Medical School Student Wellbeing and Success Framework – Student Guide

Contents

Overview

All courses and programs offered by The University of Queensland Medical School provide you with the knowledge, skills and behaviours required for you to practise as a safe and capable intern and medical professional.

This means that in addition to clinical capability, you should demonstrate professional values, attitudes, and behaviour appropriate to the profession of medicine.

To promote professionalism, the *Medical School has developed the Medical School Student Wellbeing and Success Framework and the Medical School Code of Professional Conduct.* Through the framework, you are supported to develop insights into your own strengths and limitations and understand the uncertainty which is an integral component of the practice of medicine. This framework has been adapted from Monash University's Professional Standards, Ethical Behaviour and Student Support (ProFESS) framework (June 2017). It has been contextualised for The University of Queensland (November 2023).

The framework applies to every aspect of university teaching and learning, whether this occurs on campus, online, in a research laboratory or on clinical placement. It fosters the development of the essential skills needed to progress toward becoming a safe, competent, and efficient clinician and/or researcher.

Through the framework there are various pathways to assist you to access a variety of appropriate support services to help navigate personal difficulties while still meeting professional standards and course expectations. This framework is also the process through which fitness to practise concerns are addressed and assessed.

As a medical school student at The University of Queensland (UQ), you are required to:

- demonstrate the UQ Values

- abide by the UQ Student Code of Conduct, Medical School Student code of professional conduct and the Medical Program Participation Guidelines

- complete the compulsory UQ Academic Integrity Modules (AIM) before the due dates

- complete the Digital Essentials modules to help you build the digital skills you need to complete your courses and to enhance your employability, and follow their recommendations where necessary

  - eProfessionalism – communicating in an online professional environment

  - Communicate and collaborate online - effective online collaboration, email and discussion forum etiquette, group work tools

  - Social media – social media as a learning tool, your online brand, online safety

- complete the ten Aboriginal and Torres Strait Islander Core Cultural Learning modules

- demonstrate the professional and behavioural expectations outlined in this document

- understand and accept that professional and behavioural expectations are implemented and assessed in conjunction with UQ's Student Integrity and Misconduct Policy and Procedure and the Fitness to Practise Policy and Procedure.

- abide by Queensland Health's clinical placement requirements and code of conduct for health professional students and any equivalent requirements pertaining to other clinical settings, including offshore clinical schools (Ochsner) and private hospital or health facilities.

Additionally, UQ is committed to providing and supporting a study and learning environment that:

- recognises and acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this Land and its Waterways.

- is inclusive of students from different ethnicities, which include not only their background but also family, culture, history, values, and beliefs,

- Actively embraces anti-racism to combat racist policies, practices, ideas, and culture to promote racial equity.

Acknowledgement of Country

We acknowledge the Traditional Owners and their custodianship of the lands on which we work and study. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise their valuable contributions to Australian and global society.

Commitment to Diversity and Inclusion

We express our firm and proactive commitment to supporting efforts for greater diversity and inclusion within the School and Faculty. Diverse perspectives, abilities, experiences, and backgrounds inspire creativity, encourage innovation, and enrich our communities. Members of our broad community are valued and respected for their individuality. UQ Strives to create a culturally safe, welcoming, and inclusive workplace, with strong community connections and partnerships.
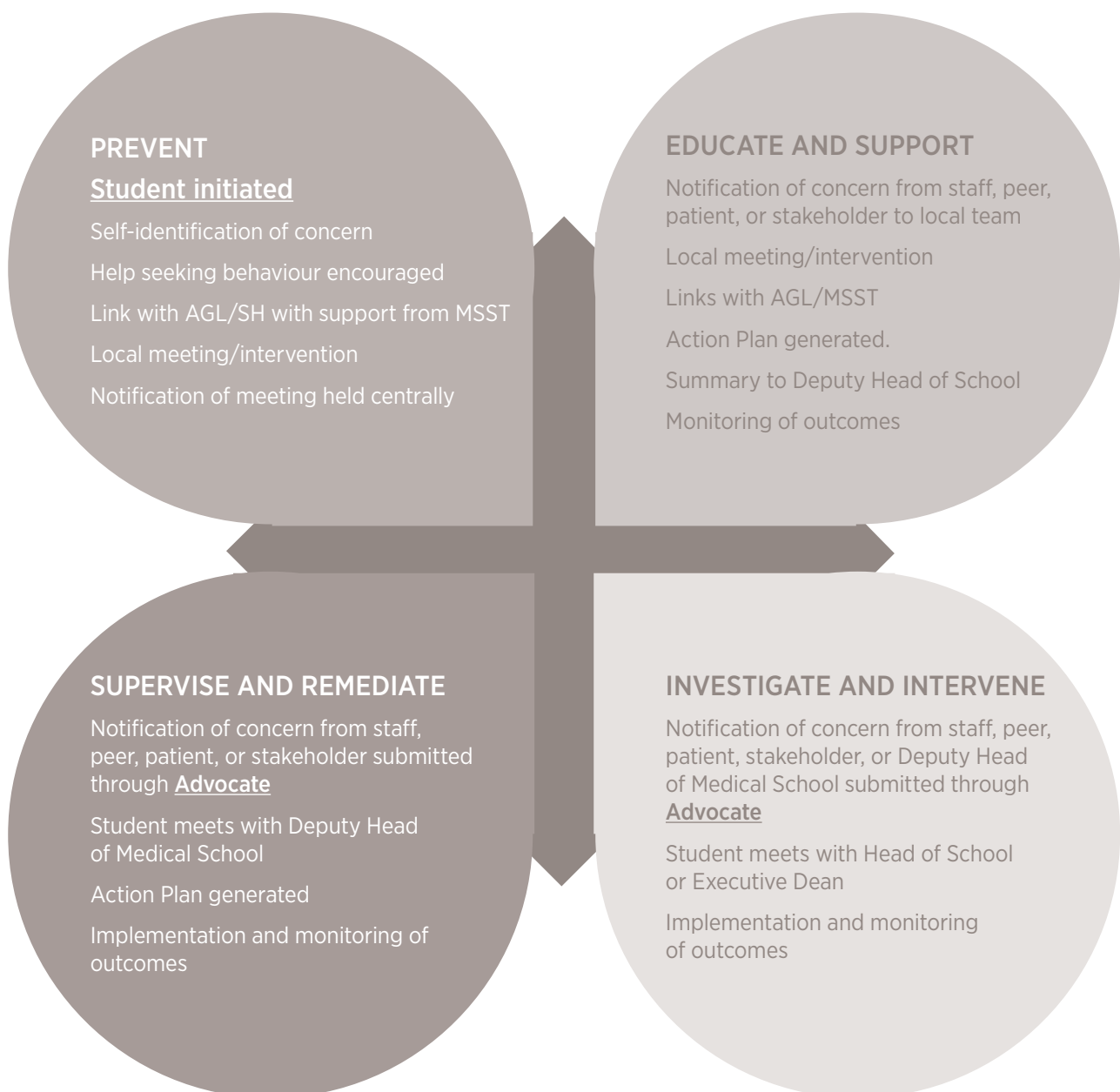
Glossary of acronyms

Acronym	Meaning
Advocate	The Advocate Complaints Management System provides an integrated approach to managing complaints and misconduct at the University.
AGL	Academic Guidance Lead
AHPRA	Australian Health Practitioner Regulation Agency
FtP	Fitness to practise
GP	General Practice/Practitioner
IoS	Interruption of studies
LC	Learning Community
MD	Doctor of Medicine
MSST	Medical School Student Support Team
OHS	Occupational Health and Safety
PPE	Personal Protective Equipment
SH	Society Head
UQ	The University of Queensland

What is the Student Wellbeing and Success Framework?

The framework consists of four quadrants that highlight the need for support within a structured environment. The framework emphasises the importance of standards and assists you to acquire the skills needed for professional practice and research. Whilst this framework addresses fitness to practice concerns, academic progression will continue to be managed through academic progression pathways. This framework does not address academic and general misconduct. Academic and general misconduct concerns are managed in accordance with the Student Integrity and Misconduct Policy and Procedure.

The key to success for the framework is to - *Identify a concern early, intervene appropriately and without delay, and prevent escalation (where possible).*

PREVENT
Student initiated

Self-identification of concern

Help seeking behaviour encouraged

Link with AGL/SH with support from MSST

Local meeting/intervention

Notification of meeting held centrally

EDUCATE AND SUPPORT

Notification of concern from staff, peer, patient, or stakeholder to local team

Local meeting/intervention

Links with AGL/MSST

Action Plan generated.

Summary to Deputy Head of School

Monitoring of outcomes

SUPERVISE AND REMEDIATE

Notification of concern from staff, peer, patient, or stakeholder submitted through **Advocate**

Student meets with Deputy Head of Medical School

Action Plan generated

Implementation and monitoring of outcomes

INVESTIGATE AND INTERVENE

Notification of concern from staff, peer, patient, stakeholder, or Deputy Head of Medical School submitted through **Advocate**

Student meets with Head of School or Executive Dean

Implementation and monitoring of outcomes

Why is there a Student Wellbeing and Success Framework?

Professional excellence is as essential to effective health care and research practice as academic excellence. Having a strong sense of a professional identity and understanding of professionalism will assist you to function safely and effectively in your chosen profession.

In relation to these concepts this framework provides equal focus on:

- Fostering the **health and wellbeing** of all students, providing appropriate support as needed and ensuring you understand the place of personal care in professional and research practice.

- Developing appropriate habits of thinking and being that are consistent with the roles and responsibilities of a healthcare practitioner.

- Building a strong understanding of the privileges and responsibilities of being a healthcare professional.

- Promoting an understanding of the place of professional standards and codes of conduct for guiding professional behaviour choices and navigating the decision-making tensions that may arise when values and beliefs conflict and **supporting you** through those decisions.

Addressing the needs of individual learners while simultaneously ensuring our assessment and progression pathways are consistent with our duty of care to the public.

The focus is to help you achieve course expectations and learning outcomes, especially when personal difficulties are presenting challenges.

The framework *empowers* you to navigate these difficulties while strengthening your understanding of professional standards. It is also the framework through which any Fitness to Practise (FtP) concern is managed.

How does the Student Wellbeing and Success Framework work?

This guide explains the nature and purpose of each component of the framework and highlights the type of meeting, as determined by the nature of the concern, with examples to enable staff and students to determine the ideal **support** meeting that needs to occur.

The overarching aim is to **support you through challenges** in your lives that may impact on academic progression.

This guide contains a summary of the process for conducting a meeting with examples of the type of outcome and/or impact that may result from a meeting.

Whilst this framework addresses FtP concerns, serious concerns are managed in accordance with the University's Fitness to Practise Policy and Procedure. In addition, academic and general misconduct concerns are managed in accordance with the Student Integrity and Misconduct Policy and Procedure.

Although academic and general misconduct is investigated separate to this framework, should concerns arise with regard to wellbeing or fitness to practise during that investigation process, you will be referred for management though this framework. Conversely, should any concerns of a misconduct nature arise during an investigation initiated under this framework, you will be referred for management through the Medical School's Integrity Procedure.

Explanation of the different types of meetings*

Phase in framework	Type of meeting	Notifier	Level of concern	Who conducts the meeting?
⊘ **PREVENT**	Informal	**Student initiated**	Personal concern May initiate to discuss minor FtP	Student lead with: Academic Guidance Lead (AGL), Society Head (SH) or Course Coordinator (CC) with support from Medical School Student Support Team (MSST) if needed
🤝 **EDUCATE & SUPPORT**	Informal	**Staff or stakeholder initiated**	May present as a minor FtP concern	Deputy Head, Learning Community, Society Head, Head MD learning hub or Course Coordinator (CC) with support from MSST if needed
👥 **SUPERVISE & REMEDIATE**	Formal	**Staff or stakeholder initiated**	Moderate to Serious FtP concern	Deputy Head, Medical School with support from Student and Academic Administration (Medical School)
🔍 **INVESTIGATE & INTERVENE**	Formal	**Staff or stakeholder initiated**	Serious FtP concern	Dean, Medical School OR Executive Dean, Faculty of Medicine with support from Faculty of Medicine Academic Administration

*Detailed guidelines available in Appendix 1 and in the following paragraphs.

⊘ PREVENT

In the **PREVENT** quadrant, you are encouraged and **supported to self-identify** potential areas of personal concern which may, if not addressed, lead to challenges with completing the course or fitness to practise. Examples of some personal challenges include:

Type of concern	Example	Initial contact suggestion
Personal issue	Recent personal trauma/challenge; death or illness of close friend/family member; personal relationship issues; existential problems.	MSST
Family problem	Difficulty with a family member; abuse/harassment by family member; relationship challenges within the family.	MSST
Adjustment difficulties	Difficulty adapting to University; difficulty adjusting to clinical environment; international student or cultural challenges	SH/AGL/CC/MSST
Social difficulties	Interpersonal difficulties within student cohort; feeling of isolation or not fitting in.	MSST
Financial concerns	Couch surfing, sleeping in car etc.	MSST
Lifestyle problems	External demands on time (elite athlete); outside work commitments impacting on study time; use/misuse of alcohol or drugs; excessive engagement with hobbies such as online gaming or addictive activities.	SH/AGL/CC/MSST
Learning difficulties	Struggling with academic workload; difficulty with language or study techniques; difficulty with academic teaching staff; difficulty with course requirements.	AGL/SH/CC
Course challenges	Confused about placements or course expectations; difficulty with mandatory requirements.	Clinical Unit /AGL/SH/CC
Health concern	Acute illness; previously undiagnosed chronic illness/disability; recent trauma; stress/distress related to bullying/harassment/intimidation.	MSST

A **PREVENT** meeting is a meeting *initiated by you* and the academic guidance lead in your area, OR a trusted local team member/course co-ordinator OR via referral to the SH/AGL from MSST. Complex cases requiring MDT discussion are **registered by the AGL/SH for *potential* confidential discussion** at the monthly Student Wellbeing and Success Team Meeting. These meetings are confidential to protect your privacy.

Note, ALL meetings with MSST are entirely confidential and not shared with the Medical School.

This does NOT form part of your disciplinary record but serves to ensure appropriate supports are in place to ensure your success.

Meeting type	Meeting process	Possible outcome(s)/impact
Prevent	**Student initiated** – Student contacts SH/AGL/local team member OR referred to AGL by MSST – Student concern discussed, including any safety/welfare concerns. – Details added to the monthly team meeting register as needed. – Discuss/note at monthly Student Wellbeing and Success Team Meeting as needed.	**Outcome** – Student concern addressed **or** triaged. – Concern **resolved** <u>and/or</u> followed up. – Potential for student to include the meeting outcomes for professional development purposes. **Impact** – Increase your wellbeing/performance. – Increase your **confidence** in support systems. – **Empower** you to manage problems. – Enhance your understanding of the importance and validity of **managing** personal needs.

🤝 EDUCATE AND SUPPORT

In an ideal world we would all regularly self-reflect and identify challenges in our lives and seek out strategies to manage them. In reality, we can sometimes be blind to those external stressors when we are in the middle of them and not realise the impact they are having on our performance.

In the **EDUCATE AND SUPPORT** quadrant, those recognised as being at risk of raising a minor concern are identified at a local level, **educated informally** regarding the concerns and their potential to escalate, and **supported to self-reflect** and seek appropriate support.

"Identify a concern early, intervene appropriately and without delay, and prevent escalation".

Examples of behaviours that might warrant a local meeting with a staff member are outlined in Appendix 2.

In general, you will be invited to a meeting with your local team (this will usually be a member of the academic staff, supported by a professional team member) – usually within 48 hours or 5 working days of being made aware of the concern. Your wellbeing will be assessed and supported, and the potential concern discussed with you in the context of this framework. An action plan, with time limited SMART goals *may* be developed from this meeting and an appropriate amount of time will be allowed to ensure your understanding and allow time for redress.

A **summary of the meeting will be documented in an email and sent to you** with a copy to Deputy Head Medical School (Wellbeing and Success). Meeting outcomes are registered for discussion/noting at the monthly Student Wellbeing and Success Team Meeting to ensure consistent and appropriate supports are in place for you to support your success. These meetings are confidential to protect your privacy.

This does NOT form part of your disciplinary record and serves to ensure you have all the tools you need to guarantee your success.

Meeting type	Meeting process	Possible outcome(s)/impact
Educate and support	**Staff initiated** – Student *invited* to attend. – Concern discussed and student perspective encouraged. – Relationship of concern to Fitness to Practise explained. – Student safety/welfare discussed. – Student given copy of meeting notes. – Summary of meeting discussion emailed to Deputy Head, Medical School (Student Wellbeing and Success) – Meeting logged in ADVOCATE for audit purposes and to ensure appropriate follow up. – Discuss at Student Wellbeing and Success Team Meeting as needed. – Deputy Head Medical School to feedback to local team regarding relevant local plans as necessary.	**Outcome** – Concern followed up and resolved **or** escalated. – Increase staff understanding of student need and/or behaviour. – Triage concern to appropriate support services; may require support from MSST/Academic Guidance/SH Leads. – Develop Action plan to assist student to manage concern (if needed). **Impact** – Increase understanding/insight. – Increase awareness of fitness for practise concerns and **professional standards.** – Fosters behaviour change through student awareness. – **Early identification** of a concern.

What is a Fitness to Practise concern?

FtP at UQ consists of four domains, each with its own competency statement.

Domain	Competency statement
Conduct	Engage in conduct that is consistent with UQ Values, the UQ Student Code of Conduct and that is considered acceptable or worthy of the membership of the profession.
*Performance	Demonstrate professional competence through consistent application of the relevant student codes of professional conduct, course requirements and stage appropriate professional standards.
Compliance	Comply with rules, regulations, and standards for practising as defined by the University, the relevant professional group, regulatory bodies, health services, industry, and healthcare partners.
Disability or health	Take responsibility for personal health care needs and ensure a health care issue or disability does not represent a risk, or compromise safety of themselves or others, and ensures course expectations are meet.

*Academic performance is assessed via usual academic pathways; however professional conduct may impact on overall performance and could impact on academic grades in programs where a professionalism hurdle is embedded in the curriculum.

FtP requirements apply to all University teaching settings whether they are clinical, non-clinical, campus based, within a research laboratory or online. Examples of behaviours that may lead to FtP concerns are listed in Appendix 2.

How is the seriousness of the FtP concern defined?

This table provides you with a guide to how the faculty may decide whether a FtP concern is considered Minor, Moderate or Serious within the FtP framework. Further examples are provided in Appendix 2 and in the UQ Fitness to Practise Policy and Procedure.

Minor (Developmental Intervention)	Moderate (Level 1 FtP)	Serious (Level 2 FtP)
A single FtP concern – an explanation/apology provided. Responsive to support &/or remediation.	Repetitive/recurrent episodes of a single FtP concern despite support &/or remediation, and or multiple episodes of different concerns.	Illegal and/or Australian Health Practitioner Regulation Agency (AHPRA) reportable behaviour
A FtP concern that does not cause harm to peers, teachers, or patients.	Behaviour that could potentially cause harm to peers, staff, or patients.	Safety concerns for student, staff, peers, or patients and/or FtP concern results in removal from placement.
Student accepts and is responsive to feedback about the FtP concern.	Student lacks insight/awareness about the FtP concern and is resistant to feedback.	Student nonresponsive to feedback, support, review, and remediation.
Student accepts responsibility and addresses FtP concern.	Student does not accept responsibility for the FtP concern or is unwilling to be accountable.	Student does not demonstrate remorse or accept responsibility and/or accountability for the FtP concern.
FtP concern(s) does not represent a safety concern for the student, their peers, patients, or staff, and resolves with support &/or remediation.	Multiple educators reporting a single concern or persistent/ recurrent FtP concern(s) following remediation.	Student has attended multiple meetings without: • complying with the recommendations; and • meeting behavioural change targets within acceptable time frame.
Single/sudden/unexpected health issue affecting studies. Acute chronic health issue affecting studies. Student is well enough to address the concern.	Ongoing concerns re: student's health &/or wellbeing that intermittently affects studies and student does not appear to be managing.	Significant health issue(s) impacting on academic studies or course requirements. Limited student response to the need for care that student appears unable to manage.

SUPERVISE AND REMEDIATE

In the **SUPERVISE AND REMEDIATE** quadrant, students identified as raising moderate fitness to practise concerns, or minor concerns that have not been remediated (or have been repetitive) in the **EDUCATE AND SUPPORT** quadrant are referred directly to the Deputy Head, Medical School (Student Wellbeing and Success) as the Investigating officer for FtP concerns, via ADVOCATE. As per the University FtP policy: A preliminary investigation of the concern that has been notified to the University will be initiated promptly and normally within 10 working days of the first notification. If the evidence suggests there may be a Fitness to Practise concern, the student will be notified in writing by the Investigating Officer that a Fitness to Practise concern has been raised as soon as practicable and preferably within 5 working days of receipt of the concern.

The student will be invited to a meeting with the Deputy Head, Medical School (Student Wellbeing and Success) and a member of professional staff. The concern is investigated and discussed with the student in the context of this framework. Student wellbeing is assessed and supported and an action plan, with time limited SMART goals *will* be developed. Goals will be monitored in conjunction with the local team as needed.

A **SUPERVISE AND REMEDIATE** meeting is a meeting initiated via notification though ADVOCATE. Appropriate referrals to the academic guidance lead, medical school student support team or elsewhere are made to ensure student wellbeing. The meeting outcome and the action plan are logged in ADVOCATE and confidentially discussed at the Team Meetings and the Medical School Student Progress Committee to confirm action plan outcomes are met, including case management, and to ensure consistent and appropriate supports are in place.

This WILL from part of your disciplinary record.

Meeting type	Meeting process	Possible outcome(s)/impact
Supervise and remediate	**Staff initiated** – Student *requested* to attend / meeting date and time pre-determined. – One week notice to be provided to student (if possible). – Student support person permitted to attend, if required*. – Concern investigated and discussed. – Relationship of concern to Fitness to Practise explained. – Remediation strategies discussed. – **Action Plan developed.** – Referral, meeting information and meeting notes logged in ADVOCATE for audit purposes and to ensure appropriate follow up. – Discuss at **Medical School Progress Committee** – **Referral to Medical Dean** – Deputy Head Medical School to feedback to local team regarding relevant local plans.	**Outcome** – Successful remediation completed. – Concern followed up and resolved **or** escalated to **Investigate and Intervene**. **Impact** – Improve understanding of Fitness for Practise expectations. – Improve management of student health and wellbeing. – Document behavioural change/s that occur. – **Remediation** strategies designed to reduce need for escalation. – Effective remediation designed to **improve graduate outcomes**.

*This can be any person not legally qualified and can include a member of the MSST.

INVESTIGATE AND INTERVENE

In the **INVESTIGATE AND INTERVENE** quadrant, students identified as raising SEVERE fitness to practise concerns are referred directly to the Dean, Medical School or Executive Dean, Faculty of Medicine by the Deputy Head, Medical School (Student Wellbeing and Success). As per the University FtP policy: A preliminary investigation of the concern that has been notified to the University will be initiated promptly and normally within 10 working days of the first notification. If the evidence suggests there may be a Fitness to Practise concern, the student will be notified in writing by the Investigating Officer that a Fitness to Practise concern has been raised as soon as practicable and preferably within 5 working days of receipt of the concern.

The student will receive a request to attend a meeting with the Dean and a member of professional staff, at a minimum. The concern is investigated and discussed with the student in the context of this framework. Remediation strategies are discussed if possible. Several outcomes from this meeting could occur up to and including exclusion from the program. Goals will be monitored in conjunction with the local team as needed.

A **SUPERVISE AND REMEDIATE** meeting is a **confidential** meeting. The meeting outcome and action plan are logged in ADVOCATE and confidentially discussed at the Medical School Student Progress Committee to confirm outcomes, assign a case manager if appropriate and to ensure consistent and appropriate supports are in place.

This WILL from part of your disciplinary record.

Meeting type	Meeting process	Possible outcome(s)/impact
Investigate and intervene	**Staff initiated** – Referred by Dean or Deputy Head, Medical School to Dean, Medical School or Executive Dean, Faculty of Medicine – Student *requested* to attend / meeting date and time pre-determined. – One week notice to be provided to student (if possible). – Student support person permitted to attend, if required*. – Concern investigated and discussed. – Relationship of concern to Fitness to Practise explained. – Remediation strategies discussed. – Action Plan developed. – Referral, hearing information and hearing notes logged in ADVOCATE for audit purposes and to ensure appropriate follow up. – Discuss **Medical School Progress Committee**	**Outcome** – Case dismissed; **or** – Continue enrolment with enrolment conditions; **or** – Continue enrolment without enrolment conditions; **or** – Exclusion from the program. **Impact** – Increase student understanding of professional behaviour expectations and the need for change. – Potential course progression outcomes for student. – Parallel focus on student wellbeing. – Student, staff, society safety preserved. – Effective intervention improves graduate outcomes.

Acknowledgements

The development of this framework has been a collaborative effort, drawing on the expertise and insights of various individuals and organisations. We appreciate the contributions of all involved, including those who shared frameworks, provided meticulous reviews, and offered valuable insights.

In particular, we acknowledge the support of Professor Lynette Clearihan, Associate Dean Professionalism (Practice Standards), Monash University for conceiving, writing and implementing the ProFESS framework at Monash and kindly sharing this detailed resource with us. Additionally we acknowledge The University of Queensland Faculty of Medicine, the Academy of Medical Education, the Medical School Clinical Schools, the Academic Guidance Leads and the Medical School Student Support Team for their guidance and valuable input throughout the development process.

Special thanks to Kellie Brady, Manager, Student and Academic Administration who played a substantial role in the review, production, and editing of the document.

The collaborative efforts of these individuals and teams have been instrumental in creating a framework that reflects our commitment to integrity, professionalism, and excellence within our academic community.

Appendix 1: Process and meeting outcomes

Meeting type	Meeting process	Possible outcome(s)/impact
Prevent	**Student initiated** – Student contacts SH/AGL/local team member OR referred to AGL by MSST – Student concern discussed, including any safety/welfare concerns. – Details added to the monthly team meeting register as needed. – Discuss/note at monthly Student Wellbeing and Success Team Meeting as needed.	**Outcome** – Student concern addressed **or** triaged. – Concern **resolved** <u>and/or</u> followed up. – Potential for student to include the meeting outcomes for professional development purposes. **Impact** – Increase your wellbeing/performance. – Increase your **confidence** in support systems. – **Empower** you to manage problems. – Enhance your understanding of the importance and validity of **managing** personal needs.
Educate & Support	**Staff initiated** – Student *invited* to attend. – Concern discussed and student perspective encouraged. – Relationship of concern to Fitness to Practise explained. – Student safety/welfare discussed. – Student given copy of meeting notes. – Summary of meeting discussion emailed to Deputy Head, Medical School (Student Wellbeing and Success) – Meeting logged in ADVOCATE for audit purposes and to ensure appropriate follow up. – Discuss at Student Wellbeing and Success Team Meeting as needed. – Deputy Head Medical School to feedback to local team regarding relevant local plans as necessary.	**Outcome** – Concern followed up and resolved **or** escalated. – Increase staff understanding of student need and/or behaviour. – Triage concern to appropriate support services; may require support from MSST/Academic Guidance/SH Leads. – Develop Action plan to assist student to manage concern (if needed). **Impact** – Increase understanding/insight. – Increase awareness of fitness for practise concerns and **professional standards.** – Fosters behaviour change through student awareness. – **Early identification** of a concern.

Supervise & Remediate	**Staff initiated** – Student *requested* to attend / meeting date and time pre-determined. – One week notice to be provided to student (if possible). – Student support person permitted to attend, if required*. – Concern investigated and discussed. – Relationship of concern to Fitness to Practise explained. – Remediation strategies discussed. – **Action Plan developed.** – Referral, meeting information and meeting notes logged in ADVOCATE for audit purposes and to ensure appropriate follow up. – Discuss at **Medical School Progress Committee** – **Referral to Medical Dean** – Deputy Head Medical School to feedback to local team regarding relevant local plans.	**Outcome** – Successful remediation completed. – Concern followed up and resolved **or** escalated to **Investigate and Intervene**. **Impact** – Improve understanding of Fitness for Practise expectations. – Improve management of student health and wellbeing. – Document behavioural change/s that occur. – **Remediation** strategies designed to reduce need for escalation. – Effective remediation designed to **improve graduate outcomes**.
Investigate & Intervene	**Staff initiated** – Referred by Dean or Deputy Head, Medical School to Dean, Medical School or Executive Dean, Faculty of Medicine – Student *requested* to attend / meeting date and time pre-determined. – One week notice to be provided to student (if possible). – Student support person permitted to attend, if required*. – Concern investigated and discussed. – Relationship of concern to Fitness to Practise explained. – Remediation strategies discussed. – Action Plan developed. – Referral, hearing information and hearing notes logged in ADVOCATE for audit purposes and to ensure appropriate follow up. – Discuss **Medical School Progress Committee**	**Outcome** – Case dismissed; **or** – Continue enrolment with enrolment conditions; **or** – Continue enrolment without enrolment conditions; **or** – Exclusion from the course. **Impact** – Increase student understanding of professional behaviour expectations and the need for change. – Potential course progression outcomes for student. – Parallel focus on student wellbeing. – Student, staff, society safety preserved. – Effective intervention improves graduate outcomes.

Appendix 2: What are the Medical School's professional behaviour expectations?

Examples of professional behaviour/attitudes that may trigger a FtP concern are listed below. These have been adapted from the University of Melbourne professional standards guidelines and contextualised for the University of Queensland.

This serves as a general, non-exhaustive, guide for students and staff to assist in identifying behaviours that may lead to a FtP concern. Behaviours are grouped in to the 4 domains outlined in the Medical School Code of Professional conduct and linked to the UQ FtP competency Statements.

Domain	Competency statement
Conduct	Engage in conduct that is consistent with UQ Values, the UQ Student Code of Conduct and that is considered acceptable or worthy of the membership of the profession.
*Performance	Demonstrate professional competence through consistent application of the relevant student codes of professional conduct, course requirements and stage appropriate professional standards.
Compliance	Comply with rules, regulations, and standards for practising as defined by the University, the relevant professional group, regulatory bodies, health services, industry, and healthcare partners.
Disability or health	Take responsibility for personal health care needs and ensure a health care issue or disability does not represent a risk, or compromise safety of themselves or others, and ensures course expectations are meet.

*Academic performance is assessed via usual academic pathways; however professional conduct may impact on overall performance and could impact on academic grades in programs where a professionalism hurdle is embedded in the curriculum.

Professional behaviour	Example of satisfactory behaviour	Example of unsatisfactory behaviour
Interactions with Patients and their Families and Carers		
Patients	– Respects patient privacy, autonomy and dignity and is sensitive to the patient's needs, including for rest.	– Shows lack of attention to patients' needs. – Does not respect patient boundaries (e.g., fails to formally introduce themselves). – Engages in inappropriate activity while with a patient, such as texting. – Providing treatment or intervention to a patient without, or outside of the scope of, an approved treatment plan, appropriate supervision, and/ or signed patient consent (where required).
Patients' relatives	– Treats relatives with respect, while maintaining patient privacy and confidentiality.	– Shows lack of empathy for relatives. – Fails to acknowledge relatives when reviewing patient.

Adherence to dress-code	– Consistently appropriately dressed and groomed. – In clinical settings, dress should be smart casual and closed toed footwear, in accordance with clinical setting OHS. – Seeks advice for acceptable dress if unsure.	– Dressing and grooming is not neat, clean and is not appropriate for the work being undertaken or is not in compliance with relevant organisational policy (PPE and infection control).
Culturally safe and respectful practise	– Consistently demonstrates cultural safety, humility and respectful practice. – Active anti-racist practice and acts in situations where they are a bystander to racism or other discrimination.	– imposes their own cultural values, beliefs and practices on patients or discriminates against any person. – Is openly racist, sexist, homophobic or discriminatory in any way.
Personal and Professional Values		
Maintains personal Wellbeing	– Acknowledges that physical and mental health impacts their ability to function in my role with patients and staff. – Seeks help appropriately from MSST, UQ student services, AGL and/or their local GP. – Maintains a local GP.	– Does not acknowledge or seek help for physical, social or personal issues. – Failure to disclose an impairment.
Understanding confidentiality of patient information and other relevant information	– Demonstrates confidentiality in dealings with all patient information, including electronic and hard copy forms. – Disposes of patient information appropriately.	– Divulges potentially identifiable patient information in their work such as presentations and e-portfolios. – Discusses patients and reveals potentially identifiable information in public areas including on social media. – Disposes of confidential information incorrectly.
Relationships with Staff and Colleagues		
Verbal communication	– Speaks in an appropriate professional tone and manner. – Shows courtesy, patience, and politeness. – Modifies language to suit the audience: i.e., explains medical terminology appropriately to patients.	– Uses informal or impolite language in the workplace. – Shows an inability to modify language use for the audience. – Is rude, interrupting, aggressive or insulting.
Non-verbal communication	– Maintains appropriate eye-contact with colleagues and patients. – Shows an awareness of personal space. – Always maintains professional physicality.	– Avoids eye contact, lacks awareness of body space; ignoring, inappropriate facial expressions.

Written communication	− Writes in a professional tone and manner. − Demonstrates courtesy, and politeness. − Considers the communication platform (e.g., email; discussion board etc,) and modifies language to suit the audience: i.e., explains medical terminology appropriately to patients.	− Uses very informal or impolite language. − Shows an inability to modify language based on the audience and/or the platform being used. − Is rude, aggressive, or insulting. − Sends multiple follow up e-mails in a manner that could be considered harassment. − Inappropriate use of social media. − Deficient, inaccurate, or incomplete recording of patient records/ reports/case notes/student logs.
Teachers, supervisors, nursing and allied health staff, non-clinical staff	− Demonstrates skills in listening and expression. − Is attentive, polite, and respectful. − Shows appreciation for time taken to support their learning. − Shows respect to all staff, irrespective of their role. − Shows respect for others' workspaces.	− Shows lack of attention or respect, and poor listening skills (through use of electronic devices during interactions or eating or talking in sessions etc.). − Leaves sessions early without explanation. − Does not show respect for shared workspaces and the importance of other roles in a health care setting.
Colleagues and peers (other students)	− Shows respect for colleagues/ peers from their own and different cohorts, and for colleagues/peers from different courses/programs and universities. − Is cooperative, polite, and collegial. − Shows sensitivity and empathy.	− Often criticises, undermines, or ridicules a colleague's performance or opinion. − Withholds information, resources, patients, or details of extra teaching sessions from colleagues. − Demonstrates a lack of sensitivity to colleagues including disruptive group behaviour, unnecessary interruptions in tutorials, other inappropriate behaviours. − Repeated behaviour that could constitute bullying.
Commitment to professional standards and continuing improvement in self and others		
Attendance, participation, and engagement	− Consistently attends teaching activities and placements in line with expectations. − Consistently participates and actively engages in teaching activities and placements when present.	− Attendance is inconsistent and does not align with participation and engagement requirements of the program. − Does not actively engage or participate in teaching activities or placement when present. − Absent or late for assigned activities; not meeting deadlines; poor initiative; general disorganisation; cutting corners; poor teamwork; language difficulties; poor participation.

Management of communications	− Monitors and keeps up to date with announcements from the University and placement providers. − Responds in a timely manner, within 48 hours or by a stated deadline, when required.	− Does not check for updates regularly, and is therefore often unaware of announcements, timetable changes or emails sent to them. − Does not respond in a timely manner to requests.
Notifications of absence	− Consistently notifies staff in a proactive and timely manner about absences. − Provides required documentation. − Appropriate notification of absences. − Planning compensatory learning following absences.	− Often fails to notify staff about absences or demonstrates significant delays in doing so. − Does not take responsibility for notification of absences or the provision of supporting documentation. − No or intermittent notification of absences. − Neglecting consideration for compensatory learning following absences.
Preparation	− Appears prepared for teaching and learning sessions. − Consistently prepared for sessions with all equipment required and pre-session readings or work complete. − Participates effectively in collaborative work.	− Frequently arrives unprepared for sessions without the books or equipment required, pre-session preparations such as readings or organising of patients for discussion.
Completes all tasks in a timely manner	− Demonstrates effective time management, completes all tasks on time including administrative tasks, demonstrates accountability. − Is reliable and takes responsibility; is organised.	− Tasks often not completed by the deadline. − Requires frequent reminders to complete tasks. − Shown to be disorganised.
Receipt of feedback	− Is proactive in seeking feedback. − Engages in respectful discussions and reflects on feedback given. − Can incorporate feedback into improvement of performance.	− Demonstrates a failure or reluctance to accept constructive advice or feedback for learning opportunities. − Is hostile or argumentative in response to corrective feedback. − Behaves in a threatening or intimidating manner to assessors. − Does not seek feedback or act on feedback which has been given. − Blaming external factors rather than own adequacies, not aware of own limitations. − Lacking insight into own behaviour; not demonstrating accountability

Provision of feedback	− Is able, where necessary, to provide feedback in a polite, respectful manner. − Recognises where, in a professional setting, it is appropriate to provide feedback.	− Provides feedback in a rude or untimely fashion. − Provides feedback that is not constructive or appropriate for the work environment.
Reflexivity	− Shows motivation to learn and improve. − Demonstrates adaptability. − Shows reflectiveness, personal awareness, and self-assessment skills. − Identifies and responds to error and is aware of own limitations. − Demonstrates persistence when faced with academic challenges.	− Demonstrated inability to accept feedback or to recognise areas for improvement, resulting in a diminished capacity for improvement.

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