



# Professional behaviour and fitness to practise:

guidance for medical schools and their students



**msc** Medical  
Schools  
Council

**General  
Medical  
Council**



# About this guidance

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The General Medical Council (GMC) and the Medical Schools Council (MSC) have published this document to give high-level guidance about managing processes for professionalism concerns and fitness to practise in medical schools and universities. You should read it together with *Achieving good medical practice: guidance for medical students*, which outlines the standards of professional behaviour expected of medical students.

You may also find it helpful to read *Supporting medical students with mental health conditions* and *Welcomed and valued*, which give guidance on how schools can support students with mental health conditions and disabilities, with additional resources to support the use of this guidance in practice.

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You can find the latest version of this and our other guidance on our website at **[www.gmc-uk.org/education](http://www.gmc-uk.org/education)**.

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# What does this guidance cover?

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The GMC and the MSC, referred to as ‘we’ and ‘us’ in this document, have produced this guidance. It is aimed at medical school and university staff, and at placement provider organisations, who identify, manage and support students whose professionalism or fitness to practise is a cause for concern. This guidance will also be useful for anyone involved in fitness to practise investigations and hearings, and for those involved in making decisions about student fitness to practise.

Medical students are working towards joining the medical profession. Their studies will put them in contact with patients and members of the public, who may often be vulnerable.

Because of this, we expect medical students to display standards of professional behaviour that are different from those expected of other students not training to join a regulated profession. Meeting these standards is a requirement for graduation with a primary medical qualification. This guidance only applies to medical students. Once a doctor is registered their fitness to practise is monitored by the GMC.

Medical schools are responsible for giving their students opportunities to learn, understand and practise the standards we expect of them. To support this, we have produced *Achieving good medical practice: guidance for medical students*\* a guidance document for students that outlines the standards of professional behaviour expected of them. Medical schools are reminded that fitness to practise should be just part of how they make sure their students become excellent professionals. Education and training on professionalism are also important.

When a medical student's conduct or health becomes a cause for concern, it is essential that they get the appropriate support and guidance to continue their studies. But some concerns can't be remedied with support, so medical schools and universities must have a process in place to identify and deal with students whose conduct or health is such that their fitness to practise may be impaired.

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\* See [www.gmc-uk.org/agmp](http://www.gmc-uk.org/agmp)

## Using this guidance

In this guidance, we use the terms 'you must' and 'you should' in the following ways.

- 'You must' is used for an overriding principle.
- 'You should' is used when we give an explanation of how you can meet an overriding principle.
- 'You should' is also used where the principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow this guidance.

This guidance aims to give medical schools and universities a consistent framework for addressing health and behaviour concerns in medical students. Medical schools and universities will also have their own local procedures that are appropriate for their size and governance structure, and they must follow these procedures.

Local procedures and practices should reflect the information given in this guidance. Any deviation from the medical school or university's own procedures or this guidance should be justifiable and the reasons for any deviation documented.



In relation to the GMC's statutory role, this guidance is advisory rather than mandatory. However, GMC quality assurance reports on medical schools may recommend that they comply with this guidance or may commend an institution for good practice. Also, given that the GMC has to be satisfied that graduates applying for registration with a licence to practise are fit to practise, it would be surprising if a medical school thought it sensible to disregard this guidance.

## How can medical students use this guidance?

Although this guidance is mainly aimed at medical schools and universities, medical students may also find it useful. It can help them to understand how medical schools and universities deal with professionalism concerns and fitness to practise issues. Students should also look at their own medical school or university processes for guidance on local procedures and practices.

Medical schools and other stakeholders – including medical students – were consulted as part of the development of this guidance, and medical schools gave valuable input to the pre-consultation development of this guidance.

# The GMC's role in promoting professionalism and fitness to practise

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- 1 The GMC helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. The *Medical Act 1983*<sup>\*</sup> (as amended) makes it clear that public protection is the overarching objective of the GMC and that this involves:
  - protecting, promoting and maintaining the health, safety and wellbeing of the public
  - promoting and maintaining public confidence in the medical profession
  - promoting and maintaining proper professional standards and conduct for members of that profession.
- 2 The standards of professional behaviour expected of registered doctors are set out in *Good medical practice*<sup>†</sup> and the standards of professional behaviour expected of medical students are outlined in *Achieving good medical practice: guidance for medical students*.<sup>‡</sup>
- 3 There are differences between the standards expected of medical students and those expected of registered doctors. But medical students are the doctors of tomorrow and, as such, there are many similarities between the behaviour expected of them at medical school and that expected of registered doctors.

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\* See [www.gmc-uk.org/ourmandate](http://www.gmc-uk.org/ourmandate)

† See [www.gmc-uk.org/gmp](http://www.gmc-uk.org/gmp)

‡ See [www.gmc-uk.org/agmp](http://www.gmc-uk.org/agmp)

- 4 This guidance aligns with the requirements of *Good medical practice*\* and, wherever possible, the GMC's test of fitness to practise for doctors who apply to join the register and its fitness to practise procedures for registered doctors.
- 5 Awareness and education are key to making sure, from the beginning of their courses, all medical students are familiar with the standards of professional and personal behaviour expected of them and the values that underpin these standards. Medical schools should also understand that students who come to study in the UK from overseas might need additional support to understand some of the cultural aspects of working and studying in the UK.
- 6 As well as it being important for students to behave in a way that demonstrates professional values, it's equally important for medical schools to actively promote an open and transparent culture that embeds these values.

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\* See [www.gmc-uk.org/gmp](http://www.gmc-uk.org/gmp)

## Considering equality and diversity issues

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7 Medical schools' procedures for managing concerns about professionalism and fitness to practise should clearly explain how they make sure their processes are fair. Procedures should outline schools' responsibilities under the *Equality Act 2010*\* and should make sure they don't unfairly discriminate on the basis of lifestyle, culture, or social or economic status. This includes characteristics protected by legislation, that apply to further and higher education establishments:

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

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\* The *Equality Act 2010* (viewable at [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)) does not apply to Northern Ireland. You can find more information about the equality legislation in Northern Ireland on the Equality Commission for Northern Ireland's website at [www.equalityni.org](http://www.equalityni.org).

- 8** In addition, medical schools should be mindful of their responsibility to provide reasonable adjustments and support for students who need them to access learning. You can find more information in the GMC guidance about preventing unnecessary barriers for disabled students studying medicine, *Welcomed and valued*.\*
- 9** Staff members who have significant roles in the student fitness to practise process, such as investigators, panellists or committee members and other relevant decision makers, must understand and receive training in the legal requirements and good practice of equality and diversity specific to their role.

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\* See *Supporting disabled learners in medical education and training* at [www.gmc-uk.org/welcomedandvalued](http://www.gmc-uk.org/welcomedandvalued)

# Fitness to practise throughout undergraduate education

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**10** Under the terms of the *Medical Act 1983*, a registered doctor's fitness to practise may be impaired by reason of:

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

**11** The GMC uses these reasons for impairment when it applies the test of fitness to practise to registered doctors and those applying for registration. Medical schools may also wish to refer to these reasons for impairment when they make decisions about a student's fitness to practise.

- 12** Medical schools and universities should be aware that fitness to practise concerns can involve issues that fit into more than one category. Where there are multiple issues (for example, health and misconduct), the medical school must consider all matters and must take account of the cumulative effect of all impairing factors. It's important to make sure the student is given appropriate support and, where a health condition is involved, the opportunity to seek appropriate treatment.
- 13** Deficient professional performance, in the context of medical students, refers to unsatisfactory academic competence and progression. As such, this is unlikely to be a reason for impairment of fitness to practise in medical students, and will be dealt with by the university or medical school's academic procedures.
- 14** Adverse physical or mental health alone is not usually sufficient to conclude impairment. It is a student's failure to seek the appropriate help or engage in the process to manage any condition that may call into question their fitness to practise.
- 15** Not having the necessary knowledge of English should also not normally be an issue for students working towards a primary medical qualification in the UK, because medical schools require proof of English language skills at the point of entry to the course. Students will also be subject to ongoing assessment of their language and communication skills to meet the outcomes of undergraduate medical education.

## Fitness to practise at graduation

- 16** Medical schools must not graduate students where fitness to practise concerns have been raised or are under consideration. Therefore, medical schools must have considered all fitness to practise concerns and reached a determination on them before they allow a student to graduate. By graduating a student with a recognised primary medical qualification, the medical school is declaring them fit to practise as a doctor.

## How fitness to practise affects GMC provisional registration

- 17** Medical graduates who wish to work in the UK must apply to the GMC for provisional registration and answer questions about their health, conduct and any criminal record, which will help the GMC decide if they meet the requirements for registration. The GMC has a statutory duty to register only those doctors whose fitness to practise is not impaired. The GMC must reach this decision and cannot simply accept a decision made by another authority. If there are any concerns, the GMC will assess these and will decide whether to grant provisional registration.
- 18** The law doesn't let the GMC make a conditional grant of registration, or register a doctor and consider their fitness to practise afterwards. At the time of application, a doctor is either fit to practise or not fit to practise.
- 19** Medical schools should tell students that the GMC is responsible for decisions about registration, and that this includes a separate test of fitness to practise. They should highlight this in admissions procedures, student handbooks and in fitness to practise guidance and procedures.



- 20** Medical schools must make clear to students that the GMC will consider any issue that calls their fitness to practise into question when they come to apply for provisional registration. In exceptional circumstances, this may include incidents that happened before they entered medical school as well as incidents that occur during their undergraduate years.
- 21** Medical schools should make students aware, before they apply for provisional registration, of the requirements in the GMC's declaration of fitness to practise.<sup>\*</sup> Any disciplinary or fitness to practise action taken by a medical school or university that led to a formal process – for example, any issue considered by a formal panel, committee or hearing – should be declared to the GMC, unless the outcome of the formal process was no further action. Medical schools may keep a record of any concerns, for their future reference, that haven't led to a formal investigation process or referral to a panel/committee or hearing. Medical schools should remind students that if they have any concerns about what they should declare to the GMC, they should refer to the GMC's guidance 'What to tell us when you apply'<sup>†</sup> in the first instance.
- 22** If there is a concern that a student may be refused registration, the GMC may be able to give advice on the possible outcomes of an application based on the disclosed facts of the case. It is important to note that this would not bind the GMC to a particular decision at the point of registration. If students, medical school or university staff, or any other person have concerns, they should seek advice as early as possible.

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\* See [www.gmc-uk.org/declaringftp](http://www.gmc-uk.org/declaringftp)

† See [www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide/medical-school-concerns](http://www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide/medical-school-concerns)

## When should students be given pastoral care and student support?

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- 23** Giving support to students is pivotal in helping to prevent issues of behaviour or health becoming more serious and a greater cause for concern. Students may be affected by many issues during their time at medical school, including health, financial and family or other social issues. Medical schools should be aware that overseas medical students may have particular support needs due to their unfamiliarity with their new home and work environment. When concerns arise, medical schools should give their students access to appropriate support and adjustments to help manage these issues.\*
- 24** It's important that support is made available to students who are going through formal fitness to practise procedures. Written procedures should also include the requirement to give support to students from the outset of the process.
- 25** Medical schools should give their students clear information about the range and type of support services available. Staff should be aware of the details of what support is available and direct students to an appropriate service if necessary.

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\* See *Promoting excellence* Standard S3.1, available at [www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence](http://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence), and *What is expected of medical education organisations and employers?* in *Supporting disabled learners in medical education and training*, available at [www.gmc-uk.org/welcomedandvalued](http://www.gmc-uk.org/welcomedandvalued)

## 26 Support services may include:

- student health services (including mental health)
- disability support services
- occupational health services
- confidential counselling services
- support services through the student union – this may include peer support, and financial, housing and legal help or advocacy
- personal tutors.

Medical schools may also wish to signpost students to medical defence organisations who can support students through fitness to practise processes.

## Working together and sharing information

- 27** Medical schools should foster an open, transparent and supportive environment and encourage students to discuss problems openly with appropriate staff. There should be named or dedicated staff in the faculty so that students know whom they can go to for advice and support, in addition to their own personal tutor. Staff and students should work together to address any issues, wherever possible.

- 28** There may be circumstances where information will need to be shared with relevant staff so they can provide support – but this should be done with the student’s consent. Staff should make clear to students that information may be shared without their consent in limited circumstances – if there is a potential risk to colleagues, patients or the student themselves.
- 29** In such circumstances, disclosure of information should be limited to that which is relevant to the issue and should only be shared with those who have a legitimate need to know. This duty to share information in limited circumstances applies to medical school and university staff, and to independent practitioners who provide support services.
- 30** Medical schools should make sure they regularly review the support a student is getting. They should monitor whether the support is helping to address the issues the student has, and find out what else, if anything, needs to be done.
- 31** It is very important for the wellbeing of students that pastoral care and academic progress are kept separate where possible. Staff involved in making decisions on a student’s academic progression should not provide pastoral care.
- 32** The GMC and the MSC have jointly produced guidance for medical schools and medical students on *Supporting medical students with mental health conditions*.<sup>\*</sup> The guidance also sets out some general principles medical schools can use to support students with physical health issues.

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\* [www.gmc-uk.org/mentalhealth](http://www.gmc-uk.org/mentalhealth)

## Considering health and disability issues

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- 33** In most cases, health conditions and disabilities do not affect a medical student's fitness to practise, as long as the student:
- demonstrates appropriate insight
  - seeks appropriate medical advice
  - complies with treatment.
- 34** Medical schools must make adjustments, where possible, to allow a student to fulfil the core competencies of their course and enable them to study and work safely in a clinical environment.\*
- 35** All students should register with a local general practitioner (GP), who will be able to offer them independent support and continuity of care while they are at medical school. Educational supervisors, who are involved in teaching a student, should not also be involved in providing their healthcare or occupational health assessments.
- 36** A GP or medical doctor who treats a student should not also be involved in occupational health assessments of fitness to practise, because this is a conflict of interest with their role as a therapeutic advocate. Similarly, occupational physicians are contractually obliged to give independent assessments of fitness to practise, so can't also provide medical treatment services.

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\* You can find more detail on how medical schools can make reasonable adjustments, as well as examples of adjustments other medical schools have made, in the GMC's *Welcomed and valued* guidance, available at [www.gmc-uk.org/welcomedandvalued](http://www.gmc-uk.org/welcomedandvalued)

- 37** Students with health conditions – in particular, those with mental health conditions – are often identified as having problems because they display unprofessional behaviour that is out of character, such as poor attendance or failure to engage with their studies. Medical schools should give their staff training to help them identify, at an early stage, students whose behaviour indicates an underlying health issue.
- 38** Medical schools can use low-level concerns processes to identify and support students with health conditions. They can also use their fitness to practise procedures where making adjustments and providing support have been tried without success. The fitness to practise process can help students by making sure they access the support that will enable them to complete their course.
- 39** When a student has a medical problem, it's important to consider their fitness to study – whether they are well enough to participate and engage in their programme. The Higher Education Occupational Physicians group publishes [fitness to train standards for medical students](https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730794HEOPS_Medical_Students_fitness_standards_2015_v12.pdf)<sup>\*</sup> on its website.

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\* [https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730794HEOPS\\_Medical\\_Students\\_fitness\\_standards\\_2015\\_v12.pdf](https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730794HEOPS_Medical_Students_fitness_standards_2015_v12.pdf)

## Referring a student to occupational health

**40** Medical schools should refer students who have been diagnosed with a medical condition to the university's occupational health provider so they can get an appropriate assessment. If it would be helpful and the student consents to it, the student's treating specialist can give the medical school their opinion on whether the student should remain on the course. This advice is likely to be along the lines of one of the following;

- **Medically fit to remain on the course**

This may include recommendations about any reasonable adjustments (following consultation with the disability support office) and may also suggest the option of regular reviews through the occupational health service.

- **The need for an interruption from the course**

This is usually recommended where a student needs to take time out to access appropriate treatment or if they need a period of stability. Any return to the course should be dependent upon a further review through the occupational health service to confirm the student's medical fitness. If the medical school does not consider such a review appropriate, they should give a clear, documented explanation as to why.

- **Referral to an independent specialist for further advice**

This may be recommended by an occupational health physician in a limited number of complex cases (often involving mental health conditions). Such a referral would be made with the student's informed consent. The independent specialist will produce a report, which they will send to the occupational health service. The occupational health service will discuss the report with the student, before sending further information and advice to the medical school.

- 41 Students should be able to self-refer to the occupational health service if they have concerns that a medical condition may affect their academic performance or fitness to practise. The occupational health service should reassure the student that any information it receives during such a consultation is confidential and will only be shared with the student's informed consent, unless the occupational health practitioner considers that the student is a potential risk to others or themselves. The occupational health service should encourage the student to consent to share their occupational health report with their medical school.
- 42 Following an occupational health assessment, any subsequent report from the occupational health service should address:
  - the issue of the student's medical fitness to study or practise
  - any necessary adjustments or support needed



- the need for reviews
  - any expectations of the student – for example, compliance with medication.
- 43** The treating doctor has the same duty of confidentiality to students as to any patient.\* If the student doesn't consent to the disclosure of information about them, the doctor can only disclose it if either it is required by law or they judge disclosure to be in the public interest.
- 44** In some cases, the occupational health physician may ask the student to give consent for the disclosure of medical information to let them provide appropriate care and ongoing support. For example, if a student returns to their course after a period of ill health, it may be helpful for the student, the disability support office, the occupational health physician and the treating specialist to discuss what steps they might take to minimise future problems.
- 45** In some cases, medical schools may need to monitor the extent to which a student is complying with a treatment programme to make sure they are fit to study or practise. The occupational health service is in an ideal position to do this, in consultation with the treating specialist.

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\* For more information, see the GMC's guidance *Confidentiality*, available at [www.gmc-uk.org/confidentiality](http://www.gmc-uk.org/confidentiality).

## Making adjustments to accommodate a student's needs

- 46** Medical schools must make reasonable adjustments for students with a disability to allow them to achieve the outcomes for graduates required by the GMC. Although adjustments can't be made to the outcomes themselves, reasonable adjustments can be made to learning and assessment methods. In all cases, any reasonable adjustments should be subject to regular review. You can find further information in the GMC's guidance, *Welcomed and valued*.\*
- 47** If a student is receiving ongoing support for a health condition, it may be appropriate to arrange their placements in locations where they can receive continuity of care with the same healthcare professionals.
- 48** Medical schools should make clear to students that in some circumstances equivalent adjustments might not be available when they enter postgraduate education. Medical schools may find it helpful to ask local postgraduate education providers what reasonable adjustments they are able to make. This will help medical schools to give students better information about what reasonable adjustments may be realistic in the workplace, which will help students to make informed decisions about their progression through medical education.

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\* [www.gmc-uk.org/welcomedandvalued](http://www.gmc-uk.org/welcomedandvalued)

- 49** In rare circumstances, a chronic or progressive health condition may mean it isn't possible for a student to meet all the outcomes required by the GMC for graduation. Also, in a small number of cases, a health condition may mean a student's fitness to practise is impaired.
- 50** If a student can't demonstrate the necessary competencies and all options for support and adjustments have been explored without success, it may be necessary to begin formal fitness to practise procedures. Medical schools must continue to support students throughout this process.

# Supporting trainees entering practice as students move to F1

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- 51** The Supporting Trainees Entering Practice (STEP) process is designed to support medical students during their transition from medical school to employment as a doctor in training, in the first year of the Foundation Programme (F1). It is separate from the process of applying for registration with the GMC.
- 52** It allows medical students to identify areas where they may need more support once they enter F1, in relation to:
- health
  - welfare
  - professional performance and skills
  - professionalism.
- 53** Students complete the STEP forms and the medical school signs them off. Medical schools can add extra information where appropriate.
- 54** Medical students must include on the STEP form details of any fitness to practise or disciplinary cases that resulted in a written warning or sanction. This is to protect patient safety by making sure concerns can be tracked from medical school to postgraduate education and training and to make sure students can continue to be supported in relation to their development as a professional.

- 55** It is important to note that the STEP process does not replace the need to report any fitness to practise issues to the GMC or to flag health and disability matters to employers.
- 56** You can find more information in the UK Foundation Programme [guidance on the process for applicants](#).\*

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\* <https://healtheducationengland.sharepoint.com/:b:/g/UKFPO/Efb6-HLcPOVBmPpk3QykJr0B-4p2DBV1eCsAeN-7h2dWpA?e=Rw8CZa>

# How should medical schools deal with concerns they receive about a student's health or behaviour?

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**57** Allegations about a student's health or behaviour may come from a number of sources, including:

- members of medical school or university staff
- staff who work in placement provider organisations
- occupational health physicians
- fellow students – the circumstances by which this information comes to light should be carefully examined
- the police
- self-referral – perhaps declaration of a criminal matter
- members of the public
- anonymous complaints, through a raising concerns policy or through the media.

**58** Medical schools and universities should make sure their procedures have sufficient flexibility to receive allegations from a number of sources. They should also make sure procedures clearly define how cases are evaluated.

- 59** Medical schools should also consider how they will deal with anonymous complaints and how they can gather evidence in these circumstances. Anonymous complaints can limit a medical school's ability to take action, as it will be more difficult to investigate and gather evidence. It may be appropriate to deal with such complaints under the medical school or university's anonymous complaint or raising concerns policy.
- 60** In some situations, such as where there is an allegation of plagiarism, it may be appropriate to consider the case under both academic and fitness to practise procedures. In these circumstances, medical schools should conduct the academic process first and conclude it before beginning the fitness to practise process. This will avoid the student facing simultaneous disciplinary procedures for the same allegation.
- 61** Medical schools' procedures on dealing with concerns should also make clear how and when they communicate allegations to the student. Medical schools must give allegations to the student in writing before beginning any investigation. They should also give the student information about the fitness to practise process and the support available to them during it.

# How should medical schools deal with low-level professionalism concerns?

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## Identifying low-level concerns

- 62** Medical students must meet all the outcomes for undergraduate medical education, including behaving according to ethical and legal principles. Medical schools are required to have formal processes in place for assessing these requirements. Any system for identifying, raising and monitoring low-level professionalism concerns should work in conjunction with existing systems for assessment.
- 63** Students who experience difficulties with their health may display unprofessional behaviour that raises concern. It is important for medical schools to have a system to identify students who display such behaviour, since this may be an early indicator of more-significant misconduct or health issues.
- 64** Low-level professionalism concerns may be identified and raised by a number of sources, such as personal tutors, staff on placement or other students (see paragraph 57). For example, some medical schools have a card or points system for flagging unprofessional behaviour and such systems have the advantage that they can also be used to recognise and promote exemplary professional behaviour.
- 65** Having a formal process for reporting and monitoring low-level professionalism concerns – such as lateness, not handing in work on time and missing lectures – will allow medical schools to identify any unprofessional behaviour and to address it before it leads to more-significant fitness to practise issues.



- 66** It's important for medical schools to give clear guidance to staff on their process for reporting any concerns about students and to make sure this guidance is clearly available to anyone who may wish to use it.
- 67** Medical schools should also tell students how they will identify and monitor unprofessional behaviour, and what its consequences will be. Medical schools should be open and transparent with students and give clear and consistent advice.

### Taking action on low-level concerns

- 68** There should be clear processes for dealing with and making decisions about persistent low-level concerns. Many medical schools have a group or committee to address persistent low-level concerns and make decisions about whether a student has reached the threshold of their fitness to practise being impaired. In other schools, a senior staff member, such as the dean or year tutor, is responsible for doing this.
- 69** Whatever method medical schools use, they should define a set of rules governing how the process will be handled and make these available for students.

- 70** It is not practical to define a particular number of low-level concerns that mean a student's behaviour has reached the threshold for a referral to fitness to practise procedures. Medical schools must consider students' behaviour on a case-by-case basis. Medical schools must be consistent in their assessment of whether a student has reached the threshold for referral to fitness to practise procedures, taking into consideration the student's previous behaviour and any patterns of persistent misconduct.
- 71** As a rule, a medical school should consider whether the student's behaviour indicates they may be a risk to patients or the public, or may undermine public trust in the medical profession, when it decides whether the student has met the threshold for referral to fitness to practise procedures.
- 72** Whatever outcome or action the committee or individual decides to take in relation to a low-level concern, it must be clearly justified and explained to the student. In addition, the implications of repeating the behaviour should be detailed for the student in writing. Medical schools should keep a record of all the decisions they make in relation to low-level concerns so they can follow up on persistent instances of poor behaviour.
- 73** In some circumstances, a student's behaviour or pattern of behaviour may depart significantly from the expected standards of professionalism outlined in *Achieving good medical practice: guidance for medical students*, but not reach the threshold for referral to fitness to practise procedures. In these circumstances, as well as monitoring future behaviour, it may be appropriate to issue a warning to the student without referring their case to a student fitness to practise panel or committee (see table 2).

# Medical student fitness to practise

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## What do we mean by student fitness to practise?

**74** In relation to a doctor's fitness to practise the GMC states:\*

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

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

**75** This statement explains what fitness to practise is for a registered doctor. But it is also relevant to medical students. Students are also in a privileged position, and have access to patients who may be vulnerable. Medical schools should not let a student continue their medical studies unrestricted, or let them graduate from medical school, if their conduct suggests they may be a risk to patients or the public.

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

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\* The meaning of fitness to practise, GMC policy statement, 2014. You can read the full policy statement at [www.gmc-uk.org/the\\_meaning\\_of\\_fitness\\_to\\_practise.pdf\\_25416562.pdf](http://www.gmc-uk.org/the_meaning_of_fitness_to_practise.pdf_25416562.pdf).

- 77** Expectations of students are likely to change over the course of their studies. For example, misdemeanours in the early years of study, when a student has greater scope to demonstrate remediation, may have less of an impact on a student than misdemeanours in the later years of their course when there is less time before they must meet the requirements for graduation.
- 78** Medical schools should be aware that when concerns are raised about a student in the final year of study, there may not be sufficient time to resolve them. If a concern about a student's fitness to practise is raised close to the date of graduation, then the medical school should consider the amount of time the student will have to demonstrate remediation. It may be necessary to require a student to repeat all or part of a year, if appropriate. But in cases where there is an outstanding, justifiable concern over a student's fitness to practise, the medical school must not graduate the student.

## The threshold of student fitness to practise

- 79** In deciding whether to refer students to fitness to practise procedures, medical schools should consider how a student's behaviour or health might affect patient and public safety, or the public's trust in the medical profession. Investigators and panellists must consider, on a case-by-case basis, whether a student's behaviour or health has crossed the fitness to practise threshold.

- 80** The following questions can help when considering this threshold. Medical schools should be mindful that this advice is only illustrative of the sort of concerns about behaviour or health that could call a student's fitness to practise into question and the outcome in all cases will depend on the particular circumstances.

**Has a student's behaviour deviated from the guidance set out in *Achieving good medical practice: guidance for medical students* or a medical school's own code of conduct? And might it, as a result, have harmed patients or put patients, colleagues or themselves at risk of harm?**

An incident or a series of incidents that cause concerns to personal tutors and academic or clinical supervisors can be evidence of harm or risk of harm. A series of incidents can suggest persistent failings that are not being, or cannot be, safely managed through pastoral care or student support. For example, a persistent failure to engage with studies, follow instructions and heed educational advice.

**Has a student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients, teachers or colleagues?**

An isolated lapse in conduct, such as a rude outburst, may not itself suggest that the student is not fit to practise. But persistent misconduct, which indicates a lack of integrity on the part of the student, an unwillingness to behave responsibly or ethically, or a serious lack of insight into obvious professional concerns, would bring a student's fitness to practise into question.

Persistent misconduct, such as being disruptive in teaching sessions, showing challenging behaviour towards clinical teachers, failing to accept criticism and repeatedly not responding to communications, may also be grounds for considering a student has reached the threshold of impairment.

**Have attempts to improve a student's behaviour or health failed and does the medical school identify a remaining unacceptable risk to patient safety or public confidence in the profession?**

If a medical school has tried to give a student support or educational remediation to address some, or all, of the issues that are causing concern, but these measures have failed, it's likely that the student's fitness to practise will be called into question. For example, the student may have been given a warning for previous misconduct and been told that a repeat of the behaviour would indicate impairment of fitness to practise and formal proceedings.

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

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

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

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

**Might the student's behaviour undermine public confidence in doctors generally if the medical school did not take action?**

The medical school should take action if a student's behaviour might undermine trust in the medical profession. The principle of public trust in the profession applies to doctors.

Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (*Good medical practice*, paragraph 65).

Students are training to join the profession and therefore the same principle applies. In relation to students some factors medical schools could consider might include, for example:

- misuse of social media
- receiving a criminal caution\* or conviction
- failing to comply with the regulations of the medical school, university, hospital or other organisation
- dishonest and fraudulent behaviour.

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

Medical schools don't need to start fitness to practise procedures just because a student is ill, even if the illness is serious. But they might need to if the student is not following medical advice to minimise the risk to themselves and colleagues. Or if the student does not have insight into the impact of their condition and how it might compromise patient safety.

\* Due to differences in Scottish law, for students based in medical schools in Scotland: receiving a caution cannot lead to student fitness to practise procedures or be a reason for a student's fitness to practise being found to be impaired. This only applies to students based in medical schools in Scotland, and not to Scottish students based in medical schools in England, Wales or Northern Ireland.



## Considering fitness to practise on the grounds of health

- 81** Medical schools should consider fitness to practise procedures for a student with a health condition (including addiction) in the following circumstances.
- Where there are significant concerns about the student's fitness to practise or about patient safety. For example, if a student's ill health appears to be uncontrolled or where there is evidence that the student is not following treatment or advice.
  - Where there is a significant risk of relapse or loss of insight, which may be characteristic of a condition, for example addiction or certain mental health conditions.
  - If the student fails to comply with measures and adjustments set by occupational health or others that are designed to enable them to complete the course.
  - If a health condition continues to impact on the student's ability to engage with the course after adjustments have been made.
  - Where there are significant misconduct issues linked with a health condition. For example, where a student is convicted of a misuse of drugs offence.

**82** Medical schools should consider the following factors to decide if intervention is needed.

- Whether there is risk to patients (now or in the future), staff, fellow students or to public confidence in the profession.
- Whether the student has insight into their condition.
- Whether the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies or activities appropriately.

## Reasons for impaired fitness to practise in medical students

**83** Table 1 gives examples of the sorts of behaviour that might indicate a student's fitness to practise is impaired. The examples vary in seriousness. In some cases, the behaviour itself might indicate a need to refer the student directly into fitness to practise procedures.

Other examples are less serious on their own, but if they happen repeatedly or in combination, or if there are aggravating factors, there may also be grounds for referral to a fitness to practise investigation.

**84** To put these examples of behaviour in context, we've organised the table according to the published reasons for impairment for fully or provisionally registered doctors and applicants for registration. These examples are not intended to be an exhaustive list. Medical schools should consider each case individually in light of the specific circumstances the case presents.

**85** Students must meet the outcomes of undergraduate medical education to graduate with a medical degree. There is some overlap between the expected professional behaviour of students and the assessed outcomes of medical education in relation to professionalism. Therefore, medical schools may have a formal means of assessing some of the behaviour outlined in this table.

**Table 1 – Reasons for impaired fitness to practise in medical students**

The reasons for impairment are set out at Section 35C (2) of the *Medical Act 1983* (as amended). There are six reasons why the fitness to practise of a fully or provisionally registered doctor may be impaired. Two of these – deficient professional performance and not having the necessary knowledge of English – are not included in the table because they are unlikely to be addressed by the medical school or university student fitness to practise process (see paragraphs 13 and 15).

**Note: this list of impairments is not exhaustive.**

Reasons for impairment	Key areas of concern	Examples of behaviour
<b>Misconduct</b> – this includes issues that raise a question about a student’s honesty, trustworthiness or character	Cheating or plagiarism	<ul style="list-style-type: none"> <li>■ Cheating in examinations</li> <li>■ Signing peers into taught sessions from which they are absent</li> <li>■ Passing off the work of others as your own</li> <li>■ Sharing with fellow students or others, details of tasks in questions from exams you have taken</li> <li>■ Forging a supervisor’s signature or feedback on assessments, logbooks or portfolios</li> <li>■ Falsifying feedback on assessments, logbooks or portfolios</li> </ul>
	Dishonesty or fraud, including dishonesty outside the professional role	<ul style="list-style-type: none"> <li>■ Falsifying research</li> <li>■ Committing financial fraud</li> <li>■ Creating fraudulent CVs or falsifying other documents</li> <li>■ Misrepresentation of qualifications</li> <li>■ Failure to declare relevant misconduct issues to medical school or university</li> <li>■ Wilful withholding or misrepresentation of health issues (eg blood-borne viruses)</li> </ul>

Reasons for impairment	Key areas of concern	Examples of behaviour
<p><b>Misconduct</b> – this includes issues that raise a question about a student’s honesty, trustworthiness or character</p>	Drug or alcohol misuse	<ul style="list-style-type: none"> <li>■ Driving under the influence of alcohol or drugs</li> <li>■ Abusing prescription medication</li> <li>■ Alcohol consumption that affects clinical work, the work environment, or performance in the educational environment</li> <li>■ Dealing, possessing, supplying or misusing drugs, even if there are no legal proceedings – this may include legal highs</li> <li>■ A pattern of excessive misuse of alcohol</li> </ul>
	Aggressive, violent or threatening behaviour	<ul style="list-style-type: none"> <li>■ Assault</li> <li>■ Physical violence</li> <li>■ Bullying</li> <li>■ Harassment</li> <li>■ Stalking</li> <li>■ Online bullying or trolling</li> </ul>
	Failing to demonstrate good medical practice	<ul style="list-style-type: none"> <li>■ Misuse of social media</li> <li>■ Breach of confidentiality</li> <li>■ Misleading patients about their care or treatment</li> <li>■ Culpable involvement in a failure to obtain proper consent from a patient</li> <li>■ Sexual, racial or other forms of harassment</li> <li>■ Inappropriate examinations or failure to keep appropriate boundaries in behaviour</li> <li>■ Unlawful discrimination</li> </ul>

Reasons for impairment	Key areas of concern	Examples of behaviour
<p><b>Misconduct</b> – this includes issues that raise a question about a student’s honesty, trustworthiness or character</p>	<p>Persistent inappropriate behaviour</p>	<ul style="list-style-type: none"><li>■ Uncommitted to work or a lack of engagement with training, programme of study or clinical placements</li><li>■ Neglect of administrative tasks</li><li>■ Poor time management</li><li>■ Non-attendance</li><li>■ Poor communication skills</li><li>■ Failure to accept and follow educational advice and unwillingness to learn from feedback given by others</li><li>■ Being rude to patients, colleagues or others</li><li>■ Unwillingness to learn from constructive feedback given by others</li><li>■ Being disruptive in teaching sessions or the training environment</li><li>■ Challenging behaviour towards clinical teachers or not accepting criticism</li><li>■ Failing to answer or respond to communications</li></ul>

Reasons for impairment*	Key areas of concern	Examples of behaviour
<p><b>Medical students whose school is based in England or Wales</b> A conviction or caution in the British Isles for a criminal offence (or a conviction elsewhere for an offence that would be a criminal offence if committed in England or Wales)</p> <p><b>Medical students whose school is based in Northern Ireland</b> A conviction or caution in the British Isles for a criminal offence (or a conviction elsewhere for an offence that would be a criminal offence if committed in Northern Ireland)</p> <p><b>Medical students whose school is based in Scotland</b> A conviction (but not a caution) in the British Isles for a criminal offence (or a conviction elsewhere for an offence that would be a criminal offence if committed in Scotland)</p>	<p><b>Medical students whose school is based in England, Wales and Northern Ireland</b> Any conviction or caution</p> <p><b>Medical students whose school is based in Scotland</b> Any conviction</p>	<ul style="list-style-type: none"> <li>■ Possessing, dealing or supplying illegal drugs</li> <li>■ Theft</li> <li>■ Physical violence</li> <li>■ Fare avoidance</li> <li>■ Financial fraud</li> <li>■ Child pornography</li> <li>■ Child abuse or any other abuse</li> <li>■ Sexual offences*</li> </ul>

\* Note: Medical schools can still take action in the light of any misconduct, even if there is no criminal caution or conviction relating to any of these matters.

Reasons for impairment	Key areas of concern	Examples of behaviour
Adverse physical or mental health	Health concerns and insight or management of these	<ul style="list-style-type: none"> <li>■ Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional</li> <li>■ Failure to follow the requirement to tell your medical school or university if you have a serious health condition</li> <li>■ Refusal to follow medical advice or care plans, or to comply with arrangements for monitoring and reviews</li> <li>■ Failure to comply with reasonable adjustments to ensure patient safety</li> <li>■ Failure to recognise limits and abilities or lack of insight into health concerns</li> <li>■ Failure to be immunised against common serious communicable diseases (unless contraindicated)</li> </ul>
A determination by a body in the United Kingdom responsible under any enactment for the regulation of a health or social care profession to the effect that the person's fitness to practise as a member of that profession is impaired, or a determination by a regulatory body elsewhere to the same effect	A determination, regardless of whether or what sanction was imposed	<ul style="list-style-type: none"> <li>■ A finding of impairment of fitness to practise by a health or social care regulatory body</li> <li>■ A previous finding of impairment of fitness to practise by a university or medical school that was not disclosed on application for admission</li> </ul>



## Referring a student to fitness to practise procedures

- 86** If a student's behaviour suggests they may be a risk to patients or the public, or may bring the profession into disrepute, it is appropriate to consider their fitness to practise through a formal procedure.
- 87** The decision to refer to a fitness to practise investigation may be based on evidence considered by a low-level concerns committee or by an individual, depending on the medical school's process. It could be because of a single significant event or a pattern of behaviour, and may also be the result of educational remediation that has failed to resolve the issue.
- 88** In exceptional circumstances, a student may be referred to fitness to practise procedures because of a health condition that is preventing them from meeting the required competencies, even after reasonable adjustments have been made.

## What is the role of the investigator?

- 89** The medical school or university should appoint an investigator (or investigators) to consider cases that have been referred to fitness to practise procedures. The school may already have informally gathered evidence to help it decide whether to refer a student to fitness to practise procedures.

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

**90** The investigator:

- should not, as far as possible, be the student's personal tutor or anyone else who is involved in supporting the student or making decisions about their academic progress
- must be appropriately trained and able to carry out an effective investigation in a proportionate way, considering both the interests of patients and the public and those of the student
- should keep a full record of the investigation.

**91** It is helpful for the investigator to order the record of the investigation chronologically. To give a balanced account of the facts that the panel or committee will consider, the investigator should include records of complaints, meetings, interviews and statements, and any evidence of positive behaviour in support of the student. After reviewing the evidence, the investigator should make a written report of the results of the investigation, which details all the evidence gathered.

**92** The investigator should present their findings to an investigation committee or individual in an equivalent, decision-making role. Depending on the nature of the issue, the findings may be presented directly to a fitness to practise panel or committee. This may be appropriate for serious misconduct issues or convictions.

- 93** If the concerns committee, panel members or relevant decision maker considers the student's behaviour is serious or persistent enough to call into question their fitness to continue on their medical course, or their fitness to practise as a doctor after graduation, they should refer the case to a fitness to practise panel or committee for an independent decision. They should do this even if there are mitigating factors such as health problems.
- 94** If the investigation committee or relevant decision maker does not consider there is sufficient evidence to call into question a student's fitness to practise, the school or university should deal with the student's behaviour in another way. For example, it may be appropriate to issue a warning or require the student to undertake educational remediation, such as completion of a piece of reflective writing, or meeting the terms of an educational agreement, while continuing to provide any appropriate support for the student.
- 95** In some cases, it may be appropriate to give the student an opportunity to offer an undertaking, rather than referring them to a fitness to practise panel or committee (see undertakings, paragraphs 100–106).
- 96** It is not appropriate for an investigator to be the decision maker, since there may be a conflict of interest if an investigator were called to present the case on behalf of the medical school in a subsequent fitness to practise hearing.

## What are the possible outcomes of an investigation?

**97** At the end of an investigation, the investigation committee or relevant decision maker can decide on a number of possible outcomes. It can:

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

### Warnings

**98** Warnings are appropriate when a student's behaviour is significantly different from expected standards. Warnings are a formal response intended to maintain professional values and prevent a repeat of the behaviour. Students should be offered adequate support to address any underlying reasons for their behaviour. See table 2 for factors to consider when deciding on a warning.

**99** The investigation committee or relevant decision maker must make clear to the student what will happen if they repeat the behaviour for which they have received a warning. A breach of a warning may be taken into account by a committee or panel in relation to a future case against a student, or the breach itself may comprise misconduct serious enough to lead to a referral to a fitness to practise investigation. The warning should remain on the student's record, and the student must be aware of their responsibilities regarding disclosure when completing their STEP form and applying to the GMC for provisional registration.

## Undertakings

**100** An undertaking is an agreement between a student and the medical school. Undertakings can be agreed at the investigation stage or by a panel or committee. They can be used in situations where the student's behaviour is consistent with their fitness to practise being impaired but the student acknowledges this impairment, has insight and is seeking ways to address the underlying issues. Undertakings allow medical schools and medical students to come to an agreement as to the best course of action after they have identified a concern.

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

**102** Undertakings are only appropriate if there is reason to believe the student will comply with them, ie the student has shown genuine insight into their problems and wants to resolve them.

**103** Undertakings may include:

- compliance with an educational learning agreement associated with enhanced supervision
- a commitment to undergo medical supervision for a health-related matter
- complying with remedial teaching or learning experiences.

- 104** Undertakings are most likely to be appropriate if the concerns about the student's fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the best way to address them.
- 105** In some circumstances, such as where a student is already seeking appropriate support and therapy to manage a health condition, it may be appropriate to invite the student to agree undertakings. In these circumstances, medical schools should consider the points in table 2.
- 106** Medical schools should monitor students to make sure they comply with the agreed undertakings. The consequences of not complying with undertakings should be clearly set out to the student in writing when the undertakings are agreed.

### **Referral to a fitness to practise committee or panel**

- 107** The role of the fitness to practise committee or panel is to make an independent decision on a student's fitness to practise, based on the evidence gathered and presented to them by the investigator. The committee or panel should take into account the balance between patient and public safety, the interests of the medical student, and the need to maintain trust in the profession.
- 108** Committees or panels should consider any guidance set by the GMC and work in accordance with the regulations and procedures of the medical school or university. Procedures should be set out in writing and made available to students.
- 109** Committees or panels must consider each case on its own merits and circumstances and make decisions on the balance of probabilities about

the facts of the case and use their own judgement to determine whether the student's fitness to practise is impaired.

**110** The committee or panel can find that:

- the student has sufficiently addressed any concerns relating to health or conduct and poses no risk to patients or the public, nor any risk to undermining the public's trust in the medical profession. The committee or panel should then conclude that the student's fitness to practise is not impaired. An appropriate outcome in such a case may be no warning or no sanction
- the student's fitness to practise is not impaired, but the committee or panel may issue the student with a warning if their behaviour has significantly departed from expected standards. This warning should give details of the behaviour and the consequences of any similar behaviour (see Warnings, paragraphs 98–99)
- the student's fitness to practise is impaired, in which case the committee or panel will need to consider any mitigating or aggravating factors when deciding an appropriate outcome or sanction. Any sanction should be proportionate to the student's behaviour and deal effectively with the fitness to practise concern.

**111** The committee or panel should set out in writing the outcome of the hearing (the determination). This document should give detailed reasons about why the committee or panel came to its decision. The determination should include the details of any sanctions imposed, the reasons for them and any relevant timescales and mechanisms for review.

- 112** The GMC requires any student who has been through a formal fitness to practise procedure to declare this on their application for provisional registration, unless the outcome of the formal process was no further action. The committee or panel should include information about this requirement in the outcome letter. The GMC will also require evidence that any undertakings or conditions have been completed and appropriately monitored and reviewed.
- 113** There should be a clear, formal appeals process. Medical schools should make sure students are aware of their right to appeal against decisions of the fitness to practise panel, and of the process for doing this.

## Fitness to practise committee or panel

### Composition and training

- 114** Medical schools' fitness to practise procedures must describe clearly the composition of the committee or panel.
- 115** The committee or panel must include a registered medical practitioner with a licence to practise.
- 116** Medical schools should also consider including on panels:\*
- someone from outside the medical school
  - someone with legal knowledge

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\* This does not mean students and others should have unlimited access to proceedings – medical schools can set rules as to how a public hearing will be held.



- a student representative who does not know the student being investigated
- where the concerns are related to health, a relevant health specialist, for example a psychiatrist or occupational health physician. This person should not be involved in the treatment of the student.

**117** Committee or panel members should have appropriate experience and receive training for their role. There should also be a clear description of the requirements of the role. Panellists must:

- know and understand the rules and regulations of fitness to practise and disciplinary matters at the medical school
- know and understand the outcomes of undergraduate medical education and the relevant guidance, such as *Achieving good medical practice: guidance for medical students* and this guidance
- be fair-minded and willing to hear the full facts of the case before reaching a decision
- be prepared to seek appropriate expert advice, especially in cases involving health or impairment issues
- make sure fitness to practise proceedings are fair and proportionate.

## Committee or panel hearings

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

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

- make sure that decisions and sanctions are proportionate
- make sure decisions, and reasons for them, are explained and given in writing
- consider what to do if there is a split vote. For example, it may be appropriate for the chair to have the casting vote. Alternatively, medical schools may wish to consider having an odd number of panellists to avoid this situation.

### **Support and representation for medical students at committee or panel hearings**

**119** Medical schools should encourage students to have a supporter or legal representative present at fitness to practise hearings. The students' union may also be an important source of advice and support. Medical schools' fitness to practise procedures should set out how support and representation will work in practice.

**120** A student who is subject to fitness to practise procedures should be given written guidance to explain:

- what will happen at all stages of the process
- where they can get support
- guidance to help them put together information for their hearing.

The medical school should also give the student an indicative timeframe for the process.

## Witnesses at committee or panel hearings

**121** If individuals or experts have information the committee or panel should consider, they should be asked to give an account of this information in writing. In certain circumstances, it may be appropriate for medical schools or universities to invite witnesses to be present at a committee or panel hearing to give verbal evidence. This may be required if clarification is needed about information given in a witness's statement or if there are conflicting accounts of information given by two witnesses. The representatives of the medical school or the student should be given the opportunity to ask questions of any witness who is invited to give evidence during a committee or panel hearing.

## What are the outcomes of a fitness to practise committee or panel?

**122** A fitness to practise committee or panel may decide on one of a number of possible outcomes (see table 2).

If the student's fitness to practise is not impaired, the committee or panel can apply:

- no warning or sanction
- a warning.

If the student's fitness to practise is impaired and requires a sanction (or the agreement of undertakings as an alternative to a sanction), the committee or panel can:

- agree undertakings
- apply conditions
- suspend the student from the medical course
- expel the student from the medical course.

### Warnings or undertakings

**123** A fitness to practise committee or panel may decide to issue a warning to a student as an outcome if there is a significant departure from expected standards, but the student's fitness to practise is not impaired and does not require a sanction (see Warnings paragraphs 98–99 and table 2).

**124** The medical school and student will usually agree undertakings before a case is heard by a fitness to practise committee or panel, if the circumstances are appropriate (see table 2). But in some cases it may be appropriate for a fitness to practise committee or panel to agree undertakings. In these situations, the medical school or university must have reason to believe the student has insight and will comply with the agreed undertakings. Medical schools should monitor and review undertakings to ensure continued compliance and effectiveness.

### Sanctions

**125** The purpose of a sanction (conditions, suspension or expulsion) is to protect patients and the public, to maintain trust in the profession, and to make sure that a student whose fitness to practise is impaired is dealt with effectively. This includes possibly being removed from their

medical course. Sanctions are not intended as a punishment for the student and, with the exception of expulsion, should give a student the opportunity to learn from their mistakes.

- 126** Committees or panels should consider whether a sanction will protect patients and the public, and maintain professional standards. They should consider sanctions in a stepwise order, starting with the least severe sanction first and progressing to the next if they think a lesser sanction is not appropriate in relation to the circumstances of the case.
- 127** It is important that, when a panel or committee decides to impose a sanction, it makes it clear in its determination that it has considered all the available options. It should also give clear reasons for imposing a particular sanction, including any mitigating or aggravating factors it took into account in making its decision. It should also explain the intended purpose of the sanction in the determination.
- 128** The determination should include an explanation if a particular length of sanction was considered appropriate and include the date it is effective from.
- 129** If a student's fitness to practise will be considered again at a review hearing, for example to determine if any remediation has been successful, the determination should specify when and who will do this. For example, would it be by the same committee or panel?
- 130** The panel or committee should outline in its determination letter the student's right to appeal against any sanction. It should also give information about how to appeal and include any associated timings in the determination.

- 131** The determination letter should also make clear the requirements for disclosure to the GMC when the student applies for provisional registration and when they complete the TOI form.
- 132** Medical schools should have a clear policy on how long warnings and sanctions will remain on a student's record. This should be at least the length of time it usually takes for a student to get provisional registration with the GMC. If the panel or committee considers it necessary, the sanctions can remain on the medical school's record after the student has applied for provisional registration. The medical school should keep student records until the graduate gets full registration with the GMC.

### *Conditions*

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

**134** The committee or panel should make the objectives of any conditions clear, so a student knows what is expected of them. Conditions should be:

- specific
- proportionate
- workable
- time bound
- measurable
- monitored.

**135** The committee or panel should specify how compliance with the conditions will be measured and who will be responsible for monitoring. It should also make clear to the student the consequences of breaching any conditions.

**136** When reviewing a case where conditions have been imposed, the committee or panel should consider whether the conditions remain appropriate.



**137** Before imposing conditions, the committee or panel should satisfy itself that:

- the problem can be addressed through conditions
- the objectives of the conditions are clear
- the conditions will be appropriately monitored
- any future assessment will take into account whether the objectives have been achieved, and whether patients are going to be at risk if the conditions are removed.

**138** If a committee or panel has found a student's fitness to practise impaired because of adverse physical or mental health, the conditions should relate to the medical supervision of the student as well as to supervision on clinical placements.

**139** A committee or panel should not impose conditions if it has found that the student's fitness to practise is not impaired.

### *Suspension from medical course*

**140** Medical schools should consider whether the nature of a concern means the student should be temporarily suspended while the concern is investigated. This may be appropriate immediately after the concern has been raised, or in response to evidence that arises during the investigation or fitness to practise hearing. It may also be a proportionate response where a student is charged with a serious criminal offence but has not yet been convicted. Any suspension must be made to protect patients, colleagues, the student in question,

or other students. Medical schools should make sure the decision is proportionate, fair, documented and evaluated on a regular basis.

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

**142** It's important that medical schools have a process in place to make sure a student who returns from suspension understands the seriousness of the findings that led to their suspension and demonstrates insight. This process should also permit consideration of whether any conditions or remediation work is required. It may be appropriate to convene a student fitness to practise panel or committee, or a lower-level committee, to consider these matters before the student returns from a period of suspension, depending on the medical school's internal procedure.

### *Expulsion from medical course*

**143** The committee or panel can expel a student from medical school if it considers it is the only way to protect patients, carers, relatives, colleagues or the public. The medical school and university should help the student transfer to another course if appropriate. But the nature of the student's behaviour may mean they should not be accepted onto health-professional-related courses or, indeed, on any other course.

- 144** Expulsion, the most severe sanction, is appropriate if the medical school or university considers that the student's behaviour is fundamentally incompatible with continuing on a medical course or subsequently practising as a doctor. See table 2 for points to consider when deciding if it is appropriate to expel a medical student.
- 145** Students who are expelled from a medical degree should be added to the excluded student database, which is hosted by the Medical Schools Council. They should be told in writing that they will be added to the database and given a chance to appeal the decision to place them on the database.
- 146** Medical schools and universities should review their fitness to practise procedures to include appropriate measures to address a situation where a student with a fitness to practise concern leaves voluntarily before a conclusion is reached. All cases that reach a hearing should come to a formal decision and conclusion, even if the student leaves voluntarily before the hearing has concluded. Medical schools must give the student a full opportunity to participate in the hearing, even if they leave voluntarily.

**Table 2 – Outcomes of an investigation or fitness to practise committee or panel**

This list is not exhaustive, but highlights factors to consider. Sanctions (conditions, suspension or expulsion) may be appropriate when most or all of the factors listed are apparent. To keep the terminology simple, references to panel in this table mean a fitness to practise panel or committee.

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
Possible outcome of:						
Investigation or panel	Investigation or panel	Investigation only	Investigation or panel	Panel only	Panel only	Panel only
The student's fitness to practise is not impaired	The student's fitness to practise is not impaired	The student's fitness to practise may be impaired	The student's fitness to practise is impaired	The student's fitness to practise is impaired	The student's fitness to practise is impaired	The student's fitness to practise is impaired
There is no risk to patients or to public confidence	Their behaviour does not present a risk to patients or to public confidence	The breach of professional values is serious and may present a risk to patients or to public confidence	The proposed undertakings offer sufficient safeguards to protect patients and the public	The conditions will protect patients during the time they are in force	The breach of professional values is serious, but not fundamentally incompatible with the student continuing on a medical course – expulsion is not justified to protect patients and the public. But, given the seriousness, any sanction less than suspension would not be in the public interest	The student has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
Possible outcome of:						
Investigation or panel	Investigation or panel	Investigation only	Investigation or panel	Panel only	Panel only	Panel only
The student has insight into any medical condition	The student's behaviour raises concern and is a significant deviation from expected standards	The student does not show insight into the situation	The student has shown genuine insight into their problems and wants to resolve them	The student has shown sufficient insight, and is willing to respond positively to support and conditions	The student's judgement may be impaired, in cases that relate to the student's health, and there is a risk to patient safety if the student were allowed to continue on the course even under conditions	The student has shown a reckless disregard for patient safety
In cases of health, the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies appropriately	The concerns are serious enough that if there were a repetition, it would be likely to result in a finding of impaired fitness to practise	The student is likely to repeat the behaviour	The student is already seeking help and support that would comply with any conditions the medical school may impose	There are identifiable areas of the student's studies in need of further assessment or remedial action	There is no evidence that the student is inherently incapable of following good practice and professional values. For example, they have not received previous warnings, nor are they in breach of agreed conditions or undertakings	The student has seriously departed from the principles set out in <i>Outcomes for graduates (Tomorrow's Doctors)</i> and <i>Achieving good medical practice: guidance for medical students</i>

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
Possible outcome of:						
Investigation or panel	Investigation or panel	Investigation only	Investigation or panel	Panel only	Panel only	Panel only
	The concern warrants a formal recording to help identify repeat behaviour	There is evidence that the student is inherently incapable of following good practice and professional values. For example, they have received previous warnings or are in breach of agreed conditions or undertakings		The student has genuine insight into their health problem, is aware of compliance with the guidance on health and has agreed to abide by conditions relating to their medical condition, treatment and supervision	The panel is satisfied the student has insight and is not likely to repeat the behaviour	The student has behaved in a way that is fundamentally incompatible with being a doctor
		A decision maker decides that the evidence is sufficient to put before a fitness to practise panel		Patients will not be put in danger either directly or indirectly as a result of the conditions	There will be appropriate support for the student when they return to the course	The student has committed offences of a sexual nature, including involvement in child pornography

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
Possible outcome of:						
Investigation or panel	Investigation or panel	Investigation only	Investigation or panel	Panel only	Panel only	Panel only

The student has violated a patient's rights or exploited a vulnerable person

The student has abused their position of trust

The student has committed offences involving violence

The student has been dishonest, including covering up their actions, especially when the dishonesty has been persistent

The student has put their own interests before those of patients

The student has persistently shown a lack of insight into the seriousness of their actions or the consequences

## Reviewing a student's fitness to practise following a sanction

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

## Timescales for fitness to practise procedures

**148** Medical schools and universities should make sure documentation about their fitness to practise procedures includes timescales for the various stages of the procedures. It should include timescales for the investigation and hearing stages, taking into account how long a student may be prevented from continuing their course.

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



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## Expelling students on health grounds

In exceptional circumstances, medical schools and universities may expel students on health grounds. This approach is consistent with adverse physical or mental health being a reason for impairment when the GMC applies the test of fitness to practise to applicants for registration and may therefore be a reason for the GMC refusing registration. This differs from the GMC's fitness to practise processes, as registered doctors cannot be removed from the register on purely health grounds, although they can be suspended indefinitely from the register in certain circumstances. But medical students are not registered doctors – they are training to join a profession and therefore it may be necessary to remove them from the course to protect patients.

The difference in a student fitness to practise context is that it does not involve a decision to erase someone from the medical register and therefore remove their ability to practise the profession. Ultimately, a decision whether to expel a student on health grounds is a matter for the medical school. Such a decision would result in expulsion from a particular medical course and it would only be appropriate where it was deemed by the medical school to be a necessary step to protect the public. It would not prevent a student from being able to apply to re-join another medical course in the future, providing the public protection concerns have been addressed.

A student can be removed from the course if they consistently fail to manage their health condition, have a lack of insight into the impact their health has on others or consistently fail to follow the advice of their treating physician. This should be done through a formal fitness to practise process managed in line with the guidance in this document.

In these instances, the medical school must show it has taken steps to support the student to continue on the course and has sought to offer adjustments to allow the student to continue. Medical schools should also seek expert advice from a qualified clinician.

If a student fitness to practise panel or committee believes a student should be expelled on grounds of health, it should consider the following questions.

- How long has the student been on the course, and what opportunities has the medical school given them to show they are able to manage their condition?
- Does a pattern of behaviour suggest the student fails to manage their health in certain contexts?
- Is there a pattern of behaviour that shows a student consistently fails to have insight into the impact their health might have on patients and their peers?
- Is there a pattern of behaviour that shows the student fails to follow the advice of their treating physician in relation to their health?

Medical schools can also remove students from the course if they have a health condition or disability that means they will not be able to meet the outcomes of undergraduate medical education (see paragraphs 33–50). This is a different situation from the one outlined above and the views of occupational health physicians and other specialists will be crucial in supporting medical schools to make this decision. Medical schools should also consider the ability of the student to meet the outcomes within a reasonable time and the impact of prolonged absences from the course on learning, including the currency of knowledge.

All decisions related to expelling a student on health grounds must be made on a case-by-case basis. There are no health conditions that should automatically lead to expulsion – medical schools must follow guidance, including that set out in this document, to make sure their decisions are fair and proportionate. For further advice on supporting students with mental health conditions, please see the GMC and MSC guidance *Supporting medical students with mental health conditions*.<sup>\*</sup> This advice applies equally to medical students with physical health conditions. Medical schools may also wish to consider the GMC's guidance in *Welcomed and valued*.<sup>†</sup>

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\* See [www.gmc-uk.org/mentalhealth](http://www.gmc-uk.org/mentalhealth)

† See *What is expected of medical education organisations and employers?* in *Supporting disabled learners in medical education and training*, available at [www.gmc-uk.org/welcomedandvalued](http://www.gmc-uk.org/welcomedandvalued)

## Confidentiality and disclosure

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- 150** Medical schools should be aware of the importance of information storage and confidentiality issues. In some cases, it may be appropriate to keep certain documents separate from a student's file and use cross-reference markers. Medical schools must comply with the *Data Protection Act 2018* to protect the confidentiality of students.
- 151** Medical schools should also make clear in their public documents and on their websites that personal information may be passed to other organisations, including the GMC, other medical schools, foundation schools or postgraduate deaneries, for example, if a student receives a written warning or a sanction.
- 152** Medical schools must have clear guidelines on the disclosure of information in situations where a student's fitness to practise has raised concern.
- 153** The Information Commissioner's Office (ICO) has previously indicated that when fitness to practise concerns are raised, 'a balancing decision would need to be made between the rights of the individual student and the likelihood of a real risk to the public.'<sup>\*</sup> This will have implications for the responsibilities of, for example, occupational health practitioners, teachers, trainers, personal tutors and students.

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<sup>\*</sup> Correspondence from the Information Commissioner's Office (2008).

- 154** Furthermore, the ICO said all students should be informed that, in addition to any other purposes for which their personal data may be used, information may also be shared with medical and educational supervisors in circumstances where it is clear there would be a likelihood of real risk to the public if that information was not disclosed. This should be supported by clear, agreed procedures for sharing information between medical schools and other organisations.
- 155** Medical schools should make sure there are transparent and appropriate processes that will allow GPs or healthcare providers to raise concerns about medical students, if necessary. For example, where locally applicable, it may be appropriate to use the occupational health service, student support services, or a named academic or administrator as the first point of contact. Any exchange of confidential medical information should be carried out in the interests of protecting patients and the public, and preferably with the knowledge and consent of the student in question. For more information, see the GMC's guidance, *Confidentiality*.\*

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\* See [www.gmc-uk.org/confidentiality](http://www.gmc-uk.org/confidentiality)

## Appeals committees and panels

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**156** Medical schools and universities should have a fair and transparent process for appealing the findings of the student fitness to practise committee or panel, which should be clear and compliant with equality and diversity requirements. Those who have been closely involved in giving support to a particular student, and those who served on the committee or panel that considered that student's case, should not sit on the appeals panel.

**157** Medical schools should make sure their fitness to practise procedures clearly state the scope of and process for appeals, including:

- the circumstances in which an appeal can be made
- whether the appeal will be considered by a committee or panel or an individual
- whether there will be a hearing or simply a reconsideration of the decision based on the papers originally submitted to the panel
- whether the appeals committee or panel (or individual) can reconsider the facts of the case or is limited to deciding whether due process was followed
- whether the appeals committee or panel (or individual) can itself make a new decision on impairment, or whether it can simply refer the case back to a new fitness to practise committee or panel

- the composition of the appeals committee or panel, taking on board the advice in this guidance on committee or panel composition and training, and in particular the requirement that a registered doctor with a licence to practise must sit on the appeals committee or panel
- details of further stages of appeal if they exist, and information on what students can do if they have exhausted the appeals process but still disagree with the outcome.

**158** If the outcome of a case is overturned, following appeal either to the university or student ombudsman (see paragraph 161) because of a failing to follow due process, this does not overrule any decision about whether a student is fit to practise. In these circumstances, the case will need to be reconsidered by the medical school or university following appropriate procedures but still giving due consideration to any potential impairment of a student's fitness to practise.

**159** Universities responsible for hearing appeals should be aware that medical students are training to join a registered profession. This means they are expected to behave professionally throughout their course. It is very important that universities bear in mind the future safety of patients when considering any matter relating to a student's fitness to practise.

**160** It is important to note that even if an appeal is successful the GMC will make its own decision on fitness to practise on the point of registration.

## External complaints

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**161** When the medical school and university procedures for an appeal have been exhausted, students have a right to pursue a complaint with the relevant student ombudsman or equivalent. For the four countries of the UK these are:

- for England and Wales, the Office of the Independent Adjudicator\*
- for Scotland, the Scottish Public Services Ombudsman†
- for Northern Ireland, the Northern Ireland Public Services Ombudsman.‡

**162** These bodies will carry out an impartial review of a student's complaint and will focus on whether the medical school and university have followed their own procedures. They will also consider whether decisions were reasonable, evidence-based and justified. You can find further information specific for the relevant country on the ombudsmen's websites.

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\* See [www.oiahe.org.uk](http://www.oiahe.org.uk)

† See [www.spso.org.uk](http://www.spso.org.uk)

‡ See [www.nipso.org.uk/nipso](http://www.nipso.org.uk/nipso)



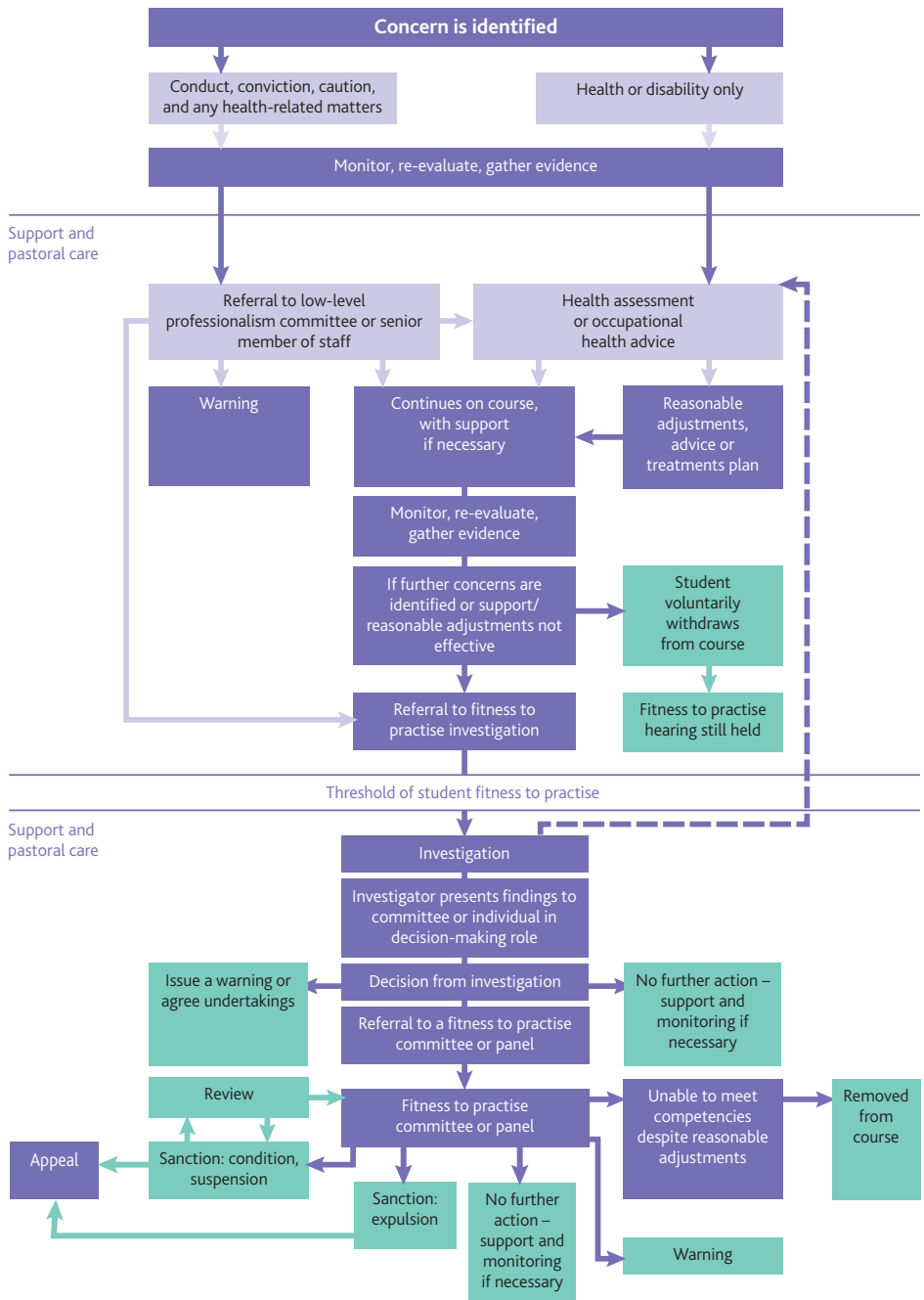
# Appendix

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## Diagram:

An example illustration (page 80) of the process for managing professionalism concerns and fitness to practise issues in relation to medical students.

This illustration is intended as a reference only – medical schools or universities may have different local process structures. The diagram illustrates that a critical component at all stages of the process is student support and pastoral care.





## Working with doctors Working for patients

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