

**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 [here](#) in the GMC's Good Medical Practice.

In addition, Bristol medical students should adhere to the MBChB rules which they can access via SharePoint.

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.**

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 are bound by the principle of confidentiality of patient records and patient data. Students should not, under any circumstances, copy or capture personal identifiable data (PID) (such as name date of birth and address), in any form other than in the patient's medical notes.

Outside of the GP practice, it may be appropriate to discuss cases in general terms. However this should only be in confidential University teaching sessions, for learning or improvement of patient care, and must be **anonymised**. Any personal notes for your learning you make, including on OneNote, must be anonymised.

Only disclose identifiable information if this is a Uni course requirement e.g. part of a University assignment, and you **must** ensure and document explicit consent from a patient.

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

You should not allow personal views about a person's age, race, disability, lifestyle choices, beliefs, 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:**  
**Year of study:**

**Signature:**  
**Date:**