

The Hull York Medical School

Code of Practice on Fitness to Practise Medicine

Updated:	November 2008 (Changes proposed by the Head of Administration)
Frequency of Update:	As required
Responsibility to Update:	The Secretary of HYMS (Head of Administration), in consultation with the Chair of the Fitness to Practise Committee

1) Overview

- a) Possession of a medical degree confers the right to apply for provisional registration with the General Medical Council (GMC). Therefore, the Hull York Medical School is required to have a mechanism to identify medical students whose conduct gives serious cause for concern or whose health is impaired to such a degree as to pose a risk to patients; to provide such students with appropriate support; and to ensure that if they remain a risk to patients, they are not permitted to graduate with a medical degree (see appendix 1 and appendix 2).
- b) This role will be fulfilled by Fitness to Practise Committee. The procedures laid out in this document apply both to undergraduate medical students and prospective medical students. The standard of proof required in fitness to practise investigations will be in line with current GMC guidelines for student Fitness to Practise

2) Policy

- a) The Fitness to Practise Committee is concerned with matters relating to conduct, behaviour, attitudes and values as well as issues relating to the health of students or prospective students where these may impact on patient care or safety. It is not concerned directly with skills or knowledge, which are the responsibility of the Boards of Examiners.
- b) HYMS recognises its role in supporting medical students to acquire professional standards of behaviour and conduct. This will happen both through curricular opportunities and by providing constructive feedback. It is recognised that any area of learning involves identifying small mistakes and improving as a result. Supportive measures are intended to support and record such occasions. However behavioural concerns that raise doubt about a student's safety when working with patients or fitness to graduate and practise as a doctor are dealt with through formal fitness to practise procedures.
- c) Support and welfare of students are important. However, the safety of patients is of paramount importance to the Fitness to Practise Committee

3) Supportive Measures

- a) Formative evaluation of professional conduct and behaviour will be a component of the continuing assessment of student performance in all phases of the MB BS programme, being reported to the Academic Progress Committee.
- b) Students will be supported in using this feedback to improve future professional behaviour. Tutors identifying behaviour which they judge to be less than satisfactory will normally advise the student about improvement and record this by awarding a 'Borderline' grade for some aspect of professional behaviour which will remain on the student's record.
- c) Tutors identifying behaviour they wish to bring to the Medical School's attention will inform the student and award an 'Unsatisfactory' grade for that aspect of professional behaviour. These will be brought to the attention of the Associate Dean for Students who will normally meet with the student to seek an informal resolution to the incident by implementing supportive measures as appropriate.
- d) Alternatively, concerns about the health or conduct of a student may be disclosed to the Secretary of the Fitness to Practise Committee who may also request the Associate Dean to seek an informal resolution by implementing supportive measures.
- e) The HYMS Fitness to Practise Committee will receive reports on supportive measures. This will include lists of students about whom there have been recorded concerns and summary information about those cases managed by the Associate Dean for Students.
- f) Notwithstanding any supportive intent, assessments that highlight serious or persistent issues of attendance, illness, inappropriate behaviour or neglect of academic obligations may be referred to the Fitness to Practise Committee for consideration as laid out in Section 4. This decision will be brought

on the basis of a judgement of risk to patients and the public, including potential damage to public confidence in the profession.

4) Fitness to Practise Procedures

a) Initiation of the procedure:

- i) Serious or persistent concerns about the health or conduct of a student enrolled in the HYMS MBBS programme whom it is thought might pose potential risk to patients, will be disclosed to the Secretary of HYMS (Head of Administration) in her/his role as Secretary to the Fitness to Practise Committee.
- ii) The person or persons making this disclosure must identify herself/himself to the Secretary of HYMS (Head of Administration). Anonymous expressions of concern will not be accepted. In exceptional cases the Secretary of HYMS may permit the discloser's identity to remain confidential provided that this is consistent with the rules of natural justice.
- iii) In the acute circumstances of a Critical Incident (see Section 8), temporary suspension or limitation may be placed upon the continuation of studies and/or clinical attachment.
- iv) The Secretary of HYMS will, normally within five working days, ascertain from the office of the Associate Dean for Students whether an attempt has been made to resolve the issue informally by supportive measures. If not, such an attempt should normally be made within a further five working days. The HYMS Associate Dean for Students may rule that an informal resolution would be inappropriate in a particular case.
- v) The Associate Dean for Admissions will decide whether to refer disclosures from applicants to the medical school for consideration using these procedures. Cases where a criminal conviction has been disclosed will always be referred to the Fitness to Practise Committee.

b) Levels of Referral for Fitness to Practise Consideration:

In cases where supportive measures are considered to be inappropriate or have failed to bring about a satisfactory resolution, investigation following disclosure may be brought to a resolution at one of two levels of referral.

Referral level 1: Formal Investigation by an investigating officer

Referral level 2: Formal hearing by a Fitness to Practise Panel

Formal Investigation by an investigating officer

- i) The Secretary of HYMS will, following consultation with the Chair of the Fitness to Practise Committee, nominate an investigating officer from amongst the academic or appropriate senior managerial staff of HYMS, normally within 5 working days of the referral. The investigating officer should not be a current tutor, mentor, or supervisor of the student under investigation.
- ii) The Secretary of HYMS will notify the student of:
 - (1) The details of the allegations against her/him
 - (2) The identity of the investigating officer
- iii) Any suspension or limitation placed upon the continuation of studies and/or clinical attachment during the period of the investigation (see section 8). Any such suspension must have been approved by the Dean or Acting Dean of HYMS
- iv) The investigating officer will usually interview the student, and other relevant individuals, and may require that these individuals submit written comments. In certain cases where factual evidence is agreed with the student and a meeting would be impracticable, for example in certain admissions cases, a meeting may not be necessary. At such interviews, both students and other relevant individuals must be offered the opportunity to be accompanied by a supporter of her or his own choosing, who may speak at the discretion of the investigating officer. The supporter

- may be a student, member of staff or Student Union representative from the University of Hull or the University of York. A written note of the meeting should be made.
- v) The Investigating Officer shall prepare a written report of the case for consideration and action by the Fitness to Practise Committee including recommendations which may include:
- That no action is required
 - That remedial support or therapeutic action be implemented
 - That additional monitoring, supervision or appraisal is arranged
 - That a Warning(s) may be issued where this is considered sufficient to safeguard patient safety in the short and long term
 - That a Fitness to Practise Hearing is held to consider Sanctions. The Sanctions available are Undertakings, Conditions, Suspension or Termination of studies (see section 7).
 - That an offer of a place may be made or not made on fitness to practise grounds (for cases involving applicants to the medical school)
- vi) In cases where a Hearing has been recommended, the Chair of the Fitness to Practise Committee may, in discussion with the Secretary of HYMS (Head of Administration), decide that there is a *prima facie* case to refer the matter to a Fitness to Practise Panel and proceed directly with arrangements.
- vii) If there is a case to proceed, the Secretary will:
- (1) Inform the student within 5 working days of the decision to hold a Hearing
 - (2) Set dates for a Formal Fitness to Practise Hearing of the case by a Fitness to Practise Panel. This must be at least 21 days later, to allow the student at least 15 days to prepare a case, and submit any supporting information for that case in advance of the Hearing for circulation to members of the Panel
 - (3) Appoint a secretary for the Hearing, who will be responsible for taking formal minutes and ensuring their safe keeping under the terms of clause 9b.
 - (4) Inform the student of the date, time, place, and conditions surrounding the student's attendance
 - (5) Inform the student of any change to any conditions in relation to suspension or limitation placed at the beginning of the formal investigation
 - (6) Ensure that all documents circulated to members of the Fitness to Practise Panel are also circulated to the student.
 - (7) Ensure that any HYMS staff who may have relevant information to the case, and any other person(s) who may be able to provide expert advice on specific aspects of the case are notified of the Hearing.
 - (8) If there is no case to proceed, the student will be informed of the outcome of the investigation

Formal Fitness to Practise Hearing before a Fitness to Practise Panel

- viii) The Chair of the Fitness to Practise Panel bears responsibility to ensure that the proceedings are fair, this includes proceedings where the student is not in attendance. Hearings are normally held in private but the student may request a public Hearing. The Chair will:
- (1) Confirm that all documents circulated to members of the Fitness to Practise Panel have also been circulated to the student
 - (2) Invite the student, the investigating officer, and any members of staff who have information relevant to the case, to join the meeting. The student may be accompanied by a supporter of her or his own choosing, who may speak at the discretion of the Chair of the Fitness to Practise Panel. The supporter may be a student, member of staff or Student Union representative from the University of Hull or the University of York.
 - (3) If the student is not in attendance the Panel must satisfy itself that all reasonable attempts have been made to inform the student of the Hearing, that the student has been given

adequate opportunity to attend and that, as far as can reasonably be ascertained, the student has declined to attend. Once the Panel has been satisfied on these points, the Hearing may proceed in the student's absence.

- (4) Point out that if at any time during the hearing, the prospect of informal resolution emerges, and the Panel considers that an informal resolution is appropriate, the consent of the student will be sought for that process to be re-opened.
- (5) Conduct introductions and explain the functions of the Committee and any other staff present.
- (6) Explain the powers of the Fitness to Practise Panel
- (7) Invite the investigating officer, and any other staff required to attend, to make statements, allowing members of the Panel to ask questions after each statement. The chair will allow reciprocal questioning by the various parties.
- (8) Invite the student, and if applicable, the student's supporter, to make a statement in his/her own words, and allow members of the Panel to ask questions of the student.
- (9) Invite any other person(s) who may be able to provide expert advice on specific aspects of the case to make a brief statement, allowing members of the Panel to ask questions after each statement.
- (10) Once satisfied that all parties have had a full opportunity to make statements and ask questions, invite all but the members of the Fitness to Practise Panel to withdraw but remain in waiting.
- (11) Chair discussion of the case, if necessary seeking clarification by recall of all parties.
- (12) Advise all parties when they can disperse.
- (13) Confirm the recommendation of the Fitness to Practise Panel, along with any findings of fact, to the student in writing as soon as reasonably practicable and normally within seven working days of the decision being reached.
- (14) Formally notify the Chair of the Fitness to Practise Committee and the Chair of HYMS Board of Studies of the outcome.

5) Medical Evidence

- a) In the case of a disclosure which points to the possibility of an underlying illness, the student should receive an urgent referral to the Occupational Health Service for initial assessment. Referral should indicate the behaviour or event giving rise to the disclosure. An initial response from the Occupational Health Service (OHS) should normally be received within three working days, and should indicate:
 - i) whether the student is suffering from an illness requiring treatment
 - ii) if so, whether there is any case for immediate suspension or limitation of studies
 - iii) if so, confirm that proper arrangements for further treatment have been made and the student's own doctor has been informed
 - iv) any other matters which OHS would wish to bring to the attention of the HYMS Associate Dean for Students.
- b) In cases where there is prior knowledge of the medical condition, or cases requiring specialist assessment, it may be appropriate to refer the student to a practitioner or service other than the Occupational Health Service.

6) Composition of the Fitness to Practise Panel

- a) Fitness to Practise Panels shall comprise no fewer than three members and no more than five members.
- b) The membership shall be drawn from the membership of the HYMS Fitness to Practise Committee and a list of panellists approved by the HYMS Fitness to Practise Committee

- c) No Panel member shall be a current tutor, mentor, or supervisor of the student under consideration.
- d) Panels will be chaired by a member of the HYMS Fitness to Practise Committee
- e) Panels shall include at least one medical professional registered with the GMC.
- f) Panel members shall receive appropriate training

7) Powers of the Fitness to Practise Panel

- a) In the case of an undergraduate student, the Fitness to Practise Panel may, following consideration of the case, and in the interest of safeguarding patient safety in the short and long term, recommend to the HYMS Board of Studies:
 - i) That the student be permitted to continue the course. Stipulation of any special supervision must accompany such a recommendation.
 - ii) That Warning(s) may be issued to the student
 - iii) That Undertaking(s) may be required of the student or Condition(s) imposed upon the student
 - iv) That the student be suspended from the programme for a specified period up to one year. Stipulation of conditions of readmission must accompany such a recommendation.
 - v) That the student undertakes a directed period of study during one or more student-selected components of the course (SSC). Stipulation of conditions of outcome to allow progression following such a directed study period must accompany such a recommendation.
 - vi) That the student's course is terminated. Such a recommendation must include the opinion of the Panel on whether any restriction should be placed upon future registration in a health professional programme within either the University of Hull or the University of York.

8) Appeals

- a) In the event that the Fitness to Practise Panel has recommended, and the HYMS Board of Studies has further recommended to the HYMS Joint Senate Committee, that the student should be excluded or that the student's course should be terminated, the student may appeal to HYMS Joint Senate Committee (HJSC) on the grounds set out in paragraph 13 of the HYMS *Code of Practice of Academic and Fitness to Practise Appeals*
- b) Appeals must be submitted in writing within 14 days to the Secretary of HJSC of the notification to the student of the approval by the HYMS Board of Studies of a recommendation from the Fitness to Practise Panel.
- c) Details of the appeals procedure can be found in the HYMS *Code of Practice on Academic and Fitness to Practise Appeals*

9) Critical Incidents

- a) For the purposes of this Code of Practice, a critical incident is an extraordinary and unpredicted event giving rise to, or likely to result in, harm, either involving a HYMS student, or resulting from the action of a HYMS student. The Secretary of HYMS (Head of Administration) should be notified immediately of any such critical incident. In the event that such an incident has implications for the safety of patients, staff, or students, power is deputed to the Dean of HYMS, in consultation with the Chair of the Fitness to Practise Committee (or their authorised deputies), to order a temporary suspension or limitation placed upon the continuation of studies and/or clinical attachment of the involved student or students. The power to lift the suspension resides with the Dean of HYMS, in consultation with the Chair of the Fitness to Practise Committee (or their authorised deputies). Any suspension so imposed should be for no longer than is necessary to obtain reassurance about the safety of patients, staff, or students. HYMS will seek such reassurance actively.

10) Data Protection and Confidentiality

- a) Records created under this Code of Practice will be kept securely at all times. Decisions and a record of the outcome will be held as part of the student record and record of the relevant committee, but supporting case notes and other documentation generated as part of the process will normally only be held for six years from the student's completion of their foundation year.
- b) Information created under this Code of Practice will normally be treated as confidential. However, where it is necessary to discharge the processes and procedures of this Code of Practice or the outcomes of its implementation or in the case of appeals, appropriate information may be disclosed to HYMS staff or members of the University of Hull or the University of York or the NHS. Additionally, in the interests of public safety, information pertinent to an individual's fitness to practise may be shared with training providers, employers or professional regulatory organisations

Appendices

Appendix 1

HYMS Fitness to Practise Committee

Terms of reference

Please see appendix 9 of the HYMS Code of practice on Academic Committees
(www.hyms.ac.uk/about/documents/academic_committees.pdf)

THE HULL YORK MEDICAL SCHOOL

CODE OF CONDUCT FOR UNDERGRADUATE MEDICAL STUDENTS AT HYMS

1. Students registered on HYMS programmes of study that lead to a professional medical qualification are required to exhibit the highest standards of conduct and behaviour and also to demonstrate the physical and mental capacity required of a registered medical practitioner. Students should be aware of, and comply with, the professional standards and values set out by the General Medical Council in its publication *Medical students: professional behaviour and fitness to practise* (or its successors), available on the GMC website and from which this Code of Conduct draws significant elements. Students must also be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practise medicine. Their behaviour at all times must justify the trust the public places in the medical profession. These standards and capacities are considered by HYMS as evidence of fitness to practise medicine. Failure to meet the standards set out below may cause a student's fitness to practise to be considered by the HYMS Fitness to Practise Committee.
2. HYMS undergraduate medical students are expected:
 - 2.1 to behave with courtesy and to listen to patients and respect their views, treat them politely and considerately, respect patients' privacy and dignity, and respect their decisions and rights, including the right to refuse to take part in teaching. Students should be 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.
 - 2.2 to be honest and not abuse the trust of a patient or other vulnerable person, to build relationships with patients based on openness, trust and good communication. Relatives, carers, partners and anyone else close to the patient should be treated with honesty and consideration and given support when needed.
 - 2.3 to be aware of ethical issues in their professional behaviour with patients and not to allow their views about a person's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, or perceived economic worth to prejudice any interaction with patients, teachers, or colleagues.
 - 2.4 to maintain a professional boundary between themselves and their patients or anyone else close to the patient. Students must not use their professional position to cause distress or to exploit patients or others and must not enter into an improper relationship with a patient or other person, for example, with a school pupil that the student may be mentoring.
 - 2.5 never to mislead or misrepresent their position or abilities. Medical students must not recommend treatment or suggest patients take any action that might be interpreted as medical advice. They must recognise and work within the limits of their competence, ask for help when necessary and ensure they are supervised appropriately for any clinical task they perform.
 - 2.6 to understand, accept and follow the GMC guidance on consent and confidentiality. Students must take all reasonable precautions to ensure that any personal data relating to patients, that has been learned by virtue of being position as a medical student, will be kept confidential. Students must not discuss patients with other students or professionals outside the clinical setting, except anonymously. When recording data or discussing cases outside the clinical setting students must

endeavour to ensure that patients cannot be identified by others. Students must respect all hospital and practice patient records. Students must also make sure that patients have consented to a student being involved in their care

- 2.7 to work effectively with colleagues inside and outside healthcare, demonstrating teamworking skills and the ability to take on different roles as appropriate, including taking responsibility for leading a task
- 2.8 to respect the skills and contributions of colleagues and other professionals and not unfairly discriminate against them, being aware of the roles and responsibilities of others involved in healthcare delivery
- 2.9 to maintain appropriate standards of dress, appearance and personal hygiene so as not to cause offence to patients, teachers, or colleagues. The appearance of a student should not be such that it potentially affects a patient's confidence in that person's medical judgement or standing.
- 2.10 to expose their faces fully to patients, teachers and colleagues in all clinical and teaching settings unless clinically indicated. To ensure adequate communication, students are required not to cover their faces in clinical areas, in areas where they are working with teachers other than lectures, and areas where they are expected to work together with other students. Students will have to uncover their faces for identification purposes, including entry to examinations and the library. This requirement reflects the cultural norm of professional medical practice within the UK.
- 2.11 to physically examine patients of both sexes (which includes touching and intimate examinations), under supervision, in order to establish a clinical diagnosis, irrespective of the gender, culture, beliefs, disability, or disease of the patient.
- 2.12 to show respect, courtesy and consideration for HYMS, its staff and students and HYMS' partners and their staff and students.
- 2.13 to comply at all times with the regulations, codes of practice and formal processes of HYMS and its partners including Guidelines of NHS trusts and to co-operate fully and openly with any properly constituted or formal inquiry into the student or anybody else.
- 2.14 to be aware of their responsibility to maintain knowledge and skills throughout their careers, to be responsible for their own learning and reflect on feedback about their performance and achievements and respond constructively
- 2.15 to attend classes as required, work diligently and to give constructive feedback on the quality of their learning and teaching experiences.
- 2.16 to be diligent, genuine and honest in academic work and bring attention to any concerns about, or errors in, their clinical work. Students must be honest and trustworthy in writing reports and logbooks and when completing and signing forms.
- 2.17 never to plagiarise material from other sources and submit it as their own work (see section 1.5 of the HYMS Code of Practice on Academic Misconduct, www.hyms.ac.uk/about/documents/academic_misconduct.pdf)
- 2.18 to be honest and trustworthy in any financial dealings, especially if managing funds, ensuring these are used only for the intended purpose. Students should never misrepresent their qualifications, experience, position or abilities.

- 2.19 to make sure they can be contacted and always respond to messages
- 2.20 to be aware of the principles of education in medicine and be willing to contribute to the education of other students.
- 2.21 To disclose any concerns to the appropriate person about practice in a healthcare setting, facilities or colleagues, including other students or healthcare workers, if patients are at risk of harm
- 2.22 to comply with the laws of the UK and, where relevant, any laws that apply specifically in England, Wales, Scotland or Northern Ireland
- 2.23 to inform the Associate Dean for Students of HYMS immediately if they have been or become the subject of any proceedings that may call their fitness to practise medicine into question, in particular if charged with or convicted of a criminal offence or given an official police caution during their time as a student of HYMS.
- 2.24 to immediately notify the HYMS occupational health service if they come in to contact with or contract a statutorily notifiable or other infectious disease or if there is any significant change to their health or new diagnosis that might affect their fitness, to be a clinical student or to practise as a doctor.
- 2.25 to submit to a medical or occupational health examination and to any tests and / or x-rays and to accept any immunisations against infection when deemed necessary for the protection of patients, staff or other students at the request of HYMS at any time.

HYMS BoS November 2008