

ROLE OF MEDICAL SCHOOLS IN JUDGEMENTS ON BEHAVIOUR AND HEALTH OF MEDICAL STUDENTS

Background Paper

1 UK Context

The Medical Act 1983, Part II, Section 3 states that *any person who holds one or more primary United Kingdom qualifications and has passed a qualifying examination and satisfies the requirements of this Part of the Act as to experience...is entitled to be registered under this section as a fully registered medical practitioner.* The origins of this part of the Act can be traced back to the first Medical Act of 1858 which states that *Every person...possessed of any one or more of the qualifications described in Schedule A to this Act shall...be entitled to be registered....*

Section 15 of the Act deals with Provisional Registration and in subsection 2 states that *A person who, apart from any requirement as to experience[i.e. the pre-registration house job or internship] would by virtue of any qualification...held by him be entitled to be registered under section 3 above shall be entitled to be registered provisionally under this section.* This enables the newly graduated doctor to undertake the period of prescribed experience necessary for full registration.

2 The meaning of graduation with respect to registration

A corollary of the above is that, in granting a degree in medicine, a university is implicitly confirming more than the acquisition of knowledge and skills. It is also confirming that the graduate is fit to practise medicine in the broadest sense.

3 Comparison with Dentistry

I am indebted to Professor Scott, Dean of Dental Studies at Liverpool, for this information.

The Dentists Act 1984 is unambiguous about the division of responsibilities between Universities and the General Dental Council with respect to registration. Part III, Section 15, subsection 3 of the Act states: *A person shall not be entitled to be registered in the dentists register...unless he satisfies the registrar as to the following matters, namely –*

- (a) *his identity*
- (b) *that he is of good character; and*
- (c) *that he is in good health, both physically and mentally.*

The Act therefore places on the GDC a specific duty to establish that any applicant is fit to practise. For new graduates, the Registrar carries out this function by requiring a statement of identity, good character and good health to be completed by the Dean of Dental Studies on behalf of the University.

The important areas in which registration in Dentistry differs from Medicine are:

- i The Dental Act makes it clear that the Registrar of the GDC, not the university, is the gatekeeper.
- ii Confirmation by the university that the graduate is fit to practise is explicit, rather than implied by the granting of a degree.

There is another important difference between the two subjects. Dental students take responsibility for carrying out irreversible procedures (e.g. extractions) throughout their clinical training and universities have a duty to ensure the safety and well-being of patients on whom their students practise. Fitness for practice issues are therefore likely to emerge more clearly during the undergraduate dental curriculum than in medicine.

4 Comparison with other countries

- Australia. I am grateful to Professor Richard Larkins, Dean of Medicine at Melbourne for this information.

This issue has been the subject of active debate in Australia and is incompletely resolved. There are differences between states. The most notable difference from the UK position is in New South Wales, where students are registered with the Medical Board (GMC equivalent) as undergraduates. This enables monitoring of fitness to practise issues by the Board during the undergraduate years.

- USA. I am grateful to Dr Michael Whitcomb of the Association of American Medical Colleges for this information.

This issue is also topical in the USA and their licensing authorities are beginning to rethink the steps to licensure. At present, by granting the MD degree a US medical school is in effect stating that the graduate is qualified in all respects to enter residency training, but not to practise independently. In reality, this is not always the case. For example, there are increasing numbers of students with disabilities in medical school and some of them would be unsuitable for some specialties. However, in practice they would not be accepted into a residency program in that specialty. If, however, the student were unfit to practise in any branch of medicine – e.g. having been convicted of a crime - then most medical schools would dismiss the student.

- Canada No response to inquiries

5 UK medical schools and fitness to practise issues

In recent years the medical schools have taken steps to recognise their duty of care to the public with respect to the health and conduct of their students.

- Admissions Medical school admissions policies are a matter for the universities. Nonetheless, if it is accepted that a student who applies to medical school should be regarded as a potential medical practitioner, then it would be unwise to operate an admissions policy that disregarded the requirements for GMC registration.

All medical schools have agreed to follow the CHMS “Guiding Principles on Medical School Admissions”. These are attached. They make it clear that fitness to practise is a centrally important matter and provide examples of candidates who would not be admitted – notably those who are Hepatitis b, e-antigen positive.

However, medical schools are coming under pressure to widen access, not simply in terms of social and racial background, but also in respect to disabilities. This particular debate would benefit from clear guidance on fitness to practise issues.

- Fitness to practise while a medical student If a person is not fit to practise as a doctor then they should not be seeing patients as a medical student. Increasing numbers of medical schools have introduced fitness for practice committees, or are attempting to do so. These committees are generally distinct from those that deal with academic performance and reflect the special nature and expectations of a medical course.

Students would typically come to the attention of these committees by virtue of poor attendance or unacceptable behaviour that has been observed by university or clinical teaching staff.

Peter Rubin
12 September 2001

COUNCIL OF HEADS OF MEDICAL SCHOOLS

GUIDING PRINCIPLES FOR THE ADMISSION OF MEDICAL STUDENTS

The following guiding principles for the selection and admission of medical students to medical schools have been agreed by the Council of Heads of Medical Schools:

1. ***Selection for medical school implies selection for the medical profession.*** A degree in medicine confirms academic achievement ***and*** automatically entitles the new graduate to be provisionally registered by the General Medical Council and to start practising as a doctor (Medical Act 1983, Part II).
2. ***Medical schools have agreed that the selection process for medical students must be transparent and involve procedures that respect obligations under the Race Relations Act and offer equality of opportunity.*** Individual medical schools will publish annually details of their admissions procedures together with an analysis of the outcome of the selection process. Their procedures will reflect an agreed standard for racial equality and equal opportunities. They will amend procedures that are shown to result in any unfair imbalance between successful and unsuccessful applicants. The results of their internal audits will be available for scrutiny by the national bodies that have responsibility for monitoring equal opportunities legislation.

Medical schools welcome mature students who satisfy the selection criteria, but will take account of the length of postgraduate general and specialist clinical training that doctors are required to undertake.

3. ***The selection process attempts to identify the core academic and non-academic qualities which doctors must possess.*** First among these is the recognition that patient care is the prime duty of a doctor. Honesty, integrity and an ability to recognise one's own limitations and those of others are central to the practice of medicine. In addition, medical students should be expected to have good communication and listening skills, an understanding of professional issues such as teamwork and respect for the contribution of other professions. Curiosity, creativity, initiative, flexibility, and leadership are all desirable characteristics for the aspiring doctor.
4. ***Candidates should have obtained some experience of what a career in medicine involves and demonstrate their suitability for a caring profession.*** Medical schools will not be unduly prescriptive about the nature of this experience, recognising the differing opportunities available to candidates.

5. ***A high level of academic attainment will be expected.*** Understanding science is fundamental to the understanding of medicine, but medical schools will encourage diversity in the subjects offered by candidates and will publish the range of acceptable subjects together with the typical offers which are made.
6. ***The practice of medicine requires the highest standards of professional and personal conduct.*** It must be recognised that some students may not be suited to a career in medicine, even though they may attain the academic standards necessary for admission to medical school. It is in the interests of such students themselves and the public for them not to be admitted to medical school, rather than to have to leave the course or the profession subsequently. ***Criminal offences and other related matters*** must be declared by applicants. Information will be sought from applicants on any convictions, or charges with offences which are awaiting trial, or on Child Protection investigations.
7. ***The primary duty of care is to patients.*** Students who have ***infectious diseases*** that could be transmitted to patients - e.g. e-antigen positive hepatitis B - will not normally be admitted to medical school. Candidates should therefore satisfy themselves of their suitability in this regard well before committing themselves to the admissions process.
8. ***The practice of medicine requires the highest standards of professional competence.*** This implies that there may be particular circumstances which require special consideration. A ***disability***, for example, need not be a bar to becoming a doctor if the student can fulfil the rigorous demands of professional fitness to practise as a preregistration house officer. Students with disabilities should seek advice from medical schools well before the deadline for UCAS submissions so that their individual circumstances can be considered. Applicants must declare a history of mental ill health, but this will not jeopardise a career in medicine unless the condition impinges on professional fitness to practise and is ongoing or likely to recur.
9. ***Failure to declare information that has a material influence on a student's fitness to practise may lead to termination of their medical course.***