University of Chester

Chester Medical School

MBChB Policy for Reporting a Concern about a Medical Student

2025/26

Introduction

The study of Medicine, as a professional discipline, places specific requirements on both medical students and medical schools. The General Medical Council (GMC) in its guidance *Achieving Good Medical Practice: Guidance for Medical Students*, mandates that medical schools assess students not only on academic achievement but also on conduct, health, knowledge, skills, and behaviours…(GMC, 'Achieving good medical practice; guidance for medical students').

As part of their medical education, medical students must demonstrate adherence to defined professional standards and expectations. This includes acting with integrity, maintaining patient confidentiality, and raising concerns about patient or public safety in a timely and appropriate manner.

This policy outlines the rationale and processes through which academic or clinical staff, patients or members of the public can raise their concerns about a medical students. It also details how these concerns will be addressed, investigated and communicated by the Medical School and fed back.

Reporting a concern about a student

Concerns regarding a medical student may be raised at any organisation at which the student spends time. Such concerns can be reported by any individual, including members of the public, patients or placement staff using the MBChB Reporting a Concern about an MBChB Student online form Academic, administrative staff, fellow students at the University of Chester should use the MBChB to raise a concern process which is available on the MBChB Moodle sites.

The Report A Concern site is one of several pathways to reporting unacceptable behaviour at the University. Professional Suitability issues can also be reported in Student Services directly to the Proctor's Office by phone 01244 511550 or email universityproctor@chester.ac.uk or via studentservices@chester.ac.uk who will signpost to the Proctor's Office. The Report A Concern team also have a generic email address report@chester.ac.uk

Concerns at a low-level are monitored by the Health, Welfare & Conduct Panel, if 3 separate concerns are raised about the same student, despite support measures in place then the matter may require a Professional Suitability referral. All concerns will be managed on a case-by-case basis with an emphasis on education and support. the Referral to Professional Suitability does not imply that a formal FtP process will automatically follow– again this will be determined on a case-by-case basis, with consideration of a student's previous conduct and behaviour and any patterns of persistent misconduct.

Categories of concern

Behaviours and potential markers associated with poor student outcomes can be broadly grouped into the three categories of concern outlined below. It is intended that each category of concern will be supported separately wherever possible, but it is recognised that students in difficulty may often experience issues across more than one category, and in such cases, it may be appropriate to co-ordinate and/or combine support.

Academic Concerns: this category would normally relate to a student's poor performance in assessment (written, practical such as OSCE, portfolio etc.). and could include both formative and summative assessments. It also includes students who have failed to meet significant academic milestones or competencies such as:

- Failure to obtain a satisfactory end of block report in year 2
- Requirements to sit the qualifying examination
- Requirement to repeat a year of study.

Professionalism

The Professionalism concerns category is for behaviours that deviate from university requirements and/ or from those expected of medical students as outlined in the GMC's guidance document called "*Achieving Good Medical Practise*" and "*Outcomes for graduates*." Typical examples concerning conduct and behaviour include :

- Lack of engagement with the course
- Neglect of administrative and mandatory tasks
- Poor time management
- Failure to accept and/ or follow reasonable educational advice
- Failing to respond to communications.

More serious examples include cases of cheating or plagiarism, dishonesty, aggression or violence and students with criminal convictions or cautions.

It is important to note that the GMC expects doctors, and therefore medical students, to always adhere to its standards, and consequently professionalism can in some cases result from inappropriate behaviour outside of the clinical or educational environment. For GMC declaration purposes, concerns at level 1 (see table 1.0) are considered to have entered a "low level concerns process".

Health

It is important to note that a diagnosis of a health condition or the existence of a disability alone is not relevant to the concerns or fitness to practise processes. GMC guidance states that

"*in most cases, health conditions and disabilities do not affect a medical student's fitness to practise, as long as the student demonstrates appropriate insight, seeks appropriate medical advice and complies with treatment.*"

All students are required to undergo a fitness clearance process with occupational health at the start of the course and once declared fit to study, students with health conditions and disabilities should be considered under the universal support processes and reasonable adjustments should be put in place as necessary.

Concerns in the health category should be raised if a student is not meeting the requirements as outlined in the GMC guidance or if a student's health was considered a safety risk to themselves, their colleagues and/or their patients. Health concerns would also be raised if health is directly impacting on a student's ability to engage with the course appropriately or their ability to meet their obligations and expectations as a student on the course (even with reasonable adjustments in place). Examples of situations worthy of a health concern include:

- Students who do not inform the school of absence
- Students with high levels of sickness absence
- Concerns about how a student is managing a health condition or their insight into its impact on practice
- Where a student's health is deteriorating through their own actions (e.g., the abuse of drugs or alcohol, non-compliance with medication).

Levels of Concerns

The University of Chester (UoC) recognises that FtP concerns vary in both severity and duration. Responses must therefore be appropriate and proportionate to address the circumstances identified in each specific case. UoC is committed to supporting students in their learning to become safe practitioners who demonstrate professional behaviours that are expected in both the University setting and while on clinical work placements.

It is therefore important that FtPconcerns are identified early so that intervention strategies (remediation) can be implemented in a timely and balanced manner and support students to attain acceptable standards in all aspects of their academic and clinical learning. We believe that an early supportive approach offers more than a solution to a specific problem; it offers students the skills to deal with a similar problem if it arises in future and therefore promotes and builds resilience and reduces FtP concerns.

It is important to note that not all concerns raised become FtP issues and that each concern raised will be managed on a case-by-case basis whether a student's behaviour or health has crossed the fitness to practise threshold (GMC, 2016).

This guide will be used alongside the following university policies and GMC guidance:

- Professional Suitability Procedure (2023)
- Health and Wellness for Study Policy (2021)
- Student Disciplinary Procedure (2023)
- GMC Professional Behaviour & Fitness to Practise: guidance for medical schools and their students (2016)

The information in the table below is not intended to provide a comprehensive list of possible concern indicators and impact, but rather provide guidance to inform a consistent, fair, and proportionate response as to how concerns may be categorised depending on the degree of seriousness when judged against the definition and grading of the misconduct as set out in the university disciplinary and professional suitability policies:

1. Misconduct against People
2. Misconduct against Property
3. Misconduct against the University

In addition to the above, the following criteria should be considered when applying the levels:

A. Type of concern or concerns; and
B. Frequency of concern(s)
C. Level of expectation of the student; and
D. Self-insight
E. Intent of the student; and
F. Impact, or potential impact, of the concern(s) including risk to the student and to others.

A level of concern can range from 0 – denoting no concern, to 3 - denoting serious concern. Table 1.0 below sets out the categories of concern and outlines the indicators and potential impact of student's actions or omissions together with outcomes. Students should be aware that the indicators serve as a threshold guide for the levels. Progression through stages 1-3 indicate the increasing seriousness of the concern/s and where it has not been possible to resolve a concern at the previous level.

Levels are not automatically incremental, and students may step- up (escalation) or step-down (de-escalation) levels according to engagement or non-compliance with interventions.
Where instances of persistent and repeated concerns arise an escalated response through the levels will be employed. The more serious the concern reported the more serious the intervention.

Table 1.0: Category of concern levels

Category of Concern	Interventions/Outcomes	Indicators (frequency by which student is compromising professional/ University standards)	Potential Impact	Level
	None	No Concerns	None	**0**
Conduct **Performance** **Compliance** **Disability, Health & Wellbeing**	**Informal, early intervention** ❖ Discussion with PAT, Year Lead or Programme Lead. ❖ Signposted or referred to support/advice from Wellbeing & Mental Health and/or Disability & Inclusion services, Occupational Health. ❖ Discussion recorded on SRM and level indicated on Health, Welfare and Conduct student database.	❖ Temporary condition or impairment ❖ One-off lapse or infrequent concern ❖ Minor in nature ❖ Minor impact ❖ Minimal remediation required	❖ Actions impact in a minor or temporary way on the student's Fitness to Practise ❖ Actions do not impact on the reputation of the programme or the University. ❖ Minor impact on other students' learning opportunities ❖ No/minor impact on staff/ students/ patient/client/ public safety	**1**
	Informal Phase ❖ Invoke University & MBChB processes. ❖ Referral to Occupational Health if issue relates to health. ❖ Referral to Health, Welfare and Conduct Panel. (Potential referral to Professionalism & Fitness to Practice process if it is decided that this is 'serious' misconduct)	❖ Frequent minor concerns ❖ Recurrent condition or impairment. ❖ Accidental, thoughtless, or unintentional. ❖ Moderate in nature ❖ Moderate impact. ❖ Short term remediation likely. ❖ General in nature. • Misconduct against People • Misconduct against Property • Misconduct against the University (see University Suitability and Disciplinary Procedures) *	❖ Actions impact in a moderate or temporary way on the student's Fitness to Practise. ❖ Actions do not impact on the reputation of the programme or the University. ❖ Moderate impact on other students 'learning opportunities. ❖ Minor/moderate impact on staff/ students/ patient/ client/public safety.	**2**

Category of Concern	Interventions/Outcomes	Indicators (frequency by which student is compromising professional/ University standards)	Potential Impact	Level
	Formal Phase ❖ Invoke University Professional Suitability process. ❖ Establish Professionalism & Fitness to Practise Panel.	❖ Permanent condition or impairment, unreasonable demands. ❖ Persistent, repeated and/or escalating concerns. ❖ Clear intent. ❖ Serious in nature. • Misconduct against People • Misconduct against Property • Misconduct against the University (see University Suitability and Disciplinary Procedures) * ❖ Significant impact. ❖ Short term remediation unlikely to be successful.	❖ Actions severely impact on the reputation of the programme and the University. ❖ Significantly jeopardises the health and safety of oneself, staff/ students/ patient/ client/public. ❖ Significantly impacts on other students' learning opportunities.	**3**

What happens to a concern?

If a person from the public domain or a clinical placement submits an online 'report a concern about an MBChB student' form, they will receive an email from the MBChB Professional Services team confirming the concern has been received.

. A record of all concerns raised, regardless of route, circumstance and outcome, will be maintained by Chester Medical School.

Students and MBChB staff may raise a concern via the MBChB 'raise a concern' process and forms are available on the MBChB Moodle sites for students or on the Chester Medical School, Chester Educators webpage to raise a concern about an MBChB student. Once the electronic form is submitted it is received by the student engagement officers who will respond with an email to the sender within 2 working days.

In line with GMC guidance, each concern will be considered on a case-by-case basis, taking note of any previous concerns and persistent issues.

Low-Level Concerns

Information such as a missed tutorial will be recorded on the Student Relationship Manager (SRM) and Informal Incident Discussion Recording Form.

Where concerns have been raised, for example, about being disruptive in tutorials, this will first be discussed with a member of MBChB staff who has not been involved in communication previously. This will ensure that any decision as to whether to record this as inappropriate behaviour is not subject solely to the reaction of the individual who received the report about the behaviour in question. Such behaviours may only require monitoring if identified to be an isolated incident, but multiple instances of low-level concerns can often signal either that a student needs additional support, or they may constitute a professionalism issue that needs to be addressed by the school. In such cases the escalation process below should be followed.

Escalation thresholds for concerns above "low level" (high- level concerns)

Some concerns will always result in full escalation. In accordance with GMC guidance, if the alleged concern, if proved, would amount to a significant departure from acceptable behaviour, such that the student's Fitness to Practise (FtP) may be impaired to the extent that conditions, warnings, suspension, or exclusion might be a real possibility, then the matter is not a "low level" concern and must be escalated.

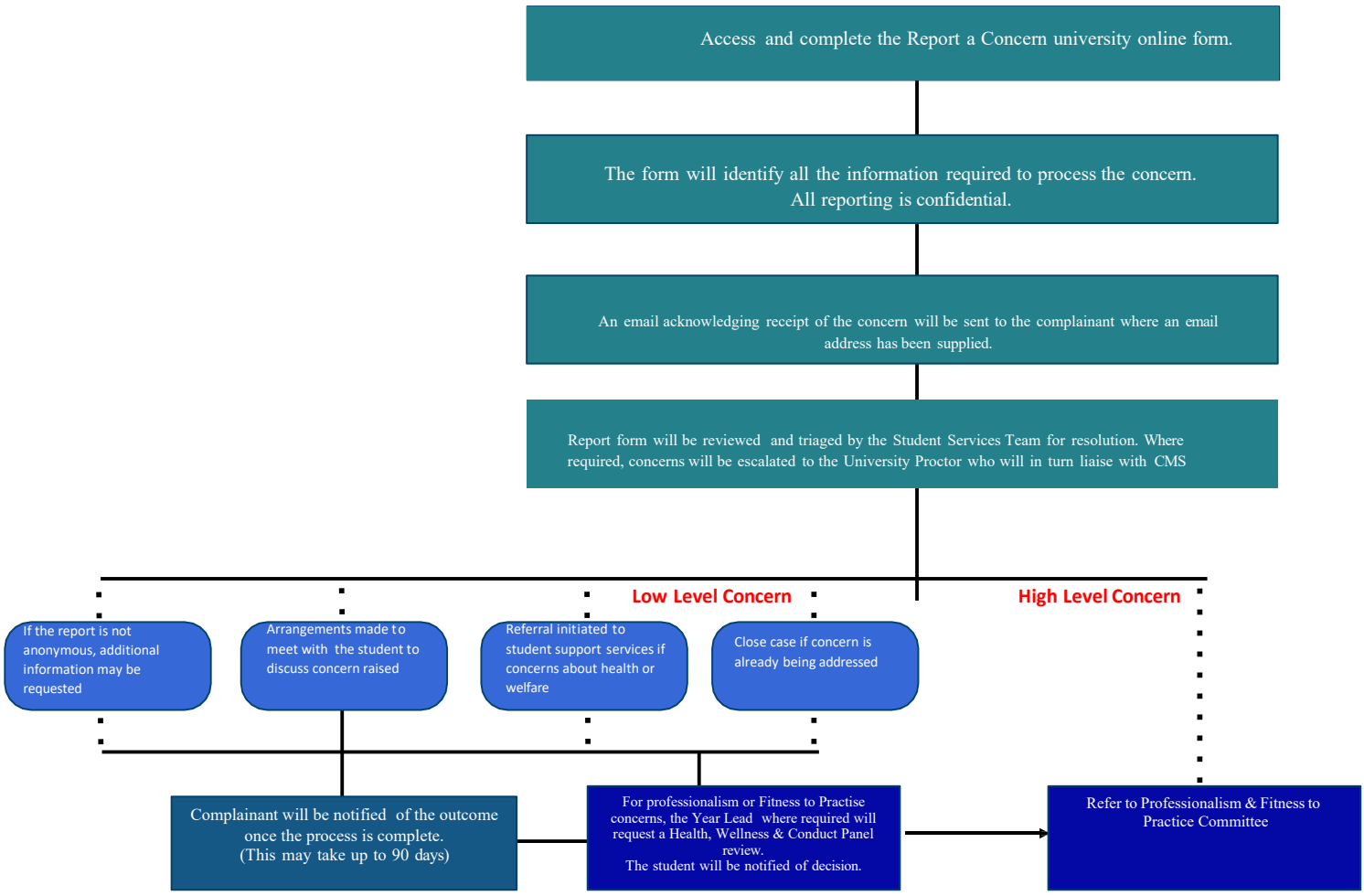
Some examples may include (but are not limited to):

- Malpractice or inadequate treatment of a patient by a member of staff
- Repeated ill treatment of a patient, despite a complaint being made
- An unacceptable standard of patient/clinical care
- Suspected fraud, including falsification of documents, signatures, etc.
- Disregard for legislation, e.g., in relation to health and safety
- Medical or psychological problems reducing the ability of other staff or students to provide safe patient care
- Harassment, bullying, undermining, or discrimination affecting patients, staff or students

There is no universally accepted definition of a “low level concern”, although there may be greater unanimity regarding what constitutes a serious concern which would always be escalated for full investigation and action. Some concerns may be either “low” or “high” level, depending on the precise circumstances. Examples include inappropriate social media usage, or potential plagiarism identified by automated screening tools such as “Turnitin”.

The threshold for “no action” versus “low level action” is as important as the distinction between “low” and “high level” escalation. Our approach here is very clear. The “low level concern” process is designed specifically to pick up potential issues at an early stage and offer guidance and support. It is therefore logical that all reported concerns should, at the very least, feed into the “low level” concern process. The only exception would be concerns that are clearly frivolous or where there is an overwhelming reason not to proceed at all. An example would be if a report is received that a student has been late for a session, but it is known they had prior permission not to attend or there was evidence of circumstances entirely outside the student’s control.

Figure 1 illustrates the process for reporting a concern.



Timelines

All concerns that are reported directly to Chester Medical School will be acknowledged within 2 working days of receipt.

Investigations, both for low and high-level concerns investigations will take place in a timely manner. We aim to complete all investigations within 90 days as per University Professional Suitability Procedures (2023).

Interaction with Other Policies and Procedures

The University Professional Suitability Procedures (2022) states that:

15.1 the procedure extends to include concerns resulting from issues that have arisen due to changes or developments around an individual student's conduct and/or health, including mental health, wellbeing, and fitness to study, reside or remain at the University. 15.2 Action which has been or may be taken under any other relevant university procedure and which has resulted or may result in a student being referred, investigated, precautionarily suspended or excluded, will not preclude further action under this procedure but may form part of the Referral and Investigation Phase of this procedure.

15.2.1 For example, necessary and expedient action may be taken under the Student Mental Health Policy or Fitness to Study procedures to precautionarily suspend a student until such time as a Fitness to Practise panel may be arranged and held.

Informing students about stages of a professionalism and/or FtP concern

Depending on the circumstances:

1. Students will be contacted by a member of MBChB staff, (usually their PAT or Year Lead) and the issue addressed without referral to the Health, Welfare and Conduct Panel. Outcomes at this stage may include:
   - Continue programme
   - Continue programme with reasonable adjustments, advice or treatment/support plan
   - Continue programme with monitoring/and, or condition/undertaking
   - Invoke referral to Health, Welfare and Conduct Panel.

2. Students will be advised of the outcome of the concern and that is it being referred to the Health, Welfare and Conduct Panel for review.

3. The Health, Wellness and Conduct Panel meet to discuss issues raised. At this stage the outcomes may include:
   - Student may continue programme with monitoring, conditions or undertakings
   - Invoke Professionalism & Fitness to Practise process (feeds into central university Professional Suitability processes)

4. Following the outcome of the Professional Suitability process the matter may be referred to the Professionalism and FtP Committee without the knowledge of the student where it will be discussed in the first instance so that the best course of action can be considered.

What happens next will again depend on the circumstances, e.g., students may be advised that an issue was raised but is not being pursued, or it might be recommended that they seek support and therefore direction will be provided.

Where a student's Fitness to Practise may be impaired the student will receive formal notification from the Fitness to Practise Lead providing a brief description of the issue and the next steps in the process.

Students will normally be allowed to continue the course while waiting for the FtP hearing. However, where there are any patient safety concerns and/or serious health and/or conduct

concerns, restrictions may be applied e.g., students might be temporarily prevented from attending placements. In exceptional circumstances, students can be immediately suspended from the course pending the FtP hearing.

Any clinical issues will be fed back to the Local Placement Provider via the responsible Year Lead. Our experience in such cases is that support and remedies are best put in place whilst the incident(s) is still fresh in the mind of the student and/or the person who raised the concern. Nevertheless, we will not prejudice a full and fair investigation for the sake of rapidity.

Records

Details of all concerns raised against a specific student will be logged on the Health, Welfare & Conduct year tracker These will include the nature of the concern, investigation report, and any action taken. The record will make clear which, if any, concerns have been deemed as low- level. Such concerns will not be considered as part of any formal fitness to study/practice record and will not be disclosed to third parties (except when required as part of a statutory obligation). These low-level concerns are recorded on the student's file to identify any pattern of behaviour which may emerge, and which may help inform future action or further support. As with all student records, they are open to Subject Access Requests and students can require that inaccurate information be removed and/or that a note is added next to entries clarifying their own version of events.

In addition, for monitoring and quality assurance purposes (including equality and diversity), anonymised data regarding the frequency and pattern of low-level concerns, and actions taken, will be collected by the Health, Welfare and Conduct Panel.

Appendix 1: Supporting documents.

This document meets the standards outlined in the following documents:

- General Medical Council (GMC), (2016) Promoting excellence: standards for medical education and training.
- General Medical Council (GMC) (2012) Raising and acting on concerns about patient safety.
- General Medical Council (GMC) (updated 2022) Medical students: professionalism and fitness to practice
- General Medical Council (GMC), (2024) Good Medical Practice
- Medical Schools Council Safeguarding Policy

This document also supplements the following University and Medical School policies:

- University 'Dignity at work procedures for students in placement (2021)
- University Safeguarding Policy and Protocols (2024).
- University Public Interest Disclosure Policy (Whistleblowing) 2020.
- Health and Wellness for Study Policy (2021).
- Student Disciplinary Procedure (2023).
- Professional Suitability Procedures (2023).
- Student Code of Conduct