The General Medical Council (Fraud Or Error in Relation to Registration) Rules Order of Council 2005, Great Britain, Stationery Office, 2005, 0110723465, 9780110723464, . Enabling power: Medical Act 1983, sch. 4, para. 6 (1). Issued: 25.04.2005. Made: 02.02.2005. Laid: 01.03.2005. Coming into force: 01.04.2005. Effect: S.I. 1980/860 revoked. Territorial extent & classification: E/W/S/NI. General.

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Explanatory Memorandum sets out a brief statement of the purpose of a Statutory Instrument and provides information about its policy objective and policy implications. They aim to make the Statutory Instrument accessible to readers who are not legally qualified accompany any Statutory Instrument or Draft Statutory Instrument laid before Parliament from June 2004 onwards.

The Rules approved by this Order provide for the procedure to be followed where it appears that an entry in the registers of medical practitioners maintained by the General Medical Council may have been made in error or obtained fraudulently. In particular, the Rules provide for the consideration of such matters to be referred to a Registration Decisions Panel to consider at a meeting (in respect of an error allegation) or at a hearing (in respect of a fraud allegation). Provision is also made for the content of the notice of decisions, the service of notices under the Rules and how such service is to be proved. The Order can be viewed on the OPSI website.

Absence and attendance, Contracts of employment, Data protection, Discipline, Employee relations, Employment disputes, Equal opportunities, Family-friendly rights, Financial services sector, Grievances, Health and safety, HR policy and strategy, Pay and benefits, Performance management, Recruitment, Sensitive employment situations, Termination of employment, Training and development, TUPE, Working time and time off work, XpertHR research

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3. 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.

6. This guidance is aimed at medical students and anyone involved in medical education, including fitness to practise assessments, investigations and decisions. It should be noted that this guidance is complemented by Gateways to the Professions: Advising medical schools: encouraging disabled students, which has particular relevance to the section on the scope of fitness to practise.

7. In relation to the GMCâ€™s statutory role, this guidance is advisory rather than mandatory. However, GMC quality assurance reports on medical schools may recommend that they comply with the guidance or may commend an institution for good practice. Also, given that the GMC has to be satisfied that graduates applying for registration with a licence to practise are fit to practise, it would be surprising if a medical school thought it sensible to disregard this guidance.

8. This part of the guidance aims to advise medical students and schools on the kinds of professional behaviour expected of medical students in order for them to be fit to practise. It does not provide an exhaustive list but should encourage students to strive for high standards in their professional and personal lives.

9. It sets out certain types of behaviour that could demonstrate that students are fit to practise as doctors, and are not likely to put patients and the public unnecessarily at risk. It uses the headings of Good medical practice (the GMC guidance that sets out the standards for all doctors to follow) to demonstrate that students, as well as doctors, have responsibilities in maintaining the standards of competence, care and behaviour.

10. The guidance also takes note of the Medical School Charter published by the MSC and the Medical Students Committee of the British Medical Association. This covers the responsibilities of the medical student, the responsibilities of the medical school, privacy and equal opportunity, administration and support, and student representation.

11. Although medical students have legal restrictions on the clinical work they can do, they must be aware that they are often acting in the position of a qualified doctor and that their activities will affect patients. Patients may see students as knowledgeable, and may consider them to have the same responsibilities and duties as a doctor.

12. Basic medical training gives students the opportunity to learn professional behaviour in a supervised environment that is safe for patients. It is also an opportunity for medical schools to identify types of behaviour that are not safe, 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.

13. One of the key priorities of the GMC is to set the standards for professional behaviour. Good medical practice is the GMCâ€™s core guidance for doctors and sets out the principles and values on which good practice is founded. Tomorrowâ€™s Doctors is the GMC's guidance for undergraduate medical education, and states that the principles in Good medical practice must form the basis of medical education. The Trainee Doctor sets out the outcomes that provisionally registered doctors must demonstrate as professionals in the workplace before they can be fully registered. The outcomes are set against the guidance in Good medical practice.

f. not unfairly discriminate 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 patientâ€™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)

21. 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.

23. 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.

27. Patients have a right to expect information about them to be held in confidence. A patientâ€™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. Academic work that contains specific information about a patient must not identify the patient if it is to be seen outside the patientâ€™s care team. This includes case or log reports that are submitted as part of the studentâ€™s course work or assessment.

36. Good medical practice requires doctors to seek and follow advice from a suitably qualified professional 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.

e. be aware that they are not required to perform exposure prone procedures (EPPs) in order to achieve the expectations set out in Tomorrowâ€™s Doctors; 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 graduate6

39. This guidance aims to help medical schools make more consistent decisions on any fitness to practise cases they consider. However, it is not practical to produce an exhaustive list of examples and outcomes. The behaviour of students must be considered on a case-by-case basis by fitness to practise investigators and medical school panels.

40. Health and behaviour can both affect a student's fitness to practise. Medical schools may wish to use their fitness to practise procedures to consider serious health problems. This is especially the case when the problems have implications for the safety of patients or colleagues, even when there are currently no complaints about a student's behaviour.

41. It is important that medical students have opportunities to seek support for any matter before it becomes a fitness to practise concern. Medical schools should ensure that the procedures for addressing concerns are clearly outlined to medical students, student support services, and occupational health where appropriate. Students should be directed to the appropriate support services within the faculty or university. These support services may include student health services, disability advisers, occupational health services, confidential counselling, student groups, and personal tutors.

studentâ€™s fitness to practise becomes a formal concern. However, the decision to take this approach must be based on an assessment of the risk to patients and the public. If the fitness to practise of a student is called into question, support and remediation, when appropriate, should be offered to the student.

45. Medical schools should clearly inform students that anyone providing support or pastoral care must inform the appropriate person if there is a reasonable belief that their behaviour or health raises or will raise fitness to practise concerns, or poses a risk to colleagues, patients or the public.

47. But medical students must be fit to practise medicine. In exercising the responsibility to register only doctors who are fit to practise, the GMC will always put the safety of patients above all other considerations. Medical students are expected to demonstrate all outcomes in Tomorrowâ€™s Doctors before they graduate, regardless of the specialty or career path that they may eventually pursue.7

48. An impairment or health condition may make it impossible for a student to meet the outcomes required by the GMC at the point of graduation. However, the student should be offered the appropriate level of adjustments and planning as well as discussions with them regarding their possible post graduation options. In the rare circumstance that a student cannot demonstrate the necessary competence, and if all avenues reasonable to the student and medical school have been explored and a way forward cannot be mutually agreed, it would then be appropriate to consider the student through formal fitness to practise procedures.

49. Medical schools must make reasonable adjustments for students with an impairment in how they can achieve the outcomes set out in Tomorrowâ€™s Doctors.8 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.9 The GMC has published guidance on Gateways to the Professions which serves as a useful resource for medical schools and disabled students.

50. In most cases, health conditions and disabilities will not raise fitness to practise concerns, provided the student receives the appropriate care and reasonable adjustments necessary to study and work safely in a clinical environment. Medical schools should offer support and regular reviews of the studentâ€™s progress.

51. Medical schools should strongly encourage all medical students to register with a local GP, who will be able to offer them support and continuity of care (see paragraph 37). Only in exceptional circumstances should doctors involved in teaching the student also be involved in providing a medical assessment or healthcare. It is unavoidable, however, that occasionally students will receive treatment from specialists who, at a different point, may also be involved in training them.

52. The occupational health service at the medical school or university should assess and advise on the impact of an impairment or health problem on a studentâ€™s fitness to practise and, if appropriate, advise on adjustments in liaison with disability advisers. They should not usually become involved in treatment or pastoral care. If a student has a chronic or progressive illness which could affect their fitness to practise, an occupational health physician can keep the studentâ€™s health and fitness status under review and advise on new adjustments if needed. If compliance with a treatment programme is necessary to ensure patient safety is not compromised, the occupational health service should act as the point of liaison with treating doctors. If the medical school does not have an occupational health service, advice and recommendations should be sought from an appropriate occupational health or medical specialist.