

**GUIDELINES FOR
MEDICAL and
DENTAL STUDENTS:**

**PROFESSIONAL VALUES
AND FITNESS TO
PRACTICE**

**Medical Council
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PROFESSIONAL VALUES AND FITNESS TO PRACTICE

Medicine and Dentistry are unique among professions, offering a service which is unlike any other. Patients must be able to trust doctors and dentists with their lives and health. Medical and dental students have certain privileges and responsibilities different from other students. Because of this, different standards of professional behaviour are expected of them.

Although medical and dental students have legal restrictions on the clinical work they may do, they must be aware that they are often acting in the position of a qualified doctor/dentist 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. It is common for medical/dental 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 and are willing to allow them to be involved in their treatment. But this willingness is based on trust that students will behave professionally (and that trained professionals will supervise them appropriately).

Medical/dental education and training should be able to accommodate people with a range of ambitions, different faiths and backgrounds, as well as those with health conditions and disabilities and should give students the opportunity to learn professional behaviour in a supervised environment that is safe for patients. But medical and dental students must be fit to practice medicine and the Medical Council will always put the safety of patients above all considerations when processing registration of doctors and dentists.

Medical and dental students must be aware that unprofessional behaviour during their medical course, even outside the clinical environment, including their personal lives or serious health issues that affect their fitness to practice, may jeopardize their registration.

This is the case even if the circumstances in question occurred before entry or early on in the Medical School.

The aim of this guidance is to establish a positive approach to professional behaviour of medical and dental students, whilst considering their fitness to practice in relation to their behaviour and in relation to their health when appropriate. It should guide medical and dental students on the kinds of professional behaviour expected of them in order to be fit to practice. Their behaviour at all times must justify the trust the public places in the medical and dental profession. The Medical Council expects medical and dental students to work towards these standards.

It is the wish of the Medical Council, together with the Medical School and the respective Faculties to develop standards and criteria for medical and dental students to ensure they are fit to practice as doctors and dentists.

It is appropriate to quote UK General Medical Council policy Statement 2007 “The meaning of fitness to practice”

“To practice 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. 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 whilst that remains the case”

PROFESSIONAL BEHAVIOUR EXPECTED OF MEDICAL AND DENTAL STUDENTS

This part of the guidance sets out to demonstrate the kind of behaviour expected of medical and dental students in order for them to be fit to practice. It should encourage high standards not only in their professional but also in their personal lives and thus maintain the required levels of competence, care and behaviour.

Basic medical and dental training provides an opportunity for medical and dental schools to identify types of behaviour that are not safe and to take the appropriate action to help students improve their behaviour, or if this is not possible or is unsuccessful, to ensure they do not graduate as doctors or dentists.

Professional behaviour will be assessed under 7 general headings

- i) Good Clinical Care.
- ii) Maintaining Good Medical Practice.
- iii) Teaching and training, appraising and assessing.
- iv) Relationship with patients.
- v) Working with colleagues.
- vi) Probity.
- vii) Health.

(i) Good Clinical Care

Medical and dental students should reflect on how they can support and promote good clinical care as part of their training.

In order to demonstrate that they are fit to practice, medical and dental students should:-

- a) recognise and work within the limits of their competence and ask for help when necessary;
- b) accurately represent their position or abilities;
- c) make sure they are supervised appropriately for any clinical task they perform;
- d) respect the decisions and rights of patients;
- e) endeavour to apply evidence based care;
- f) be aware that treatment should be based on clinical need and decisions should be arrived at through assessment and discussion with the patient;
- g) not discriminate by allowing personal views affect their professional judgment (this includes their views about a patient's age, sex, colour, race, religion, lifestyle, marital status, sexual orientation or economic status);
- h) behave with courtesy;
- i) report any concerns that they may have about patient safety to the appropriate person.

(ii) Maintaining Good Clinical Practice

Students must be aware of their responsibility to maintain their knowledge and skills throughout their career and may be asked to participate in audit, assessments and performance review. In order to demonstrate that they are fit to practice, students should:-

- a) attend compulsory teaching sessions;
- b) complete and submit course work in time;
- c) be responsible for their own learning;
- d) reflect on their performance and respond constructively;
- e) respect the knowledge and skills of their educators;

- f) make sure they can be contacted and always respond to messages in relation to care of patients and their own education;
- g) be aware of guidance from Medical Council, Medical School, hospitals and other constituted bodies like health boards.

(iii) Teaching and Training, Appraising and Assessing

Medical and dental students must engage with patients and gain experience in clinical settings. Medical education has strong professional and academic aspects to it. Doctors/dentists and students must be willing to contribute to the teaching, training, appraising and assessing of students and colleagues and must carry this out with honesty and objectivity.

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

- a) acquire 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;
- e) accept and reflect on feedback given to them from teachers, colleagues, patients and their family.

(iv) Relationship with patients

Doctors/dentists and students must build relationships with patients based on openness, trust and good communication. Relatives, carers and anybody else close to the patients must be treated with due consideration whilst maintaining professional boundaries. Patients have a right to expect information about them to be held in confidence. 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 books that are submitted for assessment as part of their course work. In order to demonstrate that they are fit to practice, students should:-

- a) respect patients and treat them with dignity;
- b) be aware of ethical issues;
- c) respect and acknowledge cultural differences
- d) be open and honest when dealing with patients, carers, relatives, partners or anyone else close to them, while recognising that it is the consultant and doctors who are responsible for patients;
- e) make sure that patients have consented to a student being involved in their care;
- f) make sure they are clearly identified as students;
- g) dress in an appropriate and professional way and be aware that patients will respond to their appearance, presentation and hygiene;
- h) respect patient confidentiality.

(v) Working with Colleagues

To deliver a high standard of care and to ensure patient safety, medical/dental students need to be able to work effectively with colleagues both inside and outside the healthcare system. They must also develop skills to be able to work in multidisciplinary teams.

It is also important that doctors/dentists and students protect patients from harm posed by another colleague's behaviour, performance or health and should take steps to raise any concerns with the appropriate person. In order that they are fit to practice, students should:-

- a) acquire skills that allow them to deal with uncertainty and change in workplace;

- b) to be able to work effectively in a team, take on different roles and responsibilities in the team and develop leadership skills;
- c) respect the skills and responsibilities of colleagues and other professionals;
- d) recognise that other professionals may be leaders too;
- e) raise concerns about overall practices if patients are at risk of harm.

(vi) Probity

Probity means being honest, trustworthy and acting with integrity. Educational Supervisors will assess probity both during Foundation Programmes and also Post-Graduate Training Programmes. Doctors/dentists and students must make sure that their behaviour at all times justifies the trust that patients and the public place in the medical profession. In order to demonstrate that they are fit to practice, students should:-

- a) bring attention to any concerns about 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 CV's, all applications and not misrepresent their qualifications, position or abilities;
- e) not plagiarise others' work;
- f) be honest and trustworthy in any financial dealings, especially if they are managing finances;
- g) co-operate with any formal inquiry into their health, behaviour or performance;
- h) comply with the laws and regulations of the country, medical school, hospital or any other regulatory organisation.

(vii) Health

It is important that medical/dental students are aware that their own poor health may put patients and colleagues at risk. Students should seek and follow advice from a suitably qualified professional if they have, or suspect they have, a condition that could affect their clinical work or could be passed on to patients, or if they are receiving treatment that could affect their judgement or performance. In order to demonstrate that they are fit to practice, students should:-

- a) be aware that their own health problems may put patients and colleagues at risk;
- b) seek medical or occupational health advice 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;
- d) protect patients, colleagues and themselves by being immunized against common communicable diseases;
- e) be aware that when they graduate they are responsible for informing the relevant authorities if their health poses a risk to patients or public.

The Medical Council does not have any direct authority to deal with or advise on individual cases of the fitness to practice or any other disciplinary issues of medical students. The Medical School should consider the fitness to practice of medical/dental students in relation to how it may have an impact on patient and public safety, and on the public's trust in the medical profession. Decisions about the behaviour or health of students must be considered on a case-by-case basis and should be based on whether the behaviour or health calls into question either the student's ability to continue on a medical / dental course, or their fitness to practice as a doctor/dentist after graduation.

CATEGORIES OF CONCERN

There are a number of concerns that could call a student's fitness to practice into question. Hereunder is a list which indicates the most common concerns identified by medical schools. Though not exhaustive, a more complete picture is provided in the book *Ethics of the Medical and Dental Professions – Medical Council, Malta and the book “Good Medical Practice”* and other UK GMC publications.

Areas of concern	some examples
1) Criminal conviction or Caution	<ul style="list-style-type: none">- child pornography.- theft or financial fraud.- possession of illegal substances.- child abuse- physical violence or any other abuse
2) Drug or alcohol misuse	<ul style="list-style-type: none">- drunk driving- alcohol consumption that affects clinical work.- dealing, possessing or misuse of medicines or illegal substances.
3) Aggressive, violent or threatening behaviour	<ul style="list-style-type: none">- assault.- physical violence.- bullying.- abuse.

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|---|---|
| 4) Persistent inappropriate attitude or behaviour | <ul style="list-style-type: none"> - uncommitted to work. - neglect of administrative tasks. - poor time management. - non attendance. - poor communication skills. - offensive behaviour |
| 5) Cheating or plagiarising | <ul style="list-style-type: none"> - cheating in examinations, logbooks or portfolios. - forging a supervisor's name on assessments. - passing off others' work as one's own. |
| 6) Dishonesty or fraud even outside the professional role | <ul style="list-style-type: none"> - falsifying research. - financial fraud. - fraudulent CV or other documents. |
| 7) Unprofessional behaviour or attitudes | <ul style="list-style-type: none"> - inappropriate hygiene* - inappropriate dress* - disrespect to others - disrespectful portrayal of self - impropriety - misleading patients about their care. - failure to obtain proper consent from a patient. |

- sexual, racial or other form of harassment.
- persistent rudeness to patients, colleagues or others.
- inappropriate examinations of patients or failure to keep appropriate boundaries.

8) Health Concerns and insight

- failure to seek medical treatment or other support.
- refusal to follow medical advice including monitoring and reviews.
- failure to recognise limits and abilities.
- lack of insight into health concerns.
- treatment-resistant conditions,

* clean hair cut (men), no earrings on men, no tattoos visible, dress such as not to have overly exposed body parts

ENDNOTES

The role and responsibilities of Medical School vis-à-vis fitness to practice procedures were not discussed here.

One must also refer to the:-

- Medical Council’s booklet on Ethics of the Medical and Dental Profession”.
- The Health Care Professions Act (2003).
- Dangerous Drugs and Ordinance Regulations.
- “Tomorrow’s Doctors” UK GMC guidance for undergraduate medical education.

