



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Code of Practice for the Fitness to Practise Committee

1 Introduction

As a Medical School we are responsible for giving our students opportunities to learn, understand and practise the standards expected of them. We must support them and encourage them to follow the outcomes described by the General Medical Council (GMC) in *Achieving Good Medical Practice: Guidance for medical students*, that outlines the standards of professional behaviour expected of them. These proceedings apply to all of our students on the MB ChB programme and it is important to recognise that overseas students will need additional support to understand the cultural differences for studying and practising medicine in the UK.

The GMC and the MSC, use the terms 'you must' and 'you should' in developing their new guidance. 'You must' is used for an overriding principle, and 'you should' is used to give an explanation of an overriding principle. We have used 'you should' to refer to a principle that may not always apply in all situations, but still will ensure we follow the new guidance.

The Medical School has a responsibility to the public, to employers and to the profession to ensure that only those students who are fit to practise as doctors are allowed to complete the MB ChB programme, and gain provisional registration with a license to practise, as defined by the GMC in its documents *Outcomes for Graduates* and *Professional Behaviour and Fitness to Practise (2016)*. The role of the Fitness to Practise Committee **must** ensure the future safety and care of patients; and students who do not meet the outcomes developed by the GMC and the Medical Schools Council, or who are otherwise not fit to practise, **cannot** graduate with a medical degree. Even at graduation the Medical School **must** not graduate a student where fitness to practise concerns have been raised or are still under consideration. Our students should become excellent professionals, and professionalism training is therefore part of their ongoing education and training.

The Medical School **must** recognise and document concerns regarding student fitness to practise through the thorough assessment of a student's knowledge, skills and behaviour, and the appropriate consideration of any concerns about a student's performance, health or conduct. The Concerns Group **must** categorise and monitor medical students who are giving cause for concern and **should** provide a supportive structure within the Medical School. However, some concerns cannot be re-mediated with support, so the Medical School **must** have processes in place to identify and deal with students whose conduct or health is such that their fitness to practise may be impaired. In these circumstances, if students have reached the threshold for referral to Fitness to Practise proceedings, then the Concerns Group **must** refer students directly to the Fitness to Practise Committee, which is a disciplinary and judicial process conducted through the University.

The Medical School's Fitness to Practise Committee **must** consider all issues of a student's fitness to practise from Admissions, Selection and through Phase 1 and 2. It is the responsibility of the University to have a clear and robust Fitness to Practise process in place that meets GMC requirements to do this. Moreover, the Local Education Provider **must** report any concerns over a student's Fitness to Practise promptly to the Medical School, and **should** work in partnership with, and **must** actively participate and contribute to, the Fitness to Practise process of the Medical School.

2 The Fitness to Practise Committee

The membership of the Committee **must** be approved by the University of Buckingham Medical School MB ChB Board of Studies. The Committee **must** be responsible for maintaining an overview of matters relating to Fitness to Practise and report any recommendations relevant to its regulations and function to the University Senate through the MB ChB Board of Studies in the form of an annual

report. The regulations of the Committee **should** be subject to annual review and will apply to all students on the course.

The Registrar of the University or his/her nominee, **should** be the Secretary to the Fitness to Practise Committee and **must**, on behalf of the Committee, be responsible for convening the Fitness to Practise Committee or a panel whose composition is of appropriate expertise, under the regulations described in this Code of Practice. The composition of the Fitness to Practise Committee **must** be as follows:

- a. Lay Chair;
- b. Two further lay members, one of whom shall be Vice-Chair;
- c. Dean of the Medical School;
- d. Four members of the clinical academic staff, at least two of whom shall be practising psychiatrists;
- e. Member of non-clinical academic staff in the Medical School;
- f. Clinically-qualified senior representative from an LEP who **may** have teaching responsibilities;
- g. Junior doctor;
- h. Student representative;
- i. Legal representative;
- j. Secretary;
- k. Administrative support.

The composition of the Investigation Committee of the Fitness to Practise Committee **must** be as follows:

- a. Lay member;
- b. one member of clinical staff;
- c. Secretary;
- d. Administrative support.

No person may serve on both the Fitness to Practise Committee and the Concerns Group simultaneously, to maintain separation of function. Members in categories (a), (b), (e), (f), (g), (h) and (i), **should** be appointed for a three-year term, and their terms **may** be renewable for a maximum continuous period of nine years. Members in categories (a) and (b) **must** be independent of the University, not employees of the NHS, and have appropriate experience in public life. Members in (j) and (k) are not eligible to vote in relation to a hearing.

3 *Regulations of the Fitness to Practise Committee*

1. This Code of Practice sets out the procedures to be followed by the University of Buckingham Medical School Fitness to Practise Committee. They reflect the Fitness to Practise guidelines defined by the GMC *Good Medical Practice* and *Professional Behaviour and fitness to practise: guidance for medical schools* and supersede University disciplinary processes for undergraduate medical students as documented in the University of Buckingham General Regulations for undergraduate students.
2. Under these Regulations, for registered students, where a student is deemed fit to practise, but still considered to warrant a disciplinary sanction they **must** be referred to University procedures.

3. A student referred to General University disciplinary regulations **should** normally complete these proceedings prior to Fitness to Practise proceedings.
4. Under these Regulations, students **must** be given an indicative time frame for the process.

4 Admissions Cases

1. The responsibility for deciding to refer the circumstances of an applicant for consideration by the Fitness to Practise Committee Panel rests with the Concerns Group for the MB ChB programme. Normally the circumstances giving rise to concern will relate either to the health or disability of the applicant, to the applicant's criminal record, or to the applicant's general honesty.
2. The Admissions Officer **must** provide details of any health, disability or probity to the Student Support Lead and Occupational Health Service as appropriate.
3. Where a case relating to an applicant is considered by the Fitness to Practise Committee, the Committee **should** normally determine the outcome without holding a hearing.

4.1 Health and Disability

1. Where the Concerns Group is concerned that the health of an applicant, especially disability or illness likely to pose a risk to patients, the student or their peers might affect an applicant's fitness to practise, the Concerns Group **must**, in consultation with the Student Support Lead and Occupational Health Service with the consent of the applicant, seek to obtain in confidence appropriate medical or other reports.
2. If, in the light of such a report, it is concluded by the Concerns Group and Student Support Lead that the applicant would most likely be fit to practise following successful completion of the course, the circumstances causing concern will be set aside and the applicant assessed using the standard entry criteria and procedures. The Concerns Group **must** maintain a record of such cases for the information of the Committee.
3. If, however, in the light of such a report, the Concerns Group concludes that the applicant may, in his/her opinion, not in time be fit to practise, the reasons, with details of the applicant, including the medical reports and Occupational Health Service recommendation **should** be referred to the Secretary of the Fitness to Practise Committee and Investigating Officer..
4. Each case referred by the Concerns Group **must** be fully considered by the Committee. On the basis of the evidence presented, and taking account of previous comparable cases and any criteria the Committee may have established over time, the Committee **must** either decide to confirm the recommendation from the Concerns Group that the applicant would not be fit to practise medicine following qualification, or decide that the circumstances of the applicant are not such as to so judge, and will instruct the Selection Lead to proceed with assessment of the applicant using the standard entry criteria and procedures. The Committee may, with the applicant's consent, commission further medical reports where it regards this as helpful as advised by the Occupational Health Service.

5. In cases where the Committee concludes that the applicant does not show potential fitness to practise, the Selection Lead **must** notify the applicant, giving a written summary of the reasons for the Committee's decision.

4.2 Criminal records

1. Applicants **must** be required to declare any criminal records (including cautions and 'spent' convictions) during the admissions process and this requirement is reinforced in writing.
2. Where an applicant has declared a conviction, the Concerns Group **must** obtain a factual statement from the applicant on the circumstances of the offence(s), including the nature of the offence, the date and the precise terms of any penalties imposed. This information **must** be referred by the Concerns Group to the Secretary of the Fitness to Practise Committee with a recommendation as to the impact of the offence(s) on the applicant's fitness to practise.
3. The Fitness to Practise Committee must consider each case and may then decide:
 - a. that the offence(s) are not sufficiently serious to prevent the applicant from practising and the Selection Lead shall then assess the applicant using the standard entry criteria and procedures. The Selection Lead will also notify the applicant that, if admitted, any further criminal behaviour would jeopardise his/her position at the School; or
 - a. that the Secretary will invite the applicant to submit a written statement and any supplementary evidence (testimonials to good behaviour and conduct). This documentation **must** be considered in full by the Committee.

4.3 General Dishonesty

1. Where the Selection Lead has reason to question the general honesty of an applicant, for instance where it becomes apparent that application documentation has not been properly and frankly completed, the case **must** always be referred to the Fitness to Practise Committee.
2. The Secretary **must** invite the applicant to submit a written statement and any supplementary evidence, and this **must** be considered by the Committee together with a report by the Selection Lead.

4.4 Outcomes of Admission cases

1. Where an admissions case has been considered by the Fitness to Practise Committee, the applicant **must** be notified in writing by the Secretary of the Committee's conclusions.
2. In all cases, a student subject to these pre-admission procedures **must** be referred to the MB ChB Medical School Concerns Group for monitoring following admission adhering to a defined action plan.

5 Cases involving registered students

1. A student **must** be referred to the Fitness to Practise Committee when evidence emerges which brings into question their fitness to practise. This may include, for example, issues

of behaviour and attitudes, dishonesty, criminal conduct, illness or conduct likely to bring the profession into disrepute. At all times the consideration of patient or client safety shall be paramount. There may be circumstances that do not present a direct risk to patients or clients, but still bring into question a student's fitness to practise.

2. Where the cause(s) for concern are also a matter relating to academic or non-academic misconduct, a single investigation shall normally be undertaken under these Regulations.
3. Whatever the source(s) of the concern the Concerns Group **must** always review all the evidence and decide whether to refer to the Fitness to Practise Committee. The Concerns Group **may** need to consider the extent to which a student is complying with a treatment to make sure they are fit to practise, and this **must** be carried out in consultation with the Occupational Health Service.
4. Students **must** be signposted to have a supporter or legal representative from a medical defence organisation prior to any proceedings.

5.1 *Investigation of allegations against currently registered and former students*

1. The Concerns Group **must** be responsible for referring students to the Fitness to Practise Committee.
2. Referral from the Concerns Group **should** follow the raising of concerns through single or multiple routes:
 - a. from a member of Medical School of University staff to the Concerns Group;
 - b. reports from other students to a member of the academic staff or a member of NHS staff or placement provider;
 - c. following a complaint from a patient or client, carer, health professional colleague, or member of the public;
 - d. repeated lower level concerns about attitude or conduct
 - e. following admission by a student of a criminal offence or other inappropriate behaviour, or of ill health capable of affecting fitness to practise.
1. The Concerns Group **must** apply consistent thresholds for referral according to the guidelines in Appendix A of this Code, and the GMC Guidance *Professional behaviour and fitness to Practise: guidance for medical schools*. Every student case must be considered on an individual basis in accordance with the GMC thresholds and must reflect the severity of the situation, the stage of study and maturity of the student in question.
2. The Chair of the Concerns Group **must** forward all reports to the Secretary of the Fitness to Practise Committee for action.
3. A senior member of the undergraduate Medical School for example the Dean or MB ChB Professionalism Lead **may** interview a student whose conduct is a cause of concern to the Concerns Group and issue him/her with a final warning prior to any formal referral to the Committee or the appointment of an Investigating Officer.
4. Any case deemed to warrant further proceedings under the Fitness to Practise regulations must be referred by the Concerns Group to the Secretary of the Fitness to Practise Committee who will appoint an Investigating Officer.

5.2 Investigative procedure

The Investigating Officer **must** be a substantive or honorary member of staff in the University who has had no previous involvement with the case. The role of the Investigating Officer is to complete an independent investigation to review all of the evidence from the beginning to inform a decision by the Fitness to Practise Committee on whether the student's fitness to practise is impaired. They must produce a report for the Investigation Committee of the Fitness to Practise Committee to inform on any proceedings.

1. The duties of the Investigating Officer are as follows:
 - a. to conduct an enquiry into the case;
 - b. to inform the student of the issues of fitness to practise which have been raised;
 - c. to obtain such written reports and evidence as are judged appropriate to the case;
 - d. to submit a report to the Investigation Committee of the Fitness to Practise Committee for consideration of the findings;
 - e. The Investigating Officer's investigations must include interviews with:
 - i. the student concerned;
 - ii. members of staff or students who have raised fitness to practise concerns in this case;
 - iii. individuals involved in or witnesses of behaviour raising doubts about fitness to practise;
 - iv. medical, nursing, NHS or placement staff in any case of concern about attitude;
 - v. academic or other staff of the University where knowledge of the student may be relevant to the investigation.
2. Where medical reports are regarded as necessary, the consent of the student must be obtained. Should this consent be withheld, this will be noted and this may influence the outcome of the case. Under such circumstances the Occupational Health Services **must** be requested to obtain all necessary documentation.
3. The Investigating Officer's report **must** be prepared in writing, and **must** include all material submitted in the course of the investigation. This report **must** be made available to both the student and the Committee. The Investigating Officer **must** use his/her best endeavours to ensure that all available relevant information is provided.
4. The Investigating Officer **must** write to the student, presenting the evidence assembled, and invite him or her to make a written response to the allegation(s) against them, including any information which the student considers should be taken into account as mitigating factors for their actions. Information relating to any mitigating circumstances **should** wherever possible be supported by documentary evidence. A reasonable timescale **must** be set for the submission of the written response which should not be fewer than 5 working days or more than 20 working days following the date of notification of this invitation.
5. The Investigating Officer **may**, when writing to the student to present the evidence, request that the student, in addition to providing a written submission, attend a further meeting to discuss matters relating to the allegations. The student should be given at least 5 working days written notice of a meeting. Where the Investigating Officer determines to offer a meeting to the student, the deadline for submission of the written response **must** be set which **should** be less than 5 working days and a maximum of 20 working days after the date of the meeting.
6. The Investigating Officer **may** request that one or more other members of staff relevant to the case attend the meeting. The student may be accompanied by a friend or

representative. A member of staff of the University **must** be asked to attend the meeting to take notes. A record of the meeting **must** be made by that member of staff, which should be made available to the student on request.

7. Having reviewed the evidence assembled and the response (if any) received from the student, the Investigation Committee **must** determine one of the following:
 - a. that there is no case to answer and dismiss the case, with referral of the case to the Concern Group;
 - b. that the student's behaviour is significantly different from expected standards, and so issue a warning, with referral of the case to the Concerns Group. The Investigation Committee must inform the student of the consequences for any breach of the warning in writing.
 - c. that the student's behaviour is significantly different from expected standards, and with their fitness to practise being impaired, and so issue an undertaking, with referral of the case to the Concerns Group. The Investigation Committee must inform the student of the consequences for non-compliance with the undertaking in writing.
 - d. that there is sufficient evidence for the Fitness to Practise Committee to be convened at this time to consider matters relating to the student's fitness to practise and possible student misconduct;
 - e. that there is insufficient evidence for the Fitness to Practise Committee to be convened to consider matters relating to the student's fitness to practise, but there is sufficient evidence of student misconduct to warrant further consideration of the allegations as a matter of student misconduct only. In this instance, the investigation under these Regulations shall be concluded. The Investigating Officer shall make a report to the Chair of the Concerns Group who shall consider whether the matter should be referred for further consideration under one of the other processes for the consideration of allegations of student misconduct.

6 Proceedings of the Fitness to Practise Committee

1. When a student's case is referred to the Secretary of the Fitness to Practise Committee, members **must** be convened who have had no previous contact with the student and where no conflicts of interest have been declared, within 6 weeks of referral. The investigating Officer **must** not be a member of the Committee.
2. The Secretary to the Fitness to Practise Committee **must** send to the student required to appear before a hearing, a written summons stating:
 - a. the nature of the allegation(s), and the membership of the Committee;
 - b. the name of the person, normally the Investigating Officer, who will present the case and, as far as practicable, the names of any witnesses who are already expected to be attending the hearing;
 - c. the date, time and place of the hearing;
 - d. information on the order and conduct of proceedings in hearings as set out in this policy;
 - e. the right of the Committee to proceed in the student's absence if, having been given due notice of the date of the hearing and sufficient notice of the

documentary evidence available to the hearing, he/she fails to appear without providing prior good reason for absence. The decision of the Chair of the Committee as to whether to proceed in the student's absence **must** be final.

3. The Secretary to the Fitness to Practise Committee **must** also enclose with the summons a full set of the documentation provided by the Investigating Officer concerning the alleged offence(s) which **must** be considered by the Committee.
4. The written summons **must** provide not less than 5 working days' notice of the meeting.
5. The ruling of the Chair on any point of the procedure relating to the conduct of the Committee **must** be final.
6. The Investigating Officer **should** normally present the case to the Committee. Where the case is to be presented by another member of staff, this **must** be subject to the approval of the Chair.
7. The Chair of the Committee **may** request or admit as evidence any additional written information which he or she deems relevant to the case. The Chair **must**, in particular, determine whether the admission of information on the student's previous academic or disciplinary record is relevant to the case.
8. If the student wishes, he/she may, prior to the hearing, provide to the Secretary to the Committee with a statement concerning the allegations, and/or any additional supporting evidence relevant to the case and/or information about any mitigating factors which the student considers should be taken into account. Information relating to any mitigating circumstances should wherever possible be supported by documentary evidence.
9. All written evidence made available to the Committee **must** also be made available to the student and the person (if any) presenting the case, wherever possible in advance of the hearing. Anonymity of any persons **must** be considered.
10. The Committee **must** determine that some or all of the written evidence should be made available to each witness.
11. The Chair **must** determine that a hearing be postponed or adjourned if any written evidence is supplied without sufficient notice for it to be circulated and properly considered by all relevant parties.
12. The student is required to appear before the Committee. The person (if any) presenting the case, and the Chair of the Committee may nominate witnesses to attend the hearing. The purpose of calling for witness evidence is to inform the Committee's deliberations. The Chair's decision as to whether to accept a nomination is final. Where practicable, the Secretary to the Committee **should** inform all parties of the identity of any witnesses in advance of the hearing. It is the responsibility of the party calling the witness to ensure their attendance at the hearing, except where the witness is a member of the public. If the witness is a member of the public (being neither a student nor member of staff of the University) the party calling the witness **must** inform the Secretary as soon as possible of this request. The Secretary **must** issue the witness with an invitation to attend, making clear who has requested their evidence and explaining the procedures. The Committee reserves the right to proceed in the absence of any particular witness and the ruling of the Chair in this matter **must** be final.
13. All parties **must** have an opportunity to ask questions through the Chair, of all witnesses called.

14. The ruling of the Chair **must** be final on the admission of all evidence for consideration by the Committee, including the admission of written evidence and of oral evidence from witnesses or other parties at the hearing. This shall include the power to refuse to admit evidence or hear witnesses on the basis of lack of relevancy.
15. The student may be accompanied by a friend or representative in accordance with the general provisions for this.
16. Where practicable, the Secretary to the Committee **should** inform all parties in advance of the hearing of the identity of any friend or representative who will be in attendance.
17. A hearing **should** proceed as follows:
 - a. the person presenting the case shall set out the allegations and evidence in the case, answer questions from the Committee and student, and may call witnesses;
 - b. the student (or person representing him/her) shall respond to the disciplinary charge(s), answer questions from the Committee and the person presenting the case relating to the case, and may call witnesses;
 - c. the Committee may call any witnesses not called by the other parties;
 - d. the presentation of any closing statement by the person (if any) presenting the case;
 - e. the presentation of any closing statement by the student (or person representing him/her).
18. Once a hearing has commenced the Fitness to Practise Committee **should** normally determine the outcome of a case in relation to matters of student misconduct, even if it determines that no measures should be taken in relation to fitness to practise.
19. The Chair of the Fitness to Practise Committee **should** otherwise adjourn a hearing.
20. The student **must** be informed in writing by the Secretary to the Committee of the Committee's decision in respect of the allegations, including reasons for that decision, and the outcome of the hearing, normally no more than 10 working days following the end of the hearing. The Secretary shall copy this communication to the Director of Medical Education and Chair of the Concerns Group and the person presenting the case against the student at the hearing.
21. The Secretary to the Fitness to Practise Committee **must** inform the student in writing of the requirement for any warnings or sanctions to remain on the student's records, which will normally be after the student has applied for provisional registration, regardless of the outcome.
22. The Secretary to the Fitness to Practise Committee **must** inform the student in writing of the requirement for the declaration of all formal fitness to practise proceedings on their application for provisional registration, regardless of the outcome.

7 Outcomes of the deliberations of the Fitness to Practise Committee

1. The Committee **must** determine one of the following actions in relation to the fitness to practise of any individual student, irrespective of their year of study:
 - a. to conclude that the student is suffering an illness sufficient to make him/her unfit to practise and to recommend that his/her registration be suspended until such time as a satisfactory medical report is received;

- b. to conclude that the student is suffering an illness sufficient to make him/her unfit to practise and to recommend that, notwithstanding his/her academic progress, the award of the degrees be withheld, or she/he be not permitted to graduate until such time as a satisfactory medical report is received;
 - c. to require the student to make an undertaking as to their future conduct;
 - d. to warn the student that his/her behaviour, attitude, or conduct is such that she/he is at significant risk of having his/her registration terminated, not being awarded the degree, or not being permitted to graduate, on the basis she/he is unfit to practise;
 - e. to recommend that the student's behaviour, attitude, or conduct is such that that his/her registration be suspended for a specified period until satisfactory reports are received;
 - f. to make such conditions as to work, placement, monitoring, examination and further reports as appropriate to satisfy that the issues giving rise to concern have been addressed;
 - g. to recommend that the student's registration be terminated on grounds that she/he is unfit to practise;
 - h. to recommend that, notwithstanding a student's academic progress, she/he be not awarded the degrees, or not be permitted to graduate on the basis she/he is unfit to practise;
 - i. that there are no concerns about the student's fitness to practise and to take no action;
2. Where the Fitness to Practise Committee, having reached its decision in respect of the fitness to practise issues raised, believes that the academic progress of a student may be a cause of concern, the Committee must document these considerations under its procedures.
 - a. The Fitness to Practise Committee may determine to impose one or more outcomes in relation to academic or non-academic student misconduct.
 - b. If a student is found guilty of non-academic misconduct, the Committee may impose penalties;
3. Where the Fitness to Practise Committee determines to take no action in relation to the fitness to practise of a student, the Committee may still determine to impose a penalty in respect of academic or non-academic student misconduct.
4. The Committee **may**, where there is a duty to do so or a requirement under UK law, disclose any information arising from these procedures, or details concerning the outcomes of the consideration of cases to professional, statutory or regulatory bodies including the Medical School's Council or Law enforcement Officers, as appropriate, or to any NHS Trust or Social Services department.
5. All students referred to the Fitness to Practise Committee will be referred to the Concerns Group for management of all outcomes of the proceedings, including any supervision on clinical placements and ongoing pastoral support.

8 Appeals

Appeals against decisions concerning a student's fitness to practise (where appeal is permitted) and decisions to impose academic or non-academic disciplinary penalties by the Fitness to Practise

Committee shall be considered by an Appeals panel. The decision of the Fitness to Practise Committee in relation to matters of fitness of practise **must** be final, except where the decision is to recommend that the student's studies are suspended or terminated, or the decision is to deny the student a qualification. In such cases the Secretary of the Fitness to Practise Committee **must** notify the student that they have the right to a review. The Secretary to the Fitness to Practise Committee shall inform the student of the procedure for making such appeals, and any associated timings, in a letter informing them of the outcome of the hearing. A panel of Committee members independent of the original hearing **must** be convened to receive such an appeal.

Appendix

Defining the threshold of student fitness to practise

1. The GMC details in its document *Professional behaviour and fitness to practise (2016)*, that a student's fitness to practise is called into question when their behaviour or health raises a serious or persistent cause for concern about their ability to continue on a medical course, or to practise as a doctor after graduation. This includes, but is not limited to, the possibility that they could put patients or the public at risk, and the need to maintain trust in the profession.
2. Under the terms of the Medical Act 1983, a registered doctor's fitness to practise may be impaired through: misconduct, deficient professional performance, a conviction or caution, adverse physical or mental health, poor knowledge of English; although the list is not exhaustive.
3. The Concerns Group and Investigating Officers must consider whether a student has engaged the fitness to practise threshold on a case-by case basis and when considering this threshold, to consider the following:
 - i. Has a student's behaviour harmed patients or put patients at risk of harm?
 - ii. Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?
 - iii. Has harm or risk of harm been demonstrated by an incident or a persistent series of incidents that cause concern to personal tutors, academic or clinical supervisors? A series of incidents could indicate persistent failings that are not being, or cannot be, safely managed through pastoral care or student support. Or it may be that care and support have been tried and have failed.
 - iv. Has a student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?
 - v. Has a student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
 - vi. An isolated lapse from high standards of conduct – such as a rude outburst – would not in itself suggest that the student's fitness to practise is in question. But the sort of persistent misconduct, whether criminal or not, that indicates a lack of integrity on the part of the student, an unwillingness to behave ethically or responsibly, or a serious lack of insight into obvious professional concerns, would bring a student's fitness to practise into question.
4. A fitness to practise procedure does not need to be initiated solely because a student is ill, even if the illness is serious. However, a student's fitness to practise is brought into question if it appears that they have a serious medical condition and they do not appear to be following appropriate medical advice as necessary in order to minimise the risk to patients and colleagues.
5. Although unlikely given reasonable adjustments, an impairment or health condition may make it impossible for a student to meet the outcomes set by the GMC at the point of

graduation. In these rare cases, it may be appropriate to consider the student through fitness to practise procedures.

6. Conduct that shows that a student has acted without regard for a patient's rights or feelings, or abused their professional position as a medical student, will usually give rise to questions about fitness to practise.
7. The Medical School should take action if a student's behaviour is such that trust in the medical profession might be undermined. This might include plagiarism, cheating, dishonesty in reports and logbooks, forging the signature of a supervisor, or failing to comply with the regulations of the medical school, university, hospital or other organisation.

Categories of concern

Below sets out areas of concern that may call into question whether a student is fit to practise. This is not an exhaustive list but indicates the most common concerns identified by medical schools. However, decisions about the behaviour or health of students must be considered on a case-by-case basis, and should be based on whether the behaviour or health calls into question either the student's ability to continue on a medical course, or their fitness to practise as a doctor after graduation. Most frequent areas of concern relating to student fitness to practise are:

1. *Criminal conviction or caution*
 - a. Child pornography
 - b. Theft
 - c. Financial fraud
 - d. Possession, dealing or supplying illegal substances
 - e. Child abuse or any other abuse
 - f. Physical violence
 - g. Fare avoidance
 - h. Sexual offences
2. *Drug or alcohol misuse*
 - a. Driving under the influence of alcohol or drugs
 - b. Abusing prescription medication
 - c. Alcohol consumption that affects clinical work, the work environment, or performance in the educational environment
 - d. Dealing, possessing, supplying or misusing drugs, even if there are no legal proceedings, this may include legal highs
 - e. A pattern of excessive misuse of alcohol
3. *Aggressive, violent or threatening behaviour*
 - a. Assault
 - b. Physical violence
 - c. Bullying
 - d. Abuse
 - e. Harassment
 - f. Stalking

- g. Online bullying or trolling
4. *Persistent inappropriate attitude or behaviour*
- a. Uncommitted to work or a lack of engagement with training, programme of study or clinical placements
 - b. Neglect of administrative tasks
 - c. Poor time management
 - d. Non-attendance
 - e. Poor communication skills
 - f. Failure to accept and follow educational advice and unwillingness to learn from feedback given by others
 - g. Being rude to patients, colleagues or others
 - h. Unwillingness to learn from constructive feedback given by others
 - i. Being disruptive in teaching sessions or the training environment
 - j. Challenging behaviour towards clinical teachers or not accepting criticism
 - k. Failing to answer or respond to communications
5. *Cheating or plagiarising*
- a. Cheating in examinations
 - b. Signing peers into taught sessions from which they are absent
 - c. Passing off others' work as one's own
 - d. Sharing with fellow students or others, details of tasks in questions from exams you have taken
 - e. Forging a supervisor's signature or feedback on assessments, logbooks, or portfolios
 - f. Falsifying feedback on assessments, logbooks or portfolios
6. *Dishonesty or fraud, including dishonesty outside the professional role*
- a. Falsifying research
 - b. Committing financial fraud
 - c. Fraudulent CVs or falsifying other documents
 - d. Misrepresentation of qualifications
 - e. Failure to declare relevant misconduct issues to medical school or university
 - f. Wilful withholding or misrepresentation of health issues (eg blood borne viruses)
 - g. Any other caution or conviction
 - h. A previous impairment of fitness to practise by a university or medical school that was not disclosed on application
7. *Failing to demonstrate good medical practice*
- a. Misuse of social media
 - b. Breach of confidentiality
 - c. Misleading patients about their care or treatment
 - d. Culpable involvement in a failure to obtain proper consent from a patient

- e. Sexual, racial or other forms of harassment
 - f. Inappropriate examinations or failure to keep appropriate boundaries in behaviour
 - g. Persistent rudeness to patients, colleagues or others
 - h. Unlawful discrimination
8. *Health concerns and insight or management of these concerns*
- a. Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional
 - b. Failure to follow the requirement to tell your medical school or university if you have a serious health condition
 - c. Refusal to follow medical advice or care plans, or to comply with arrangements for monitoring and reviews
 - d. Failure to comply with reasonable adjustments to ensure patient safety
 - e. Failure to recognise limits and abilities or lack of insight into health concerns
 - f. Failure to be immunised against common serious communicable diseases (unless contraindicated)

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