

Medical Indemnity for Teaching

Colleagues will be aware of the major changes to how the work of the GP is indemnified against claims for negligence. Since April 2019 GPs are covered by the “Clinical Negligence Scheme for General Practice” which covers the professional against claims arising during NHS practice.

We have had on-going issues over where GPs stand in relation to negligent acts by students on placement in Primary Care. This liability now also rests with CNSGP. Here is an extract from a statement from CNSGP confirming this state of affairs.

You will be covered under CNSGP in your role as a GP educator. The scheme will cover any activity that consists of, or is in connection with, the provision of NHS services (primary medical services under a GMS, PMS or APMS contract or subcontract). This would include clinical supervision of GP trainees. If a clinical negligence claim were to be brought in connection with the diagnosis, care or treatment of a patient, undertaken by a GP trainee under your supervision as a GP educator within an NHS setting, then both you and the GP trainee will be indemnified under CNSGP.

We have had clarification that the cover for GP Trainees also extends to medical students. Note that cover is limited to NHS services which only – which should cover all normal teaching activity. Cover is dependent upon adequate supervision, including making sure the student has a named GP supervisor at all times (especially when delegating training to other team members).

You have no obligation to inform CNSGP of your teaching activity. Some MDOs have recently been asking GPs to declare teaching work. There is no need to respond to such requests.

We recommend our students take up free student membership with one of the MDOs. This would provide them with some useful services including legal representation in the event of a claim, but such membership has never included indemnity provision.

It is worth mentioning that a negligence claim against a medical student is extremely unlikely to occur as we have not been able to identify a single historical case in the UK.

It is advised that you have an honorary contract between student and supervisor setting out the responsibility of each party, this can include data protection, confidentiality and other individual practice specifics if you like. Here is a [sample document](#) that you can use for this.

Confidentiality and information governance

All students sign an annual confidentiality and good medical practice statement. The wording of this is below:

Good Medical Practice

This form sets out the professional standards that we expect you to uphold during your time on placement in Primary Care, and includes a data protection training module. Completion of this data protection training module is an annual requirement. In total this should take around 20 minutes to complete.

All medical students have a duty to follow the guidance in Good Medical Practice and should adhere to the MBChB rules which can be found here:

<https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Health%20Sciences/MB%20ChB%20Medicine/Intranet%20Generic%20Content%20Area/rulesandpolicies/index.html>

Medical students should have defence union membership which provides important benefits.

You are expected to listen to patients and respect their views, privacy and dignity and their right to refuse to take part in teaching.

It must be clear to patients that you are a "student doctor" and not a qualified doctor, it is best to avoid the term "trainee" as this may cause confusion.

You should not allow personal views about a person's age, disability, lifestyle, beliefs, origin, gender or sexual orientation to prejudice your interaction with patients, teachers, or colleagues.

Confidentiality

You are bound by the principle of confidentiality of patient records and patient data. You should not discuss patients outside the clinical setting. It may be appropriate to discuss anonymised cases in general terms for learning or improvement of patient care. Any personal notes you make must be anonymised. Explicit consent from a patient should be gained and documented if you disclose identifiable information about them.

The same principles of confidentiality apply if you are consulting with patients when you are not on clinical premises. For example, if you are conducting a video or telephone consultation, you must ensure that no-one else can see or overhear this consultation. This includes members of your family or housemates. You should not attempt to record the consultation.

If you are using your own device, you must read and abide by the university's Mobile and Remote Working Policy <http://www.bristol.ac.uk/media-library/sites/infosec/documents/ISP-14.pdf>

If you are undertaking telephone consultations from your own device, you should take steps to hide your caller ID and delete your call history at the end of the day.

If you haven't already done so this academic year, please complete the data protection training module 'Data Security Awareness Level 1' on e-Learning for Healthcare: https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_37759_38902&programmeld=37759. This is an annual requirement for all NHS staff. You may have completed this module last year, and if you feel confident, you have the option to take the assessment without doing the reading.