Health Professions Council
Education and Training Committee, 5th December 2006
Student fitness to practise - update

Executive Summary and Recommendations

Introduction

At its meeting on 13th June 2006, the Education and Training Committee considered a paper from the Executive detailing the situation regarding student fitness to practise. The paper included information about student registration and the work undertaken by other regulators.

This paper updates the Committee with the outcomes of the work being undertaken by the Council for Healthcare Regulatory Excellence (CHRE) on student fitness to practise, and the ongoing work of the General Medical Council.

Decision

This paper is for information only. No decision is required.

Background information

Paper considered by the Education and Training Committee on 13th June 2006:
http://www.hpc-uk.org/assets/documents/100011C2education_and_training_committee_20060613_enclosure07.pdf

Resource implications

None

Financial implications

None

Background papers

None

Appendices

None

Date of paper

21st November 2006

Student fitness to practise – Update

Background: Foster and Donaldson reviews

As important background, recommendations are made in the department of health report "The regulation of the non-medical healthcare professions" and in the Chief Medical Officer's report, "Good doctors, safer patients" which are relevant to the issues and debate around student fitness to practise. The recommendations are:

'Medical students should be awarded 'student registration' with the General Medical Council, and medical schools should have a General Medical Council affiliate upon their staff who should operate fitness to practise systems in parallel with those in place for registered doctors. This will enable medical students to become engaged with and understand the importance of medical regulation at an early stage, and will ensure that performance, health and conduct problems amongst medical students are identified and addressed at an early stage in their careers.'[1]

'Registration of students has been recently introduced for social workers and for opticians. We need to understand what the regulatory costs and benefits of spreading it wider would be and intend to study these to reach a decision about whether it should be extended to other groups in addition to medical students.'[2]

Student fitness to practise

The Council for Healthcare Regulator Excellence (CHRE) defines student fitness to practise in the following terms:

'Student fitness to practise is used in a general sense and includes terms that impact at different points of the student career such as student fitness to learn or student fitness to register as well as concepts of good character and health'. [3]

CHRE has been undertaking a project looking at student fitness to practise. The project has been led by CHRE with a project group consisting of the General Medical Council and General Optical Council.

Phase one has focused on how regulators and education providers ensure that professional values are embedded in education programmes. This has involved a scoping exercise undertaken with each of the UK healthcare regulators and the General Social Care Council, and a seminar to take forward the issues identified.

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[1] Department of Health (Chief Medical Officer), *Good Doctors, Safer patients*, 2006, page 196, www.dh.gov.uk.
[2] Department of Health, *The regulation of the non-medical healthcare professions*, 2006, page 45, www.dh.gov.uk.
[3] Council for Healthcare Regulatory Excellence, *Student fitness to practise project: Final report*, October 2006, page 5, http://www.chre.org.uk/Website/our_work/regulation/projects/student/final%20report%20of%20stftp%20phase%201.doc

CHRE report

The report produced by CHRE describes current practice amongst the 10 regulators surveyed. The report identifies ways in which regulators currently 'instil professional values in students', including:

- *Developing professional standards for students*

This includes the requirement for prospective registrants to sign a declaration on application to the register confirming that they have read and will keep to the standards of conduct, performance and ethics.

- *Quality assurance of education providers*

This includes regulatory requirements for education programmes to be approved, including the demonstration of certain learning outcomes.

- *Ensuring students have clinical experiences*

Clinical experiences are integral to pre-registration training.

- *Linking Education skills with registration*

This involves the link between achieving certain learning outcomes and becoming registered to practice.

- *Consistency in student fitness to practise*

This includes arrangements by education providers to deal with fitness to practise concerns and the role of regulators (if any) in ensuring consistency in those procedures.

Seminar

On 2nd October 2006, a seminar was held at the Royal College of Physicians to take forward the areas identified in the scoping report. A representative from the Executive attended the seminar. Representatives included health and social care regulators, education providers and medical and optical students.

Summary of the topics discussed

The following is a summary of the discussion at the seminar, which was structured around four themes. This is paraphrased from the scoping report.

Local fitness to practise arrangements

1.1 The seminar considered whether there was a need for changes to ensure more consistency in the fitness to practise arrangements of education providers. In particular, whether the decisions made by individual universities were consistent across the board.
1.2 The majority of regulators do not require education providers to have specific disciplinary procedures linked to professional courses. However, the GMC requires medical schools to have dedicated student fitness to practise committees and the NMC is soon to introduce this requirement for nursing and midwifery schools.[4]
1.3 Some at the seminar raised concern that decisions between education providers were inconsistent and that sometimes decisions taken on the basis of the suitability of a student to continue studying a professional course were overturned by an appeals process which did not recognise their 'special responsibilities'.

Professional values

1.1 The seminar discussed whether a common statement of professional values across all students would be helpful.
1.2 At the seminar there was general support that such a statement might be produced but that it should not duplicate existing documents. It might elaborate upon the joint regulators statement of common values for professionals agreed in 2001.[5]

Boundaries of behaviour

1.1 The seminar discussed what the boundaries of appropriate and inappropriate behaviour were for students.
1.2 There was general consensus that it was not possible to define in absolute terms the boundary as each case needed to be considered on its individual merits.
1.3 There was general support for a common definition of good character but that for this to be meaningful it should be supported with objective criteria.

Student registration

1.1There was no overall consensus in support of student registration.
1.2 In general, the concern was that student registration may not be a proportionate response given that only a very small proportion of students are ever the subject of student fitness to practise procedures.
1.3 A optical student reported that the student population were unsure of the reasons behind the requirement to register and that the reasons had yet to be made plain.

[4] The GMC's publication 'Tomorrow's Doctors' requires education providers to have fair and robust procedures for dealing with academic and non-academic concerns, including appeals procedures, and that they must be communicated clearly to students.
[5] In 2001, the Chief Executives of the UK healthcare regulators agreed a common statement of values for health professionals. This statement was considered as part of the review of the standards of conduct, performance and ethics: http://www.hpc-uk.org/assets/documents/10001490conduct_and_competence_20060919_enclosure05.pdf

1.3 The groups suggested that other mechanisms might be used to address the 'issues' in this area, including guidance, embedding values in curricula, local fitness to practise arrangements and quality assurance.

Next steps

A phase two of the project has been devised, which includes:

- Developing a common statement on professional values for students, based on the common values for professionals, agreed by the regulators in 2001. This would set out 'high-level principles that identify the common behaviours expected of any student that works with patients or vulnerable clients as a part of a regulated profession' (*CHRE report, page 21*).
- Undertaking a survey of education providers' local student fitness to practise arrangements, 'to understand better the student fitness to practise arrangements at local levels and share best practice' (*CHRE report, page 25*).

Once written, the intention would be to consult publicly on the common statement of values for students, including how such a statement could be implemented. The final report from phase one of the project says that: 'Regulators would also have to ensure the statement is embedded in their own processes in order for it be implemented effectively (such as through the quality assurance processes)' (*CHRE report, page 22*).

General Medical Council

The paper on student fitness to practise considered by the Committee on 13th June 2006, included information regarding the General Medical Council's strategic review of undergraduate medical education. The report produced, 'Strategic options for undergraduate medical education', discussed options such as:

- increasing the role of the regulator in ensuring that certain professional standards are embedded in the undergraduate curricula;
- national assessment of undergraduate medical students;
- guidance for students to help them understand expectations of their conduct; and
- student registration.[6]

The consultation on the document indicated broad agreement that steps should be taken to develop a more robust assessment system; greater consistency in fitness to practise procedures for students; and further work to embed professional values.

Strategic proposals for student fitness to practise

The outcomes of the consultation have been further taken forward in a document 'Strategic proposals for student fitness to practise'.[7]

[6] General Medical Council, *Strategic options for undergraduate medical education* (consultation), July 2005. http://www.gmc-uk.org/education/med_ed/education_consultation_2005.pdf

[7] General Medical Council, *Strategic options for student fitness to practise*, October 2006, http://www.gmc-uk.org/education/education_consultation/strategic_proposal_for_student_fitness_to_practise.pdf

Background

1.1 The background to this work is a report commissioned by the Council of Heads of Medical Schools (CHMS) which highlighted inconsistency in fitness to practise arrangements amongst medical schools in 2001. This led to all medical schools setting up fitness to practise committees (a requirement of the GMC's standards for quality assurance). However, the worry is that matters are still inconsistent.

The need for reform

The need for reform is identified in the document against three main areas:

- *Consistency* – in fitness to practise decisions made by medical schools
- *Patient safety* – a key issue given that students have contact with patients early on; professional values should be embedded throughout undergraduate curricula.
- *Accountability* – students should be accountable to the profession and to the public. The document asserts: 'It is clear that the current arrangements in student fitness to practise are not adequate to address concerns over consistency, patient safety and accountability' (*Strategic options*, page 7)

Suggestions for change

Local arrangements

The document suggests a number of initiatives to improve local arrangements for student fitness to practise:

- Strengthening the GMC's guidance on undergraduate training to include requirements for education providers to incorporate more specific outcomes relating to conduct and to have in place more specific fitness to practise arrangements
- Developing guidance for students and education providers
- Placing a greater emphasis on student fitness to practise during quality assurance visits
- Exploring mechanisms for information sharing between medical schools and the GMC: '…we propose developing mechanisms to share information about student fitness to practise cases between medical schools and the GMC. These would inform medical schools about the experiences and decisions of other institutions and help the GMC develop evidence-based policy and guidance on student fitness to practise and on admitting graduates provisionally on the Register.' (*Strategic options*, page 11).

The GMC have recently issued draft guidance produced with the CHMS. The guidance provides education providers with information about the expectations of the conduct and professional values of medical students, guidance on conduct and sanctions during local fitness to practise processes and guidance on structuring fitness to practise processes.

National procedures

The document suggests five possible models for the involvement of the GMC in developing national processes for dealing with student fitness to practise. They are summarised as follows:

Model 1: Assessing FTP at the point of provisional registration

- Considering information about convictions and cautions and disciplinary matters in deciding whether to register an individual.
- The report concludes that this measure does not 'address the inherent risks' of the present system. In particular, it doesn't improve patient safety or increase the consistency of fitness to practise decisions.

Model 2: GMC involvement in local FTP procedures

- In this model the GMC would be involved in the fitness to practise procedures of medical students, perhaps by providing a panel member, and would keep a central record of students involved in fitness to practise action.
- The report concludes that this is not appropriate as it would complicate the relationship between the GMC and the education provider and would not increase consistency between medical schools.

Model 3: The GMC taking over student fitness to practise

- In this model, universities would refer student fitness to practise matters directly to the GMC who would convene a panel and make a decision. This would necessarily involve the operation of a register from which students could be removed.
- The report, whilst suggesting that this option would increase accountability, concludes that this would be a disproportionate solution given that the GMC encourages most fitness to practise concerns about existing registrants to be dealt with locally.

Model 4: GMC advising on fitness to practise cases

- This would involve the GMC providing advice to the education provider about fitness to practise procedures, including indicating circumstances where they would be minded not to grant provisional registration.
- The NMC has a current process whereby they will provide an education provider or individual with a preliminary decision as to whether they would be minded to grant registration to a student at the completion of their programme of study.
- The report concludes that though this doesn't ensure consistency between schools, further exploration of this idea would be helpful.

Model 5: GMC as fail safe and back stop

- In this model the GMC would act as back stop and could intervene if it was felt that the medical school was not acting properly

- The GMC could either hold a student register or keep a central record of adverse decisions about medical students.
- In this scenario registration details might be taken in the first year of being a medical student.
- The report proposes that this would have benefits for safety, accountability and identifying risk.
- The report identifies this as the preferred option and invites comments.

Conclusions

At its meeting on the 13th June 2006, the Committee concluded that the case for student registration had not yet been made. In particular, concerns were raised regarding whether student registration was a proportionate response to a perceived problem and whether such a system would necessarily entail duplication of effort between regulators and education providers. These concerns are laid out in the Council's consultation response to the two department of health reviews.

The chief medical officer's recommendation suggests that student registration is necessary to ensure that concerns are tracked and so that students feel more engaged with the regulatory system from an early stage. The GMC have reached similar conclusions, although it is suggested that a system short of full registration, whereby information is held, might be sufficient. The GMC now has the ability to make a health and character assessment prior to admitting a successful student to provisional registration. The application forms include declarations about convictions/ cautions, health conditions and, interestingly, a requirement to declare any disciplinary action which occurred at medical school.

The next steps of the CHRE project would seem to be helpful and the Executive will continue participating in the project. In particular, the survey of education providers' fitness to practise arrangements would seem to be a helpful exercise in gaining a picture of any variations in current practice between education providers. The Committee may wish to consider this issue during the forthcoming review of the standards of education and training (planned for 2007/08 financial year). In particular, we might:

- Consider a formal requirement in the standards of education and training for education providers to have fitness to practise procedures to deal with concerns about students; and/or
- Consider ways in which we might strengthen the integration of the values and ethics articulated in the standards of conduct, performance and ethics (SCPE) into pre-registration education. This might include specific reference to the SCPE in the standards of education and training.