



# Supporting medical students with mental health conditions



General  
Medical  
Council



# Supporting medical students with mental health conditions

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# The responsibilities of medical schools to support students with mental health conditions

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- Medical schools should create an environment where mental health is openly discussed to try to reduce the stigma around it.
- Medical schools should put preventive measures in place to promote good mental health and well-being in their students.
- Medical schools should explain that mental health conditions are common in medical students and that support is available. In almost every case, a mental health condition does not prevent a student from completing his or her course and continuing a career in medicine.
- Medical schools must understand the boundaries in which they work when supporting students. Medical schools must not treat students themselves or manage the treatment that students receive. This means that doctors in the medical school must not be responsible for the clinical care of individual students, and any treatment that students receive must be managed separately from the medical school.
- Medical schools should make sure that their policies about student confidentiality are clear and based around GMC guidance. These policies should be made available to students.
- Medical schools must encourage their students to seek appropriate support from their general practitioner (GP) or support services available within the medical school or university. They should make sure that they are able to refer students to an experienced occupational health service.

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- Medical schools should train staff to recognise the early signs of mental health conditions and to identify when students are struggling. This is so they can advise them on what support is available within the medical school or university.
  - The most appropriate way of handling a student with a mental health condition is through supportive measures, which do not need to be put in place through fitness to practise processes. Where a student is behaving unprofessionally and also has a mental health condition, then their behaviour may need to be addressed by fitness to practise processes in tandem with support.
  - If a medical school believes that a student will not be able to cope with a career in medicine, the relevant staff members should talk to the student about the concerns. The medical school should also seek independent medical advice about the student's condition. If this does not resolve the situation, the medical school should consider using fitness to practise processes to get an independent decision on the student's future.
  - This guidance concentrates on providing advice on supporting students with mental health concerns but much of the guidance applies equally to students who have a physical disability.

# Introduction

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- 1** This guidance has been produced jointly by the General Medical Council (GMC) and the Medical Schools Council. It is designed to help medical schools support students who have mental health conditions. It gives examples of good practice and advice for medical schools on how to provide the best possible help to students. It is designed to be flexible, so that medical schools can improve their existing processes rather than having to make radical changes.
- 2** Studying medicine at university is an intense experience and the course is a demanding one. It is natural that, at times, students feel stressed or occasionally overwhelmed by the pressure of exams or the experience of observing very sick patients for the first time. This guidance looks at how medical schools can support students with mental health conditions, and what medical schools can do to promote good mental health and well-being in their students.
- 3** In society, and the medical profession in particular, there are still lots of misconceptions about mental health. Medical students are often reluctant to ask for help – we believe this has to change. As a profession, doctors and medical schools need to de-stigmatise mental illness and we all need to be more open about the issue. The GMC also has its part to play. We need to be clear to the profession that having a mental health condition does not necessarily mean that a doctor's fitness to practise is impaired. If a doctor recognises that they have a problem, has an understanding of their condition and asks for help, then in most cases we will not get involved. This applies equally to medical students throughout their training, including their postgraduate training.
- 4** The mental health of medical students has been widely discussed over the past few years. The findings of several studies have raised



concerns about the prevalence of some mental health conditions in medical students.<sup>1</sup> Medical schools report that one of the most complex situations they face is when a student has a mental health condition and is struggling with the course.

- 5 Medical students are the doctors of tomorrow and it is important they are given the right support at this early stage in their training. We believe this guidance will benefit future doctors and their patients.
- 6 Thank you to the individuals and organisations who helped us produce this guidance – we hope it will be a useful resource for medical schools, students and all those involved in medical education and training. In particular, we thank the members of the group who oversaw the development of this guidance for providing their insights and expertise.
- 7 Throughout this guidance, we use the terms 'must' and 'should' in the following ways.
  - 'Must' is used for an overriding duty or principle.
  - 'Should' is used when we are providing an explanation of how a medical school can meet the overriding duty.
  - 'Should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors that are outside the control of the medical school or that affect whether a medical school can follow the guidance.

# Who is this guidance for?

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## Medical schools

- 8 This guidance is primarily aimed at medical schools, because they are responsible for coordinating support for their students with mental health conditions.
- 9 The GMC's *Promoting excellence: standards for medical education and training*,<sup>2</sup> contain standards and requirements for undergraduate medical education, which medical schools must follow. It says that medical schools need to give appropriate support to students to ensure their health and wellbeing.
- 10 This guidance gives advice to medical schools on how they can give the best possible support to their students who have mental health conditions. Some of the most common conditions that medical schools will encounter include:
  - depression
  - anxiety disorders
  - substance misuse (including alcohol)
  - eating disorders.

- 11** Some of the advice will apply equally to students with physical disabilities or other health conditions – medical schools should bear this in mind when considering this guidance. We know that medical schools have support services in place and this guidance is designed to work with and improve those services.
- 12** Medical schools should also make sure that clinical supervisors follow the contents of this guidance and that all staff who spend a considerable amount of time with medical students are aware of what the medical school or university provides for students in terms of support.

## Medical students

- 13** This guidance is also for medical students. While the support they receive is always going to be specific to their own medical school, it is also useful for students to understand the national framework for all schools, so they know what support they can expect from their medical school.
- 14** Medical schools should publish examples of the reasonable adjustments they are willing to make for students with mental health conditions. This will help students feel comfortable about asking their medical school to make reasonable adjustments for them.

- 15** We know that students are often reluctant to ask for support when they are struggling, especially if their problems relate to a mental health condition. This can often be because they are worried that highlighting a mental health condition could put their career at risk (see the myth busters section on pages 11–13, which is designed to address these fears).

## People and organisations involved in postgraduate medical education and training

- 16** This guidance is also aimed at those responsible for doctors in postgraduate medical education and training – such as training programme directors, and educational and clinical supervisors. They should understand the support systems that medical schools use, to better understand the environment their trainees come from.
- 17** This guidance covers important issues about the transition from medical school to postgraduate training, including the voluntary transfer of information between medical schools and the UK Foundation Programme.

## Myth busters

Some common misconceptions students have about mental health.

**'If I have a mental health condition, it will damage my career prospects.'** Mental health conditions are common in the general population and commonly occur in doctors. Legally, employers can't discriminate against you if you have a mental health condition.

**'Staff will treat me differently if they know I have a mental health condition.'** Most staff will not know that you have a mental health condition. Those who do have a duty to support you.

**'If I tell my medical school that I have a mental health condition, I will automatically be referred to a fitness to practise committee.'** This should not be the case. If you engage with your medical school and ask for support and follow the advice given, then there will be no need for a fitness to practise committee to be involved.

**'Once I'm a doctor, if I have a mental health condition, the GMC will automatically put me in their fitness to practise procedures.'** The GMC is only interested when a doctor's mental illness puts patients at risk. The vast majority of doctors with mental health conditions are not a risk to patients. If a doctor understands their condition and seeks appropriate support, the GMC does not get involved. The GMC never removes doctors from the register solely because they have a mental health condition.

**'Seeking help is seen as a sign of weakness.'** Seeking help is the strong thing to do. It is also the right thing to do. Your medical school has systems in place to support you and they want you to do well.

**'Psychiatric treatments are usually ineffective.'** This is not true. Treatments for mental health conditions show high clinical effectiveness and compare favourably to treatments for common physical health conditions.

**'If I see my GP, I will just be prescribed antidepressants.'** There is a wide range of effective treatments for mental health problems, including talking therapies. Your GP should involve you in decisions about your care.

**'Medical students, like doctors, must be perfect and indestructible – we should not need prescription medication for our mental health.'** At any one time, 15–25% of the general population experience mild-to-moderate mental health conditions. This includes doctors, many of whom will take medication for their conditions. This is perfectly normal and acceptable.

**'I can never take time out from my studies.'** Medical students can and do take time out from their studies. If you are concerned, you should ask your medical school for advice.

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**'Mental health conditions are rare in medical students.'** This is not the case. In fact, research shows that medical students may have higher instances of mental health conditions compared to those in similar areas of study.

**'Mental health conditions are personal and do not concern the medical school.'** Your medical school needs to know if you have a condition that may affect your performance. It will be able to support you and make adjustments to help you study.

**'Once you have a mental health condition you can never fully recover.'** This is not true. There are many different types of mental health conditions and many people make a full recovery from them.

**'There will be no benefit to me if I tell my medical school about my mental health condition.'** This is not true. Your medical school will be able to put in place processes to support you with the course and will be able to put you in contact with services that can help you.

**'The GMC will refuse to grant me provisional registration if I have a mental health condition.'** This is not true. The GMC only refuses registration if it believes your condition would put patients at risk. Where an applicant understands their condition and asks for appropriate help and support, the GMC will grant registration.

## Defining mental health

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- 18** Lots of different terms are used to describe people with mental health conditions, which can cause confusion and prevent medical students from getting the right support.
- 19** In this guidance, we refer to three levels of severity of mental health conditions:
- stress
  - mild-to-moderate mental health conditions
  - severe mental illnesses.

We will also refer to eating disorders and substance misuse, which we will define separately. We have included these conditions in this guidance because they are quite common among medical students. Medical schools should be able to give appropriate support for all levels of difficulty rather than focusing on just one type of problem. Other types of condition, such as cognitive impairment and autistic spectrum disorders, are rare in medical students, but this guidance would also apply to medical students experiencing these conditions.



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## Stress

- 20** Stress is extremely common and affects most students at some time. In fact, studying medicine can itself be a source of stress for students. Feeling stressed is not the same as having a mental health condition or illness, although repeated stressful experiences can be a risk factor for developing physical and mental health problems.
- 21** Many symptoms of mental health conditions, such as anxiety, are also normal experiences and often occur when people are under stress. In this guidance, we use the term 'stress' to describe the normal experiences that happen to many medical students.
- 22** Even though this is a normal part of being a student, medical schools need to think about ways to support students who experience stress – both to alleviate any immediate discomfort and to prevent more serious problems from emerging. We make some suggestions on ways to support students later in this guidance (see pages 22–27).

## Mild-to-moderate mental health conditions

- 23** Mild-to-moderate mental health conditions are common and can affect 15–25% of the general population at any one time. They include:
- depression
  - generalised anxiety disorder

- panic disorder
- social anxiety disorder
- obsessive compulsive disorder
- post-traumatic stress disorder.

**24** Common mental health conditions can usually be treated in primary care rather than secondary care settings. In general, these common conditions carry less stigma than severe conditions, so those with a mild or moderate health condition are less likely to face discrimination. However, medical students have a higher prevalence of depression and anxiety than the general population, so it is important for medical schools to identify these students and support them in the right way, although they must not treat students themselves. Some students may need adjustments to their training to support them while they are unwell.

## Severe mental illnesses

**25** Severe mental illnesses include:

- schizophrenia
- severe depression
- bipolar affective disorder (manic depression).

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These conditions are relatively uncommon. Treating them will usually involve local community mental health services as well as primary care services. Medical students who have these severe illnesses will need help from the medical school to make sure they are given the most appropriate support. Where necessary, adjustments will need to be made to support them.

## Eating disorders

- 26** Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour. People with eating disorders typically eat too little or too much, or use harmful ways to get rid of calories.
- 27** The two most common forms of eating disorder are:
- **anorexia nervosa** – where the person restricts their calorie intake and can include using excessive exercise to burn calories
  - **bulimia nervosa** – where the person tries to control their weight by binge eating and then deliberately being sick or using laxatives.

## Substance misuse (including alcohol)

**28** The use of alcohol or other controlled substances is defined as substance misuse when it starts to have a negative impact on the way a person functions. People with substance misuse problems often have a pattern of use that results in social, psychological or physical harm. Patterns of use that can cause harm include:

- intoxication
- bingeing
- regular use with physical or psychological dependence.

**29** The use of controlled substances that are illegal is always a fitness to practise issue – medical schools must make this clear to students. However, they should also offer support to students who are addicted to controlled substances. Later in this guidance, we explain about how to manage and monitor students with substance misuse issues (see pages 53–54).

# Prevention

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- 30** This section explains what medical schools can do to create a supportive environment for their students. Medicine is an intensive course and some stress is inevitable. But medical schools should try to reduce the pressure put on their students and help them to strike a balance between being committed and being overworked.
- 31** When explaining that mental health conditions are a normal part of life, medical schools should be open about the fact that some students will struggle with university life. They should highlight the support services available to students.
- 32** Mental health conditions are normal, in the sense that they are:
- common – in fact they are more prevalent among medical students than among the general population
  - expected to happen
  - planned for with flexibilities in education and training.
- 33** This message needs to be given and reinforced at every stage of a medical student’s career – particularly during high-pressure assessments and when moving to the next stage of their education and training.

## Entry to medical school

- 34** From the first contact with a student, medical schools should explain that mental health conditions are common. Schools should make it clear that they do get applications from potential students who have mental health conditions and that this is normal and expected.
- 35** The start of a student's medical course is an important point at which to provide support. There will be students who have had mental health conditions in the past. It is important that the medical school's occupational health or disability support service can check whether these students will need extra support while they are at medical school.
- 36** Medical schools should clearly explain why it is important for students to tell the occupational health service about any health condition they have at the point of entry to the course. Students should do so for three key reasons.
- Medical schools have a duty to support their students, but students have to help the school to do this by being open and honest about their health.
  - Being open and trustworthy is an important part of being a doctor – patients and the GMC expect this of practising doctors. Failure by a doctor on the medical register to disclose a health matter that could potentially impact on patient safety is a breach of this duty.<sup>3</sup>

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- A student should understand that their ill health could put their ability to study at risk. Where a student has this understanding – and shows this by getting help and support – their health condition rarely prevents them from completing the course. One way to demonstrate understanding from the start is for a student to declare whether they will need additional support when they begin their course.
- 37** Medical schools should emphasise the importance of students being honest and open about their health, and make clear that support is available, in the information they give to their students. Schools should also raise the need to declare conditions in person with potential students, such as at interviews or open days.
- 38** Medical schools should make it clear to applicants that declaring a mental health condition will not be held against them in the application process. Issues relating to an applicant’s health are dealt with separately from the formal admissions process, and decision-making bodies, such as interview panels, will not know that the applicant has declared a health condition.<sup>4</sup>
- 39** Medical schools may want to give the applicant access to an occupational health service to talk about their condition when they apply. They will be able to advise the applicant on what types of adjustment might be available to them should their application be successful.

**40** Once the decision has been made to offer a student a place, they can be referred to the occupational health service if appropriate. The occupational health service can give the medical school advice on whether the applicant will be able to meet the outcomes set out in *Outcomes for graduates* and the adjustments they might need during their course. They can also advise on the applicant's suitability for a career in medicine.

## Promoting well-being

**41** As well as supporting students who have mental health conditions, medical schools should also promote well-being among all of their students.

**42** Some of the ways that medical schools can do this include:

- delivering group learning exercises focusing on how to deal with stress
- providing and promoting online resources on keeping healthy, including advice on healthy lifestyles
- providing sessions on techniques such as mindfulness and meditation, and providing opportunities for physical exercise and yoga, which some people find useful to help them manage their stress levels.

Some of these services may be provided by the medical school's parent university. Where this is the case, the medical school should let its students know this.



## Promoting good mental health and well-being at Birmingham Medical School

The Feel Bright campaign was set up in 2010–11 as a joint initiative between student representatives and senior welfare staff to promote good mental health and well-being, reduce the stigma associated with mental illness, and raise awareness that medical students:

- can develop mental health conditions
- can recover from mental health conditions
- can continue with their medical degree, and practise medicine, despite declaring that they have a mental health condition
- will be supported by the medical school.

The MBChB student welfare representative is responsible for coordinating the campaign.

Feel Bright's message is spread in three key ways.

### **Interactive sessions**

First-year students take part in an interactive lecture, which focuses on understanding stress, anxiety and depression. The student welfare representative, senior welfare tutors and a local consultant psychiatrist speak about:

- common causes of stress in medical students
- how students can recognise the difference between stress and depression or anxiety
- the prevalence of depression or anxiety in medical students and doctors
- sources of help and treatments available.

Throughout the lecture, students are invited to use anonymous audience response clickers to answer questions. Answers to the questions are then discussed to bust common myths, for example 'If I tell the medical school am depressed, they will throw me out', and 'I can't be a good doctor if I have a mental illness'.

Medical student volunteers from years three to five lead an interactive discussion session with small groups of second-year students. The session focuses on promoting good mental health – for example, students are encouraged to ask questions and discuss concerns about starting hospital placements. Each group is asked to come up with the top-ten tips for managing stress and anxiety, and the group with the best tips is awarded a prize. The best tips are then circulated to students in years one and two via email.

### **Website**

The medical school website has a dedicated area for Feel Bright, which gives:

- a brief overview of the campaign
- a wealth of resources about mental health conditions
- information on how students can access mental health advice and support services both within and outside the medical school.

The website hosts key documents, such as a poignant reflection written by an ex-medical student who developed depression at medical school and is now successfully working as a doctor. The Feel Bright booklet, which was written by two students, contains condensed user-friendly information about mental health conditions, and tips for managing stress and anxiety, especially at revision time, and clearly describes how to access help and support.

### **Email**

The student welfare representative sends regular emails to students in all years of the MBChB course to:

- remind students of the resources available on the Feel Bright website
- inform students about special events taking part on campus – for example, World Mental Health Day sessions run by the wider university.

- 43** Medical schools should also have supportive programmes, or access to equivalent university programmes, in place to help students deal with stress. There is a range of support services that schools could offer.
- **Peer support** – students are trained and supported by the medical school to support their peers in dealing with stress. Near peer support, where a student or doctor who has already been through the course gives the support, can also be effective.
  - **Group sessions on stress management** – students are given the chance to discuss their problems with their peers and are given strategies to cope with stress.
  - **Mentoring or buddying schemes** – students are paired with senior colleagues or junior doctors to find ways to reduce stress.
  - **Specific learning support** – courses to help students identify their own learning style and develop skills for studying can help them to work more effectively and reduce stress.
- 44** Medical schools should highlight the importance of the work-life balance and should promote opportunities for students to get involved with extra-curricular activities. Medical schools must allow time for students to take part in extra-curricular activities and should make sure that this time is protected.

## What medical students say about work-life balance

*'The only bad thing about med school so far in phase 1 is that it does take up a lot of your time. I can still fit in activities, but then I will be tired during lectures and unable to concentrate. I feel I have to sacrifice one or the other each week. People don't realise it is not necessarily the time but the exhaustion from concentrating and working hard that stops you from doing leisure activities and keeping in touch with non-medics.'*

*'My medical school allows time for leisure activities, but generally you don't have the energy both to enjoy leisure activities in time off and to keep up to date with work, as the work and lectures are intellectually challenging.'*

*'I am too tired to do anything at the end of the day – you commit yourself to the course. Before exams, we revise up to ten hours a day. I feel too tired and guilty to do anything else.'*

## Openness and transparency

- 45** It is important to create an atmosphere that is open about mental health and well-being. Medical schools should reduce the stigma around mental health by discussing it as part of learning about mental health within the curriculum.

- 46** As part of this policy of openness, medical schools must tell their students about their record-keeping policies. Schools should tell students what information they keep about their health and performance, where they keep it and who has access to these records. Students should also be told the name of the staff member responsible for information security and compliance with the Data Protection Act.
- 47** Early training in communication skills can also benefit students by helping them to develop their skills in talking about their own health.
- 48** It is important for medical schools to teach students about being both a doctor and a patient. They should consider teaching students about the Health for Health Professionals initiative.\* Students should know that they need to get the right help for their own ill health and should not self-treat, self-refer or have corridor conversations about their own health-related issues or the health issues of others. Addressing this issue early on can be of great benefit for future doctors.
- 49** Medical schools must explain how they offer support to their students. This should form an important part of the induction to the course and should be repeated throughout the time they are at medical school.

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\* This is a joint initiative run by the Faculty of Occupational Medicine, the Royal College of General Practitioners and the Royal College of Psychiatrists. Go to: [www.h4hp.co.uk](http://www.h4hp.co.uk).

## Confidentiality

- 50** For medical students to feel comfortable about asking for help if they have a mental health condition, they must understand the extent to which the services they are accessing are confidential.
- 51** Every support service in every medical school should have a confidentiality policy. This policy should clearly state:
- who will receive the information provided by the student
  - how the student's information will be used
  - instances where confidentiality may be breached.

Students should be asked to agree to this policy when they access support services.

- 52** It is also important to make students aware that, in some circumstances, they can decide they do not want to share information about their health that they have previously agreed to share. Medical schools should have a process for students to complain if their confidentiality has been breached by medical school staff.
- 53** Where people providing support feel that it might be necessary to breach confidentiality, they should discuss this with the student before taking any action. A student's right to confidentiality should be breached only in very rare circumstances.

## The referral pathway at the University of Liverpool

The Psychological Support Service for Student Practitioners (PSSSP) began in 1996. Two clinical psychologists give psychological support to medics, dentists and health science students. After an internal review in 2006,\* PSSSP implemented several changes to make the service more visible, more integrated with other student support services within the university, and more proactive in researching and promoting well-being activities. For example, PSSSP developed a website to give students information about the service.

PSSSP set up the referral pathway several years ago without any other models available for guidance. A student is referred to PSSSP by a designated tutor in the medical, dental or health science school. This means that the school is aware of the referral and that the student has mental health needs, but the nature of the student's concerns is confidential to PSSSP. The school needs to know only that the student's needs are being met and whether the student needs any adjustments.

School tutors and students have become increasingly aware that there is support for students and that there is a confidential referral pathway to readily access this support.

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\* [www.liv.ac.uk/media/livacuk/psssp/docs/Structure\\_of\\_review\\_2006\\_Short\\_V14.pdf](http://www.liv.ac.uk/media/livacuk/psssp/docs/Structure_of_review_2006_Short_V14.pdf).



- 54** A student's confidentiality should be breached only to protect the individual student or others from risk of serious harm.
- 55** Medical schools may also want to have an overarching confidentiality policy that sets out which staff members will have access to information about a student's health and what they will use it for.
- 56** The use of an occupational health service can help medical schools with issues around confidentiality. Occupational health practitioners can give a medical school advice about any necessary adjustments, without the medical school needing to know the details of the clinical condition of the student. The occupational health practitioner will give the medical school an outline of the condition and the suggested adjustments to support the student's study. The medical school can then support the student without breaching confidentiality and maintain appropriate boundaries.
- 57** Other services within medical schools and universities will also be able to provide a similar confidential service to occupational health. Whether a student needs to see occupational health or not will depend on the seriousness of the concern about their health. More complex health problems should be assessed by an occupational health practitioner.

## The GMC's guidance on confidentiality

The GMC's guidance should form the starting point for medical schools when considering confidentiality. The relevant paragraphs are set out below.

### **Confidentiality (2009)**

#### ***Principles***

6 Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care. But appropriate information sharing is essential to the efficient provision of safe, effective care, both for the individual patient and for the wider community of patients.

***Disclosures to protect the patient***

51 It may be appropriate to encourage patients to consent to disclosures you consider necessary for their protection, and to warn them of the risks of refusing to consent; but you should usually abide by a competent adult patient's refusal to consent to disclosure, even if their decision leaves them, but nobody else, at risk of serious harm.

***Disclosures to protect others***

53 Disclosure of personal information about a patient without consent may be justified in the public interest if failure to disclose may expose others to a risk of death or serious harm. You should still seek the patient's consent to disclosure if practicable and consider any reasons given for refusal.

54 Such a situation might arise, for example, when a disclosure would be likely to assist in the prevention, detection or prosecution of serious crime, especially crimes against the person. When victims of violence refuse police assistance, disclosure may still be justified if others remain at risk, for example, from someone who is prepared to use weapons, or from domestic violence when children or others may be at risk.

55 If a patient's refusal to consent to disclosure leaves others exposed to a risk so serious that it outweighs the patient's and the public's interest in maintaining confidentiality, or if it is not practicable or safe to seek the patient's consent, you should disclose information promptly to an appropriate person or authority. You should inform the patient before disclosing the information, if practicable and safe, even if you intend to disclose without their consent.

## Occupational health services

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- 58** Medical schools need to make sure that they have access to an occupational health service. This should be an internal service provided by, but independent from, the university and medical school. But, in some circumstances, schools may need to use an external provider. Medical schools must make sure that the service has the right knowledge to treat medical students and a good understanding of the medical school environment. Some occupational health practitioners have taken extra training for working with doctors, so medical schools should make sure that the service they use has access to staff with these skills.
- 59** An occupational health service should give the medical school advice about the support and reasonable adjustments that its students need. However, the service does not need to tell the medical school about the student's specific condition.
- 60** Medical schools may also want to consider whether they could allow students to self-refer to the occupational health service. Self-referral would need to be done on a confidential basis, allowing a medical student to ask for advice about their health or disability. Medical schools that allow self-referral should give students information about how to self-refer and how the occupational health service will assess the adjustments they might need.

### **The benefits of an occupational health service to students**

- It provides specialist advice about health issues that could negatively affect a student's studies or career.
- It can work with medical schools on health issues without disclosing the details of the student's health concern.
- It's impartial – it is there to give advice about students' health and well-being.
- It can help students to access other services to support their health and well-being while at medical school.

## Identification

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- 61** A supportive environment in which medical schools openly discuss mental health conditions will help students feel happy to ask for support. However, not all students will recognise that they have a mental health condition, so schools need processes to identify students who are struggling with the course and might need support.
- 62** For example, students showing a drop in academic performance or with low-level fitness to practise issues, such as non-attendance at lectures or seminars, might need additional support and may have a mental health condition. Medical schools should also encourage students to come forward if they feel they might need additional learning support.

## Staff development

- 63** All medical school staff should be aware of the support services available to medical students in their school and university. They should be trained in recognising the common signs and symptoms of mental health conditions, including substance abuse and eating disorders. They should also know how to raise concerns about a student's mental health.
- 64** It could also be useful for all staff to have training on how to communicate effectively with students who have a mental health condition.

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For example, the mental health charity Mind runs courses designed to improve awareness of mental health issues, including a course on mental health first aid.\* Alternatively, medical schools could ask local psychiatrists or community mental health teams to provide training.

## Personal tutors and pastoral support

- 65** Medical students should be offered pastoral support throughout the course. Pastoral support works best when it is a valued part of the course and students are able to build up a good relationship with the person providing it.
- 66** Personal tutors can provide either pastoral or academic support for students. It is important that those providing pastoral support are not in a position to make decisions on academic progression. This separation of function allows students to have a safe environment in which they can raise concerns without worrying that there will be any impact on their academic progression.
- 67** Where tutors provide purely academic support, they should be aware that students may want to discuss personal matters with them, including matters relating to their mental health. Therefore, those giving only academic support need to be aware of the other support services available so that they can give appropriate advice.

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\* For a full list of courses run by Mind, go to: [www.mind.org.uk/training/featured\\_courses/courses\\_a-z](http://www.mind.org.uk/training/featured_courses/courses_a-z).

- 68** People providing pastoral support must have had the right training for the role. It is likely that the personal tutor will be, in many cases, the member of medical school staff who students are most likely to reveal a mental health condition to.
- 69** If a student reveals a mental health condition, the personal tutor should encourage them to seek help from their GP. The tutor might also want to refer them to the occupational health service as this removes the need to share any of the student's sensitive or personal information with other members of medical school staff.
- 70** Those who give pastoral support must be aware of the boundaries of this role. They should not try to treat the student themselves or insist that they share detailed or sensitive personal information, unless the student asks to do so.



### Best practice for pastoral support

- Staff members who provide pastoral support should be selected based on the skills and personal qualities that the role requires.
- Staff who give pastoral support should have their role clearly defined and should be given training for the role.
- Medical students should be strongly encouraged to go to pastoral support sessions.
- Time for pastoral support sessions should be timetabled into the course.
- Appointments should follow a clear format with a record that is completed after each session.

## Peer support

- 71** Some medical schools have introduced peer support, which is where students support other students. Peer support gives students the chance to share experiences and listen to the concerns of others outside the clinical environment.
- 72** It must be made clear to all students involved that peer supporters are providing friendship and support – they are not acting in a clinical role.
- 73** Evidence suggests that training volunteers helps them to better support others and also has a positive impact on the personal resilience of those trained.<sup>5</sup> Therefore, medical schools should consider giving all students training in basic recognition, initial support and signposting. This could be part of a professional development course and could cover:
- the range and prevalence of mental health issues encountered by medical students
  - the reluctance of medical students to seek help
  - sources of help and support
  - staying within the boundaries of being a supportive friend.
- 74** Where medical schools want to put a formal peer support programme in place, they must make sure that those who provide the service are properly trained for and supported in this role. They must understand how formal support services work within the medical school and must be aware of issues such as confidentiality and boundaries.

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## Student fitness to practise and monitoring professionalism

- 75** In the context of this guidance, student fitness to practise covers the behaviour and health of students and the processes by which medical schools manage and monitor such behaviour and health to assess a students' fitness to practise as a doctor. Medical schools refer to this differently, but for ease of reference in this guidance it is referred to as 'fitness to practise'.
- 76** Medical schools should also have a more formal fitness to practise procedure, where a student's actions and behaviour are investigated and a panel may be set up to consider the case and make a decision on the student's future. In the case of a student with mental health concerns, this formal process should only be used when the mental health condition significantly affects their ability to study and practise.
- 77** All medical schools should have monitoring in place to detect low-level fitness to practise concerns. This is because a student with several concerns, taken collectively, could have impaired fitness to practise. These low-level concerns include:
- lateness or failure to attend teaching sessions
  - handing in work late
  - lack of engagement with the course
  - aggressive or non-cooperative behaviour
  - poor communication with staff and patients.

- 78** Although these are fitness to practise concerns, they could also indicate that a student is struggling or has a mental health condition. Therefore, medical schools should use their processes to deal with minor concerns, to identify students with mental health conditions and to provide support as early as possible.

### Encouraging students to get early support at University College London (UCL)

UCL Medical School proactively monitors students' performance to find out whether a student needs help when their progress stalls. This has allowed the school to pick up on a significant number of problems, including mental health issues, before the students would have usually told the medical school about them. It has also helped create an environment in which students feel able to get help for problems at an early stage.

All students who have failed a formative or summative assessment, are offered the opportunity to speak to a member of staff (student support tutors and year leads). For formative assessments, the bottom 10% of students are seen, regardless of the pass mark, and the next 10% are offered the chance to opt in to see a member of staff. Students with poor performance on clinical placement (for example, D grade) or in the skills laboratory (for example, failure to achieve competency), or who have failed to submit administrative paperwork on time, will also be offered an appointment.

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The staff member asks the student if there are any underlying reasons, and fills in a form that screens for problems with health, personal or family life, accommodation, finance and study skills. If any issues do come to light, the member of staff will identify what support can be put in place to help the student get back on track.

At a time when student complaints are increasing, this performance monitoring also provides objective evidence that the medical school tried to identify and resolve any problems that might be contributing to poor performance.

## General practitioners

- 79** Medical schools must encourage their students to register with a GP who is local to the school (or the student health service, if one exists) so that they can access independent and objective medical care.<sup>6</sup>
- 80** Students who have existing mental health conditions may want to stay registered with a GP who they already have a relationship of trust with. However, if they have relocated to attend medical school, they should be encouraged to register with a local GP. Since GPs play an important role in identifying mental health conditions and in providing support and treatment, all students should be able to access a GP locally. University-based GPs will also have a good knowledge of the support services available at the university or medical school.

- 81** Medical schools could give students a list of preferred GP practices if they do not have access to a university-based GP service. Where a GP has experience of dealing with medical students, they are usually better at giving them specific support.
- 82** Medical schools without a university-based GP service should send all local GPs a factsheet. This should set out:
- the support services available at the medical school
  - the school's policies for supporting students
  - information about the occupational health service used by the medical school.

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## **Links with external services though Newcastle University's Student Wellbeing Service**

The Student Wellbeing Service (SWS) has links with several key external services.

### **Links with local GP practices**

Newcastle University does not have a medical centre on campus, but there are two main GP practices that students use. The head of SWS normally meets with the practice managers or goes to a staff meeting or training event once a year.

### **Links with other services**

SWS therapy staff have a 'managerial lead' for each stakeholder service. This allows each service to have a single point of contact, and means there is a 'local' expert within the team for each service.

SWS also has links with:

- the local crisis assessment team to address concerns about a student's immediate safety
- the Early Intervention in Psychosis (EIP) team
- the Regional Eating Disorders Team
- North East Council on Addictions

- community mental health teams, which SWS liaises with on an individual student basis with the student's permission.

SWS meets with these teams, sometimes shadowing team members, to make sure there are clear lines of communication and understanding about what each of the teams does and how the referral processes work.

If a student is known to the SWS service and is being seen by the EIP team, SWS may arrange for the EIP team member to see the student on campus – to ensure the student is getting the help they need easily.

Similarly, a number of members of the team recently attended the Regional Eating Disorders team meeting to ensure clarity regarding the remit and referral processes for each team and to allow signposting and join-up.

SWS has also met with representatives from the NECA (North East Council on Addictions). SWS liaises with staff in community mental health teams on an individual student basis and with the permission of the student.



## Referral

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- 83** Medical schools must not treat students themselves or manage the treatment that students receive. This means that individual doctors in the medical school must not be responsible for the clinical care of individual students. Any treatment that students receive must be managed separately from the part of the medical school that is responsible for their academic performance and progress. The role of the medical school is to encourage the student to ask for help.
- 84** In the majority of cases, the most appropriate course of action is for the medical school to encourage the student to seek help from their GP. The student's GP will be the best source of treatment for the student as they can also refer them to local NHS services, including psychiatric services where necessary. The medical school may also want to refer the student to an occupational health practitioner who can advise the medical school on what adjustments the student may need to complete the course.
- 85** Where different individuals and organisations, including student support services, occupational health services and GPs, are involved in treating the student, clear pathways need to be put in place to allow these different services to communicate. This is to ensure that the student receives effective care from each separate service. Medical schools should think about how different organisations can be encouraged to communicate effectively and how they can also ensure that they receive appropriate information about the student.
- 86** Medical schools need to be aware of the NHS treatment services available in their local area for different mental health conditions. In some places it may be difficult for students to be treated in the local

NHS system, as clinical placements for other medical students may take place within that system. Where this could potentially be a problem, medical schools should put in place reciprocal agreements so students can be treated outside of the local area.

- 87** Where good treatment services aren't available, medical schools may want to fund additional services for their students. Referral to these services should come from the student, the student's GP or the occupational health service. The medical school should not refer a student to these services, but it may be appropriate for the service to inform the school that they are treating the student.
- 88** Medical schools can fund support services for their students, but they shouldn't be part of the treatment process. Extra support that medical schools could fund include:
- group counselling sessions
  - cognitive behavioural therapy
  - support groups for specific problems, such as eating disorders or substance misuse.

These support services could form part of the defined care pathways for students with common mental health conditions. It's important that these services and care pathways are managed by an independent, suitably qualified healthcare practitioner and not by the medical school.

# Managing and supporting medical students with mental health conditions

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**89** Medical schools should focus on helping students who are receiving treatment to complete the course. They need to make sure that students are able to access the right support and are able to go to support appointments. It is not the medical school's job to treat the student and it must not attempt to do so.

## Pastoral support for disabled students at the University of Southampton

The Faculty of Medicine at the University of Southampton has appointed a part-time clinical pastoral tutor to support disabled students. The role includes liaising with the university disability team, the occupational health service and clinical placement providers to try to minimise the impact on the student during the transition from pre-clinical training into the clinical environment. The tutor also participates in various meetings around pastoral support, student progress and disability discrimination.

Examples of areas where the tutor's expertise has been useful include:

- supporting and enabling disabled students to do clinical placements by helping the local trust understand the students' needs and carrying out appropriate risk assessments

- supporting students with mental health issues through the special considerations and reasonable adjustments process
- supporting students who seem to be struggling with the course by directing them to appropriate help and deciding if they need to suspend their medical degree until they have recovered
- acting as a student advocate
- liaising with all parties around additional examination requirements to improve consistency and fairness
- liaising with others about updating and clarifying process documents for disabled students to improve the student pathway and experience.

## The case management model

**90** Medical schools should think about introducing the case management model of support. In this model, a named person is responsible for coordinating the support that the student receives. They do not need to be a clinician because they do not provide treatment. Their job is to be a central point of contact for the student and to help coordinate support. They also help to make sure the student has access to the support services they need and that they can fit appointments into their study schedule.

## Providing confidential support to students at Cardiff University

The Student Support Unit (SSU) at the School of Medicine, Cardiff University, was established in 2010 to provide confidential support for medical students struggling with performance, health, financial or personal issues.

Students are referred to SSU by a tutor or year director, or they self-refer themselves. SSU then refers the student to the appropriate support services and monitors their progress. Typical issues leading to referral include:

- repeatedly failing or nearly failing examinations
- poor attendance
- behavioural issues
- absence due to ill health
- disability
- fitness to practise issues.

All students referred to SSU are allocated a designated case manager who supports them. In 2011, the referral process was strengthened so that all students who were referred (or who

self-referred) were triaged by an occupational psychologist with experience in health and performance issues before being allocated a case manager. Students would be seen for triage within three weeks of referral. The triage appointment would identify the major underlying reasons for the referral and document the major issues and key actions agreed at the meeting with the student.

In September 2012, the medical school introduced a new academic mentoring scheme and launched two services – academic mentoring and SSU – under one umbrella called MEDIC Support. Information about MEDIC Support was disseminated at the beginning of the academic year, and members of MEDIC Support attended lectures for all five-year groups to explain the two services provided and how to access them. During these sessions, a poll was taken to try to understand students' perceptions of support. About 90% of students were not aware where their confidential personal records were held and who had access to them. After the poll, students were told about confidentiality, where confidential records are kept, the different support schemes in place, and the differences between academic and personal support. This information was also sent by email to all students at Cardiff.

Since the introduction of MEDIC Support in September 2012, self-referrals into SSU have increased significantly. In the academic year 2011–12, 19% of all referrals were self-referrals, but this has increased to 68% since September 2012. The reasons for self-referral since 2012 have also shifted from primarily educational reasons to the need for health and personal support.

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## Substance misuse (including alcohol)

- 91** The use of illegal substances is normally a fitness to practise issue. Where a student is addicted to a controlled substance, medical schools should offer support to the student alongside the fitness to practise process.
- 92** Substance misuse often happens alongside other mental health conditions, meaning that the person can face further stigmatisation. Medical schools should train their staff to recognise the common signs that a student is misusing alcohol or drugs. When they suspect this is the case, they should encourage the student to seek help from their GP, university or medical school support services. In some instances, it will be appropriate to refer the student to an occupational health service.
- 93** If a student has an addiction to alcohol or drugs, the medical school should monitor the student carefully. When a student returns to their course after treatment, they should be encouraged to agree to random testing. This process can be managed through the medical school's occupational health service or through a specialist clinical service.
- 94** Testing gives the medical school reassurance that the student is fit to practise, and it can be used as evidence of abstinence when the student applies for provisional registration with the GMC. Agreeing to testing also shows that the student has an understanding of their condition and is prepared to take steps to reassure the medical school.

- 95** If a student refuses to be monitored for substance misuse, the medical school could refer them to a student fitness to practise panel. Panels can place conditions on the student's continued participation on the course. They can also enforce and monitor those conditions.

## Reasonable adjustments

- 96** Long-term mental health conditions are considered to be disabilities under the *Equality Act 2010*.<sup>\*</sup> This means that medical schools have a duty to make reasonable adjustments for students with long-term mental health conditions, to help them to study medicine and meet the outcomes in *Outcomes for graduates*. Even if a student's mental health condition is not covered by the Act, it is still best practice for schools to make reasonable adjustments.
- 97** Occupational health services will be able to give advice on the adjustments that are needed for a student to complete their course. The medical school should then consider whether these adjustments are reasonable, taking into account legislation in this area and the student's future practice as a doctor in the NHS.

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<sup>\*</sup> For further information, see Appendix – the legal position, page 67.



**98** Some common adjustments include:

- time away from studies or placements to go to support appointments
- time away from the course to get treatment for more serious mental illnesses
- placements near to treatment providers or support services
- extra time in written exams.

**99** Our guidance *Gateways to the Professions – Advising medical schools: encouraging disabled students* gives advice on reasonable adjustments, which medical schools may wish to refer to.<sup>7</sup>

**100** Medical students should be aware that they may be entitled to receive Disabled Students' Allowances to help pay towards the reasonable adjustments they need. The university disability service will be able to advise students on whether they are able to receive these allowances.\*

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\* UK Government, *Disabled Students' Living Allowances*. Go to: [www.gov.uk/disabled-students-allowances-dsas/overview](http://www.gov.uk/disabled-students-allowances-dsas/overview).

## Student support cards at University College London (UCL)

Requesting time off from a clinical placement or asking for other medical needs to be accommodated can be difficult for a student, particularly if it happens very early in a placement when the student hasn't met the consultant responsible for them. Students can be very embarrassed if they are asked for details about their condition and the adjustments they need in front of other students and staff.

UCL Medical School addressed this problem by introducing the student support card scheme.<sup>8</sup> Students who have health problems tell a senior course tutor about their condition and the adjustments they need (for example, going to a weekly psychotherapy appointment). The tutor then issues a wallet-sized laminated card stating that the student has a medical condition and the reasonable adjustments they need. Typical wording would be: 'This student has a health problem which requires regular appointments and I would be grateful for your understanding'. This means that the reasonable adjustment is authorised by the medical school, and the medical school, not the student, is requesting cooperation with making the reasonable adjustment. The name and contact details for the senior tutor are at the bottom of the card should further information be needed.

The student carries the card and shows it whenever they need adjustments, such as time away from a placement. The scheme has been well received by students and no tutors have been asked for further information. The scheme has also been introduced at Barts and The London School of Medicine, which carried out a joint assessment with UCL, showing practical examples of how student support cards can be used.<sup>9</sup>

## Taking time away from the course

- 101** Medical schools should consider the amount of time that a student is allowed to take away from their studies for health reasons before they are asked to retake the full year of the course.
- 102** Missing a considerable amount of teaching time or placements can make it impossible for a student to catch up on their work. However, this needs to be balanced with the negative effect that retaking a year can have on the student, so decisions should be made on a case-by-case basis.
- 103** Medical schools should think about ways to build flexibility into courses, so that students are able to catch up on the time they have missed.

- 104** If a student needs to temporarily leave the course to get treatment and recover, they could be away for a significant time. They may wish to move away from the medical school to where they can be supported by family and friends more effectively. But they should be able to keep in touch with their medical school and their personal tutor or other member of staff who provides pastoral care. They should also be able to keep in touch with the occupational health service, which will be able to support their return to medical school.
- 105** If a medical school thinks that a medical student should take time away from the course, the school should seek advice from medical practitioners, including the occupational health service. The medical student should be involved in the process – the school should clearly explain to the student why they should take time away and what they are expected to do during that time. At this point, the school should also start to consider how to reintegrate the student into the course when they return and should discuss this with the student. Medical schools must keep records of this decision-making process.
- 106** There will be times when a medical school and a student disagree about whether taking time away from the course is the right thing to do. The school should take reasonable steps to understand the difference of opinion and to develop an appropriate plan with the student. Where this is unsuccessful, the medical school may want to use its fitness to practise procedures to handle this disagreement. This is not to punish the student, but to make sure that the decision is made in a fair and independent way. A fitness to practise panel is impartial and will listen to the point of view of the school and the student before deciding the best course of action.

**107** Medical schools must be aware that this will be a difficult time for the student, so they should provide a high level of pastoral support.

### **Student support service at Brighton and Sussex Medical School**

Brighton and Sussex Medical School has a dedicated student support service. Students who are struggling to manage their condition are encouraged to seek support from a local GP. But, if this support is not sufficient in the short term, a student will be encouraged to take a period of intermission and return to repeat the full academic year or to pick up where they left the course after a short refresher period. If mental health issues mean that a student cannot continue with their medical degree, the school will negotiate an exit route to another BSc degree at one of the parent universities.

## Returning to a course

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**108** When students take time away from the course, it is very important that their return is handled effectively. It can be very overwhelming and disorienting for a student to return to a completely different cohort of students. They are often worried about being stigmatised if people find out why they took time away from the course.

**109** Medical schools should have a reintegration plan in place for each student, which should be discussed with the individual. The development of this plan should start early – well before the student is due to return or even at the point they leave the course. Setting clear expectations helps the medical school and the student to manage the reintegration process.

**110** Medical schools should consider whether some students could complete the course on a part-time basis. This can be difficult for medical schools to implement due to the logistics involved in allocating appropriate teaching and placement opportunities to large groups of students. In postgraduate medical training (foundation and specialty, including GP training), however, there are some circumstances in which it is possible to train less than full time.\* This means that it may be placing more pressure on students to expect them to study full time at medical school when they may not be expected to train and work full time when they graduate.

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\* *The Foundation Programme Reference Guide*<sup>10</sup> and *The Gold Guide*.<sup>11</sup>

## Student support team at the University of Aberdeen

In addition to the medical school student welfare officer, Aberdeen has a student support team consisting of an ear, nose and throat surgeon with a wealth of medical school experience and a consultant psychiatrist with a background in medical education. This team is separate from the year lead and assessment teams.

The student support team offers to see students that year leads are concerned about. The team acts as a high-level screen for mental health and other problems – it does not treat students. The team can liaise with the student's GP or mental health services to streamline the student's access to care. This role is informed by the Royal College of Psychiatrists report *Mental health of students in higher education*,\* which highlights the barriers to mental healthcare that undergraduate students face.

When a year lead is concerned about the academic progress of a student, a student support doctor will join the year lead at a meeting with the student to identify whether there is an underlying problem. A student support doctor will also join year leads for handover meetings at the beginning and end of academic years to be vigilant for students who may be getting into difficulties.

All students who take time out from the course will be seen by the student support team so they can plan what the student can do to

\* Royal College of Psychiatrists (2011) *Mental health of students in higher education*, London, Royal College of Psychiatrists.

address their difficulties while out of the programme. The students will also be seen by a member of the team on their return to review their progress and decide what ongoing support is needed.

Aberdeen developed this team because some students with difficulties were identified at a late stage, even though the problems had been there for some time, and other students withdrew from the course before their problems became apparent. Furthermore, students were sometimes returning from periods away from the course after having achieved little progress with their underlying mental health problems.

The service has enhanced the care and support given to students in Aberdeen to make it more proactive. Students can speak to a member of the student support team in confidence, knowing that the doctor will not make decisions about their progression in the course. Year leads have the reassurance of knowing that a mental health doctor is reviewing the student and will suggest they contact their GP for treatment or referral to specialist services if appropriate. By having the student support team, students can also ask questions about mental healthcare and treatment. This can help to demystify and de-stigmatise mental health, which can encourage them to pursue treatment. The student support doctor can, if requested by the student, accompany a student to any progress or fitness to practise meetings to give support and act as an advocate on their behalf.



# Transition to the first year of the foundation programme

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- 111** The transition from medical school to foundation training is crucial for all new doctors. For those who have had mental health conditions, it can be particularly important. Medical schools can provide a supportive environment for students that they might not get in postgraduate training. However, any potential risk to the student can be reduced if the transition is properly planned.
- 112** Medical schools should encourage students to be very open with their foundation school in their transfer of information (TOI) form. The student does not have to declare specific details about their condition on the form, but they should give the foundation school a realistic view of the support they will need. If a student does declare a mental health condition as part of the TOI process, then they should be made aware that only authorised foundation school staff members and the HR department of their employer will be able to access this information.
- 113** Medical schools should meet with students who have a mental health condition that could affect the location or delivery of the Foundation Programme. In this meeting, the medical school should:
- discuss the student's needs
  - support the student to complete their TOI form.

- 114** If a student's needs could affect a decision about the location of their Foundation Programme, the medical school should also give advice on applying through the special circumstances process. Forms and guidance for the TOI and the special circumstances processes are reviewed every year and are available at: **[www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)**.
- 115** Completing the TOI form will help make sure doctors get the support they need – for example, foundation doctors with a disability will be given placements where the adjustments they need can be made.
- 116** Medical schools should also tell students that they will need to declare to the GMC that they are fit to practise when they apply for provisional registration. They will be asked if they are aware of anything about their physical or mental health that might raise a question about their fitness to practise as a doctor in the UK.
- 117** Medical schools should encourage students to declare conditions to the GMC, but they should also emphasise that having a mental health condition – even a serious one – should not prevent them from getting registration.
- 118** The GMC has guidance on applying for provisional registration on our website – **[www.gmc-uk.org/doctors/registration\\_applications/uk\\_pr\\_p1.asp](http://www.gmc-uk.org/doctors/registration_applications/uk_pr_p1.asp)**. Medical schools and students are welcome to contact the GMC if they have questions about the registration process.

## Student fitness to practise

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- 119** Medical schools must not allow a student to graduate if they are not fit to practise. They must also make sure that every student has met all the outcomes set out in *Outcomes for graduates*.<sup>12</sup>
- 120** In exceptional cases, a student's mental health may make it impossible for them to complete the course and meet the outcomes. In these circumstances, the medical school should be open with the student about its concerns and should try to come to a mutual agreement about the best course of action. It should offer support to the student in finding a career or degree course other than medicine.
- 121** Medical schools should give students who leave their course an appropriate qualification that reflects the amount of the course they have successfully completed. If the student has successfully completed more than three years of the course, then they should normally be awarded an alternative honours degree.
- 122** If a student leaves the course because of their mental health, either voluntarily or after discussions with the medical school, the school should keep a record of all the discussions it had with the student. This record should be shared with the student.
- 123** In some cases, the medical school and the student may not agree on the best course of action. When this happens, the medical school should use its fitness to practise process to make sure that the decision about the student's future is impartial.

- 124** This process should involve gathering evidence from medical experts. They will be able to advise the panel on whether they think the student is able to meet the outcomes set out in *Outcomes for graduates*, and whether the student will be able to work as a doctor in the first year of the Foundation Programme (F1) in the UK. To help the panel and medical school make their decision, they may want to ask their local foundation school about what adjustments can be made during F1.
- 125** Before starting a student's fitness to practise process, the medical school must make sure that it is able to show the support, interventions and reasonable adjustments it has made for the student. It should be able to show that it has made every effort to support the student to complete the course.

## Appendix – the legal position

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**126** When a mental health condition means that a student is classified as being disabled under the *Equality Act 2010*, their medical school has a duty to make reasonable adjustments.

**127** Mental health conditions may be considered to be disabilities under the Act. The legal definition of a disability in the Act is:

*'A person (P) has a disability if –*

- a P has a physical or mental impairment, and*
- b the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.'*

**128** As this is a legal definition, it is ultimately for a court or tribunal to decide who it applies to. If a school is not sure whether the definition applies to an individual, it is best practice to assume that it does apply and to focus on finding reasonable adjustments to support them.

**129** The Act also defines when a disability is classed as long-term:

*'The effect of an impairment is long-term if:*

- a it has lasted for at least 12 months*
- b it is likely to last for at least 12 months, or*
- c it is likely to last for the rest of the life of the person affected.'*

A 'substantial' adverse effect is defined by the Act as one that is 'more than minor or trivial'.

**130** Some conditions are not explicitly covered by the Act – such as substance misuse and addictions. However, medical schools should still support students with these conditions. When the effects of an addiction become a physical or a recognised mental health issue, they may then be covered by the Act and medical schools would need to make reasonable adjustments.

# References

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- 1 Dyrbye LN, Thomas MR, Shanafelt TD (2006) Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students *Acad Med* 81(4): 354–73
- 2 General Medical Council (2015). *Promoting excellence: standards for medical education and training* S3.1, R3.2, R3.3, R3
- 3 General Medical Council (2013) *Good medical practice* London, GMC, paragraph 25c
- 4 Medical Schools Council (2010) *Guiding Principles for the Admission of Medical Students* London, Medical Schools Council
- 5 Hillis J, Morrison S, Alberici F, Reinholz F, Shun M, Jenkins K (2012) 'Care Factor': Engaging medical students with their well-being *Med Educ* 46(5): 509–10
- 6 General Medical Council (2009) *Medical students: professional values and fitness to practise* London, GMC, paragraphs 37 and 38
- 7 General Medical Council (2008) *Gateways to the Professions – Advising medical schools: encouraging disabled students* London, GMC
- 8 Raven PW, Griffin AE, Hinson JP (2008) Supporting students with disabilities using a 'student support card' scheme *Med Educ* 42(11): 1142–43

- 9 Cook V, Griffin A, Hayden J, Hinson J, Raven P (2012) Supporting students with disability and health issues: lowering the social barriers *Med Educ* 46: 564–74
- 10 The UK Foundation Programme Office (2012) *The Foundation Programme Reference Guide* Cardiff, UKFPO, page 28
- 11 NHS Modernising Medical Careers (2010) *The Gold Guide, fourth edition*, London, NHS Modernising Medical Careers
- 12 General Medical Council (2015) *Outcomes for graduates* London, GMC



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## Further reading

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Department of Health (2008) *Mental health and ill health in doctors*  
London, DH

The Royal College of Psychiatrists (2011) *Mental health of students in higher education*, London, RCP

Chew-Graham C, Rogers A, Yassin N (2003) 'I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems *Med Educ* 37(10): 873–80

Copplestone R, Thompson T (2011) Under pressure: Medical students are at risk of psychological distress *Student BMJ* 2011; 19: d3678

Hooper C, Meakin R, Jones M (2005) Where students go when they are ill: how medical students access health care *Med Educ* 39(6): 588–93

Ross S, von Fragstein M, Cleland J (2011) Medical students' illness-related cognitions *Med Educ* 45(12): 1241–50



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