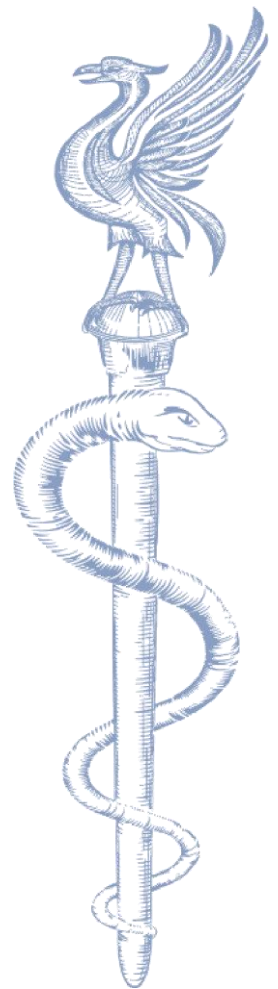




Measuring Professionalism: Policy and Process

MBChB Student Policy

2024-25



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1. Rationale for monitoring and measuring professionalism

“As a medical student, you are studying to join a trusted profession that will bring you into contact with patients and members of the public. You must demonstrate a high standard of behaviour at all times, which justifies the trust placed in you as a future member of the profession” (GMC, 2016a).

The General Medical Council now requires that all Medical Schools monitor the professional behaviours of their students, and lays out the requirements for this in their guidance *Professional Behaviour and Fitness to Practice* (GMC 2016b). The rationale for the emphasis on professional behaviours is based upon the fact that most complaints against doctors involve issues of conduct, and not competence (i.e. not an inability to perform a certain skill or task) (Humphrey *et al.* 2007; Dyrbye *et al.* 2010). It is also known that poor performance in the undergraduate years increases the likelihood of referral to the Professional Behaviour Committee later in a career (GMC, 2011), and that lack of professionalism is a significant risk factor for referral for disciplinary action in later clinical practice (Papadakis *et al.* 2005). Therefore, the School of Medicine must take a holistic view of each student’s professionalism/fitness to practise prior to graduation/registration. In order to do this a clear recording and monitoring system, to support the identification of the student who demonstrates a lapse in judgement related to professionalism, and relevant action, is required.

The School of Medicine believes it is important for students to study in a supportive culture, both during their time at University and in placement sites. For this purpose, the School continuously evaluates the programme of teaching and placements, to ensure that students are able to flag to us both the positive and areas of the programme which they feel need improvement. Alongside this, student professionalism is evaluated at all times in the clinical and educational settings, including any activities within University accommodation and University premises. Medical students should also be aware that their profile in public, and online, is now as a representative of the medical school, and of their future profession. Lapses in professional judgements in these scenarios are equally important. All members of staff should be able to think of themselves as providing support for the students with these issues within the school.

2. Overview of the Measuring Professionalism Process

2.1 Completion of Professionalism form

Any member of staff noting a lapse in professionalism must record this using the Measuring Professionalism form: [Access Professionalism Form](#) . When completing the form, you will select the relevant professionalism lapse from a given list. Following this, you will need to provide

details of the context/location of the reported incident and details of any impact on staff and patients. You will also need to indicate whether the incident is an isolated one or is recurrent. The School of Medicine strongly encourages staff submitting the forms to discuss this with the student prior to submission. If this hasn't been discussed, then the reasons for this should be made clear on the form.

If you have any queries about the process, please contact the Student Progress Team (progress.mbchb@liverpool.ac.uk).

2.2 Reviewing and Assigning of Measuring Professionalism Tariff Points

The School of Medicine Conduct and Progress team will review each form, with senior academic advice where required. Prior to allocation of any points, the student will receive a copy of the form and will be given an opportunity to provide their point of view of the reported incident. The Measuring professionalism tariff (MPT) points will be assigned following review of all the relevant documentation. This includes previous professionalism concerns, attendance and progress records, as well as any wellbeing concerns.

The table at the end of this document provides guidance for students and staff and details the expected tariff for various lapses. Most of these categories are based around the GMC Professional behaviour and fitness to practice: guidance for medical schools and their students (2016b). When assigning the tariff points, the School of Medicine Conduct and Progress team ensures fairness and consistency and will avoid duplication of points for similar incidents. The students should note that the School reserves the right to award higher levels in serious cases, or in the event of repeat offences.

Once the online form has been submitted, the form sender will receive a thank you message where they have the option to print or get a PDF of their answers. The process of management will vary on the nature and severity of the professionalism issue. This is detailed in Figure 1 and 2. This outlines how the professionalism concerns are triaged and the pathway and process once a professionalism form has been received.

In the 2023-2024 academic year, a school case assessment panel (SCAP) was introduced to discuss more complex and serious cases. This allows a panel discussion which includes senior staff from the conduct, progress, wellbeing and academic compliance team as appropriate. This allows a process of a panel discussion with shared decision making.

MPT points issued for professionalism concerns will be recorded centrally and details of lapses retained by the School. When assigning tariff points, other evidence will be considered from the student's records, continuous assessment results, by the School Progression Review and in any

School or Faculty Progress Committee. This may be discussed with the Year Leads depending on the nature of the concerns. Moderate and major concerns will be considered and managed appropriately with either local disciplinary process, referral to Health and Conduct Committee (HCC) or further escalation to the University Board of Discipline (BoD) or Faculty Fitness to Practice (FTP) as per the University's Procedures. The School of Medicine will inform the sender of the final outcome from the submission of the professionalism form.

The School of Medicine recognise that this may be a stressful process for students. Support will be available to any student undergoing this process through the School of Medicine Student Welfare and Support for Studies Team and/or Central University Student Welfare, Advice and Guidance Teams as well as independent organisations such as the Guild.

2.3 Recording and Monitoring of Measuring Professionalism Tariff Points

MPT points will be noted on the student records and will remain on their records for the academic year. These will not be carried forward to the next academic year if the student has maintained an acceptable level of professionalism (less than 3 MPT points) and sufficient time has elapsed to demonstrate this (usually at least 3 months). The student may start the next year with zero points. Students who accumulate 3 or more points and/ or have repeated pattern of concerns during an academic year will be invited to meet with the Professionalism Lead and/ or their Year Director. Each student will be expected to monitor their own point status and the School can accept no responsibility for any failure on the part of the student to do so. The School's normal progression regulations will continue to apply.

The Year Directors will be informed and sent a copy of the professionalism forms and MPT points assigned for each student.

3. Management of Professionalism Concerns

The management of the concerns raised from the Professionalism forms will vary according to the nature and severity of the concern. The triage of professionalism concerns and the pathway and process of management professionalism concerns is shown in Figures 1 and 2.

The School aims to manage the professionalism concerns in a timely way and an indicative timeline is shown in Figure 1. Depending on the severity and complexity of the concerns, the timelines shown are indicative and may vary on an individual case by case basis.

Figure 1. Triage of Professionalism Concerns

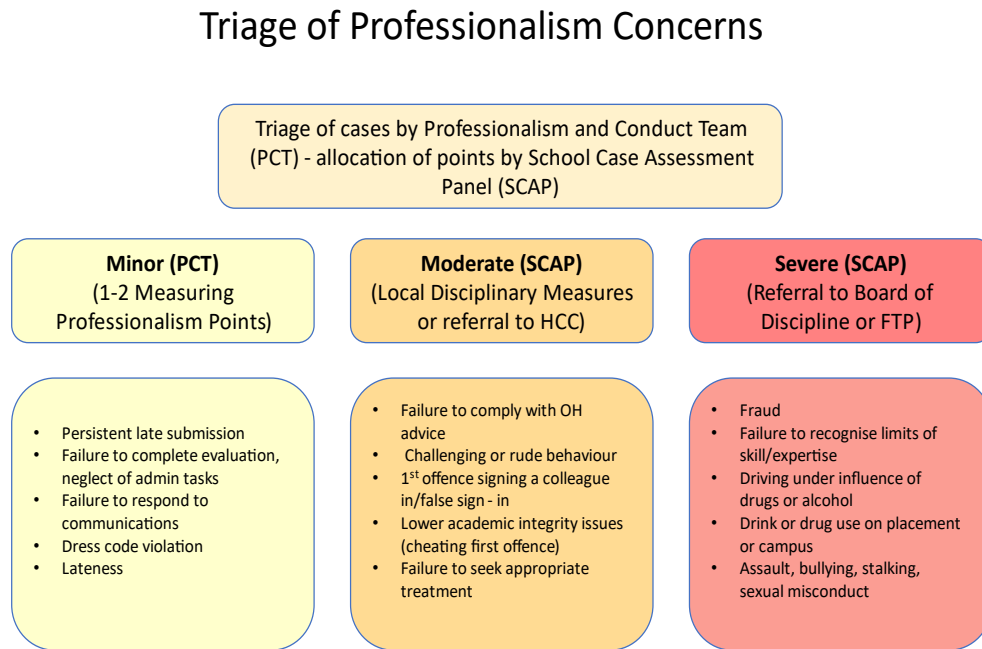
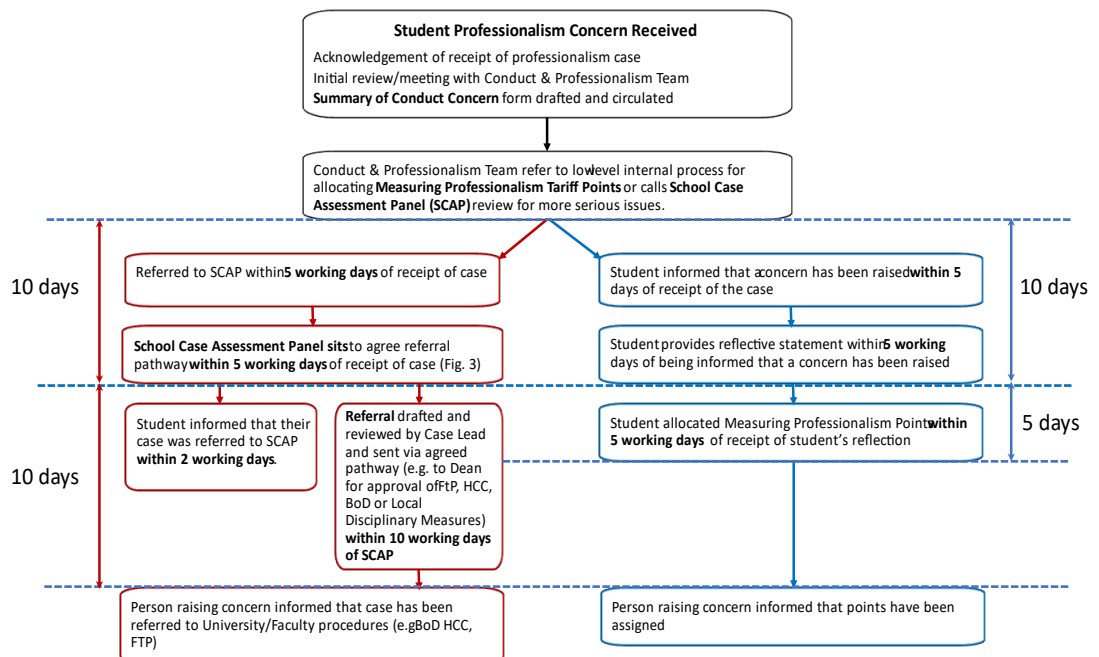


Figure 2. Pathway and process for Management of Professionalism Concerns



The MPT scores are a guide and the School of Medicine, Conduct and Progress Team will evaluate each concern raised on a case-by-case basis taking into consideration any other relevant information from the student records.

Students will be informed of their assigned MPT scores within 15 working days of school receipt of the professionalism concern form using their university email address. This will give the School of Medicine Progress and Conduct Team enough time to verify and triangulate the information and come to a decision. The sender will also be informed of the assigned points.

Students who are noted to have minor concerns (MPT scores 1-2) will be emailed by the Conduct and Progress team with details of the concerns raised and the MPT scores assigned to them. Year Directors will be informed accordingly.

Students with moderate to severe concerns will be referred to the School Case Assessment Panel for further discussion. The student may be invited to meet with the Professionalism Lead and /or their Year Directors during this process. This will give the students an opportunity to discuss and put forward their views and provide any additional information or evidence. Any further management including support, remediation or any onward referrals will be explained to the student in detail at the meeting. A written reflective statement would be requested from the student during this time as well.

The pathway and timelines for management of professionalism concerns is showed in Figure 2. Depending on the level of concern the student may be managed by local disciplinary processes or the case may be referred and escalated further. This may include referral to the Faculty Health and Conduct Committee, University Board of Discipline or Fitness to Practice Process.

Staff submitting the professionalism forms are strongly encouraged to discuss their concerns with the students before submission. If indicated on the form this has not been discussed with the student, then the student will be offered to meet with their Year Director or the Student Welfare and Support for Studies team.

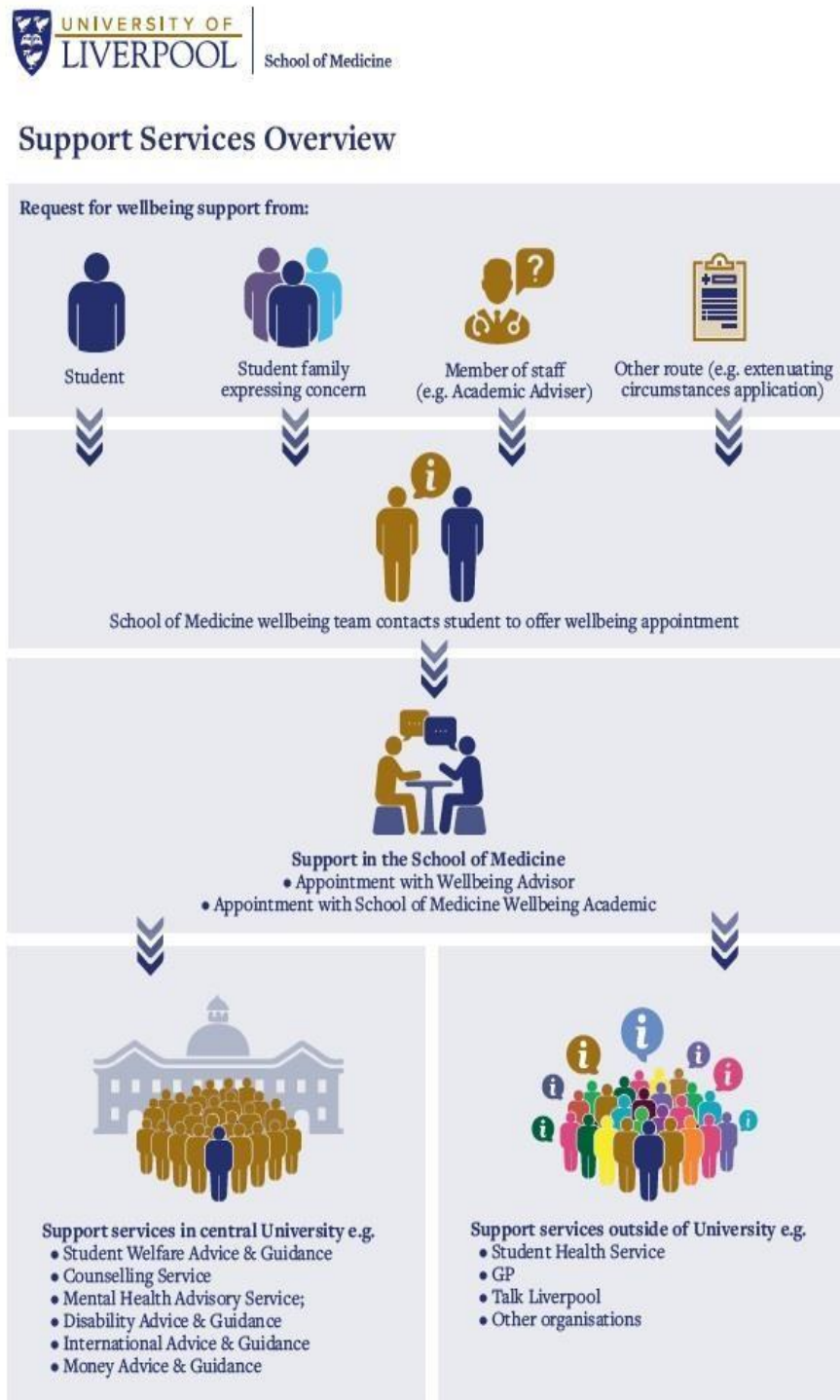
During the meeting with the students, if further evidence is presented by the student against the reported professionalism concern then the matter will be reviewed by the Director of Progress and Conduct and a final decision will be made within 2 working weeks of the meeting.

4. Student Welfare and Support

The School of Medicine strongly believes earlier identification of professionalism and other issues and providing the necessary support early for students is the key to improving the student experience and outcomes for our student doctors. There are many support services that

the students can access both from the School of Medicine Welfare and Support for Studies team and the Central University Student Services. An overview of the support services available for students is shown in Figure 3.

Figure 3. Overview of Student Welfare and Support Services



5. Measuring Professionalism Points Tariff

The point(s) awarded will be considered in relation to the stage of training. The scale range =16.
Minor 1-2, moderate 3-4, major 5-6 breach.

The School may award higher or lower penalties depending on circumstances.

Anything classified under “other” will be considered on a case by case basis.

Any incident indicated by ** in the notes will result in automatic referral to Dean of School, for consideration of Fitness to Practice referral.

Figure 4

Professionalism Lapse	Points	Notes
Standard School requirements: attendance and submission	Minor Scale	Points in this section will be allocated without completion of a measuring professionalism form
Recurrent unauthorised absences (from either University or placement activity) which are referred from the Progression Review or Progress Committee/Team.	2-3	
Work submission: late submission of work after one warning	1	
Work submission: repeated failure to submit work despite warnings	2-3	
Failing to comply with requirements related to DBS or Occupational Health clearance within the time required by the University.	2	Where the information is accessible by the student
Repeated failure to contribute to formal compulsory module/course feedback/evaluation as requested by School	1-2	No point allocated for first occurrence. Points may be allocated for further failures to submit evaluation, and / or where reminders to submit have been issued
Inappropriate attitude or behaviour	Minor / Moderate	
Lack of engagement with training, programme of study or clinical placements	1	
Lack of cleanliness and inappropriate dress	1-2	
Neglect of administrative tasks	1	
Failing to answer or respond to communications	1	No point allocated for first occurrence. Points may be allocated for further failures to respond to University communications
Challenging behaviour towards clinical teachers and colleagues	2 – 3	
Unwillingness to learn from constructive feedback given by others and includes failure to accept and follow educational advice	1	
Being rude to patients or others	3 – 4	
Poor time management skills including punctuality	1	
Cautions and convictions	Major scale	
Any earned during medical school	3-6	Points will be allocated dependent upon situation and context

Figure 2

Professionalism Lapse	Points	Notes
Failure to demonstrate good medical practice	Moderate / major scale	
Mis-use of social media	2-6	University disciplinary procedures apply
Breach of confidentiality including data governance and sharing	3-6	University disciplinary procedures apply
Misleading patients about their care or treatment	5-6	University disciplinary procedures apply
Culpable involvement in a failure to obtain proper consent from a patient	5-6	University disciplinary procedures apply
Inappropriate examinations or failure to keep appropriate boundaries in behaviour	4-6	University disciplinary procedures apply
Unlawful discrimination	6	**
Cheating or plagiarising	Moderate / major scale	
Cheating in examinations	3-6	University disciplinary procedures apply
Signing absent peers into taught sessions	3-4	University disciplinary procedures apply
Sharing content regarded as confidential to the examination process with others	4-6	University disciplinary procedures apply
Sharing knowledge of university admission processes or teaching content for financial gain	4-6	University disciplinary procedures apply
Plagiarising / passing off work of others as own	3-4	University disciplinary procedures apply
Health concerns, insight and management	Moderate / major scale	
Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional with detrimental impact on patients of studies	3-4	
Failure to tell the medical school / university of a serious health condition that impacts on patients or studies (includes at point of admission and during studies)	3-4	
Refusal to follow medical advice or care plans, or comply with monitoring arrangements and reviews	4-5	
Failure to comply with reasonable adjustments to ensure patient safety	5-6	

Failure to recognise limits and abilities or lack of insight into health concerns, with impact on patients or studies	4-5	
Failure to be immunised against common serious communicable diseases (unless contraindicated)	3-4	**

Figure 3

Professionalism Lapse	Points	Notes
Dishonesty or Fraud	Moderate / major scale	
Falsifying research	4-6	University disciplinary procedures apply
Committing financial fraud	5-6	**
Creating fraudulent CVs or other documents	5-6	University disciplinary procedures apply / **
Failure to declare relevant misconduct or health issues to the Medical School / University	4-6	**
Misrepresentation of qualifications	3-5	University disciplinary procedures apply
Wilful withholding or misrepresentation of health issues (e.g. blood-borne viruses)	4-6	**
Falsifying signatures	3-5	University disciplinary procedures apply
Drug or alcohol misuse	Major scale	
Driving under the influence of alcohol or drugs	5-6	**
Abusing prescription medication	5-6	**
Alcohol consumption that affects clinical work, the work environment, or performance in the educational and clinical environment	4-6	
Dealing, possessing, supplying or misusing drugs	5-6	**
A pattern of excessive misuse of alcohol	5-6	
Aggressive, violent, threatening behaviour or sexual misconduct	Major scale	
Assault	5-6	University disciplinary procedures apply / **
Physical Violence	5-6	University disciplinary procedures apply / **
Bullying	5-6	University disciplinary procedures apply / **
Harassment	5-6	University disciplinary procedures apply / **

Stalking	5-6	University disciplinary procedures apply / **
Online bullying or trolling	5-6	University disciplinary procedures apply / **
Sexual misconduct	5-6	University disciplinary procedures apply / **

6. References

Dyrbye LN, Massie FS Jr, Eacker A, et al. 2010. Relationship between burnout and professional conduct and attitudes among US medical students. *Journal of the American Medical Association*. 30:1173–180.

General Medical Council. 2016a. Achieving good medical practice: guidance for medical students. https://www.gmc-uk.org/-/media/documents/achieving-good-medical-practice-20210722_pdf-66086678.pdf?la=en&hash=AE1A1C9484F7E3D7F510EC7D892F278F547704F4

General Medical Council. 2016b. *Professional behaviour and fitness to practise: guidance for medical schools and their students*. https://www.gmc-uk.org/-/media/documents/professional-behaviour-and-fitness-to-practise-20210811_pdf66085925.pdf?la=en&hash=3D1962A9704D06AAE982BA844DF34EB9045B2B6B58&usq=AOvVaw3sH-pCzBrVXlk7NqkYw7KC

General Medical Council. 2011. *Assessment in undergraduate medical education. Advice supplementary to Tomorrow's Doctors (2009)*. (3rd ed.). London: General Medical Council.

Humphrey HJ, Smith K, Reddy S, et al. 2007. Promoting an environment of professionalism: The University of Chicago “roadmap.” *Academic Medicine*. 82:1098–107.

Papadakis, M.A. Teherani, A. Banach, M.A. Knettlar, T.R, Rattner, S.L. Stern, D. Veloskis, J.J. and Hodgson, C.S. 2005. Disciplinary action by medical boards and prior behavior in medical school. *New England Journal of Medicine*, 353, 2673-2682.

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