

**Bristol Medical School**

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<http://www.bristol.ac.uk/primaryhealthcare/>

**General Practice: Medical Student Undertaking**

As a practice we are committed to contributing to teaching and training medical students in a safe environment and will ensure our medical students have adequate supervision. The supervising registered healthcare professional retains overall responsibility for all patient encounters, decisions and treatment.

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Medical students have a duty to follow the guidance in Good Medical Practice: <http://www.gmc-uk.org/education/undergraduate/29214.asp>

In addition, Bristol medical students should adhere to the MBChB rules which can be found at:

<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.

**Please read the following statements and sign at the end to confirm that you understand them and agree to abide by them during your time at the GP surgery.**

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 should be gained from a patient if you disclose identifiable information about them.

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 “medical student” and not a qualified doctor, it is best to avoid the term “trainee doctor” 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.

**I confirm that I have read and understood the practice medical student policy**

**Name:**

**Signature:**

**Year of study:**

**Date:**