

Medical School Charter

September 2006

Introduction

As a medical student in the United Kingdom, upon your acceptance of the responsibilities in Part 1 of this document, the medical school/university¹ has certain responsibilities to you which are described in Part 2. Both Parts of the Medical School Charter have been agreed between the British Medical Association's Medical Students Committee (BMA MSC) and the Council of Heads of Medical Schools (CHMS).

The student should comply with the standards and expectations of Part 1 which are based on the requirements laid down for medical practitioners in the General Medical Council (GMC) guidance: Good Medical Practice. There are modifications and additions to take account of the different responsibilities of medical students from qualified doctors. Students need to be aware of Good Medical Practice, to consider its implications for medical students and to be aware that the GMC is not bound by the standards and expectations in this Charter. Students will need to meet the outcomes set out in Tomorrow's Doctors² in order to graduate. They will also need to meet the standards and expectations laid down by their medical school. Serious and/or persistent failure to meet these standards and expectations may result in action being taken through the school's fitness to practise procedures. Through literature provided by the medical school, students should understand how fitness to practise issues are handled in the medical school and that they will be required to confirm their own fitness to practise on graduation from medical school before being granted provisional GMC registration.

In addition to the responsibilities set out in Part 1 of this Charter, students will need to comply with all other university/medical school regulations, requirements and policies. In certain cases action may need to be taken under those regulations and policies instead of, or as well as, under the fitness to practise procedures. Students will also have access to relevant complaints procedures in the event that any complaint cannot be resolved by informal means.

The responsibilities outlined in Part 2 reflect the requirements of the GMC in *Tomorrow's Doctors* which sets out the standards used to judge the quality of the undergraduate experience. Medical Schools are therefore asked to comply with the standards and expectations stated in Part 2. The BMA MSC and CHMS will review the Charter biennially.

1 The term 'medical school' can be substituted by 'university' throughout this document. In some instances the term medical school includes both the medical school and university where the student is under the governance of both.

2 Tomorrow Doctors, GMC, 2002.

Part 1 – The responsibilities of the medical student

Medical students undertake a degree in medicine with the aim of becoming medical practitioners. Whilst students do not yet have the full duties and responsibilities that go with being a registered medical practitioner, they are already in a privileged position with regards to patients and those close to them. In recognition of this, students must maintain a good standard of behaviour and show respect for others. By awarding a medical degree, a university is confirming that the graduate is fit to practise to the high standards that the GMC has set in its guidance to the medical profession, *Good Medical Practice*.

The GMC outlines the standards expected of a qualified doctor in *Good Medical Practice* and other guidance. Many of those standards apply to you as a medical student. Those of particular relevance are set out below:

1. The student will treat every patient politely and considerately.

As a student, you will:

- 1.1 treat each patient with respect.
- 1.2 make sure that the patient understands that you are a student and not a qualified doctor.
- 1.3 make sure the patient has agreed to your presence and involvement.
- 1.4 not continue interaction if the patient indicates a wish to stop.
- 1.5 dress in an appropriate professional manner that enables good communication with your patients.
- 1.6 acknowledge that patients have the right to expect that all health care workers and students should both appear and be professional.

During your training you will come into contact with many patients from a variety of backgrounds. Usually, your contact with patients will be for your benefit and not theirs. It is important that you approach each patient with respect. As a minimum, this means that you should make sure that patients understand that you are a student and that they have agreed to your presence and involvement with them. Be sensitive to their reactions and do not continue your interaction with them if they indicate that they have had enough.

Students as well as doctors must be prepared to respond to a patient's individual needs and take steps to anticipate and overcome any barriers to communication. In some situations this may require you to set aside your personal and cultural preferences in order to provide effective patient care.

Consideration for your patients affects how you choose to appear. Your dress and appearance should not interfere with your ability to communicate with your patients and their supporters. Fashion changes but patients have the right to expect that all health care workers and students appear professional. Dress which is too informal or is at the extremes of fashion may offend some patients. Good personal hygiene and grooming is essential.

Be aware that you are going to be in very close contact with patients. General appearance, facial expression and other non-verbal signals are important components of good communication in the wider UK community. Any form of dress which interferes with this (such as covering the face or wearing excessive jewellery) should be avoided.

2. The student will respect patients' dignity and privacy.

The student will:

- 2.1 address patients in professional way.
- 2.2 endeavour to preserve the patient's dignity at all times.
- 2.3 attempt to ensure the patient's privacy at all times.

Remember, patients are human beings not museum exhibits. Always ensure that the patient's dignity is preserved in the manner in which you address them. Err on the side of formality rather than familiarity unless the patient gives you specific permission to be more informal. Take care when examining a patient not to embarrass them by over-exposure. The level of acceptable exposure varies from individual to individual. Be aware of the wishes of your patient in this regard.

3. The student will listen to patients and respect their views.

It is easy to turn history taking into an interrogation, but a consultation is a two way process. Do not allow yourself to ignore what the patient has to say.

4. The student will respect and protect confidential information.

The student will not:

- 4.1 intentionally divulge information concerning a patient to anyone not directly involved in the patient's care.
- 4.2 discuss his/her patients in a public place and will take other precautions to ensure that she/he does not inadvertently pass on information regarding a patient.

As a medical student you will have access to information about patients, which they will expect to be kept confidential. Some of this you will obtain directly from patients or their relatives when you take histories. Other information will be available to you because you are given access to the patient's medical records as part of your training. This information should not be deliberately divulged to anyone not directly involved in the patient's care. You should also take care not to inadvertently pass on information about a patient. Think about who else may see your report or hear your conversations. You should not discuss your patients in a public place.

5. Students must not allow their personal beliefs to prejudice their patients' care.

Students will care for patients irrespective of their views about patients' lifestyles, culture, religion and beliefs, race, colour, gender, sexuality, disability, age, nationality, or social or economic status.

You are entitled to hold any beliefs that you wish but you must not allow these to interfere with your care of patients. This corresponds to the requirements in paragraph 5 of Good Medical Practice, GMC.

6. Students will act quickly to protect patients from risk if they have good reason to believe that they or a colleague may not be fit to practise.

- 6.1 The student will immediately report any concerns to a senior member of staff using the procedures for whistle blowing which are in force in the medical school.

You may see a health professional or a fellow student behaving in a way that is likely to lead to harm to patients. You should discuss this immediately with a senior person such as a tutor whom you trust. It is uncomfortable to be a whistleblower but it is important and your professional duty not to ignore behaviour if you know it to be dangerous or reckless. Where necessary you should contact a professional organisation, or the GMC for advice.

- 6.2 Medical students should strive for high standards in their professional lives and their conduct should reflect this.

7. The student will take all of the opportunities provided to develop his/her professional knowledge and skills.

The student will be expected to:

- 7.1 attend all of the compulsory teaching sessions.
- 7.2 inform the medical school as soon as possible of the reason if s/he is unable to attend a compulsory session.
- 7.3 complete and submit course work and assignments on time.
- 7.4 be conscientious in his/her approach to self-directed learning.
- 7.5 endeavour to contribute effectively to any learning group of which he/she is a part.
- 7.6 respond positively to reasonable feedback on his/her performance and achievements.
- 7.7 immediately inform the medical school of factors that might affect his/her performance so that appropriate action can be taken.
- 7.8 carry out examinations (including intimate examinations where necessary and when a chaperone is present) on patients of both sexes.

This corresponds to the requirement in Good Medical Practice –

Keep your professional knowledge and skills up to date.

At this stage you are acquiring knowledge and skills rather than maintaining them but the principle is the same. Learning is a professional duty. Reading up on the patients you have seen and practising your clinical skills is an essential part of your life as long as you remain within the medical profession. Failure to attend compulsory teaching sessions is a breach of professional standards.

8. The student will recognise the limits of his/her professional competence.

- 8.1 The student will not hesitate to ask for help and advice when needed.

This may appear obvious to you but there is a temptation to undertake tasks or give advice beyond your level of competence. If in doubt ask for help.

9. The student will be honest and trustworthy in all matters.

- 9.1 All forms of academic cheating and plagiarism are unacceptable and may result in disciplinary proceedings.³

This corresponds to the requirement in Good Medical Practice -

Be honest and trustworthy

This applies to your clinical encounters and has wider implications. If you are not trustworthy in your academic life it will be difficult to be trustworthy in the clinical setting.

10. The student will work with colleagues in the ways that best serve patients' interests.

Students will:

- 10.1 acknowledge that health care is dependent on effective co-operation between all members of the team.
- 10.2 attempt to ensure that they maintain good relationships with the other health professionals caring for the patient.
- 10.3 treat other healthcare professionals, staff and other members of the university and fellow students with respect.

Health care is dependent on effective co-operation between all members of the team. Even as a student you must ensure that you maintain good relationships with the other health professionals caring for the patient.

11. The student undertakes to provide feedback on the usefulness, significance and effectiveness of all aspects of the course, including teaching.

- 11.1 The student will complete such evaluation tools as are agreed between the medical school and the student body.

The medical school makes every effort to ensure that the course you are undertaking is of the highest quality by a process of continuous quality enhancement. If this is to be effective, the medical school needs timely and honest feedback on the course highlighting what worked well and what needs to be changed. Your opinion is important.

12. The student will permit the processing of information about any Fitness to Practise procedure in which s/he is involved.

The GMC and CHMS are currently looking at how best to improve student fitness to practise and are in the process of consultation on FtP issues. The Charter will be reviewed and updated following the consultation, if necessary.

³ A copy of information about the disciplinary proceedings for each university/medical school should be given to each student.

Part 2 – The responsibilities of the medical school

In accepting a place at medical school or university⁴, you are expected to comply with certain responsibilities, which are outlined in Part 1 of the Medical School Charter. These responsibilities accord with GMC standards and take into consideration the requirement that medical schools are expected to graduate students who are fit to practise medicine.

The responsibilities of the medical school are to provide you with education, training and facilities through which you can achieve an undergraduate medical qualification.

1 Education

The Medical School shall:

- 1.1 Provide high quality teaching and training in clinical and non-clinical settings.

Medical schools are under an obligation to comply with the GMC's Tomorrow's Doctors, therefore, this objective simply requires continuation of providing the good quality education demanded by the GMC. This is assessed via the GMC's quality assurance visiting process but it is also a proactive duty of the school. Where applicable students should be involved in quality assurance processes in order to aid the provision of consistent and high quality training.

- 1.2 Ensure assessment and examinations are based upon the required learning objectives/outcomes.

To ensure continuity and fairness, assessment and examinations will be based upon the standards laid down by the GMC and medical school syllabus.

- 1.3 Provide learning experiences that are challenging and stimulating.

- 1.4 Ensure that staff and students understand their responsibilities with respect to gaining consent from patients prior to examinations by students.

- 1.5 Provide a level of training whereby, upon an individual's satisfactory completion of the course, the minimum standards attained comply with the professional expectations of the regulating body.⁵

All courses and course changes must have approval from the GMC.

- 1.6 Make clear the responsibilities and expectations of the regulating body and how they relate to the curriculum. The professional duties of the regulating body must be made known to the students.

Fitness to practise and professional duties are important features of the curriculum, therefore it is imperative that medical schools make clear to students the implications of these issues, if they are to expect students to comply with the regulations and professional duties bestowed upon them.

4 The term 'medical school' can be substituted by 'university' throughout this document. In some instances the term medical school includes both the medical school and university where the student is under the governance of both.

5 *Tomorrow Doctors*, GMC, 2002.

1.7 Ensure that the course is relevant and led by individuals qualified to teach and train undergraduate medical students.

1.8 Give impartial, timely and constructive feedback on individual student progress and performance, including explanations for failure.

If a student is failing to meet academic standards at any point of the course they should be given constructive feedback and support. A reasonable time is within 2 weeks of a problem being established.

1.9 Where necessary provide access to extra support and advice from teachers and tutors.

It is imperative that students who require support get it from the teachers and tutors who can facilitate the successful completion of exams and modules.

1.10 Inform, regularly update and provide access to full information about the course, module contents and course objectives.

Ease of access to information about the course is a necessity. Clear communication of changes and dissemination of information should be a priority of the medical school. Involving student representatives may make this easier.

1.11 Give clear and timely information about assessment/submission dates and the preferred or required format of assessments/submissions.

Assessment dates and format should be made clear to all students and a minimum time period of one month prior warning should be afforded to students.

1.12 Provide timetabled information about the academic year ahead at least one month before commencement of the year. Details about external placements should be provided at least one month before commencement of the placement.

It is increasingly important for medical schools to have clearly timetabled academic sessions and clinical placements so that students can ensure they adequately plan travel, accommodation and other arrangements, such as childcare. A minimum notice period of one month before commencement of the placement is desired.

1.13 Ensure that students have easy access to sample/past paper examination papers and other relevant examination resources.

Past papers assist the student to prepare fully for examinations and therefore, in line with most other subjects, past papers or mock papers should be available to students.

1.14 Where requested give due consideration to extenuating circumstances which may affect academic and clinical progress and performance in any aspect of the medical course.

Family pressures, illness and personal circumstances may cause significant problems for students and they should be considered if a student's studies are affected. The medical school should make every effort to accommodate students and their needs in an open and supportive environment. Medical schools must be aware of their requirements under the Disability Discrimination Act and make reasonable adjustments where necessary.

- 1.15 Wherever possible, provide students with the opportunity to study and practise abroad as part of the medical degree.

ERASMUS and other international schemes allow students to attain modules and SSMS. The medical school should be open to such schemes and have a clear policy regarding the availability of these opportunities.

- 1.16 Respect the intellectual property rights of the medical student. Any work undertaken by the student remains the property of the student subject to locally agreed arrangements discussed in advance with student representatives, subject to the normal policy of the individual medical school or university.

The intellectual property rights of any individual's work must be respected. Therefore, work undertaken by a medical student should not be passed off as somebody else's and there must be clear acknowledgement of the ownership of this work.

- 1.17 Provide students with the opportunity to give the medical school or university feedback on the usefulness, significance and effectiveness of all aspects of the course, including teaching.

Feedback is a key element of the improvement process and the school should take the opportunity to survey students about the course on a regular basis. This exercise should not be limited to just teaching, but to other areas of educational delivery such as support, assessment, organisation and communication.

- 1.18 Give due consideration to feedback provided in accordance with 1.17 above and inform the student of any positive action that is possible to take with respect to the feedback.

For various reasons changes to a course or its provision may not be possible and where possible the student should be given feedback on those reasons.

- 1.19 Inform the student within a reasonable time period of any changes to the curriculum, structure of the course and any other significant alterations other than minor timetabling changes, which will affect the student.

Any substantial changes made to the course should be made known to the students well in advance and ideally with one year's notice. Changes that would require significant expenditure or inconvenience on the student's behalf must be made known as soon as practicably possible.

- 1.20 Ensure that all staff with responsibilities to medical students are made aware of the Medical School Charter.

The Charter should be advertised to students and staff alike, with all parties aiming to meet the content of this Charter.

- 1.21 Ensure responsible allocation of available resources in order to facilitate delivery of the provisions of Parts 1 and 2 of this Charter.

2 Privacy and equal opportunity

The Medical School is obliged to:

- 2.1 Respect the fundamental Human Rights of students as set out by the Human Rights Act 1998 as far as they do not impact on the rights and freedoms of others for whom the Medical School has an equal duty of care, including patients and the general public.⁶
- 2.2 Ensure that learning, both at the medical school and on clinical placements, is undertaken in a safe and secure physical environment.

Medical schools must maintain strict health and safety regulations. The school is also responsible for providing a safe and secure environment for medical students to learn both clinical and academic skills.

- 2.3 Provide a diverse environment which takes positive action to protect students from bullying, discrimination, victimisation, intimidation or harassment of any kind⁷ and promote equality and value diversity.

Students and staff alike must be treated respectfully, and not be subject to any form of discrimination. The medical school must ensure that they have policies which are compliant with relevant equal opportunities legislation. The school must actively encourage diversity and accommodate as best possible the participation of all students.

Any report of bullying, discrimination, victimisation, intimidation or harassment will be followed up and investigated. If the complaint is about a staff member then action will be taken under the policy relevant to staff members and if the allegation is proven then appropriate disciplinary action will be taken. If the complaint is about a student then action will be taken under the appropriate policies relevant to students and which might include both the school's disciplinary and fitness to practise policies.

- 2.4 Provide the student with information and advice on how to make a complaint. Complaints shall remain confidential to those involved at all times and the complainant shall be protected from any form of victimisation following such a complaint.

There must be clear policies in place to empower medical students and the medical school to take complaints seriously. The treatment of complaints against either a member of staff or student should be treated in a uniform manner and confidentially.

- 2.5 Provide the student with information and advice on whistle-blowing procedures. Disclosures shall be strictly anonymous.

Whistle-blowing procedures will be made freely available and taken seriously.

- 2.6 Those making complaints or disclosures that are proven to be malicious and/or untruthful will be subject to the School's disciplinary procedures.

6 Including lifestyle, culture, religion and beliefs, race, colour, gender, sexuality, disability, age, nationality, or social or economic status.

7 This includes (but is not limited to) any form of disability based, religious, racial, sex, or sexuality discrimination.

3 Administration and support

The Medical School shall:

- 3.1 In so far as resource allows, ensure that the medical students have adequate access to modern IT equipment that is appropriate to the demands of the course.
- 3.2 In so far as resource allows, ensure that the student has access to high quality facilities and resources required to achieve the academic and professional goals set by the GMC and the school.

Technical facilities such as anatomical models, professional computer programmes and other resources should be made available to students.

- 3.3 Provide assistance for students who might require accommodation whilst on placements and ensure that any accommodation provided meets HIMOR (Housing {Management of Housing in Multiple Occupation} Regulations) standards.

It is recognised that the increase in student numbers and the growth in Independent Treatment Centres has restricted the availability in clinical placements in some areas. This has put pressure on students who might now have to travel significant distances. Medical Schools should try to minimise and alleviate such pressures.

- 3.4 Endeavour to facilitate a high standard of teaching facilities whilst on placement.
- 3.5 Provide access to a student centred support service within the medical school and ensure that contact with the support service shall be treated in confidence.

Given the personal nature of some problems that students encounter, the medical school must be able to direct the student to facilities that offer them suitable support.

- 3.6 Ensure that the student has access to both identifiable academic tutors responsible for overseeing education, and identifiable pastoral tutors, to oversee general welfare and assist with personal problems.

Both the academic and pastoral welfare of the student must be catered for and where a 'conflict of interest' 'might exist there should be alternative services open to the student.

- 3.7 Ensure that, in order to avoid any potential conflict of interest, if the pastoral tutor has any academic responsibilities for the student, then either the student or the pastoral tutor can make alternative arrangements for the pastoral role to be carried out by another member of staff.

Due to potential for a conflict of interest the medical school should ideally ensure that the pastoral tutor does not have academic responsibility for the student. Should a pastoral tutor have academic responsibility for a student, a scheme must be in place by which the students can seek pastoral care from another member of staff who does not carry out this dual function at that time.

- 3.8 Ensure that issues disclosed to the pastoral tutor remain confidential. The tutor must advise the student that in some circumstances he/she will be required to disclose information which affects the student's fitness to practise.

The student-tutor relationship should have the same status as the patient-doctor relationship unless the issue being discussed becomes a matter of fitness to practise. This should be made clear to the student at the start of the student-tutor relationship and whenever a matter of fitness to practise is discussed. The tutor must make the student aware of the potential ramifications of disclosing information relating to his/her fitness to practise.

- 3.9 Make arrangements for the provision of external support services should these be necessary. It should ensure that the student is aware of these external support mechanisms (including those available through local government and health service providers).

Due to the nature of the medical degree programme the student may be embarrassed or concerned about seeking assistance from some health services, such as genito-urinary clinics or psychiatric support. The medical school will seek to ensure that there are services which can be independently accessed by the student outside the medical school catchment area. This could be achieved by a reciprocal arrangement with other schools. As such issues are of a sensitive nature, the school should advertise these external facilities to all medical students in case access to these services is required. Students must not allow their own health or condition to put patients and others at risk.

- 3.10 Ensure that the university provides advice about internal and external sources of funding including access to hardship funds.

The medical school will ensure that funding arrangements are clearly signposted. Local and national funding arrangements should be well advertised, as well as information about travel and hardship funding.

- 3.11 Ensure that all students have easy access to medical school regulations and policy.

- 3.12 Ensure that appropriate careers advice is given to students throughout their degree.

Careers advice is an essential element of a degree programme. The school must ensure that advice is given at a suitable time during the course and this should be done through whatever medium is felt appropriate. It should however be reviewed and updated on a regular basis to ensure it is fit for purpose. Where students do not wish to pursue a medical career, the medical school should ensure that the student has access to appropriate careers advice, provided by the school, or other university departments.

- 3.13 Try to ensure that in conjunction with the postgraduate dean, the transition between medical school and F1 year is as seamless as possible. This includes providing information about the process for applying to F1, suitable levels of careers advice and relevant and timely information as required by any application process.

Any ranking information provided by the Medical School must be arrived at by means of a transparent process, which will be clearly communicated to the students.

4 Student representation

The Medical School shall:

- 4.1 Ensure that the students can make a complaint if they feel they have been treated incorrectly and that any complaint procedure adopted by the medical school is open, transparent and fair as required by the Human Rights Act 1998.

Complaint procedures should be made clear to the medical students and must be open, fair and transparent. Effective processes should be in place which allow the anonymous reporting of incidents without fear of comeback.

- 4.2 Ensure that students have access to an internal appeals mechanism.

Internal appeal mechanisms must be made available if the student feels he/she has been treated incorrectly. It is strongly recommended that an independent student and/or a representative of the student body be as closely involved as possible in internal appeal processes.

- 4.3 Ensure that fair student representation exists on all decision-making bodies, which directly affect medical students.

- 4.4 Facilitate the ability of students to participate in all activities of the medical school and university students' unions and external bodies related to education, including trade unions and professional bodies.

Representation is a key right and this should be respected by the medical school. Fair representation should be actively pursued on all key bodies within the medical school, which includes the students' union or political organisations. As well as this, medical schools should respect a student's right to sit on external bodies in a national or local representative role.

Council of Heads of Medical Schools and BMA Medical Students
British Medical Association, BMA House, Tavistock Square, London, WC1H 9JP
www.bma.org.uk

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