MBChB

Code of Practice for the Student Liaison Officer

2015-16
RAISING CONCERNS ABOUT THE PROFESSIONALISM OF MEDICAL STUDENTS

BACKGROUND

It has become increasingly clear in recent years that qualified health professionals, including doctors, must raise concerns about a colleague’s behaviour if this behaviour puts patients or indeed themselves at risk. These principles are clearly defined in the Francis Report, the government’s response to the Francis Report and the Freedom to Speak Up review. It has also become apparent in recent years that similar standards apply to medical students [Tomorrow’s Doctors, Promoting Excellence and the GMC’s document on Fitness to Practise for Medical Students]. Therefore Medical schools must educate medical students in this principle and provide them with the necessary support and transparent pathways through which they can raise concerns.

Raising concerns about colleagues can be challenging for those involved in reporting the concerns and these challenges may be particularly difficult for medical students to address, at least initially. There are a number of reasons for this: Firstly, students at the start of their studies are beginning to learn the standards that are expected of themselves and of the medical student body as a whole. Secondly, there is often a strong sense of camaraderie between medical students which can sometimes make it difficult for medical students to raise concerns about colleague[s], even if well founded. Thirdly, medical students who raise concerns may feel that their report may not be taken seriously and that they risk losing friends. Fourthly, particularly for pre-clinical students, who do not have extensive clinical contact, it may be difficult to judge and extrapolate whether a student’s behaviour in the pre-clinical environment may pose a risk to patients in the clinical environment.

The majority of medical students have a clear sense of right and wrong. The challenge, as outlined above, is applying this moral code to their student lives outside the more defined world of lectures, learning objectives and exams. The Medical School is committed to supporting and helping its students in judging when to apply their moral sense. This is because it underpins and informs the whole of professional medical practice.

It is particularly important that we give our students the confidence to address these issues in partnership with the Medical School. The guidance set out below by the Medical School is designed to clarify for our students the pathways through which they should raise concerns if appropriate.
The Student Liaison Officer

In the situation where a student is unsure of the significance or otherwise of a fellow student’s behaviour, they can contact the Student Liaison Officer. The Student Liaison Officer has no disciplinary role and him/herself will not usually directly refer concerns to the Health and Conduct Committee (HCC) as a consequence of concerns raised by fellow students.

The primary role of the Liaison Officer is to listen, advise and support students and if necessary, help students put into context the behaviour of a student they may have concerns about. If the Student Liaison Officer has concerns about any significant welfare, health or safety issues for either students reporting concerns or about a student who is a cause for concern, then the Student Liaison Officer may inform the Director of Undergraduate Medical Education directly. This principle also applies if it is judged that patient safety may be compromised.

The Role of the Student Liaison Officer

The Medical School will appoint a Student Liaison Officer who will normally be a member of the Phase 1 teaching team. The Student Liaison Officer will not be a member of the HCC and will not be a member of the Student and Staff Support Unit. The specific roles of the Student Liaison Officer are to:

1. Meet with a student[s] who are concerned about the behaviour of a fellow student and discuss confidentially the nature of the concerns expressed by the students.

2. The Student Liaison Officer will provide advice to students about their concerns and in particular, help put their concerns into the context of the behaviour expected of students at various stages of the medical course.

3. If the Student Liaison Officer feels that no further action needs to be taken at this point, then he/she will advise the student[s] accordingly.

4. If the Student Liaison Officer is of the view that action should be taken, then he/she will provide support and advise the students of the appropriate action. This may, for example, involve completing a Professionalism Concerns form, advising the student to write to the Chair of the HCC or following the anti-bullying policy.

5. The Student Liaison Officer will not normally directly refer students about whom concerns have been raised, to the HCC. This referral should come from the students who have sought the advice of the Student Liaison Officer. The Student Liaison Officer will provide advice and support with this process.

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6. The only occasion when the Student Liaison Officer may have to break confidentiality is if in his/her view the behaviour of a student that has been brought to his/her attention may significantly affect their own or another student’s health or welfare. This also applies if patient safety is judged to be at risk. If the Student Liaison Officer considers this to be the case, then he/she will inform the students who have raised the concern and speak to the Director of Undergraduate Medical Education.