University of Dundee

College of Medicine, Dentistry and Nursing

School of Medicine

Fitness to Practise Procedures

Medical Students and Foundation Year 1 Doctors

Updated July 2012
Medical School Fitness to Practise Procedures

Introduction

1. Medical students have a responsibility to develop professional values and conduct, while the Medical School must provide the opportunities to learn and practise the standards expected and ensure that graduating students are fit to practise. These interlinked responsibilities are set out in the Dundee Medical School Student Charter\(^1\) that is signed by all students on admission to the School and at the start of the Preparation for Practice Programme (Year 4).

2. The core standards of professional behaviour that are required of doctors are set out in the GMC’s Good Medical Practice\(^2\), under the headings of Good clinical care; Maintaining good medical practice; Teaching and training; Relationships with patients; Working with colleagues; Probity; and Health. Detailed guidance in their application to medical students is provided by the GMC and Medical Schools’ Council in their booklet Medical students: professional values and fitness to practise\(^3\). In particular, paragraph 70 states:

   “A student’s fitness to practise is called into question when their behaviour or health raises a serious or persistent cause for concern about their ability to continue on a medical course, or to practise as a doctor after graduation. This includes, but is not limited to, the possibility that they could put patients or the public at risk or the need to maintain trust in the profession.”

3. In looking at a student’s fitness to practise, the Medical School will take account of issues relating to disability, wider access and additional support needs. In doing so, the School will undertake all reasonable adjustments to enable progression in the course and safe medical practice.

4. The Dundee Medical School Fitness to Practise Policy seeks to address all levels of concerns involving students or preregistration (FY1) doctors’ behaviour or health. The overriding principles are first that patients and the public (and sometimes the individual student and/or their colleagues), should not be placed at risk, and second that trust in the medical profession is maintained.
5. The policy permits a range of outcomes from no further action or appropriate notation in a student’s file to a formal Fitness to Practise Committee hearing which has a range of possible outcomes (warnings, conditions or undertakings, suspension for a specific period, and ultimately termination of medical student studies or referral of an FY1 doctor to the GMC for consideration of their registration). A Fitness to Practise Committee will be convened to consider serious or persistent concerns about a student’s ability to continue on the medical course or to practise medicine after graduation.

**Initial Assessment of Concerns**

6. The Medical School wishes to receive information or concerns about the behaviour of its students from any source, including NHS and University staff, patients and fellow students. This may be through established feedback mechanisms (e.g. “Outcome Assessment Forms” from clinical attachments or ‘Lapses in Professionalism’ points) or through individual approaches (e.g. to the Medical School Secretary, or Phase Convenors). The initial response to concerns will normally be for the student to be interviewed by the appropriate Phase or SSC Convenor who will report serious or persistent concerns to the Medical School’s Support and Progress Committee.

7. The membership of the Medical School’s Support and Progress Committee, includes the Teaching Dean (Chair), Student Support Convenor, the Phase Convenors, Student Selected Component (SSC) Convenor, and Admissions Convenor, supported by the Medical School Secretary. The Support and Progress Committee considers students who are having difficulties in the course for whatever reason. They will decide on an individual basis whether these difficulties may impair fitness to practise, and whether any further investigation is needed: if so, they will consider the evidence that would be required by a formal Fitness to Practice Committee, and make recommendations for any additional pastoral support necessary for the student during the investigation.

8. Concerns which may trigger an investigation include criminal conviction; drug or alcohol abuse; aggressive, violent or threatening behaviour; persistent inappropriate attitude or behaviour (e.g. non-attendance or failure to follow educational advice), cheating or plagiarism; dishonesty or fraud; unprofessional behaviour or attitudes (e.g. breach of confidentiality or persistent rudeness to patients or colleagues); health concerns, particularly where there is a lack of insight and/or refusal to follow medical advice. Further examples of areas of concern related to student fitness to practice may be found in Table 1 from the GMC’s guidance *Medical students: professional values and fitness to practice*.³
9. Where concerns are judged to be of a nature to put patients, colleagues or the student themselves at risk, The Dean or equivalent of the Medical School may temporarily suspend the student from all or part of their studies, pending a Fitness to Practise hearing (*MBChB Regulations*⁴, paragraphs 32).

10. For concerns about medical students an investigator will be nominated by the Postgraduate Dean, while for FY1 doctors the investigator will be nominated by the Medical School Dean or equivalent. The Medical School Secretary will help to coordinate the investigation, and make any arrangements to provide necessary support for the student /FY1 doctor. For *medical students*, the Teaching Dean, as chair of the Support and Progress Committee, will forward to the Medical School Secretary details of any case to be investigated further. For *preregistration doctors*, concerns will be reported through the Postgraduate Deanery, which will notify the Medical School Secretary of any case requiring further investigation.

11. Evidence required by the investigator may include, but is not limited to, a written response by the student or FY1 doctor to the concerns, the student record, witness statements, medical or other expert reports (e.g. from Occupational Health or Disability Services), and police documents.

12. For *medical students*, the investigator will present the findings to the Support and Progress Committee which will decide whether the concern can be dealt with by supportive measures (e.g. remedial training advice or a treatment plan) and / or a formal warning (see paragraph 13) or whether a formal Fitness to Practise Committee hearing should be held. For *preregistration doctors* the investigator will report to the Postgraduate Dean who will decide whether to request the Medical School Secretary to arrange a formal Fitness to Practise Committee hearing.

13. The threshold for referral to a Fitness to Practise hearing will be determined on the balance of probabilities as to whether the student’s or FY1 doctor’s fitness to practice is likely to be impaired, paying particular attention to the future safety of patients and the public. The Support and Progress Committee may offer a student a formal warning at this stage if there is evidence of misconduct but Fitness to Practise is judged not to be impaired. Such a warning will be provided in writing by the Teaching Dean and must be declared to the GMC at provisional registration (see paragraph 24 and Appendix 3): rejection of the warning will lead to a formal Fitness to Practise hearing.
Fitness to Practise Committee

14. The Fitness to Practise Committee will be chaired by a non-medical Deputy Principal, Vice Principal or equivalent officer of the University of Dundee. The University Legal Counsellor will normally be in attendance, together with the Medical School Secretary or Medical School Office Operations Manager who will service the Committee.

15. Membership of the Fitness to Practise Committee will normally include: two senior clinicians (hospital consultant or general practitioner); a trainee doctor; a senior medical student (when the hearing concerns a student); and an external representative from another Scottish Medical School. None of the members of the Fitness to Practise Committee will have had any previous role in investigating the case. If the Medical School Dean (or equivalent) has temporarily suspended the student, the Dean (or equivalent) will not take any further part in the decision making. The Fitness to Practise Committee will be quorate with 3 members present, including the chair and a senior clinician.

16. The Committee will meet on an ad hoc basis, when a need is identified and at the request of the Support and Progress Committee or the Postgraduate Dean.

17. The Medical School Secretary will indicate to the student or FY1 doctor under which heading they are being called, i.e. health and/or conduct, and will provide advice to seek guidance from the student Counsellor, the Student Advisory Service, the University Chaplain and/or the President of the Students’ Association. The student or FY1 doctor will be invited to ask a representative to accompany them at the hearing, e.g. from a trade union or professional organisation, DUSA, or a friend.

18. The Medical School Secretary will invite the student or FY1 doctor to provide copies of any supporting documentation they wish to be seen by the Committee in advance of the hearing, and will ensure that members of the Committee and the student or FY1 doctor receive copies of all the papers.

19. The Fitness to Practise Committee will consider the matter in three stages:
   - After hearing the evidence presented by the Teaching Dean or Postgraduate Dean (or their nominee), the student/FY1 doctor, and any witnesses, it must decide whether the facts alleged have been proven (using the civil standard of proof “on the balance of probabilities”);
   - If so, it must then consider and decide whether on the basis of these facts fitness to practise is impaired;
   - If so, it will then consider and decide what action should be taken, balancing patient and public safety, the interests of the medical student/FY1 doctor, and the need to maintain trust in the medical
The Committee will consider the degree of insight shown by the student/FY1 doctor and any mitigating factors. Sanctions will be considered in order of increasing severity to determine the minimum needed to protect patients and public.

20. The outcome of the Fitness to Practice hearing may therefore be:
   - No further action;
   - Student receives a formal warning about misconduct;
   - Student fitness to practise is judged to be impaired and they receive a sanction.

21. Sanctions may be one of the following or a combination as appropriate:
   - Conditions or undertakings;
   - Suspension from medical studies for a specific period;
   - Termination of medical studies

22. The reasons for the decision, the duration of any sanction, and any plans for a future formal review of fitness to practise will be set out in writing and communicated to the student by the Dean (or equivalent) of the Medical School or, for an FY1 doctor, by the Postgraduate Dean. The Support and Progress Committee will monitor progress where sanctions have been applied.

23. A student will not be eligible to progress in the course or to graduate until the outcome of the Fitness to Practise Committee is known. Every effort will be made to ensure the process is carried out within a reasonable timescale.

24. It is important for students to note that when a formal warning is issued by or concerns are formally passed from the Support and Progress Committee to the Fitness to Practise Committee the matter becomes disclosable to the GMC, or any similar body, e.g. at the time of provisional registration. Any formal warnings about misconduct will be disclosable. Other concerns that are dealt with solely by the Support and Progress Committee are not disclosable but will be retained on the student record throughout the course (see paragraph 13 and Appendix 3).

**Fitness to Practise Appeals Committee**

25. Any student judged unfit to practise by the Fitness to Practise Committee will have the right of appeal. The student will have 21 working days after they have received the decision from the Dean (or equivalent) to submit an appeal.

26. The decision of the Fitness to Practise Committee may be appealed only on the following grounds:
- Alleged irregular procedure or incorrect material facts being taken into account;
- Alleged unreasonable exercise of discretion or bias on part of the Fitness to Practise Committee or any one of its members;
- New information being available which could not reasonably have been available to the Fitness to Practise Committee at the time of its consideration.

27. The Appeals Committee will be chaired by the Dean of another medical school (for a student) or a Postgraduate Dean from another region (for an FY1 doctor). It will include two senior clinical academics and a trainee doctor, none of whom will have been previously involved in the case. The University Legal Counsellor will normally be in attendance, together with the College Secretary.

28. The student or FY1 doctor will submit their case for appeal and any related documentation to the College Secretary, and this will be circulated to the members of the Appeals Committee in advance of the meeting, together with the material submitted to the original Fitness to Practise Committee and the written decision of that committee.

29. The Appeals Committee will first consider whether there are grounds for the appeal. Only if this is confirmed will they proceed to hear the appeal itself.

30. The student may be accompanied to the hearing by a representative, e.g. from a trade union or professional organisation, solicitor, DUSA representative or friend.

31. The Appeals Committee shall be empowered to obtain all such information or opinions as it may consider desirable and may request a representative of the Fitness to Practice Committee to attend the Appeals hearing to provide evidence.

**Relationship to University Disciplinary Procedures**

32. Concern over the conduct of a non-medical student at the University of Dundee would normally be considered under University Ordinance 40, which also sets out a right of appeal. ([http://www.somis.dundee.ac.uk/academic/DCA/Discipline/welcome.htm](http://www.somis.dundee.ac.uk/academic/DCA/Discipline/welcome.htm)).

In addition, the University has procedures for dealing with matters of plagiarism and academic dishonesty. ([http://www.somis.dundee.ac.uk/academic/Plagiarism.htm](http://www.somis.dundee.ac.uk/academic/Plagiarism.htm)).
33. During initial consideration of a concern about a medical student’s conduct, the chair of the Support and Progress Committee will liaise with the University Office of Policy, Governance & Legal Affairs to decide the appropriate route for dealing with the concern and identifying support needed for the student. For example, plagiarism in the early part of medical course may sometimes be more appropriately dealt with under the University policy, whereas academic dishonesty at a later stage is likely to raise serious questions about fitness to practise.

34. If the matter falls within the potential remit of fitness to practise (e.g. Table 1 of the GMC guidance “Medical Students: professional values and fitness to practise”) it would normally be dealt with under the Fitness to Practise policy, in consultation with the University Office of Policy, Governance & Legal Affairs.

35. Outcomes of Fitness to Practise hearings are reported to the Senate of the University via the Medical School and College of Medicine, Dentistry and Nursing Boards.

References:

1. Dundee Medical School Student Charter
https://medblogs.dundee.ac.uk/good-medical-practice/

2. Good Medical Practice
General Medical Council (2006)
http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

3. Medical Students: Professional values and fitness to practise.
Guidance from the General Medical Council and Medical Schools Council (2009)
http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/professional_behaviour.asp

4. MBChB Regulations
School of Medicine, 2012
https://medblogs.dundee.ac.uk/good-medical-practice/
Appendix 1 - Procedure for Conduct of Fitness to Practise Committee

1. The Secretary to the Committee will ensure that the student/FY1 doctor receives notification of the hearing together with copies of all documents circulated to members of the Committee, and that he/she is aware of the procedure to be followed.

2. Should the student/FY1 doctor decide not to attend after due notification, the hearing may proceed in his/her absence.

3. The Chair will introduce by name and explain the functions of the members of the Committee and those in attendance.

4. The Chair will explain the powers of the Committee.

5. The Chair will ask the Teaching Dean (or nominee) in the case of a student, or the Postgraduate Dean (or nominee) in the case of an FY1 doctor, to make an opening statement. Members of the Committee will then be invited to ask questions to clarify any issues around this statement.

6. The Chair will invite the student/FY1 doctor (and/or accompanying representative or supporter) to make a statement. The Chair will explain that the Committee would like to hear directly from the student/FY1 doctor in his/her own words.

7. The Chair will invite the student/FY1 doctor to answer questions from the members of the Committee. However, they will make it clear that they are not required to answer questions after giving their statement.

8. The Chair will ask any other person(s) called to provide evidence to the Committee to make a brief statement, and will then invite the Committee to ask further questions. Such witnesses will attend only to present their evidence and will then withdraw.

9. The student or FY1 doctor and any accompanying representative, and the Teaching Dean or Postgraduate Dean (or their nominee) will remain throughout the presentation of the evidence.

10. The Chair has the discretion at any stage to allow reciprocal questioning by the various parties.

11. Once the Chair is satisfied that the Committee has completed questioning and that the student/FY1 doctor and anyone else present has had a full opportunity to convey
information to the Committee, all non-Committee members will withdraw, and will be asked to wait for a short time as indicated by the Secretary.

12. The Committee will discuss the case.

13. If any point requires further clarification the student/FY1 doctor or witnesses may be recalled. When the Chair decides, they will be asked to leave the meeting again.

14. The Committee will decide, on the balance of probabilities, whether the facts of the case are proven, and if so whether the fitness to practise of the student/FY1 doctor is impaired. If it decides that fitness to practise is impaired, the Committee will then consider whether any sanction is to be recommended. The primary purpose of any sanction is to protect patients and public from risk: the level of sanction to be applied will be determined by weighing up the interests of patients and public against those of the student/FY1 doctor.

15. The Dean (or Postgraduate Dean) will receive the Committee’s decision, and convey it to the student (or FY1 doctor), with the reasons for the decision, within two working days of the decision being made.

Appendix 2- Medical School Fitness to Practise Appeals Committee

1. The Chair of the Appeals Committee will introduce by name and explain the role and function of each member of the Committee and any others present.

2. The Chair will ensure the student or FY1 doctor and members of the Appeals Committee have received copies of all related documentation and are aware of the procedures to be followed.

3. The Chair will explain the powers of the Appeals Committee and invite the student, and/or any accompanying representative or supporter, to make an opening statement of appeal.

4. The Chair will invite the student/FY1 doctor to answer questions from the members of the Appeals Committee. However, they will make it clear that they are not required to answer questions after giving their statement.

5. The Chair will ask any other person(s) called to provide evidence to make a brief statement, and will then invite the members of the Appeals Committee to ask further questions.

6. The student will be given the opportunity to ask any questions in response and to make a final summary of their case.
7. All non-committee members will then be asked to withdraw and the Appeals Committee members will deliberate: the student may be invited to wait for their decision.

8. If any point requires clarification the parties may be recalled.

9. The Appeals Committee will come to its decision and the Chair will convey in writing this decision to the student (or FY1 doctor) and the Dean of Medicine (or Postgraduate Dean).
Dundee Medical School Fitness to Practise Process

Disclosable outcomes – student must inform GMC at registration

Outcomes remain on student record

Refer to Fitness to Practise Committee

Warning

Remedial training, advice or treatment plan

Investigation

Support and Progress Committee

Disability Services

Occupational Health (OHSAS)

1) No further action
2) Conditions
3) Undertakings
4) Suspension from medical studies for a specific period
5) Termination of medical studies

Appeals Process