

Guidance for Medical Students and Medical Schools on Professional Values and Fitness to Practise

November 2015

MPS's response to the MSC and GMC consultation on the draft guidance for medical students and medical schools on professional values and fitness to practise

General Comments

The Medical Protection Society (MPS) welcomes this opportunity to respond to the consultation on the draft guidance for medical students and medical schools on professional values and fitness to practise. MPS is the world's leading protection organisation for doctors, dentists and healthcare professionals, with more than 300,000 members worldwide, from those in training up to the most experienced qualified doctor, supporting them throughout their careers. Our benefits also include expert advice and MPS regularly organises educational events for members.

MPS is disappointed that the role of medical defence organisations (MDOs) was not mentioned in the two pieces of draft guidance provided by the Medical Schools Council (MSC) and General Medical Council (GMC). In the final documents MPS would like to see MDOs mentioned as an important source of support and advice to medical students throughout their training, as well as to post-graduates and consultants. MDOs offer important support and advice to medical professionals if they are asked to contribute to an inquiry (paragraph 22 of professional values), or should they need support in preparation for a fitness to practice hearing (paragraph 122 and 123 of professionalism and fitness to practise).

The guidance documents are at times unnecessarily repetitive. For example, regulations regarding discrimination are mentioned several times throughout the guidance. The reminder that Universities have to comply with the Data Protection Act and various other regulatory requirements is also repeated numerous times. MPS believes the guidance would be improved if the documents were shorter and more succinct.

Being a doctor is not only physically and intellectually demanding, but also emotionally challenging. Providing medical students with the tools to cope with the emotional pressures and the difficulties of clinical practice can help prepare them for a challenging but rewarding career. A recent survey of MPS members showed that 85% had experienced mental health issues. Common issues included stress (75%) and anxiety (59%). A third of respondents (32%) had depression during their medical career, while one in 10 (13%) stated they had experienced suicidal feelings.¹

¹A survey of 631 MPS members. Conducted July 2015

MPS broadly welcomes the revised guidance and offers fuller responses in the questions below.

Questions

1. Do you agree with the approach to separate the guidance and produce two documents?

MPS agrees with the approach to separate the guidance and produce two documents. Where the guidance is referring to other published documents, MPS believes the content does not need to be repeated in this guidance, and should instead simply be cross referenced. This will ensure that the medical schools guidance is easily understood, without being too detailed.

2. Do you think the titles of the documents are appropriate and reflect the content of the guidance?

MPS believes the titles of the documents are appropriate.

3. Do you think it is helpful to have the guidance ordered under the four domains of Good medical practice?

MPS believes it is helpful to have the guidance ordered under the four domains. However, the guidance should be ordered around what is relevant to the medical students and registered doctors in a chronological order to avoid confusion. The guidance regularly discusses the role of a “registered doctor” (paragraph 7) before discussing “medical students” and then switches back to what a “registered doctor” (paragraph 9) should do, and then a medical student once again (paragraph 10).

Removing the alternating titles of registered doctor and medical student and inserting chronology into the domains, would avoid confusion about what the medical student should be doing at various points of their training.

4. Does domain 1 of the draft guidance Medical students: professional values – Knowledge, skills and performance – give relevant advice and guidance that will be useful for medical students?

MPS has some concerns in this section of the draft guidance. While it gives relevant advice, it fails to recognise the implementation is more difficult than simply stating the knowledge, skills and performance.

In paragraph 9 it should be stated that doctors should follow all laws and regulations, not just “relevant” laws.

When defining ‘reflection’ (page 5), the paragraph order would be better served with the example being the third, and not second, paragraph.

Further, the last two bullet points of paragraph 12, and paragraph 14, do not take into consideration the difficulties which may arise for a student when complying with this regulation and what support they

may need. MDOs – such as MPS – are well placed to offer support and advice to medical students and registered doctors and the failure to reference them throughout the guidance is a substantial missed opportunity.

5. Does domain 2 of Medical students: professional values – Safety and quality – give relevant advice and guidance that will be useful for medical students?

Similar to our concerns regarding the section on domain 1, the section on domain 2 gives relevant advice but lacks reference to the role of MDOs. MDOs – such as MPS – regularly give advice and support to medical students and registered doctors who our members. In the text box on how to *Raise Concerns about your peers* and in paragraphs 22 and 23 (page 9), MDOs again should be mentioned as a source of support for medical students and registered doctors.

6. Does domain 3 of Medical students: professional values – Communication, partnership and teamwork – give relevant advice and guidance that will be useful for medical students?

MPS believes the advice and guidance in domain 3 is relevant, but incomplete. In paragraph 44 (page 14) MPS believes a bullet point should inform students to; ‘consult with their supervising doctor and check before taking any action to ensure it is in line with what the lead clinician considers as the strategy for the patient’s care.’

On page 16, the box on confidentiality should also reference Good Medical Practice, as well as the GMC directly. Guidance on doctor’s use of social media should be a separate section highlighting the need to remain professional. This is because social media is now used so widely by doctors it is important that doctors aware of their responsibility and is largely not a private form of communication.

7. Does domain 4 of Medical students: professional values – Maintaining trust – give relevant advice and guidance that will be useful for medical students?

MPS considers that there are parts of domain 4, which miss the opportunity to give the best advice and guidance to medical students. In paragraph 61, when referencing the need for doctors to be open and honest, MPS believes there should be a reference to the relevant legislation for the new legal duty of candour.

Paragraph 68 makes reference to the fact that medical schools cannot graduate a student with a medical degree, if the medical school is not satisfied the student is fit to practise. However, reference should be made in guidance that the student may be eligible to be awarded an MSc should they satisfy the competences and pass exams.

Again, in paragraphs 70 and 71, should the issues mentioned occur, MDOs may be able to assist students, and MPS believes a reference should be made to the support MDOs may be able provide.

8. Do you think having examples of unprofessional behaviour for medical students is helpful?

MPS believes some of the examples of unprofessional behaviour are helpful and it is right the list is not exhaustive. However, many of the examples are inappropriate as they are not examples of

unprofessional behaviour, but criminal acts. It should not need to be stated that (parts of) section(s) 3, 4, 5, 6, and 7 will raise concerns and could lead to fitness to practice hearings by medical schools.

Further, some aspects of the list could be more clearly explained with an example as to what the terms of reference mean; for instance 2d.

9. Do you think it's useful for the guidance to contain an annex that gives an overview of student fitness to practise procedures?

MPS believes an annex detailing professionalism and the fitness to practise processes in medical schools and universities is useful.

On page 23, MPS would recommend an eleventh paragraph, which refers to the GMC and medical schools guidance on fitness to practise.

On page 24 the boxed text needs clarifying as to what are considered aggravating factors. In the example given, being drunk would not be an aggravating factor if a student is convicted of drink-driving as it is an essential element of the offence itself.

10. Do you think the text boxes within the guidance will help students to understand what is expected of them in terms of professional behaviour?

MPS believes the text boxes will help students to understand what is expected of them.

11. How clear is the guidance?

In addition to our remarks on clarity in previous questions, we believe that if the number of paragraphs were reduced and referencing to other GMC guidance was improved, this would improve clarity.

12. Is there anything missing from the guidance?

As mentioned earlier, there is no reference to the important role of MDOs. MPS considers this is an oversight and that it would be helpful to include reference to their role. MDOs offer important support and advice to medical professionals at all stages of their career, particularly if they are asked to contribute to an inquiry, or should they need support in preparation for a fitness to practice hearing.

13. Is there anything in the guidance that you do not think we should include?

MPS considers the various references to other GMC guidance for medical students and doctors do not need to be included in such detail in this document. This may serve to confuse or overburden medical students.

14. Is it helpful to include this information at the beginning of the guidance?

MPS believes the information included at the beginning of the guidance is helpful, but could be abbreviated. We suggest it could be in a bullet point form or in a pull out box.

15. Do you agree that it is useful to have the guidance aligned with the GMC's test of fitness to practise at provisional registration?

MPS agrees that it is useful to have the guidance aligned with the GMC's test of fitness to practise at provisional registration.

16. Do you think we have included enough information on provisional registration declarations in the guidance itself?

MPS believes that enough information on provisional registration declarations has been included.

17. Is the section on pastoral care and student support (paragraphs 28–36) helpful?

MPS believes the section on pastoral care and student support is helpful but that it may fit better in an alternative document. If it remains in this document, MPS would like to see the role of MDOs referenced as a potential source of support to students.

18. Does the section on health and disability (paragraphs 37–52) give clear and helpful guidance to medical schools about dealing with fitness to practise cases that involve health and disability concerns?

MPS considers the guidance in this section is unclear, though its intention is helpful. The guidance is too long and repetitive, which detracts from its clarity of message.

19. Is the section on excluding students on health grounds reasonable?

MPS believes the section on excluding students on health grounds is reasonable.

20. Is the section about dealing with concerns from different sources helpful?

MPS believes the section dealing with concerns from different sources, such as the police or member of the public, is helpful. However, the need for the list of possible sources of information is not needed. When concerns are raised about a student, they need to be addressed irrespective of their source of origin.

21. Do you agree that it's helpful to provide information about monitoring and managing low-level concerns?

MPS agrees that it is helpful to provide information about monitoring and managing low-level concerns.

22. Are these questions useful?

MPS believes the questions are useful, but could be made more helpful if they are set out as a list as in the professional values guidance.

In the fifth question in paragraph 82, it should be made clear that there is also an obligation on those responsible to authorise assessments and for competencies to be signed off.

23. Do you agree that the information provided in table 1 is useful?

MPS agrees that the information provided in table 1 is useful.

24. Is it useful to include this section, which has more detail about the investigation process and outcomes?

MPS agrees that it is useful to include this section. However, there should be more guidance about what support and information should be made available to the student, and when, as well as the potential involvement of MDOs.

25. Do you have any further comments about Medical students: professional values that are not covered by the above questions?

As discussed in earlier sections MPS would like to see a reference to the support which MDOs may be able offer to medical students such as advice if they are asked to contribute to an inquiry, or should they need support in preparation for a fitness to practice hearing.

26. Do you have any further comments about Medical students: professionalism and fitness to practise that are not covered by the above questions?

None.

27. Are there any issues or situations that you think it might be useful to have a case study on?

MPS believes it would be useful to include a case study on the fitness to practise process from the perspective of the student and where they might receive help and assistance – such as from their MDO, Deaneries and student advocacies.

It would also be useful to demonstrate in a case study how the medical school can maximise their relationship with MDOs.

28. Are there any issues that you think it would be useful to include in a series of frequently asked questions?

MPS believes our answers to the above questions cover any other issues which may be useful to include in the FAQs.

29. Do you have any other ideas about resources we could provide to support use of the guidance documents in practice?

MPS believe there should be clear reference to the important role of MDOs and include contact details such as a telephone number to their membership services and a link to their websites.

About MPS

MPS is the world's leading protection organisation for doctors, dentists and healthcare professionals. We protect and support the professional interests of more than 300,000 members around the world. Our benefits include access to indemnity, expert advice and peace of mind. Highly qualified advisers are on hand to talk through a question or concern at any time.

Our in-house experts assist with the wide range of legal and ethical problems that arise from professional practice. This includes clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We do this by promoting risk management through our workshops, E-learning, clinical risk assessments, publications, conferences, lectures and presentations.

MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association.

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