to the student in writing at the point that the undertakings are agreed.

The fitness to practise committee/panel

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

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

110 Committees/panels should consider each case on its own merits and circumstances and decisions should be made on the balance of probabilities that the student’s fitness to practise is impaired.

111 If the committee/panel finds that:

- the student has sufficiently addressed any concerns relating to health or conduct and poses no risk to patients, the public or trust in the profession; they should find that the student’s fitness to practise is not impaired. An appropriate outcome in such cases may be no warning or sanction.

- the student’s fitness to practise is not impaired, but there is evidence of misconduct; they may issue the student with a warning. This should provide
details of the misconduct the consequences of any similar behaviour or further misconduct (see Warnings).

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

112 Committee/panels should set out in writing the outcome of the hearing (“the determination”). This document should set out detailed reasons as to why the committee/panel has come to their decision. The determination should include the details of any sanctions imposed, the reasons for them and any relevant timescales and mechanisms for review.

113 The GMC requires any student who has been through a formal fitness to practise procedure to declare this on their application for provisional registration, regardless of the outcome. The committee/panel should include information about this requirement in the outcome letter. The GMC will also require evidence that any undertakings/conditions have been completed and appropriately monitored and reviewed, where necessary.

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

Committee/panel composition and training

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

116 The committee/panel must include a medical professional registered with the GMC.

117 Medical schools should also consider including:

- someone from outside the medical school
- someone with legal knowledge
- a student representative who does not know the student being investigated
- where the concerns are related to health, a relevant health specialist, for example a psychiatrist or occupational health physician
Committee/panel members should be appropriately experienced and receive training for their role. There should also be a clear description of the requirements of the role. Panellists must:

- know and understand the rules and regulations of fitness to practise and disciplinary matters at the medical school
- know and understand the outcomes of Tomorrow's Doctors and the relevant guidance, such as Good medical practice, Medical student professional values and this guidance
- be familiar with the GMC's fitness to practise procedures
- be fair-minded and willing to hear the full facts of the case before reaching a decision
- be prepared to seek appropriate expert advice, especially in cases involving health or impairment issues
- ensure that fitness to practise proceedings are fair and proportionate

Hearings

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

- take steps to establish that there are no conflicts of interest between investigators, panellists and the student
- set up appropriate procedures without unnecessary delay
- include in their policy how a hearing may proceed in the absence of the student
- ensure that both the student and the representatives of the school or university have a complete copy of all the information provided to the committee/panel
- ensure that all parties have equal opportunity to present evidence
- ensure that panellists apply the civil standard of proof – ‘on the balance of probabilities’
be prepared to hold hearings in public if that is what the student wants (except hearings involving health issues, which should be held in private)

- make sure that decisions and sanctions are proportionate
- ensure decisions, and reasons for them, are explained and provided in writing.

- consider what to do if there is a split vote. For example it may be appropriate for the chair to have the casting vote. Alternatively medical schools may wish to consider having an odd number of panellists to avoid this situation.

Support and representation for medical students

120 Medical schools should encourage students to have a supporter or legal representative present at fitness to practise hearings. Medical schools’ fitness to practise procedures should set out how this will work in practice.

121 A student who is subject to fitness to practise procedures should be given written guidance to explain what will happen at all stages of the process, where they can access support, what information they need to provide in relation of their hearing. They should also be provided with an indicative timeframe for the process.

Timescales

122 Medical schools’ fitness to practise procedure documentation should include clearly defined timescales for the various stages of procedures, including the investigation and hearing stages, taking into account how long a student may be prevented from continuing their course.

123 Any time limits imposed under the process should include reasonable notice periods which will allow a student enough time to prepare for and attend a hearing. It is in everyone's best interests for defined timescales to be adhered to if possible, but they should be flexible enough to reflect what is reasonable under the circumstances. It should be possible to shorten timeframes if a student presents an immediate, significant risk or to extend them in exceptional cases to ensure the procedure is fair (for instance, to ensure that everyone required is available).
Outcomes of a fitness to practise hearing/committee

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

- the student’s fitness to practise is not impaired:
  - no warning or sanction
  - warning - there is evidence of misconduct but the student’s fitness to practise is not impaired and does not require any of the sanctions listed below.

- the student’s fitness to practise is impaired and requires a sanction (or the agreement of undertakings as an alternative to a sanction). Sanctions:
  - conditions
  - suspension from medical course
  - expulsion from medical course

Warnings or undertakings

Warnings may be an appropriate outcome for a case before it reaches a fitness to practise hearing and may also be the outcome of a low level concern committee or following an investigation, if it is clear a student’s fitness to practise is not impaired and the case does not require a hearing before a committee/panel.

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

INSERT TABLE 2
Table 2: Outcomes.

This list is not exhaustive, but provides a list of factors to consider. Sanctions (conditions, suspension or expulsion) may be appropriate when most or all of the factors listed are apparent.

<table>
<thead>
<tr>
<th>No Action</th>
<th>Warning</th>
<th>Undertaking</th>
<th>Condition</th>
<th>Suspension</th>
<th>Expulsion</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student's fitness to practise is not impaired</td>
<td>The student's fitness to practise is not impaired</td>
<td>The student's fitness to practise is impaired</td>
<td>The student's fitness to practise is impaired</td>
<td>The student's fitness to practise is impaired</td>
<td>The student's fitness to practise is impaired</td>
</tr>
<tr>
<td>There is no risk to patients or to public confidence</td>
<td>Their behaviour does not present a risk to patients or to public confidence</td>
<td>The proposed undertakings offer sufficient safeguards to protect patients and the public?</td>
<td>The conditions will protect patients during the time they are in force</td>
<td>A breach of professional values is serious, but not fundamentally incompatible with the student continuing on a medical course - expulsion not justified to protect patients and the public - but, given the seriousness, any sanction less than suspension would not be in the public interest</td>
<td>Has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients</td>
</tr>
<tr>
<td>The student has insight into any medical condition</td>
<td>The student has shown genuine insight into their problems and wants to resolve them</td>
<td>The student has shown sufficient insight, and is willing to respond positively to support and conditions</td>
<td>The student's judgement may be impaired, in cases that relate to the student's health, and there is a risk to patient safety if the student were allowed to continue on the course even under conditions</td>
<td>Has shown a reckless disregard for patient safety</td>
<td></td>
</tr>
<tr>
<td>The student is seeking appropriate treatment, following the</td>
<td>The concerns are serious enough that if there were a repetition, it would be likely to result in</td>
<td>The student is already seeking help and support that would comply with any conditions the medical school may wish to impose</td>
<td>There are identifiable areas of the student's studies in need of further assessment or remedial action</td>
<td>There is no evidence that the student is inherently incapable of following good practice and professional values, for example they have not</td>
<td>Has seriously departed from the principles set out in Good Medical Practice and student professional values</td>
</tr>
<tr>
<td>Factors to consider</td>
<td>a finding of impaired fitness to practise</td>
<td>received previous warnings or are in breach of agreed conditions or undertakings</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>---------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The concern warrants a formal recording to help identify repeat behaviour</td>
<td>The student has genuine insight into their health problem, is aware of compliance with the guidance on health and has agreed to abide by conditions relating to their medical condition, treatment and supervision</td>
<td>The panel is satisfied the student has insight and is not likely to repeat the behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients will not be put in danger either directly or indirectly as a result of the conditions</td>
<td>There will be appropriate support for the student when they return to the course.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has behaved in a way that is fundamentally incompatible with being a doctor</td>
<td>Has abused their position of trust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has committed offences involving violence</td>
<td>Has violated a patient’s rights or exploited a vulnerable person</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Has committed offences of a sexual nature, including involvement in child pornography</td>
<td>Has been dishonest, including covering up their actions, especially when the dishonesty has been persistent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has put their own interests before those of patients</td>
<td>Has persistently shown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
a lack of insight into the seriousness of their actions or the consequences.
Sanctions

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

128 Panels/committees should consider whether the sanction will protect patients and the public, and maintain professional standards. Sanctions should be contemplated in a stepwise order considering the least necessary sanction first and progressing to the next if it is thought that a lesser sanction will not fulfil the purpose.

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

130 The determination should include a separate explanation as to why a particular length of sanction was considered appropriate.

Conditions

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

132 The student should be made aware that a sanction should be disclosed where appropriate, including on the GMC’s declaration of fitness to practise when applying for provisional registration and on the Transfer of information (TOI) forms.

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

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

135 Before imposing conditions the committee/panel should satisfy themselves that:

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

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

137 A committee/panel should not impose conditions if the student’s fitness to practise has not been found impaired.

Suspension from medical course

138 Medical schools should consider whether the nature of a concern necessitates temporary suspension of the student. This may be appropriate at the time the concern is raised or in response to evidence accumulated during the investigation/fitness to practise hearing. Any suspension must be in order to protect patients, colleagues, the student in question, or other students. Medical schools should make sure the decision is proportionate, fair, documented and evaluated on a regular basis.

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

140 It is appropriate to hold a hearing for a student returning from suspension in order to ensure that the student understands the seriousness of the findings.
which led to the suspension and demonstrates insight as well as deciding on whether any conditions or remediation work are required. Students must agree to disclose the suspension and conditions where appropriate, and the disclosure letter must make clear the requirements for disclosure when applying to the GMC for provisional registration and the Transfer of information.

Expulsion from medical course

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

142 Expulsion, the most severe sanction, is appropriate if the student’s behaviour is considered to be fundamentally incompatible with continuing on a medical course or subsequently practising as a doctor. See table two for points to consider when deciding if it is appropriate to expel a medical student.

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

144 Medical schools should review their fitness to practise procedures to include appropriate measures to address a situation where a student with a fitness to practise concern leaves voluntarily before a conclusion has been reached. All cases that reach a hearing should come to a formal decision and conclusion even if the student in question leaves voluntarily before the hearing has concluded. The student must be given a full opportunity to participate in the hearing, even if he or she leaves voluntarily.

Reviewing sanctions

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

146 If a student receives a warning or sanction, they should be informed in writing:
why they have received it
- the intended purpose
- the expected duration.

147 If their fitness to practise will be considered again it should be specified when and by whom this will be done, for example will it be by the same committee/panel.

148 Medical schools should have a clear policy on how long warnings and sanctions will remain on a student’s record. This should be at least the length of time it usually takes for a student to get provisional registration with the GMC. If considered necessary, the sanctions can remain on the medical school’s record after the student has applied for provisional registration. The medical school’s policy should explain how the school will deal with information about the case if the student takes longer than is usual to apply for provisional registration, or never applies at all.

Confidentiality and disclosure

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

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

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

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

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

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

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

Medical schools' fitness to practise procedures should clearly state the scope of and process for appeals, including:

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

**Diagram 1:** Flow diagram of the professionalism and fitness to practise process.

An example illustration for the process for dealing with a medical student who is a cause for concern, through to fitness to practise. This illustration is intended as a reference and medical schools / universities may have different local process structures. The diagram illustrates that a critical component at all stages of the process is student support and pastoral care.