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School of Medicine: Professional Values, Behaviour, Health and Entry into Medicine

Author: Professor Lowe

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Introduction

The School of Medicine has adopted the values of the NHS Constitution that comprise:

- **Improving lives** – Qualifying competent doctors committed to improving health and wellbeing
- **Respect & Dignity** - Respect for our patients, staff, and fellow students
- **Compassion** - Understanding our patients' perspective; being empathic and caring
- **Everyone Counts** - Everyone is treated in a fair and equitable way
- **Working Together for Patients** - Working effectively in teams for the benefit of patients
- **Commitment to Quality of Care** - Reflective practitioners who use feedback to improve their practice

These values are incorporated into the different professional behaviours expected of medical students and outlined in this document.

Medical students have certain privileges and responsibilities different from those of other students. Because of this, different standards of professional behaviour are expected of them. Medical schools are responsible for ensuring that medical students have opportunities to learn and practise the standards expected of them.

In relation to a doctor's fitness to practise the General Medical Council (GMC) states:

- a. '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.
- b. 'But these attributes, while essential, are not enough. Doctors have a respected position in society and their work gives them privileged access to patients, some of whom may be very vulnerable. A doctor whose conduct has shown that he cannot justify the trust placed in him should not continue in unrestricted practice while that remains the case.' (The meaning of fitness to practise, GMC policy statement 2007)

It is expected that all applicants to medical school will declare any issues that may have a bearing upon their future fitness to practice as a registered medical practitioner. All students who study medicine in Nottingham are asked to sign the University of Nottingham Medical Student Contract. This sets out a code of practice relating to professional attitudes and behaviour. Those who are intending to apply to study medicine in Nottingham are advised to [read the latest version](#)

Much of the following advice is quoted from the General Medical Council Achieving good medical practice - [guidance for medical students](#)



The NHS Constitution and its values may be found by following [this link](#)

General conduct and behaviour

Basic medical training gives students the opportunity to learn professional behaviour in a supervised environment that is safe for patients. It is common for medical students both to interact with patients and to have access to confidential patient information. Patients may view students as being in a position of trust and responsibility. They are often willing to allow students to be involved in their treatment as they accept that this is an important part of a student's education. However, this willingness is based on trust that students will behave professionally, consistent with the NHS constitution values, and that trained professionals will supervise them appropriately.

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.

Students are expected to behave in a professional and responsible manner. Their behaviour is measured against the principles set out in guidance issued by the General Medical Council Medical Students, Professional Values and Fitness to Practice, in [Outcomes for Graduates](#) and in [Good Medical Practice](#). If a student's behaviour falls below these expected levels, the medical school will consider if this amounts to a fitness to practise concern, and therefore warrants consideration through its formal procedures. The medical school has systems in place to identify types of behaviour that are not safe, or that are inconsistent with its values, and to take appropriate action to help students improve their behaviour; or if this is not possible or is unsuccessful, to make sure they do not graduate as doctors.

Good clinical care

Being able to provide good clinical care is fundamental to becoming a doctor. This objective should guide a student's behaviour in both their clinical and academic work. Medical students should reflect on how they can support and promote good clinical care as part of their medical education.

In order to demonstrate that they are fit to practise, students should demonstrate their commitment to quality of care by:

- a. recognising and working within the limits of their competence and ask for help when necessary
- b. accurately representing their position or abilities
- c. making sure they are supervised appropriately for any clinical task they perform
- d. respecting the decisions and rights of patients



- e. being aware that treatment should be based on clinical need and the effectiveness of treatment options, and that decisions should be arrived at through assessment and discussion with the patient
- f. not unfairly discriminating against patients by allowing their personal views to affect adversely their professional relationship or the treatment they provide or arrange (this includes their views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, and social or economic status)
- g. behaving with courtesy
- h. reporting any concerns they have about patient safety, to the appropriate person.

Maintaining good medical practice

Students must be aware of their responsibility to acquire appropriate knowledge and skills and to maintain these throughout their careers. Students are expected to keep up to date and to apply the knowledge necessary for good clinical care. They should understand that as doctors they will have to participate in audit, assessments and performance reviews throughout their careers as part of revalidation and licensing.

In order to demonstrate that they are fit to practise, students should:

- a. reflect regularly on standards of medical practice in accordance with [Good Medical Practice](#) and [Outcomes for Graduates](#)
- b. attend compulsory teaching sessions or make other arrangements with the medical school
- c. complete and submit course work on time
- d. be responsible for their own learning
- e. reflect on feedback about their performance and achievements and respond constructively
- f. be familiar with guidance from the GMC and other organisations, such as medical schools, hospitals, GP Practices, trusts and health boards
- g. respect the knowledge and skills of those involved in their education
- h. make sure they can be contacted and always respond to messages in relation to care of patients or their own education.

Teaching and training, appraising and assessing

Medical education has strong professional and academic aspects to it. Medical students must engage with patients and gain experience in clinical settings. Doctors and students must be willing to contribute to the teaching, training, appraising and assessing of students and colleagues. They are also expected to be honest and objective



when appraising or assessing the performance of others, in order to ensure students and colleagues are maintaining a satisfactory standard of practice.

In order to demonstrate that they are fit to practise, students should:

- a. demonstrate basic teaching skills
- b. be aware of the principles of education in medicine
- c. be willing to contribute to the education of other students
- d. give constructive feedback on the quality of their learning and teaching experiences.

Relationships with patients

Medical students will have extensive contact with patients during their medical course. Although there are limits to these clinical contacts and students are supervised, patients may consider the student to be in a position of responsibility, and so may attach added importance to their opinions or comments.

Doctors and students must build relationships with patients based on openness, trust and good communication. Relatives, carers, partners and anyone else close to the patient, should also be treated with consideration, compassion, and respect and be given support when needed.

Doctors and students are expected to maintain a professional boundary between themselves and their patients or anyone close to the patient. They must not use their professional position to cause distress or to exploit patients.

Good Medical Practice states that patients must give informed consent to any activity. This includes participating in teaching or research, as well as in any activity undertaken by a medical student.

Patients have a right to expect information about them to be held in confidence. A patient's case must not be discussed in a way that would identify them with anyone not directly involved in their care, or in a public place, including social media. Academic work that contains specific information about a patient must not identify the patient if it is to be seen outside the patient's care team. This includes case or log reports that are submitted as part of the student's course work or assessment. This is consistent with the [Caldicott principles](#) about the use of patient information.

In order to demonstrate that they are fit to practise, students should:

- a. respect patients and treat them with dignity
- b. be aware of ethical issues in their professional behaviour with patients
- c. be open and honest when dealing with patients, their carers, relatives, partners or anyone else close to them
- d. make sure that patients have consented to a student being involved in their care



- e. make sure they are clearly identified as students
- f. dress in an appropriate and professional way and be aware that patients will respond to their appearance, presentation and hygiene
- g. make sure they follow the GMC's guidance on consent and confidentiality.

Working with colleagues

Medical students need to be able to work effectively with colleagues inside and outside of healthcare in order to deliver a high standard of care and to ensure that patients come first, especially patient safety. Doctors and students must develop skills to work in multi-disciplinary teams. This involves respecting the skills and contributions of colleagues and other professionals, and developing effective communication with other members of the team and with patients.

It is also important that doctors and students protect patients from harm posed by another colleague's behaviour, performance or health. They should take steps to raise any concerns with the appropriate person.

In order to demonstrate that they are fit to practise, students should:

- a. demonstrate skills that allow them to deal with uncertainty and change in the workplace
- b. be able to work effectively in a team and to take on different roles as appropriate, including taking responsibility for tasks
- c. develop and demonstrate teamwork and leadership skills
- d. be aware of the roles and responsibilities of other people involved in delivering healthcare
- e. respect the skills and contributions of colleagues and other professionals and not unfairly discriminate against them
- f. raise concerns about overall practice in a healthcare setting or about colleagues, including other students, medical practitioners and other healthcare workers, with the appropriate person if patients are at risk.

Probity

Probity means being honest and trustworthy, and acting with integrity. The School of Medicine requires students to make sure that their behaviour at all times justifies the trust that patients and the public place in the medical profession.

The medical school will always investigate circumstances where it is possible that a student may have behaved dishonestly, fraudulently, or in a way designed to mislead or harm others. The medical school will take action if a student's behaviour is such that trust in the medical profession might be undermined. This might include plagiarism, cheating,



dishonesty in reports and logbooks, forging the signature of a supervisor, or failing to comply with the regulations of the School of Medicine, university, hospital, GP practice or another organisation.

In order to demonstrate that they are fit to practise, students should:

- a. bring attention to any concerns about, or errors in, their clinical work
- b. be honest, genuine and original in their academic work, including when conducting research, and take effective action if they have concerns about the honesty of others
- c. be honest and trustworthy when writing reports and logbooks, and when completing and signing forms
- d. be honest in CVs and all applications and not misrepresent their qualifications, position or abilities
- e. not plagiarise others' work or use their own work repeatedly in a way that could mislead
- f. be honest and trustworthy in any financial dealings, especially if they are managing finances, and make sure that any funds are used for the purpose they were intended for
- g. welcome feedback from patients, staff, and peers
- h. co-operate with any formal inquiry by their school of medicine or other organisation into their health, behaviour or performance, or that of anybody else
- i. comply with the laws of the UK and, where relevant, any laws that apply specifically in England, Wales, Scotland or Northern Ireland
- j. comply with the regulations of their medical school, hospital or other organisation.

The following is a list of examples that are likely to have a significant bearing upon a student's ability to remain on the course:

Drug or alcohol misuse

- Drunk driving
- Alcohol consumption that affects clinical work or environment
- Dealing, possessing or using illegal drugs even if there are no legal proceedings

Aggressive, violent or threatening behaviour

- Assault
- Physical violence
- Bullying
- Abuse

Criminal conviction or caution

- Child pornography



- Theft
- Financial fraud
- Possession of illegal substances
- Child abuse or any other abuse
- Physical violence

Persistent inappropriate attitude or behaviour

- Uncommitted to work
- Neglect of administrative tasks
- Poor time management
- Non-attendance
- Poor communication

Cheating or plagiarising

- Cheating in examinations
- Passing off others' work as one's own

Dishonesty or fraud, including dishonesty outside the professional role

- Falsifying research
- Financial fraud
- Fraudulent CVs or other documents

Unprofessional behaviour or attitudes; behaviour that consistently breaches the values of the School of Medicine

- Breach of confidentiality
- Misleading patients about their care or treatment
- Sexual harassment
- Inappropriate examinations or failure to keep appropriate boundaries in behaviour
- Persistent rudeness to patients, colleagues or others
- Unlawful discrimination

Any such matters could lead to investigation under the School of Medicine's fitness to practise procedures.

Health

It is important that medical students are aware that their own poor health may put patients and colleagues at risk. Students need to seek and follow advice from suitably qualified professionals about their health. This is particularly important if they have, or suspect



they have, a serious condition that could be passed on to patients, or if they are receiving treatment that could affect their judgement or performance.

Mental health conditions are common and the School of Medicine receives applications from people with mental health problems every year. They are usually not a barrier to entry, conditional offers of a place being based on academic criteria. Potential and current students are encouraged to be open and honest about any mental health difficulties they have, or are experiencing, with the confidential Occupational Health service (outlined below) that gives the medical school advice on whether the applicant (or student) will be able to meet the outcomes set out in Outcomes for Graduates, and the adjustments and support they might need during their course. They will also advise on the applicant's suitability for a career in medicine.

It is important that a student who has had a lifestyle that may have exposed them to infection by a blood-borne virus (BBV) declares this and has appropriate screening. Examples of such infections include certain forms of hepatitis virus and human immunodeficiency virus (HIV). Students with blood-borne viruses can study medicine but they should not perform certain procedures and may have restrictions on their clinical placements.

All students will be assessed by an independent Occupational Health (OH) Service twice, at point of entry and, again, at transition to the full-time clinical phase of the course, to check that their health and/or disability do not render them unfit to train. This assessment is confidential to the OH service that keeps all medical details confidential and passes only recommendations to the medical school. Standards for fitness to train as a medical student are laid out by the Higher Education Occupational Physicians in their [guidance](#)

These standards are used, together with the essential outcomes of basic medical training specified by the General Medical Council in [Outcomes for Graduates](#), by the Occupational Health Service to make recommendations to the medical school about entrants' and students' fitness to train.

In order to demonstrate that they are fit to practise, students should:

- a. be aware that their own health problems may put patients and colleagues at risk
- b. seek medical or occupational health advice, or both, if there is a concern about their health, including mental health
- c. accept that they may not be able to accurately assess their own health, and be willing to be referred for treatment or for occupational health advice, and to engage in any recommended treatment programmes
- d. protect patients, colleagues and themselves by being immunised against common serious communicable diseases if vaccines are available and are recommended by the Department of Health or relevant devolved department
- e. be aware that they are not required to perform exposure prone procedures (EPPs) in order to achieve the expectations set out in Outcomes for Graduates; students with blood-borne viruses (BBVs) can study medicine but they should



- not perform EPPs; they may have restrictions on their clinical placements; they must complete the recommended health screening before undertaking EPPs; and they must limit their medical practice when they graduate.
- f. not rely on their own or another student's assessment of the risk posed to patients by their health, and seek advice, when necessary, from a qualified clinician or other qualified healthcare professional
 - g. be aware that when they graduate, they are responsible for informing their employer or other appropriate person if their health poses a risk to patients or the public.

Disability

Certain impairments or health conditions may make it impossible for a student to meet the outcomes required by the General Medical Council at the point of graduation. In other circumstances where there is a disability the School of Medicine and our placement providers will seek to make reasonable adjustments for students in how they can achieve the outcomes set out in [Outcomes for Graduates](#)

Although adjustments cannot be made to the outcomes themselves, reasonable adjustments can be made to the method of learning and the assessment by which the student demonstrates these skills.

The GMC has released guidance on [Gateways to the Professions](#) that serves as a useful resource for both the School of Medicine and disabled students. Applicants and students who have a disability are advised to declare this and consult with the admissions team and the School Disability Liaison Officer.

Faculty's Fitness to Practise Committee

The GMC's recommendations on health and behaviour in [Outcomes for Graduates](#) focus on the responsibility of medical students, schools of medicine and doctors to protect patients. It requires schools of medicine to have procedures in place to identify medical students who give serious cause for concern, and to prevent unfit students from graduating.

Students whose fitness to practise has been brought into question may be referred to the Faculty's Fitness to Practise Committee. Formal procedures governing this process are in place and can be found [here](#)

The School of Medicine also has a **Professionalism and Academic Competency Committee (PACC)**, which has oversight of the professionalism curriculum within the School. It was also set up to monitor so called 'low level concerns', to ensure that students who have demonstrated low-level unprofessional behaviour are supported



and receive remediation with the aim of preventing the need for a fitness to practice investigation. Students can be referred to the PACC through completion of a 'request for intervention form'. In addition, PACC receives and reviews the "Excellence in Professionalism" referrals for consideration of commendation.

Pastoral Support

[Outcomes for Graduates](#) also requires medical schools to provide welfare support. The School recognizes that the medical course is a demanding programme and provision for welfare support is made for students in each year of the course. All students should be aware of the welfare programme which is designed to support medical students in the development of appropriate professional behaviour.

Personal Information

The personal data of students will be processed by the University in compliance with the Data Protection Act. However, it may be necessary to pass personal information to other organisations such as the NHS, the GMC, other medical schools or postgraduate deaneries where there is a real issue about a student's fitness to practise and where this represents a risk to patients or members of the public.

The University has a responsibility to raise the awareness of prospective students, current students, and staff, including NHS staff, of fitness to practise issues and the Faculty's procedures for addressing concerns.