

# Medical student professionalism

General  
Medical  
Council

Scottish Medical Education Conference  
Edinburgh, 27 April 2018

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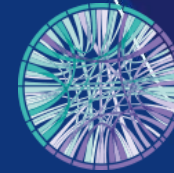
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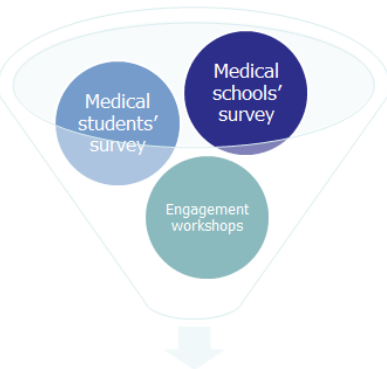


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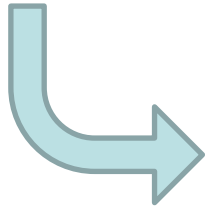


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# Revised guidance provides two documents, addressed to medical schools and to students



**Public consultation**  
(August – November 2015)



## *Professional behaviour and fitness to practise*

- ✓ Guidance primarily for medical schools, and secondarily for their students
- ✓ Providing detailed guidance on processes for dealing with student professionalism and fitness to practise issues
- ✓ In line with test of fitness to practise for provisional registration and fitness to practise processes for registered doctors
- ✓ Similar style and format to *Good Medical Practice*



## *Achieving good medical practise*

- ✓ Guidance directly addressed to medical students
- ✓ Structured by the four domains of *Good medical practice* to familiarise students with core guidance for registered doctors
- ✓ Written in simple, accessible language and offering practical examples to students
- ✓ Giving advice on how to maintain professional behaviour on and off campus, including known areas of concern (e.g. social media, attendance)

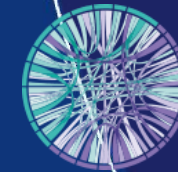


## How can I access the guidance?

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- Both guidance documents are available on the GMC website at [www.gmc-uk.org/studentftp](http://www.gmc-uk.org/studentftp)
- If you would like to order a printed copy of the guidance, or a copy in another format or language, call us on 0161 923 6602 or email us at [publications@gmc-uk.org](mailto:publications@gmc-uk.org)
- Printed copies were sent to all medical schools to distribute to their students in March 2017; and sent again for first year medical schools in early 2018

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## *Achieving good medical practice*

Guidance for medical students



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# Going above and beyond – taking on the challenge of professional excellence

- The guidance starts by stating that although it sets out standards for behaviour **true professionalism** is about **striving for excellence**.



*Being professional means you'll need to make time to reflect on your experiences, to learn continually and to apply your learning in practice. You will need to seek out feedback, remain up to date with professional and ethical guidance and be able to adapt to changing circumstances. Your teachers and trainers want you to develop and become an excellent doctor, so you should look to them for guidance and support.*

# Key content in *Achieving good medical practice: guidance for medical students* (1 of 4)

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Practical advice on professional behaviour, aligned to *Good medical practice*



## Domain 1: Knowledge, skills and performance

- Responding positively to the learning process
- Reflecting about your study and clinical work
- Working within the limits of your competence, including knowing when to ask for help
- Being professional on clinical placements
- Consent
- Recording your work

# Practical advice/examples

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- Engagement in educational activity
- Complying with University regulations etc.
- Responding constructively to feedback
- Professional behaviour on placement
  - Appearance
  - Punctuality
  - Supervision
  - Electives
  - Patient contact
  - Recording





# Key content in *Achieving good medical practice: guidance for medical students* (2 of 4)

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Practical advice on professional behaviour, aligned to *Good medical practice*

## Domain 2: Safety and Quality



- Being open and honest if something goes wrong
- Raising concerns, including about your peers, colleagues or medical school staff
- The importance of telling your medical school about any health conditions and getting support
- The importance of having insight into your health and following medical advice



# Practical advice/examples

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- Moral/legal duty
- Types of concerns
- Processes for raising concerns
- Compliance with University OH services
- Requirement to get independent medical advice



# Key content in *Achieving good medical practice: guidance for medical students* (3 of 4)

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Practical advice on professional behaviour, aligned to *Good medical practice*



## **Domain 3: Communication, partnership and teamwork**

- The importance of communicating effectively
- Treating colleagues with respect and teamwork
- Being polite to patients and respecting their dignity and privacy
- Maintaining confidentiality
- Handover of care
- Handling conscientious objections

## Practical advice/examples

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- Contributing to the work of the healthcare team
- Collaborative working in healthcare and university settings e.g. mentorship of students
- Constructive placement feedback
- Maintaining confidentiality re patients names and in public places
- Social media 'dos' and 'don'ts'
- Adjustments due to cultural or religious beliefs

# Key content in *Achieving good medical practice: guidance for medical students* (4 of 4)

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Practical advice on professional behaviour, aligned to *Good medical practice*



## Domain 4: Maintaining trust

- Not pursuing relationships with patients
- Respecting patient's and colleagues' beliefs and lifestyle choices
- Not discriminating against anyone
- Acting with honesty
- Reporting things like convictions to their medical school
- Cooperating with SFTP processes

## Practical advice/examples

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- Acknowledging unconscious bias
- Plagiarism
- Honesty about experience and qualifications
- Declaration of any criminal cautions/legal proceedings/health concerns
- Behaviour outside medical school
  - Discriminatory comments in public/social media
  - Caution for drunken behaviour
  - Take responsibility for actions



# Other useful resources for students in the guidance

## Professionalism – key areas of concern

- Persistent inappropriate attitude or behaviour
- Failing to demonstrate good medical practise
- Drug or alcohol misuse
- Cheating or plagiarism
- Dishonesty or fraud
- Aggressive, violent or threatening behaviour
- Any conviction or caution
- Health concerns and insight or management of these concerns

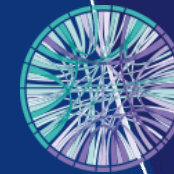


## Annex

- Gives students a brief overview of the FTP processes within medical schools.
- Highlights some factors FTP panels take into account including;
  - Patterns of behaviour
  - Insight
  - Mitigating and aggravating factors
  - Remediation
  - Year of study



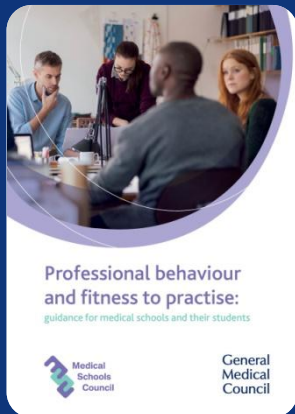
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## *Professional behaviour and fitness to practise*

Guidance for medical schools and their students



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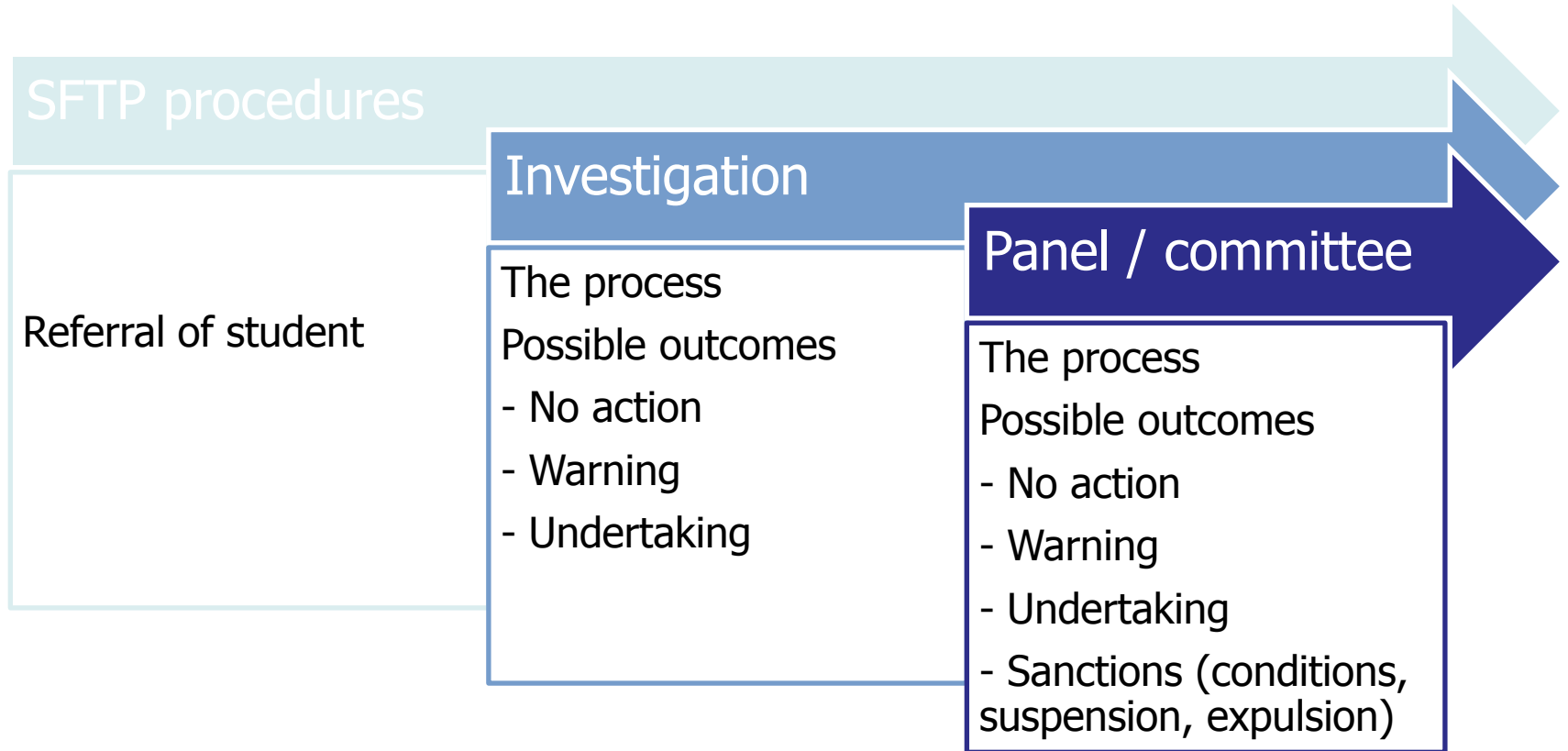
# Key features of *Professional behaviour and fitness to practise*

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- Aligned to GMC processes for provisional registration and FTP in registered doctors
- New section on pastoral care and support
- New section on low level concerns
- Expanded section on health concerns
  - Additional resources for health concerns

# Student fitness to practise procedures

More detailed guidance given for all stages of the process (pages 45-68):



# Practical tools in the guidance (1 of 4):

## *Threshold of student fitness to practise*

A series of questions to help you consider threshold (pages 35-38):

- Deviation from guidance?
- Disregard for responsibilities?
- Failure to improve?
- Abuse of patient's trust or rights?
- Dishonest, fraudulent or misleading behaviour?
- Undermines public confidence?
- Compromises patient safety?

The collage displays several pages from the guidance document, including:

- Page 35: Introduction to the threshold questions.
- Page 36: A list of 80 questions to help consider the threshold, such as:
  - Has a student's behaviour deviated from the guidance set out in *Achieving good medical practice: guidance for medical students or a medical school's own code of conduct*? And might it, as a result, have harmed patients or put patients, colleagues or themselves at risk of harm?
  - Has a student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients, teachers or colleagues?
- Page 37: A list of questions to consider if a student's behaviour or health school identifies a remaining safety or public confidence in the student, such as:
  - Has a student's behaviour or health school identified a remaining safety or public confidence in the student?
  - Has a student's behaviour or health school identified a remaining safety or public confidence in the student?
- Page 38: A list of questions to consider if a student's behaviour or health school identifies a remaining safety or public confidence in the student, such as:
  - Has a student's behaviour or health school identified a remaining safety or public confidence in the student?
  - Has a student's behaviour or health school identified a remaining safety or public confidence in the student?

# Practical tools in the guidance (2 of 4): *Reasons for impairment*

## Table 1 in document (pages 41-45):

- We've organised a table according to the published reasons for impairment of fitness to practise, with relevant examples of behaviour (not exhaustive)

Professional behaviour and fitness to practise: guidance for medical schools and their students

**Table 1 - Reasons for impaired fitness to practise in medical students**

The reasons for impairment are set out at Section 35C (2) of the Medical Act 1983 (as amended). There are six reasons why the fitness to practise of a fully or provisionally registered doctor may be impaired. Two of these – deficient professional performance and not having the necessary knowledge of English – are not included in the table because they are unlikely to be addressed by the medical school or university student fitness to practise process (see paragraphs 13 and 15).

**Note: this list of impairments is not exhaustive.**

Reasons for impairment	Key areas of concern	Examples of behaviour
<b>Misconduct</b> – this includes issues that raise a question about a student's honesty, trustworthiness or character	Cheating or plagiarism	<ul style="list-style-type: none"> <li>Cheating in examinations</li> <li>Signing peers into taught sessions from which they are absent</li> <li>Passing off the work of others as your own</li> <li>Sharing with fellow students or others, details of tasks in questions from exams you have taken</li> <li>Forging a supervisor's signature or feedback on assessments, logbooks or portfolios</li> <li>Falsifying feedback on assessments, logbooks or portfolios</li> </ul>
<b>Dishonesty or fraud</b> , including dishonesty outside the professional role	<ul style="list-style-type: none"> <li>Falsifying research</li> <li>Committing financial fraud</li> <li>Creating fraudulent CVs or falsifying other documents</li> <li>Misrepresentation of qualifications</li> <li>Failure to declare relevant misconduct issues to medical school or university</li> <li>Withholding or misrepresentation of health issues (eg blood-borne viruses)</li> </ul>	

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Professional behaviour and fitness to practise: guidance for medical schools and their students

Reasons for impairment	Key areas of concern	Examples of behaviour
<b>Misconduct</b> – this includes issues that raise a question about a student's honesty, trustworthiness or character	Drug or alcohol misuse	<ul style="list-style-type: none"> <li>Driving under the influence of alcohol or drugs</li> <li>Abusing prescription medication</li> <li>Alcohol consumption that affects clinical work, the work environment, or performance in the educational environment</li> <li>Dealing, possessing, supplying or misusing drugs, even if there are no legal proceedings – this may include legal highs</li> <li>A pattern of excessive misuse of alcohol</li> </ul>
	Aggressive, violent or threatening behaviour	<ul style="list-style-type: none"> <li>Assault</li> <li>Physical violence</li> <li>Bullying</li> <li>Harassment</li> <li>Stalking</li> <li>Online bullying or trolling</li> </ul>
	Failing to demonstrate good medical practice	<ul style="list-style-type: none"> <li>Misuse of social media</li> <li>Breach of confidentiality</li> <li>Misleading patients about their care or treatment</li> <li>Culpable involvement in a failure to obtain proper consent from a patient</li> <li>Sexual, racial or other forms of harassment</li> <li>Inappropriate examinations or failure to keep appropriate boundaries in behaviour</li> <li>Unlawful discrimination</li> </ul>

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Professional behaviour and fitness to practise: guidance for medical schools and their students

Reasons for impairment	Key areas of concern	Examples of behaviour
<b>Misconduct</b> – this includes issues that raise a question about a student's honesty, trustworthiness or character	Persistent inappropriate behaviour	<ul style="list-style-type: none"> <li>Uncommitted to work or a lack of engagement with learning, programme of study or clinical placements</li> <li>Neglect of administrative tasks</li> <li>Poor time management</li> <li>Non-attendance</li> <li>Poor communication skills</li> <li>Failure to accept and follow educational advice and unwillingness to learn from feedback given by others</li> <li>Being rude to patients, colleagues or others</li> <li>Unwillingness to learn from constructive feedback given by others</li> <li>Being disruptive in teaching sessions or the training environment</li> <li>Challenging behaviour towards clinical teachers or not accepting criticism</li> <li>Failing to answer or respond to communications</li> </ul>

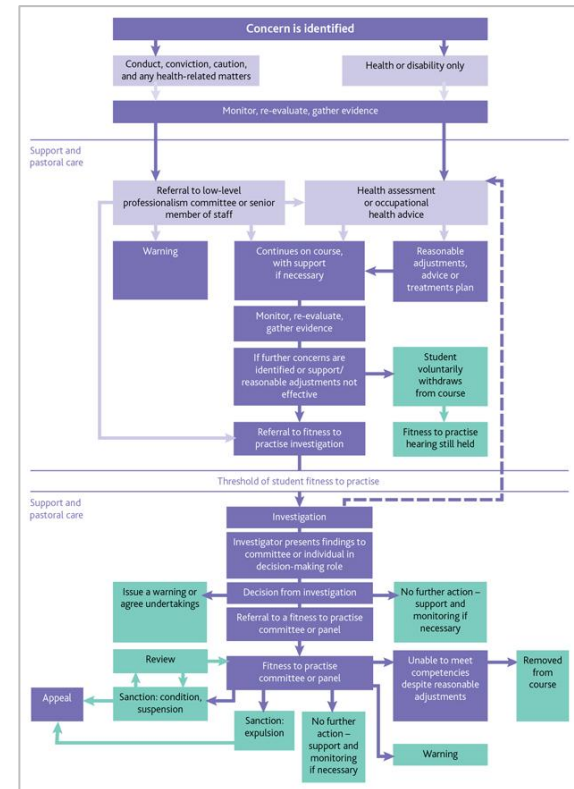
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# Practical tools in the guidance (4 of 4): *Flow diagram*

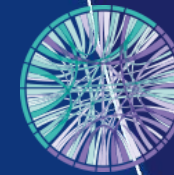
## Appendix in document (page 78):

- An example illustration of the process for managing professionalism concerns and fitness to practise issues, intended as reference of main components
- Crucial to demonstrate process has been followed for any cases that are appealed



# Additional resources

To support you with  
implementing the guidance



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# Guidance in action (1 of 6): Case studies

[www.gmc-uk.org/studentftp](http://www.gmc-uk.org/studentftp)

- Social media
- Personal health
- Serious misconduct
- Working in isolated environments
- Repeated low level concerns

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## Case studies: medical students professionalism and fitness to practise

These case studies will help you see how *Achieving good medical practice* and *Professional behaviour and fitness to practise* can apply in real life scenarios.



### [Social media use](#) (page 2)

Sarah and Mohammed are part of a WhatsApp group with other medical students. Find out what happens when they are reported for sharing stories about patients and staff on Facebook.



### [Personal health](#) (page 7)

Aaron is struggling with anxiety and depression due to his academic workload. Find out what happens when he continues to struggle but is reluctant to seek help.



### [Serious misconduct](#) (page 11)

Stephanie is a year five medical student whose personal behaviour is called into question on a night out. Find out what happens when she tries to treat a friend in an emergency.



### [Working in isolated environments](#) (page 15)

Ramesh is a year four medical student doing his first clinical placement in a rural area. Find out what issues he faces when working in an isolated environment.



### [Repeated low level concerns](#) (page 19)

Yanmei is a first year student who is finding it difficult adapting to university life. Find out what happens when she continues to arrive late and misses a few assessment deadlines.

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The GMC is a charity registered in  
England and Wales (1089278)  
and Scotland (SC037750)

# Guidance in action (2 of 6): Thought pieces

[www.gmc-uk.org/studentftp](http://www.gmc-uk.org/studentftp)

- Raising concerns
- Remediation
- Legal representation

## Thought pieces

Read our thought pieces about areas of the guidance that generated a lot of discussion among medical schools and their students. We will continue to add more pieces as the conversation about the guidance evolves.

### Raising concerns

Raising concerns about professionalism is an important principle based on our standards for medical education and training. Read more on the importance of having clear policies for raising and acting on concerns – considering the different scenarios where concerns might be raised.

[Open the Raising concerns thought piece](#)

### Remediation

In the context of student fitness to practise, remediation is where a student or graduate addresses concerns about their conduct, behaviour or health. This piece focuses on the key principles behind remediation, how students can demonstrate it, and how schools can support them in the process. It is primarily addressed to medical schools.

[Open the Remediation thought piece](#)

### Legal representation

Should medical students going through fitness to practise procedures seek legal representation? Should their schools encourage them to do so? This piece outlines some principles to help schools and students make the decision of where legal representation would be useful – and what they should take into consideration.

[Open the Legal representation thought piece](#)

# Guidance in action (3 of 6): Myths & questions

[www.gmc-uk.org/studentftp](http://www.gmc-uk.org/studentftp)

- Common myths about student fitness to practise
- *If I do anything wrong, the school will call a SFTP panel*
- Common questions
- *Does a student need to declare SFTP concerns to the GMC?*

<b>Myth busters</b> .....	<b>3</b>
Myth 1: If I tell my school about a health condition or concern I will be referred to student fitness to practise.....	3
Myth 2 : I shouldn't tell my medical school about a health concern .....	4
Myth 3: If I do anything wrong, the school will call a student fitness to practise panel .....	5
Myth 4: Students often get expelled through student fitness to practise procedures.....	6
Myth 5: If I do anything wrong, my school will tell the GMC and it'll affect my registration ...	7
Myth 6: The GMC makes all decisions about student fitness to practise for medical students	8
<b>Questions: Using the guidance</b> .....	<b>9</b>
How should medical students use the new guidance?.....	9
What advice do you have for students who might not meet our published outcomes for graduates? .....	10
What should students do if a patient treats them in a derogatory or aggressive manner?.....	12
What are GMC's views on students using cognitive-enhancing drugs for examination preparation and how is this reflected in the guidance? .....	15
<b>Questions: You and the GMC</b> .....	<b>17</b>
Does a student need to declare fitness to practise concerns to the GMC?.....	17
If a student declares fitness to practise concerns to the GMC, what information is needed and what are the consequences of non-disclosure? .....	18
<b>Questions: Your fitness to practise</b> .....	<b>19</b>
What are the implications of fitness to practise findings for a student's future career? .....	19
How does health relate to student fitness to practise?.....	20
<b>For medical schools</b> .....	<b>22</b>
Can the GMC provide equality and diversity training to help medical schools implement the fitness to practise guidance? .....	22
How can medical schools make sure their processes for managing concerns about professionalism and fitness to practise are fair? .....	23

# Guidance in action (4 of 6): Examples of good practice

[www.gmc-uk.org/studentftp](http://www.gmc-uk.org/studentftp)

- Examples of approaches taken for implementing the SFTP guidance by different medical schools
  - Adapting processes
  - Low level concerns
  - Promoting professionalism
  - Collaboration

## Good practice: examples submitted by medical educators

🕒 Published 8 March 2018



We asked medical schools to tell us what steps they have taken towards implementing the guidance, any difficulties, and how they had communicated it to their students.

Through the schools' responses, we identified different approaches to areas we know are common in the management of student fitness to practise, and we asked submitting schools to elaborate on these. We wanted to present the examples developed as a result as an opportunity for shared learning for anyone involved in student fitness to practise.

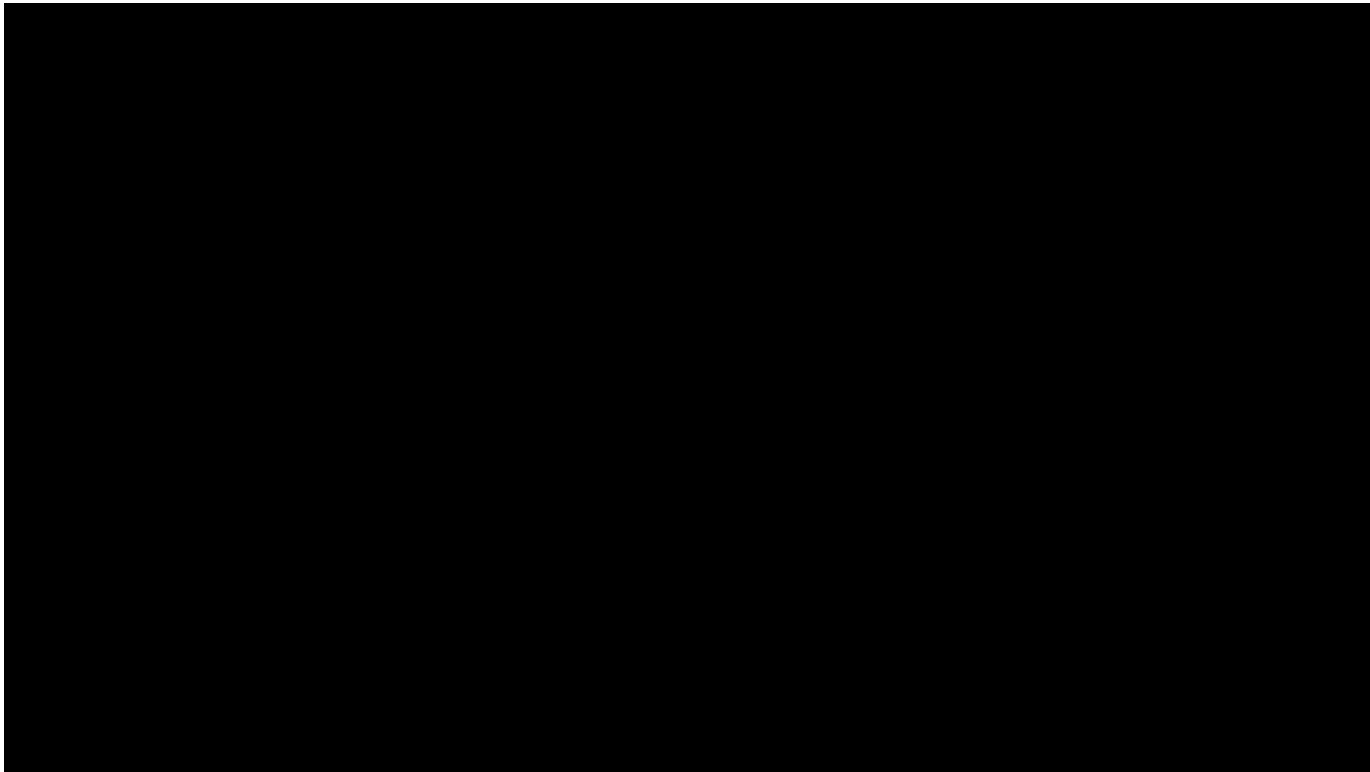
We want to continue expanding the examples and we are happy to add further submissions. Please email us at [quality@gmc-uk.org](mailto:quality@gmc-uk.org) if you wanted to discuss a submission, or if you are interested in hearing more about any of the approaches described.

We're very grateful to the medical school staff that developed the examples presented here.

**Please note:** The practices listed are based on responses to the specific questions included in the 2016/17 Medical School Annual Returns. They are not meant to be exhaustive or point to a single solution to issues encountered by schools in the management of student fitness to practise.

# Guidance in action (5 of 6): Professionalism video

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# Guidance in action (6 of 6): Teaching resources

- [www.gmc-uk.org/studentftp](http://www.gmc-uk.org/studentftp)

**Discussion**  
**Domain 2: Safety and quality**

Share as before (1 minute) → Click to view guidance recommendations

According to guidance, a medical student should

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Correctly raise a patient safety concern
- Protect patients and colleagues from any risk posed by your health



	Attribute	Consequence
Domain 1 Knowledge, Skills and Performance	<b>Develop and maintain professional performance</b> <ul style="list-style-type: none"> <li>Acquire knowledge and skills as a student (good attendance, responding to feedback, reflecting)</li> <li>Maintain/improve as a professional.</li> </ul>	You fail to require that your instructor is qualified or has maintained their qualifications. As a result, the receptionist calls in the local baker who once went on a skydive in 1963 and thinks he can make a stab at it. Unfortunately he doesn't really remember it as well as he thought and doesn't pull the cord until too late.
Domain 1 Knowledge, Skills and Performance	<b>Apply knowledge and experience in practice</b> <ul style="list-style-type: none"> <li>Work within their competence</li> <li>Behave professionally eg not late, professional dress</li> <li>Gaining consent</li> </ul>	You fail to require that your instructor applies their knowledge and skills in a professional manner. Therefore, she turns up 2 hours late, by which time the pilot has left. She decides to fly the plane herself as although not qualified to do so, she is friends with a pilot who has talked her through it before. It turns out she can take off, but not land the plane.
Domain 1 Knowledge, Skills and Performance	<b>Record work clearly legibly and accurately</b> <ul style="list-style-type: none"> <li>Good continuity, good teamwork, safe handovers from one professional to another</li> </ul>	You fail to require that your instructor makes a record of anything clearly. As such, although she checks the weather report before you leave, she writes it down on a scrap of paper to take with her. Shortly before jumping, she looks at it but it is unsure whether she has written NW or NE for the wind speed. She guesses wrong and you are blown 50 miles off course, out to sea.
	<b>Contribute to and comply with systems to protect the skydivers you are responsible for</b>	You do not require that your instructor is diligent in complying with safety systems. The instructor cannot be bothered following all of the safety

Be honest about your competence **Informed consent** Be honest if things go wrong Do not abuse your position **Reflect**

Lesson 1: understand and accept your level of knowledge, skill and competence

**Task 2:** A medical student is on his first week of placement in A&E. He has just looked at an x-ray, and thinks he can see a transverse fracture of the left radius. He has not discussed his thoughts with his supervising consultant. *Listen to the following conversation. Give 3 examples in this scenario of behaviour not demonstrating honesty and integrity.*



Be open about mistakes **Respect** Be honest when writing in medical notes **Be impartial** **Treat all patients equally** **Explain treatments fully** Do not copy the work of others Do not force a supervisor's name



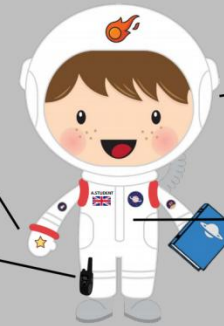
## What you'll need to succeed

*Space gloves*  
Safety & Quality

*Helmet*  
Knowledge, Skills and Performance

*Space radio*  
Communication, Partnership and Teamwork

*Heart*  
Maintaining Trust



# Student professionalism competition

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- For the last two years, we ran a student competition with the Medical Schools Council to explore why professionalism is important to medical students.
- On both years, we asked students to design a teaching session based on our guidance *Achieving good medical practice*.
  - 2016: any aspect of the guidance
  - 2017: why honesty and integrity are important qualities for future doctors
  - *2018 competition in planning stages*
- We received 97 entries between the two years from students across the UK.
  - The students whose entries were shortlisted have kindly agreed to share their sessions as teaching resources.





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**A student perspective on  
*Achieving Good Medical  
Practice: Why honesty and  
integrity are crucial in  
medicine.***

Caitlin Stewart  
First Year Medical Student  
The University of Aberdeen



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## ***The Task***



## *The Game*

- Fun and engaging activity to fuel conversations about honesty and integrity
- Based on ideas from games: *Cranium* and *Taboo*
- Focus on interactions with patients, peers and professionals
- Scenario and activity cards
- Highlights roles of the GMC, patient centred approach and additional attributes (effective communication and teamwork)
- All relate to professional standards that medical students are expected to meet throughout their degree, which are in-line with *Achieving Good Medical Practice*



## *Resources*

- Board
- Scenario and activity cards
- Dice
- 3 x counters (1x sharpener, 1 x rubber, 1 x paper-clip)
- Blindfold
- Maze map
- Stopwatch
- Paper and pen for each player



## *Aim of the game/ Take home messages*

1. Acting with honesty and integrity is key to being a good medical student and a safe a trustworthy doctor (point 19 of *Achieving Good Medical Practice*)
2. As an aspiring doctor, you must have a higher standard of behaviour than other students throughout your degree to maintain the public's trust in the profession.
3. During medical school, you may witness acts of dishonesty which will raise concerns about patient safety or an individual's fitness to practice. If a situation arises where you are in this position, seek advice from the medical school or guidance that is available from the GMC.

## Number of players:

6 (3 groups of 2) or 9 (3 groups of 3)  
of 3)

**Time:** 20 minutes

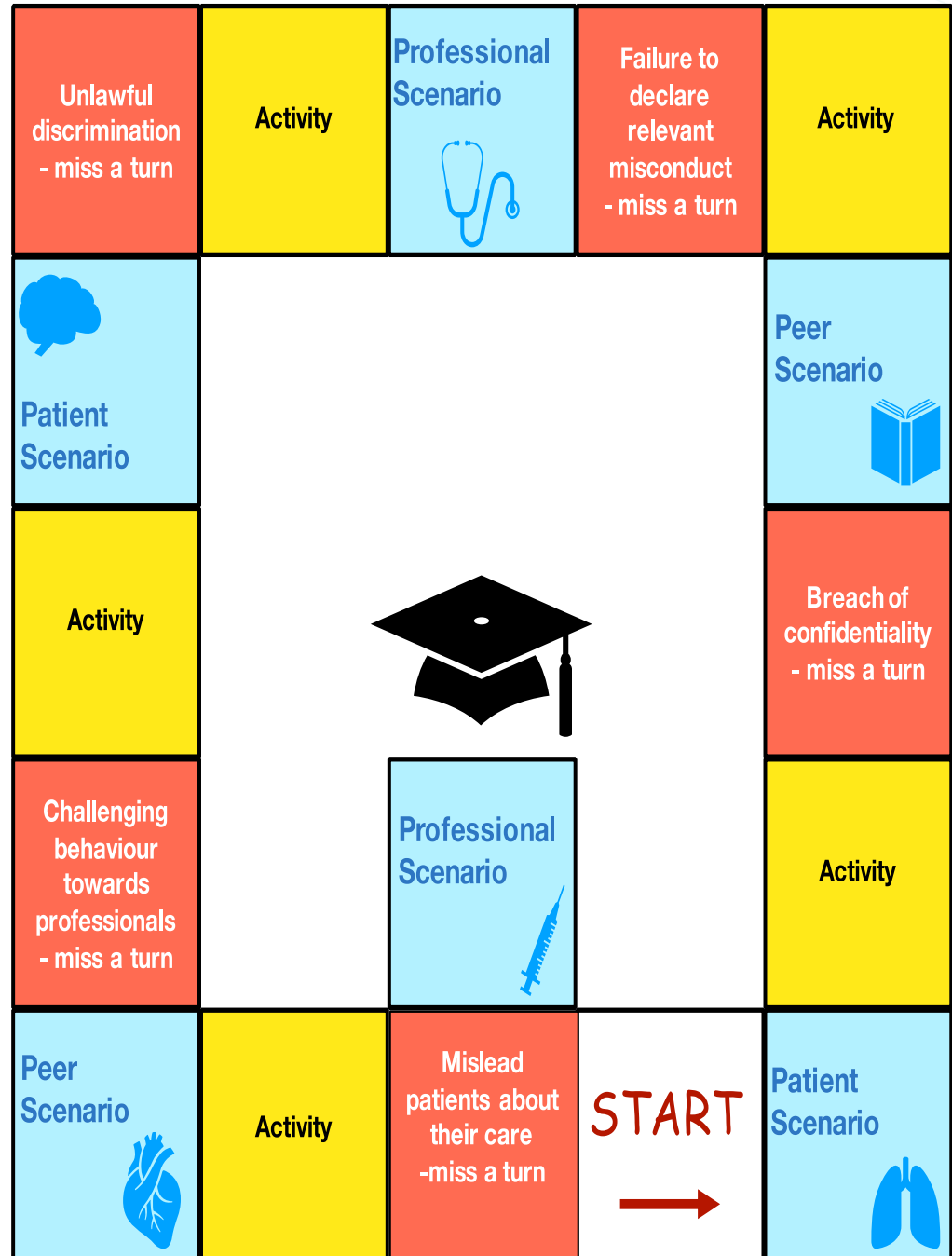
Begin at **START** and roll dice. If the team successfully completes the challenge, keep the card and pass the dice to the next team.

**Blue square** = blue card (2 minutes to decide on 2 issues and 2 responses)

**Yellow square** = yellow card (facilitator must read out the activity unless a player has to be nominated)

**Red square** = miss a turn

**Winner:** first to graduation or most cards collected in 20 minutes



### **Patient Scenario**

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***It is your first time cannulating a patient and the patient asks why you look nervous.***

### **Patient Scenario**

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***You perform a respiratory exam on a patient for the first time and find an abnormality. The patient has asked you what you have found.***

### **Patient Scenario**

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***A patient asks you for their blood test results, which you have seen, and the doctor has been held up with another patient.***



### Peer Scenario

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***You overhear your peer telling the nurse that she has sutured on placement previously. You know that you have not learnt this skill yet at university.***

### Peer Scenario

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***You see your peer forging your supervisor's name on placement. They have asked you not to tell anyone.***

### Peer Scenario

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***You are on placement and see your peer in a cupboard putting drugs in their bag. They have asked you to not tell anyone.***

### **Professional Scenario**

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***You observe a nurse unfairly discriminate against a patient because of their lifestyle choices.***

### **Professional Scenario**

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***On placement, you observe a consultant speaking condescendingly to a nurse.***

### **Professional Scenario**

You have 2 minutes to work as a team and decide on 2 issues and 2 responses to the below scenario:

***Your supervisor has asked you to carry out a task that you have learnt in a skills session however you do not feel confident in carrying this out.***

You have 30 seconds for this activity.

Select the correct answer to the question below to win the card.

Q: The majority of enquiries relating to a doctor's fitness to practice is made by?

1. Persons acting in public capacity (e.g employers)
2. Members of the public
3. Other sources (e.g individual doctors)

You have 30 seconds for this activity.

Each team member must write 4 roles of the GMC on separate sheets of paper without conferring. If two answers match, then you win the card.

You have 30 seconds for this activity.

Each team member must write 3 domains of good medical practice on separate sheets of paper without conferring. If one answer matches then you win the card.

You have 1 minute for this activity.

Describe the duty of candour to win the card.

You have 1 minute for this activity.

Each team member must write 4 ways that medical students can maintain the public's trust in the medical profession on separate sheets of paper without conferring. If one answer matches then you win the card.

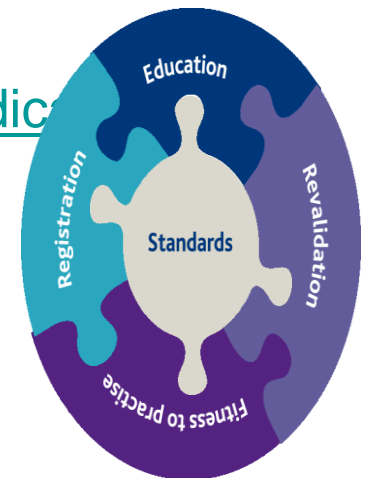
You have 1 minute for this activity. Nominate one player to take on the challenge who will read the challenge quietly.

The aim is to get your partner to say the word **HONESTY** *without* saying the words: honest, truthful and lie. You may use scenario examples. If you succeed, you win the card.



## *Facilitator tools*

- [Achieving good medical practice: guidance for medical students](#)
- [Good medical practice](#)
- [Fitness to practice annual statistics report 2015](#)
- [GMC: Ethical Guidance](#)
- [GMC: About](#)
- [Professional behaviour and fitness to practise: guidance for medical students](#)



## *To Conclude*

- Scenarios fuel discussion on:
  - GMC guidance
  - honesty and integrity
  - patient centered approach
  - Raising concerns on fitness to practice
- Activities provide extra links to:
  - Professionalism outside the academic environment
  - Professional attributes (maintaining trust, effective communication, teamworking)

**I would recommend this game for students in early years of medical school starting placements.**

Thank you

Further information:

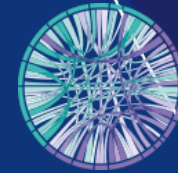
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