

UG MEDICAL STUDENTS AND FITNESS TO PRACTISE

MEDICAL STUDENTS AS PROFESSIONALS IN TRAINING

1. All medical students at St Andrews are considered to be young professionals in training from the start of the course and therefore have certain privileges and responsibilities different from those of students in other disciplines. Medical schools have a responsibility to the public, to employers and to the profession to ensure that only those students who are fit to practise as doctors are allowed to complete the curriculum and gain provisional registration. This responsibility covers both the assessment of students' knowledge, skills and behaviour towards the end of the course, and appropriate consideration of any concerns about a student's performance, health or conduct.
2. Students must be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practise. Their behaviour at all times must justify the trust the public places in the medical profession.
3. All medical professionals in the UK are accountable to the General Medical Council (GMC) which sets standards for professional conduct. The GMC also gives guidance to medical schools on the performance and conduct of undergraduate students. St Andrews medical students will progress for clinical training to other medical schools. St Andrews, and all other medical schools, subscribe to the guidance concerning fitness to practise laid out in the GMC/Medical Schools Council publications; '[Achieving good medical practise](#)' and '[Professional behaviour and fitness to practise](#)'. The guidance is firmly based on the GMC guidance for all qualified doctors '[Good medical practice](#)' which aims to describe what constitutes a good doctor. Students should familiarise themselves with this document during their training. The GMC is clear that a professional's paramount responsibility is to their patients. This document defines the roles and responsibilities of medical professionals by the following categories:
 - a. Good clinical care
 - b. Maintaining good medical practice
 - c. Teaching and training, appraising and assessing
 - d. Relationships with patients
 - e. Working with colleagues
 - f. Probity
 - g. Health
4. Each section sets appropriate standards of practice for doctors in the relevant area. The booklet helpfully indicates to medical students how they can, in their developing professional work, relate to each of the areas of 'good medical practice' prior to qualification and GMC registration. Students should be aware of these areas from the beginning of their training.

THE ROLE OF THE GMC

5. One of the principal functions of the GMC is to maintain a register of doctors. The addition of names to the register is the legal responsibility of the GMC. Students, apply to the GMC to have their name added to the register towards the end of their undergraduate medical studies. In the process of doing so, students must declare in writing to the GMC any information which might have bearing on their fitness to practise. Such information includes:

- a. Whether the student has ever been found guilty or convicted by a court of law or been cautioned either in the UK or another country.
 - b. Whether there are any issues in relation to the student's physical or mental health that might raise a question about their fitness to practise.
 - c. Whether students have ever been subject to disciplinary action by their medical school.
6. In each case the GMC will investigate the situation, for example, by contacting the student's medical school to request documentation about any disciplinary action, or by requiring the student to be assessed by an independent medical practitioner.
7. It is very important, therefore, for students to appreciate that they must maintain very high standards and behaviour in every area of their lives, including the time spent out with the medical school at weekends or holidays. They must also take care of their own mental and physical health and seek assistance or treatment if their health becomes impaired.

FITNESS TO PRACTISE

8. The GMC state that;

'To practise safely, doctors must be competent in what they do. They must establish and maintain effective relationships with patients, respect patients' autonomy and act responsibly and appropriately if they or a colleague fall ill and their performance suffers. 'But these attributes, while essential, are not enough. Doctors have a respected position in society and their work gives them privileged access to patients, some of whom may be very vulnerable. A doctor whose conduct has shown that he cannot justify the trust placed in him should not continue in unrestricted practice while that remains the case¹.'

9. The 'threshold' relates to a point at which a student's behaviour, attitude, health or probity becomes a matter of formal concern to the school rather than on-going support from tutors, student services or occupational health. The threshold can be crossed in a single incident or after the accumulation of a number of low level events. 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.

- a. 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?
- b. Has a student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients, teachers or colleagues?
- c. 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?
- d. Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?

¹ The meaning of fitness to practise, GMC policy statement, 2014, repeated in 'Professional behaviour and fitness to practise' at para 74

- e. Has a student behaved dishonestly, fraudulently or in a way designed to mislead or harm others?
- f. Might the student's behaviour undermine public confidence in doctors generally if the medical school did not take action?
- g. Is a student's health or disability compromising patient safety?

FITNESS TO STUDY

10. Fitness to study is a separate issue from fitness to practise. Fitness to study relates to whether a student's poor health may preclude them from participating or completing the course satisfactorily. The pro Deans (student support) lead on fitness to study.

CONCERNS REGARDING FELLOW STUDENTS

11. The GMC is quite clear that students' fundamental responsibility is to patients. For graduate doctors Good Medical Practice sets standards for working with colleagues and for raising concerns about others. It is important that students are aware that GMC guidance for undergraduates indicates that in order to demonstrate that they are fit to practise students also should:

"raise concerns about overall practice in a healthcare setting or about colleagues including other students, medical practitioners or other healthcare workers with the appropriate person if patients are at risk or harm."

12. Whilst at St Andrews students should raise such concerns with their Personal Tutor, the Director or Deputy Director of Teaching or with the Dean, or a Pro Dean of Medicine. Students should also be aware that the GMC guidance requires that...

"anyone providing support or pastoral care must inform an appropriate person if there is a reasonable belief that their (the student's) behaviour or health raises or will raise fitness to practise concerns or poses a risk to colleagues patients or the public".

13. The school will not normally act on anonymous information but students should be reassured that any information about a peer that is sensitive will be treated confidentially

AGREEMENTS AND CONTRACTS

14. The Programme will try to help students to aspire to high standards of professional behaviour by laying out the student's particular responsibilities. For BSc (Hons) Students this is the BSc (Hons) Professionalism Agreement and for ScotGEM students this is the Student Contract. Students are required to read the relevant documents thoroughly and then sign it annually. If students fail to meet the standards set out then this matter is discussed with the student and could lead to formal interaction with the School Progress Committee or a referral to Fitness to Practise.

THE FITNESS TO PRACTISE PROCESS

15. The Process for BSc (Hons) and MBChB ScotGEM students varies slightly.
16. Common to both:
 - a. Students must be aware that GDPR mandates that the University may pass on information about a student, if appropriate, to other organisations, including the GMC, other medical schools or postgraduate deaneries.
 - b. Students must be aware that a FtP judgement that falls short of an exclusion from medicine may still be a barrier to employment with individual health boards or private practices.

Specific to BSc (Hons)

17. A link to the official university policy on Fitness to Practise is included in the student handbook so that students can read about the policies and procedures. This describes the process for those students whose fitness to practise may be impaired. Medical schools have the power to hold a formal hearing which could lead to the student's studies in medicine being terminated. A series of less serious outcomes are also possible, including a formal warning or the student being permitted to proceed under certain conditions or undertakings.
18. It is very important for students to appreciate that formal Fitness to Practise issues must be declared to the GMC by the student at the point of application for provisional registration. Any formal involvement will also be reported by St Andrews to the clinical school to which the student proceeds. FtP records will be kept on file indefinitely for the purposes of future reference.

Specific to MBChB ScotGEM

19. Each medical school involved in the delivery of the ScotGEM Programme have separate, but complementary, regulations for Fitness to Practise (FtP) proceedings based on guidance from the GMC. Ownership of FtP rests with the institution in which the student is primarily matriculated. Accordingly ScotGEM will use current FtP procedures extant at both Schools of Medicine. These can be found at:

[University of St Andrews, School of Medicine: Fitness to Practise](#)

[University of Dundee, School of Medicine: Fitness to Practise Procedure](#)

20. Professionalism will be integrated throughout the course, and pastoral support will be delivered seamlessly via Personal Tutors and Generalist Clinical Mentors (GCM). For students primarily matriculated at the University of St Andrews:
 - a. referrals may originate from a [range of sources](#)
 - b. low level concerns will be handled by the Dean of Medicine
 - c. serious or persistent concerns will be referred to the [relevant committee](#)
21. For students primarily matriculated at the University of Dundee low level concerns will be handled by the appropriate Year Convenor who will refer serious or persistent concerns to the Medical School's Support and Progress Committee.

22. The policies and advice on raising concerns is available to ScotGEM students at both Schools of Medicine and will be driven by the institution of primary matriculation.

23. In the case of a student whose conduct, clinical ability, knowledge or health gives rise to concerns that patient safety or the student's personal well-being could be compromised, the relevant Dean of Medicine, following consultation with relevant clinical staff, may temporarily debar the student from all or any work on the course. Formal FtP processes will be the responsibility of the medical school in which the student is or was primarily matriculated when the situation commenced.

24. The FtP investigation and any panel committee would, by default, have members from both schools present. An FtP panel chair would be external to the School leading, i.e. could come from the other school or external to the partnership

25. Any informal and formal involvement will be reported by the University of St Andrews to the University of Dundee when students move between years 2 and 3.

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Title:	Medical Students and Fitness to Practise
Author:	DC Masson
File name:	students_FtP_student guide
Version:	20/08/2021
Version history and major amendments:	
June 2016. Revised to adopt new GMC publications. Old version overwritten.	
August 2021. Republished with updated links.	