

**REPORT****23 January 2009****Fitness to practise procedures for pharmacy students in  
UK universities: a literature review**

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# 1 Background

Whilst regulators ensure mechanisms are in place in the health professions to deal with professional misconduct amongst practitioners, the same is not consistently true for misconduct amongst health professional (HP) students. In order to protect the public<sup>1</sup> and encourage students to strive for high standards in their professional and personal lives,<sup>2</sup> fitness to practise guidance also needs to be applied to student conduct.<sup>3</sup> Fitness to practise (FtP) procedures are therefore required when a student's suitability to practise as a current or future registered professional is called into question. These procedures ensure both fairness to the student and a consistent approach; this is especially needed at individual School or educational institution level, where cases are likely to be seen infrequently,<sup>4</sup> and where fear of litigation may be inhibiting.<sup>5</sup>

There is a lack of evidence to support the effectiveness of FtP procedures in preventing both litigation and future unprofessional conduct amongst professionals. However, explicit behavioural standards and robust FtP procedures minimise the risk of decisions being overturned by a court of law.<sup>6</sup> It may be considered obligatory for schools to monitor behaviour and take appropriate action to protect the public,<sup>7,8</sup> in light of the association between student unprofessional behaviour and future misconduct,<sup>9-11</sup> and given the time, commitment and expense involved on the student's part in gaining their qualification.

Some professions, such as nursing, require that programme providers have a 'fitness to practise panel' to consider health and character issues and to protect the public.<sup>1</sup> Those schools without FtP procedures frequently describe "counselling out";<sup>12</sup> i.e. students who are perceived to be unsuitable for non-academic reasons are persuaded to withdraw from the course, but this is likely to be neither fair nor consistent.

## **1.1 Admissions to university**

Whilst not included in the specification for this review, the selection of applicants for a course of study in the health professions is relevant. Appropriate selection procedures are likely to minimise the need for FtP procedures for those who are recruited and then subsequently fail to meet fitness to practise requirements. Many health professions already use selection methods to identify those applicants who might be less suitable for professional practice. For example, criminal record checks and health assessments must be performed in nursing and midwifery.<sup>1</sup> The need to objectively assess disability relating to fitness to practise rather than fitness for purpose and the relevance of disability discrimination laws is also recognised.<sup>13-15</sup> The Nursing and Midwifery Council (NMC) include a statement on the Disability Discrimination Act in their guidance for educational institutions<sup>1</sup> and the General Medical Council (GMC) have issued advisory guidance for medical schools.<sup>16</sup> Other methods for selection, such as psychological testing<sup>17</sup> and moral orientation,<sup>18,19</sup> have been proposed, but evidence of their value is limited.

## **1.2 When and how are fitness to practise procedures instigated?**

Necessarily, guidance is required on when FtP proceedings should begin; the threshold at which the nature and severity of student conduct cause sufficient concern for action to be taken. A student code is often used for this purpose, with its contents being made explicit to students (and sometimes applicants), who will have to abide by it. Various systems have been described that enable the reporting of student misconduct; these generally take the form of an annual student declaration of fitness or a staff report.

Whilst registered pharmacists in Great Britain complete an annual declaration of fitness to practise matters, including legal and disciplinary proceedings and health,<sup>20</sup> there is no requirement for students to do the same. Reports used to identify student misconduct include the University of California, San Francisco School of Medicine's "physicianship report."<sup>21</sup> The report, covering a number of domains of professional behaviour, is completed several times during the degree course by

academic staff. Any student who receives an unsatisfactory report is identified and procedures for remediation begin. By contrast, the University of Galveston, Texas School of Medicine use the Early Concern Note (ECN).<sup>22</sup> Staff members record any unprofessional behaviour in one or more of three categories: professional responsibility/ integrity; pursuit of excellence/insight; and personal interactions whenever they come across them. Again, procedures for remediation begin with all students who receive an ECN. Whilst not described frequently in the literature, *ad hoc* reporting often following “critical incidents,” such as plagiarism, is anecdotally another method by which students are referred to a FtP panel.

The relationship between university procedures for student misconduct and programme providers’ fitness to practise procedures can mean that, in practice, cases are reviewed by more than one panel. This is an inconsistency that needs to be addressed<sup>23</sup> as inequity may arise when students are exposed to either one stand-alone FtP panel or to two separate school and university panels depending upon their place of study. The need to ensure that double sanctions are not applied in the latter case has been discussed in the context of the General Medical Council’s guidance on student fitness to practise, in order to achieve fairness and consistency across medical schools.<sup>23</sup>

Where students or trainees are registered with a professional regulatory body, this regulator (e.g. General Optical Council), both receives reports of misconduct and performs the FtP function. For all other students, FtP procedures will be directed by the school or university in which they are undertaking their studies. The exception is social work; whilst social work students have registered with the General Social Care Council since 2005, social work schools must also have in place procedures to end a student’s programme of study on the basis of behaviour.<sup>24</sup>

There is an anomaly in pharmacy in Great Britain, where pre-registration trainees are under the jurisdiction of neither their graduating university nor the Royal Pharmaceutical Society (RPSGB). FtP procedures for these individuals would only begin upon registration.

### 1.3 Terminology

Terms other than “fitness to practise” are sometimes used, for example “suitability” procedures and the term “gatekeeping” that are encountered in social work.<sup>25</sup>

Gatekeeping encompasses both the identification and subsequent procedures for dealing with unsuitable applicants and students.<sup>12</sup> In America, fitness to practise procedures are often outlined in a “due process statement”. The due process statement details exactly how breaches of the honour code, unethical or unprofessional behaviour are dealt with fairly and consistently.<sup>26</sup>

At this point it is also worth clarifying our interpretation of the terminology relating to “fitness”. Whilst the NMC use various terms interchangeably, there are important differences between “fitness to practise”, “fitness for purpose” and “fitness for award.”<sup>14</sup> Fitness to practise implies that an individual fulfils the necessary requirements for an unspecified role in practice; fitness for purpose relates more specifically to a particular role or post; and fitness for award implies that an individual meets the criteria for a university degree. One has to recognise that there may be individuals who have passed their examination but who, for reasons of their health and/or their behaviour, are unfit to practise. The term “fitness to practise”, as defined above, will be used throughout this review. In keeping with the remit given by the RPSGB fitness to practise in this review is applied to *procedures*, whilst the alternative meaning fitness to practise is dealt with in a separate code of conduct literature review.<sup>27</sup>

### 1.4 Development of fitness to practise procedures

There are few reports on the actual development of FtP procedures for use at School-level, despite many procedures that are proposed. One example, however, is the University of Calgary's Faculty of Social Work Suitability Policy, which was informed by a literature review of "gatekeeping" in social work and a survey of all Canadian social work schools and primary stakeholders.<sup>25</sup> In the UK, the Medical Schools Council and General Medical Council's (MSC-GMC) guidance on professional behaviour and fitness to practise,<sup>2</sup> which is currently under revision,

was developed by a designated working group and is a model for collaboration between a regulator and universities.

### **1.5 General principles of fitness to practise procedures**

Several examples of FtP procedures are described in the literature in medicine and social work in both America and the UK,<sup>25,28</sup> in addition to those that are included in this review. Some general principles common to most FtP procedures include: a description of the membership of the FtP committee or panel; identification of the powers or recommendations the panel is able to make; and schema for appropriately conducting a hearing and dealing with appeals. The content of relevant FtP procedures will be discussed in more detail later in this review.

### **1.6 Implementation of fitness to practise procedures**

The application of due process in America is frequently discussed from a legal perspective.<sup>6,26,28</sup> In general, where procedures are correctly followed, the courts have upheld decisions of student dismissal as they believe that school staff are the best judges of a student's academic performance.<sup>6</sup> Sufficiently specific standards (including behavioural domains) and procedures must, however, be communicated to all students and potential applicants.<sup>29</sup> Case studies of the dismissal of students and subsequent legal rulings in favour of the university in America<sup>6</sup>, and of FtP decisions in the UK, are also described.<sup>30</sup> One example provided is of a medical student who, despite excellent achievement in examinations, had problems with personal relationships, personal hygiene and accepting criticism.<sup>6</sup> The United States Supreme Court upheld the school's decision to dismiss, finding that non-cognitive factors were an acceptable part of academic performance.

That courts of law will uphold decisions made by individual schools is still an area of concern. A survey of Australian Bachelor of Social Work programmes identified concern about the robustness of FtP procedures in more than half its respondents, that written policies would not hold up in a court of law and that the university itself would not allow schools to terminate students' registration for non-academic

reasons.<sup>5</sup> This highlights the need to address staff concerns at the earliest opportunity when implementing FtP procedures in order that procedures are widely and successfully utilised.

## 2 Methodology: Summary of literature review process

Before we describe how we have carried out the literature review and report its results, we define how we refer to, and use, the terms ‘code of conduct’ and ‘fitness to practise *procedures*’. This definition has informed how we have approached the subject, undertaken the relevant searches and present our findings analytically. We define a code of conduct as a document that makes explicit the *standards* of attitudes, values and behaviours, as well as issues of health and disability, expected of students in order to be fit to practise as a (future) health professional (governed by their own code of ethics or conduct). Fitness to practise *procedures*, on the other hand, cover governance issues and thus describe the procedures that are to be followed if there is concern that attitudes, values and behaviours stipulated in the code of conduct have not been duly followed or applied.

In other words, the term ‘fitness to practise’ (as defined under 1.3) is used in two ways, either “positively” in terms of desirable characteristics of professional behaviour, or “negatively” in the context of impairment of FtP. Using the definitions above, the first (positive) perspective will be covered under ‘code of conduct’ (and literature relating to it presented in another review),<sup>27</sup> the latter (negative) under ‘FtP *procedures*’ (and literature relating to it is presented in this review).<sup>31</sup>

Our literature searches focused in particular on fitness to practise procedures for students of health professions whose regulators do not currently require student registration. However, those health professions that do require student registration were not excluded from the review, but features of their codes of conduct are used for comparison and contrast.

As stipulated in the call for quotations, and detailed in our submission, we covered the following documents in our literature review and detail our approach to this below:

- The characteristics and content of student codes of conduct for regulated healthcare professions in the UK
- The characteristics and content of student FtP procedures for pharmacy students in English speaking countries with similar education and training to that in the UK, i.e. Ireland, Canada, Australia, New Zealand, and the United States of America (USA)
- RPSGB documents relevant to an FtP procedures for pharmacy students in the UK
- Other UK documents relevant to FtP procedures for pharmacy students in UK

Due to the short time scale for the literature review, searches were mainly conducted using online tools and search engines. This meant that we had to rely on relevant documentation not only being in the public domain, but generally accessible via websites without access restrictions. However, we also attempted to contact (by e-mail and/or telephone) all 26 UK schools of pharmacy and a selection of schools of pharmacy in other countries. Finally, we had access to documentation which one of the authors (TJD) had assembled in his roles relating to fitness to practise matters.

## **2.1 Hierarchy of evidence for student CoCs for regulated healthcare professions**

Our hierarchy of evidence (or documents) starts with policy documents published at the level of regulators of other healthcare professionals. We particularly draw on guidance documents covering fitness to practise procedures for undergraduate students of UK health professionals as listed by the Council for Healthcare Regulatory Excellence (CHRE) – see below. We treat this as the highest level of our ‘hierarchy of evidence’ for two reasons: (i) these documents have undergone a clear process of public consultation in their development and implementation, suggesting the involvement of different stakeholder groups and making it more likely a diverse

range of views and experiences were incorporated. (ii) These documents are issued by UK regulators of other health professions and are aimed at educational institutions training the individual health professionals, as well as the students themselves. They are therefore likely to be relevant and useful for the RPSGB as the regulator for pharmacists, when designing its own FtP procedures for MPharm students.

The next level in this 'hierarchy' is FtP procedures currently in place in individual UK schools of pharmacy. These may only have been informed locally and, even if they did undergo some form of consultation, they are unlikely to have undergone the same level of public and stakeholder scrutiny. Even though this may suit local circumstances, without clear guidance from the pharmacy regulator, they may not cover all of the relevant issues, and the weight given to these documents therefore needs to be assessed on a case by case basis.

At this point it is worth noting that an initial web search performed in preparation for the quotation for this review suggested that numerous UK universities have codes of conduct for all students and procedures to address violation of these. These apply to any student in any subject and tend to detail generic standards of attitudes and behaviours expected of students of any subject at the higher education institution in question. They usually address aspects of common courtesy and communication between fellow students and with lecturers, punctuality, plagiarism etc. Even though we have selected some illustrative examples of such generic disciplinary procedures, our search did aim to identify and review those procedures that specifically deal with fitness to practise issues as they apply to students training to become health professionals.

Besides exploring UK regulators and schools of pharmacy's fitness to practise procedures, we have also searched for, and reviewed regulatory policy documents in English speaking countries with comparable education for pharmacy students. Here, the focus was specifically on fitness to practise procedures applicable to undergraduate pharmacy students. The aim was not to be inclusive of everything in all of these countries, but to provide illustrative and informative examples,

particularly from countries where individual states or provinces govern regulation. Here also, most weight was given to those documents with clear evidence of public and stakeholder consultation and review.

## 2.2 UK health professions regulators

Table 1 lists the UK regulatory bodies of health professions, whose policies on student FtP procedures were accessed. Current FtP procedures for qualified/registered health professionals were also identified.

**Table 1: UK health regulators**

HP regulatory body	HP profession(s) regulated	Website
Council for Healthcare Regulatory Excellence (CHRE)	lists the nine regulators of healthcare professionals below	<a href="http://www.chre.org.uk">www.chre.org.uk</a>
General Chiropractic Council (GCC)	chiropractors	<a href="http://www.gcc-uk.org">www.gcc-uk.org</a>
General Dental Council (GDC)	dentists, dental hygienists, dental therapists, dental nurses, dental technicians, clinical dental technicians, and orthodontic therapists	<a href="http://www.gdc-uk.org">www.gdc-uk.org</a>
General Medical Council (GMC)	doctors	<a href="http://www.gmc-uk.org">www.gmc-uk.org</a>
General Optical Council (GOC)	optometrists and dispensing opticians	<a href="http://www.optical.org">www.optical.org</a>
General Osteopathic Council (GOsC)	osteopaths	<a href="http://www.osteopathy.org.uk">www.osteopathy.org.uk</a>
Health Professions Council (HPC)	13 health professions: Arts therapists, Biomedical scientists, Chiropodists/ podiatrists, Clinical scientists, Dietitians, Occupational therapists, Operating department practitioners, Orthoptists, Paramedics, Physiotherapists, Prosthetists/ orthotists, Radiographers, Speech and language therapists	<a href="http://www.hpc-uk.org">www.hpc-uk.org</a>
Nursing & Midwifery Council (NMC)	nurses and midwives	<a href="http://www.nmc-uk.org">www.nmc-uk.org</a>
Royal Pharmaceutical Society of Great Britain (RPSGB)	pharmacists	<a href="http://www.rpsgb.org.uk">www.rpsgb.org.uk</a>
Pharmaceutical Society of Northern Ireland (PSNI)	pharmacists	<a href="http://www.psni.org.uk">www.psni.org.uk</a>

### **2.3 Other UK documents relevant to MPharm student codes of conduct**

As there is currently no national guidance for pharmacy student FtP procedures, we looked to all 26 undergraduate schools of pharmacy in the UK. For this purpose, we accessed the university websites of all these schools and then searched for their student FtP procedures. If these were not easily accessible online, we contacted the institution directly by e-mail and/or telephone.

When using the term 'school of pharmacy', in the context of the UK or other countries (see below), this refers to any department within an institute of higher education that provides the appropriate course to prepare students for registration as a pharmacist in the respective countries. Other terminology used includes, for example, 'department of pharmacy' or 'faculty of pharmacy', which – for the purpose of this review – is captured by the above definition of 'schools of pharmacy.'

### **2.4 Student codes of conduct for pharmacy students in countries with similar education and training**

Regulatory policy documents and those available from individual schools of pharmacy in English speaking countries with comparable education for pharmacy students were searched and reviewed. These countries were: Ireland, Australia, New Zealand, Canada, and the USA. Again, access was initially via internet searches and websites, but selected individual institutions were also contacted by e-mail, in order to obtain further information and documentation, which was not in the public domain.

### **2.5 Other document searches**

Finally, a search of peer reviewed publications was conducted to explore if there is any evidence on the development, implementation and/or use of codes of conduct for health professional students in the UK or any other English speaking country with a similar education system to the UK. We further aimed to establish whether

evidence exists which links student conduct and later problems in professional practice. For this purpose we used the search engines Scopus, Medline and EMBASE, and employed the search terms 'fitness to practise', 'fitness to practise', 'fitness for purpose', 'suitability' AND 'student' AND 'pharmacy'. Where the term 'pharmacy' was used, the search was repeated using 'nursing' and 'medical'. The findings from this informed the background section to this report and are presented in section 1.

## **2.6 Who undertook the different elements?**

The review of the literature and documentation relating to pharmacy student FtP procedures was coordinated and overseen by Dr Ellen Schafheutle, an experienced pharmacy practice researcher. Each author contributed in different ways and at different stages of the review, and their input depended on their areas of experience and expertise. A number of the authors (TJD – chair, JH, JS, and MT) are members of the University of Manchester's Faculty of Medical and Human Sciences (FMHS) 'fitness to practise committee'. Their knowledge and experience in relation to FtP cases heard here further informed this review. Furthermore, a number of teacher practitioners and teaching fellows (Wendy Coglan, Victoria Crabtree, Jennifer Hughes, Nicola Turner, and Mary Zargarani), as well as honorary clinical tutors (Adele Mackellar and Dawn Bell) helped with the searching, extraction and writing of critical summaries. All, including the authors, have important roles in teaching pharmacy practice and clinical skills to MPharm students at Manchester, have regular and direct contact with students, whilst also practising in community and hospital settings.

Each team member took responsibility for a defined part of the literature search, which we conducted in parallel for both codes of conduct and FtP procedures, as many documents cover both aspects. Table 2 details each team member's contribution:

**Table 2: Names and roles of team members**

<b>Search area</b>	<b>Name(s) of team members</b>
<b>UH HP regulatory bodies</b>	Ellen Schafheutle (research fellow) Dawn Bell (senior clinical pharmacist & honorary tutor) Adele Mackellar (senior clinical pharmacist & honorary tutor) Timothy David (professor & Chair of UoM FtP)
<b>UK schools of pharmacy</b>	Nicola Turner (teaching fellow) & Jason Hall (senior teaching fellow)
<b>Other countries' pharmacy schools &amp; regulators:</b>	
Australia	Mary Zargarani (teaching fellow) Jenny Hughes (teacher practitioner) & Mary Tully (senior clinical lecturer)
Canada	Jason Hall (senior teaching fellow)
Ireland	Mary Tully (senior clinical lecturer)
New Zealand	Wendy Coglan (teaching fellow) & Jason Hall (senior teaching fellow)
USA	Victoria Crabtree (teaching fellow)
<b>Peer-reviewed literature &amp; other docs</b>	Jennifer Silverthorne (senior clinical teaching fellow)

### **3 UK Health Professional regulators**

As detailed in our original quotation, and as detailed in the methods section earlier, we take guidance on fitness to practise procedures issued by UK regulators as the most relevant, important and comprehensive type of evidence. This is because it is likely to have undergone the widest process of stakeholder consultation and thus be the most balanced and comprehensive guidance. Additionally, it is more likely to be similar in purpose to the guidance due to be drafted by the RPSGB, using this literature review, in that it is issued by a regulator and aimed at all relevant health professional schools and/or students.

### 3.1 UK health professional regulators with no or little guidance on FtP procedures for students

The **Council for Healthcare Regulatory Excellence (CHRE)** is “an independent body accountable to Parliament.” Their “primary purpose is to promote the health, safety and well-being of patients and other members of the public.” They “scrutinise and oversee the health professions regulators, working with them to identify and promote good practice in regulation, carry out research, develop policy and give advice.” The CHRE have issued a statement on the ‘values of health care professionals,’<sup>32</sup> but they have not issued guidance to health professional regulators or educational institutions training health professional students with regards to FtP procedures.

Guidance documents on fitness to practise procedures, which relate specifically to health professional students, are not published by the General Chiropractic Council, the General Osteopathic Council and the Pharmaceutical Societies of Great Britain or Northern Ireland. These regulatory bodies, however, have published FtP procedures that apply to the relevant qualified and registered health professionals.<sup>33-</sup>  
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The **GCC**’ annual report includes a summary of all the cases heard by the Professional Conduct Committee, who have identified and described a range of learning points in this report, which are divided into recurring or new issues, but all only apply to registered chiropractors.<sup>36</sup> They have also published an annual ‘fitness to practise report’ since 2005, where they share experience and learning points.<sup>33</sup> The GCC did, however, mention briefly in their annual report 2006 a joint initiative and project working with other UK regulators and CHRE looking at student fitness to practise, to develop a framework to apply during the years of healthcare students’ pre-registration study to ensure that they are fit to practise upon graduation.<sup>37</sup> However, no further reference is made from the GCC regarding student FtP after the statement in 2006.

The **RPSGB** are undergoing a process of design and implementation of a code of FtP procedures for pharmacy students in UK universities – a literature review  
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conduct and fitness to practise procedures for MPharm students, which is being informed by this literature review (and another on student codes of conduct<sup>27</sup>).

The **General Optical Council** requires all students to register with them, and under the FtP panel member's guidance the definition of FtP includes registered students as follows: "Fitness to Practise - A registrant's ability to carry out their professional duties as outlined in the Opticians' Act. We deal with 'fitness to practise' complaints. These are allegations about optometrists and dispensing opticians, including students, and companies which are registered as bodies corporate. A registrant's fitness to practise may be impaired due to poor health, conduct or performance." Under 'policies, procedures and protocols'<sup>38</sup> the GOC website lists seven documents relating to fitness to practise, but they all refer to qualified registrants and do not specifically relate to students or mention students.<sup>39-43</sup>

The **General Dental Council** have published two documents relating to student fitness to practise. The aim of a paper published by Feeney in December 2007 entitled 'Fitness to Practise'<sup>44</sup> was to determine what measures are needed to ensure that student fitness to practise issues are properly dealt with in line with the Council's public protection responsibilities. Several issues are discussed, including that evidence from previous dental school inspections as well as anecdotal evidence and individual cases, which have been referred by schools to the GDC, suggest that there is some variation in the structures and systems in place at universities to deal with student FtP issues. Some institutions appear to have comprehensive, rigorous and objective systems in place while others are less thorough.

The second document is 'The First Five Years,' which is currently in its 3<sup>rd</sup> (interim) edition.<sup>45</sup> It sets out the requirements of the undergraduate dental education process and contains a section on student fitness to practise (pages 5 - 6).

### **3.2 UK health professional regulators with detailed guidance on FtP procedures for students**

Three UK health professions regulators were found that have issued guidance with FtP procedures for pharmacy students in UK universities – a literature review  
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some detail for fitness to practise procedures specifically aimed at students and educational institutions training the relevant health professionals. These were:

- The Nursing & Midwifery Council (NMC)
- The Health Professions Council (HPC)
- The General Medical Council (GMC)

The **Nursing & Midwifery Council (NMC)** provides some guidance in relation to FtP procedures in their ‘good health and good character: guidance for education institutions.’<sup>1</sup> The guidance covers programme providers’ responsibilities with regards to complying with the requirements of the Disability Discrimination Acts and reasonable adjustments, provides definitions of good health and good character. The emphasis here is on health and character having to be “sufficiently good for [the student] to be capable of safe and effective practice without supervision” (page 5).<sup>1</sup> The document then covers good health and good character related assessments for applicants (pages 7 – 9) and students (pages 9 – 11). Under the heading ‘fitness to practise panels’ (page 9) it states that “from 1 January 2009, all programme providers are required to have a ‘fitness to practise’ panel to consider any health or character issues and to ensure that public protection is maintained.”<sup>1</sup> However, this part does not contain detailed information on other fitness to practise related procedures.

In December 2008, the **Health Professions’ Council (HPC)** issued draft guidance (for consultation) entitled ‘guidance on health and character’.<sup>46</sup> This document is aimed at those considering applying to the HPC, those already on the HPC register, as well as those working in education, particularly those making decisions about students applying to an educational programme or advising students on their applications for registration. In section 3 (pages 15 – 18) entitled ‘information for education and training providers,’ it details standards of education and training with regards to their admission requirements.

Despite the NMC and HPC guidance documents providing some guidance for fitness to practise procedures for students, they do not cover the same level of detail as the

document '**Medical students: professional behaviour and fitness to practise**' does. This guidance was a collaboration between the **Medical Schools Council (MSC)** and the **General Medical Council** and was first published in 2007,<sup>2</sup> following a process of public consultation. The **GMC-MSC** guidance has just completed a first revision and second public consultation and will be published on 6 March 2009. The latest draft we have access to is dated the end of November 2008, and this is the version referred to throughout the remainder of this literature review.

### **3.3 Content & structure of guidance on fitness to practise procedures**

Some health professions regulator guidance documents deal with both code of conduct and fitness to practise procedures in one document,<sup>1,47,48</sup> others deal with them separately.<sup>46,49</sup> For the purpose of this literature review, concerned with student FtP procedures, we will summarise solely the content from the literature that is concerned with those procedures. The content of literature covering matters of a code of conduct is detailed in a separate literature review.<sup>27</sup>

The MSC-GMC guidance<sup>47</sup> is the most detailed of all the health professions regulators, and we therefore use their structure and content to describe requirements for FtP procedures in this section. This guidance covers both code of conduct items of health and character, and fitness to practise procedures for those who fall below these standards in one document. For completeness, the sections of this complete document are outlined here:

A general (background) section covers:

1. Who the issuing organisation are, what their remit is (and how they have the 'power' to issue guidance) – 'about us'
2. The purpose and status of the document
3. Who it is aimed at:
  - a. students and educational institutions;
  - b. undergraduate students (or also applicants to degree programmes, pre-registration students, and those already on the professional register<sup>1,46</sup>

#### 4. Language – definition of terms

This is then followed by detailed sections which specify:

5. Code of conduct: what is expected of students (professional behaviour, conduct and ethics) – presented elsewhere<sup>27</sup>
6. Procedures & sanctions – presented here

The part dealing with fitness to practise procedures in the MSC-GMC guidance is further sub-divided:

- Scope of student fitness to practise (paras 38 – 60)
- The threshold of student fitness to practise (paras 61 – 77)
- Making decisions (paras 78 – 116)
- Key elements in student fitness to practise arrangements (paras 117 – 141)

This will be discussed in detail below.

### **3.4 Scope of student fitness to practise**

The MSC-GMC guidance states that it “aims to help medical schools make more consistent decisions on any fitness to practise cases they consider” (para 38). The guidance also emphasises the importance of considering students’ health or behaviour on a case-by-case basis by fitness to practise investigators and educational institution’s FtP panels (MSC-GMC paras 38 – 39).

A section (paras 40 – 44) follows, detailing opportunities and requirements for ‘pastoral care and student support’ during investigations and FtP procedures. A further section (paras 45 – 53) is dedicated to issues of ‘health and fitness to practise.’ A final section (paras 54 – 60) deals with ‘GMC provisional registration for newly qualified doctors.’ This may be less relevant to pharmacy students at present, but may become significant, should there be a movement for the RPSGB to register pre-registration pharmacists.

### 3.5 The threshold of student fitness to practise

Two introductory paragraphs summarise the functions of the GMC and medical schools in terms of setting standards and criteria for students to be fit to practise (para 61), and the GMC's legal authority to decide such standards and outcomes for students (para 62). Here, the document refers to these as being set out in 'Tomorrow's Doctors'<sup>50</sup> and 'Good Medical Practice.'<sup>51</sup> Paragraphs 63-68 define the 'meaning of student fitness to practise.' This starts with positive attributes, but quickly (para 63) moves into the topic of deciding whether or not students are fit to practise and mentions "poor behaviour" defined here as "a [health professional] whose conduct has shown that he cannot justify the trust placed in him."

Paragraph 65 spells out the important facts that medical students interact with patients and have access to confidential information, that patients may view students as being in a position of trust and responsibility, and that a patient's willingness to allow students to be involved is based on trust that students will behave professionally (and that trained professionals will supervise them appropriately).

The following text (para 66) reiterates that, even though students cannot always be held to the same standards as registered health professionals, the underlying principles are similar.<sup>50,51</sup> The following paragraph (67) then qualifies the facts that "students are in a learning environment and at the start of their professional career." Therefore, it continues, "when considering the fitness to practise of a student, it may be appropriate to reflect on the severity of the action, the maturity of the student and year of study as well as the likelihood of repeat behaviour and how well the student will respond to support and remediation."

Paragraph 68 makes the important point that the responsibility for determining the fitness to practise of individual students lies with the educational institution, as the regulator (the GMC in this case) "does not have any direct authority to deal with or advise on individual cases of the fitness to practise or disciplinary issues of medical students." However, educational institutions would be expected to comply with the guidance issued by their regulator.

The following paragraphs define the threshold of student fitness to practise (para 69), and detail that, in these cases, the student should be considered by the FtP procedures at the educational institution (para 70). It further states that consideration under a university's general disciplinary procedures does not prevent a case from being considered under the educational institution's FtP procedures, which, however, should not occur simultaneously.

Paragraphs 72 – 74 illustrate the threshold of student fitness to practise by detailing particular circumstances, and paragraphs 75 – 77 indicate areas of concern. These are listed, with examples, in the MSC-GMC guidance (pages 20 – 21) and summarised in Table 3. The remainder of the document (paras 78 -141) deals with how to make decisions and procedures when fitness to practise is suspected to be impaired.

**Table 3: Areas of concern relating to student FtP, as in MSC-GMC**

- |   |
|---|
| <ul style="list-style-type: none"><li>• Criminal conviction or caution</li><li>• Drug or alcohol misuse</li><li>• Aggressive, violent or threatening behaviour</li><li>• Persistent inappropriate attitude or behaviour</li><li>• Cheating or plagiarism</li><li>• Dishonesty or fraud, including dishonesty outside the professional role</li><li>• Unprofessional behaviour or attitudes</li><li>• Health concerns, and insight or management of these concerns</li></ul> |
|---|

### **3.6 Outline of FtP procedures suggested by UK regulators**

Based upon the above evidence from UK regulators, the following is a description of the content of the FtP procedures that they recommend.

#### **3.6.1 Introduction, justification & purpose**

The FtP procedure should be set in context and the need for the procedure should be explained. Furthermore, the document needs to clarify to whom the procedure

applies, i.e. is it only for **MPharm students** registered on pharmacy courses, or should it also apply to **applicants** for pharmacy courses where FtP issues may arise (either because of health or previous misconduct/ criminal behaviour)? The NMC guidance aimed at educational institutions,<sup>1</sup> for example, spells out (page 9) that – for applicants to nursing and midwifery degrees, the University Central Admission Service (UCAS – or CATCH in Scotland), besides requesting references, also do a Criminal Record Bureau (CRB – or Disclosure Scotland) check, because “students may be working unsupervised with vulnerable client groups.” The HPC ‘guidance on health and character’<sup>46</sup> also discusses the importance of educational providers’ admissions procedures to take requirements of FtP into account at that stage (pages 16 – 18). They stress the importance of accepting, and training, students that will meet the regulator’s (in this case the HPC’s) requirements as outlined in the relevant professional codes of ethics, standards or conduct.

The MSC-GMC<sup>47</sup> as well as the NMC guidance<sup>1</sup> state that it is the educational institution’s responsibility to determine the fitness to practise of their students (MSC-GMC para 68) and therefore to have a FtP panel (and related procedures) in place (NMC page 9).

### **3.6.2 General principles**

Before presenting the detail of some of the existing FtP procedural guidance documents, it is worth noting that, for any FtP procedure, it may be useful to agree some general principles.

#### **A. The procedure should be consistent, transparent and fair, and should be consistent with the principles of natural justice.**

The concept of natural justice has been equated to "procedural fairness", and there are two basic components:

- a person should have the right to be heard on a matter affecting their rights or interests
- the decision-makers should be free from bias.

The six principles of natural justice are detailed in the annotated bibliography.<sup>52</sup>

**B. The procedure should follow specific stages:**

- investigation
- interim actions required prior to a hearing e.g. suspension, or conditions
- adjudication - a FtP committee/panel hearing
- appeal procedure

**C. The person or persons involved in investigating a student's FtP, and in making the decision to refer the case to a FtP panel, should not be a member of the FtP panel hearing the case.**

**3.7 FtP procedure – specific aspects: key elements in FtP arrangements**

The MSC-GMS<sup>47</sup> guidance suggests ten core elements with student FtP arrangements/ procedures; these are listed in Table 4. What they mean and encompass is detailed below.

**Table 4: MSC-GMC key elements in student FtP procedures**

<ol style="list-style-type: none"><li>1. Awareness and education</li><li>2. Communication</li><li>3. Confidentiality and disclosure</li><li>4. The roles of personal tutors, investigators and panel members</li><li>5. Applying the threshold of student fitness to practise</li><li>6. Timescales</li><li>7. Panel composition and training</li><li>8. Hearings</li><li>9. Support for medical students</li><li>10. Appeals</li></ol>
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**3.7.1 Awareness & education**

Admissions information, student handbooks and information (MSC-GMC para 118) about rules and regulations should include full information about (i) the responsibility of students to develop and display professional values (the course should engage students on their professional values and make sure they are reflected positively within their curricula and assessments) (ii) FtP regulations. Teaching staff should be

aware of the School's guidance. The guidance should clearly distinguish between the role of handling and investigating complaints or concerns, and handling FtP cases, and information should describe the roles of the School, the University, the Office of the Independent Adjudicator (OIA), (maybe the NHS - whether hospital & or retail pharmacies) and the RSPGB (MSC-GMC para 120).

### **3.7.2 Communication**

Processes should be in place to allow for clear and prompt communication whenever FtP concerns arise (MSC-GMC paras 121 – 122).

### **3.7.3 Confidentiality & disclosure**

There are a number of issues that need to be clarified (MSC-GMC paras 123 – 127): (i) general need for confidentiality; (ii) possible need to keep certain documents separate from a student's file; (iii) need to comply with Data Protection Act 1998; (iv) guidance should state that personal information may need to be passed to other organisations (e.g. NHS Trusts, or prospective employers in a reference) if a student receives a warning; (v) advice, supplied to the GMC by the Information Commissioner's office, stating: "all students should be informed that, in addition to any other purposes for which their personal data may be used, information may also be shared with medical and educational supervisors etc in circumstances where it is clear that there would be a likelihood of real risk to the public if that information was not disclosed" (MSC-GMC para 124).

### **3.7.4 Roles of personal tutors, investigators and panel members**

There needs to be clear distinction between, and definition of, the roles (MSC-GMC para 78) of personal tutors (MSC-GMC para 128), investigator ((MSC-GMC para 129) and panel members (MSC-GMC para 130).

#### **3.7.4.1 Role of the investigator**

The role of the investigator is to determine whether there is sufficient evidence that a student's fitness to practise is indeed impaired (paras 79 – 80). It thus precedes the involvement of a FtP panel, as the investigator needs to balance the interest of patients and the public against those of the student. Due consideration needs to be

given to whether the 'impairment' would be more appropriately dealt with through student support and remedial tuition.

One important element when deciding whether to refer to a FtP panel or not is whether the student's behaviour (or health) is so serious or persistent that it calls into question the student's ability to continue on the health degree course, or their fitness to practise after graduation (MSC-GMC para 81). It is then the FtP panel's role is to decide whether a student is fit to practise and what sanctions, if any, should be imposed.

#### 3.7.4.2 Role of the FtP panel

This is described further in paragraphs 83 – 87 of the revised MSC-GMC guidance and covers issues also covered under a number of other sub-headings. These include the balance between the public's and the student's interests, mitigation circumstances, justification for any decisions (sanctions, conditions etc., as discussed in the following section) and, appeals.

#### **3.7.5 *Applying thresholds of student FtP***

The MSC-GMC guidance recommends that schools "should reflect on the threshold when considering whether a student's FtP is impaired" (para 131). They further recommend that "evidence should be considered on the balance of probabilities" (para 132), and that schools should ensure their student's understanding of the possible consequences of impaired fitness to practise (para 133).

#### **3.7.6 *Timescales***

All parties should expect an outcome to be achieved as quickly as possible. Time targets and deadlines could be delineated for the various stages of the investigative process and FtP hearings (MSC-GMC para 134).

#### **3.7.7 *FtP Panel composition and training***

The composition of the FtP committee at an educational institution or school should be specified, including a minimum composition (paras 135 – 137). Issues for consideration and delineation are the need for:

- a practising member of the same profession
- someone from another profession
- someone from outside the educational institution
- a lay member
- a psychiatrist
- a student member
- a lawyer (or someone with legal knowledge)
- a specific type of chair (e.g. Dean, Dean's nominee, lawyer, etc)

All panel members should receive training for their role, including core competencies (see those listed in para 137), and be appropriately experienced. They should further have access to all relevant information.

### **3.7.8 Hearings – transparency**

Educational institutions should make sure that their FtP proceedings are fair and transparent (MSC-GMC para 138). This means that the FtP procedure should be published and freely available, at least to those in the relevant institution (e.g. on the intranet).

### **3.7.9 Support for students**

Students involved in FtP investigations and FtP panel hearings will have a need for support, and the arrangements for this need to be stated.

#### **3.7.9.1 Human Rights Act 1998**

Health professional regulatory bodies are public authorities for the purposes of the Human Rights Act 1998, and regulators should seek to uphold and promote the principles of the European Convention on Human Rights in accordance with the Act when dealing with complaints and dealing with investigating allegation of impaired FtP. In practice, this means that student representation and support (MSC-GMC para 139) at a FtP hearing must protect the student's rights in line with the Human Rights Act 1998.

### 3.7.9.2 Equality & diversity (E & D)

The FtP procedure should be compliant and clear about how E & D are incorporated (MSC-GMC para 140), which may require reasonable adjustments and support for those students who need them.

### **3.7.10 Appeals**

Educational institutions' FtP procedures need to state (MSC-GMC para 141) clearly:

- grounds for appeal
- where to submit appeal
- time limit for appeal
- procedure to be followed if it is shown that the appeal has been made on one of the stated grounds
- conclusion of appeals process & introduction of OIA

## **3.8 Outcomes of student FtP hearings**

There are a number of possible outcomes from student FtP hearings (MSC-GMC para 88, and see Table 5), and they are detailed further in this section. Paragraphs 89 – 95 raise a number of important considerations, which are all guided by the balance between protecting patients and the public versus the student's interests. Consideration about possible outcomes ought to ensure the public is appropriately protected, while students are no further restricted than necessary to achieve this purpose. This applies to the final decision/ outcome of the FtP panel, as well as to the time during which this process is underway.

**Temporary suspension** (MSC-GMC para 91) of the student's study (until a final decision is reached by the FtP panel) may be needed to protect the student, other students, members of staff, patients, or school buildings/ property. The FtP procedure should set out: (i) who has the power to suspend a student; (ii) how the student should be informed, both verbally and in writing; and (iii) the monitoring processes that are in place once a student has been suspended.

**Table 5: Possible outcomes of student FtP hearings**

- The student receives no warning or sanction
- The student receives a **warning** as there is evidence of misconduct but the student's fitness to practise is not impaired and does not require any of the sanctions listed below
- The student's fitness to practise is judged to be impaired and she or he receives a **sanction**.  
Beginning with the least severe, the sanctions are:
  - conditions or undertakings
  - suspension from course
  - expulsion from course

Varying levels of **supervision or monitoring** may be applied, unless the decision is to expel (MSC-GMC para 93), whilst students should also be provided with remedial and/or pastoral support.

### **3.8.1 Warnings**

Warnings can be issued to indicate to a student that any given behaviour represents a departure from what is expected and that this behaviour should not be repeated (MSC-GMC para 96). Such warnings should be recorded so that future repetition can be identified, and they ought to be disclosed prior to registration as a health professional (MSC-GMC para 96). Paragraph 98 (MSC-GMC) then lists factors which should be taken account of to determine whether a warning is the appropriate outcome.

### **3.8.2 Sanctions**

It is helpful to give guidance as to how sanctions (see Table 5) should be applied, and to the stepwise process (starting with the least possible sanction, and only escalating if that does not meet the needs of the public, the profession and the student) (MSC-GMC paras 99 – 101). They should give students the opportunity to learn from their mistakes – short of exclusions from the course. The FtP procedure should also explain and state the need for **proportionality** (achieving a balance between the needs of the public and its protection, the profession, and the student).

Further detail on what the possible sanctions are, and when conditions (paras 102 –

107), undertakings (paras 108 – 111), (temporary) suspension from the course (paras 112 – 114) or (permanent) exclusion (paras 115 – 116) should be applied follows in the MSC-GMC guidance. For more detail see Table 6.

**Table 6: Possible sanctions from FtP procedures**

- issue conditions
- issue undertakings
- permit student to continue with the programme (maybe with appropriate advice and guidance)
- permit student to continue with close supervision
- suspend studies for specified time (NB suspension is counter-educational, & should arguably be reserved for cases when there is no reasonable alternative)
- require student to resit a specified part or parts of the programme
- require any other action considered appropriate by the panel to enable the student's successful completion of the programme
- recommend studies be terminated but if appropriate permit the student to exit with an alternative award (i.e. allowing students to exit with a BMedSci, BMedSci (Dent) or BPharmSci degree)
- recommend studies on a programme be terminated (also termed exclusion) and that student's registration as a student of the School should cease
- in cases when a student has been allowed to continue with the programme, or has been temporarily suspended, require the student to meet with the FtP panel on further occasions in order that progress can be monitored

### **3.9 Process of student FtP cases**

#### ***3.9.1 Information given to student and panel***

A FtP procedure should specify what information is given to the students and the FtP panel. It should ensure that the student and the panel receive identical paperwork, and that papers are circulated in advance (and how long in advance) of the panel hearing. It should further specify the type of address to be used for the student, e.g. registered semester-time address last supplied by student. The student should also be given a minimum number of days' notice of a FtP panel hearing.

Prior to the FtP panel hearing, the student may be required to attend the School or University's Occupational Health service in order that a report can be made on his or her FtP on medical grounds. Other external reports may also be requested. Any such report should be copied to Committee secretary and the student.

### **3.9.2 *Written statement from student***

The student should be invited to submit a written statement, which should be received within a specified number of days in advance of the hearing.

### **3.9.3 *Attendance at meeting***

The following are issues that ought to be addressed in a FtP procedure:

- student to be required to attend
- procedure to be followed if student does not attend, and hearing cases in the absence of the student
- specifying that members of staff may be required to attend [the School needs to have the power to compel staff to attend]
- specifying that the Committee may (at the discretion of the Chair) call upon other persons to provide advice on specific aspects [needed so that the Committee can involve independent experts, e.g. in psychiatry]
- school's case - to be presented to FtP panel by designated School representative (e.g. Head of School or nominee)
- witnesses - School and student may each call witnesses [desirable to spell out that Committee secretary needs advance notification for timetabling purposes]
- student to be accompanied – procedure must specify the category of person or persons that can accompany a student (e.g. current member of the University or someone from the relevant professional association).

## **3.10 Procedure for conduct of FtP hearings**

The FtP procedure should also cover issues related to the conduct of the actual FtP hearing. The bullet points below are derived from experience from student fitness to practise committee hearings in Manchester.

- Committee secretary or another designated person to keep a note of what is said (including Chair's briefing of panel)
- Chair to brief panel in the absence of the student and the School representative
- student (and anyone accompanying student) and person putting case on behalf of School to join the Committee at the same time
- ensure student has copies of the same documents as the panel
- Chair to introduce by name & explain responsibilities of the members of the panel, the other staff attending, and any others present
- ensure student is aware of procedure to be followed, including order of events and order of questioning
- explain powers of the panel to the student
- School representative to making opening statement, and then to be questioned by the panel and the student
- School to call witnesses (if any), who will be questioned in order by the School representative, the panel, and the student
- student to call witnesses (if any), who will be questioned, in order, by the student, the panel, and the School representative
- student invited to make a statement, the chair to explain that the panel will wish to hear directly from the student in his/her own words
- panel and then School representative invited to question student
- once chair is satisfied the panel, the School and the student have completed their questioning, and the student has had a full opportunity to convey information to the panel, those present who are not members of the panel (except the secretary) will withdraw
- panel to discuss the case in private
- if clarification is required then both the student and the School representative must be invited back, and then withdraw when the further questioning has been completed
- the panel may adjourn but will make their decision as soon as reasonably practicable
- the decision and any findings of fact will be conveyed to the student as soon

as practicable, and conveyed in writing to the student within a defined period (e.g. 2 or 5 days) of the panel reaching its decision

## **4 UK Schools of Pharmacy**

Four schools in the UK have fitness to practise procedures in place that cover students on an MPharm programme. Some of these procedures were written specifically for pharmacy students and some for health care professionals in general. Nine schools do not have pharmacy or health care specific fitness to practise procedures and it is not known whether the remaining thirteen schools have a code because there was no information on their website and they did not reply to email requests for this information. Several schools of pharmacy without fitness to practise procedures indicated that they were currently investigating adopting such procedures.

De Montfort was the only School of Pharmacy confirming a Pharmacy specific fitness to practise procedure, which was school based.<sup>53</sup> A criminal records check is performed at the start of the MPharm course and students sign a continuing good character declaration each year to ensure they have not been subject to police process in the previous year. Concerns about student fitness to practise (e.g. attitude/ behaviour; attendance; time keeping; signing in other students; breach of disciplinary code; behaviour outside University rendering unfit for practise) can be raised from any source. Initial procedures for the school on how to deal with the concerns are included. The Head of the School decides whether the matter should be referred to the Fitness to Practise Case Team. The procedure describes how the Fitness to Practise Case Team operates (e.g. who is on the panel, who attends the meeting, procedural guidelines for the meeting, the powers of the panel and the appeals procedure).

MPharm students at Huddersfield,<sup>54</sup> Manchester<sup>55</sup> and Queens<sup>56</sup> are covered by University or Faculty Fitness to Practise procedures. The procedures in these

institutions were similar in most respects. They state that students may be considered unfit to remain on the course on the grounds of physical or mental health problems, criminal or other serious misconduct or professionally unacceptable behaviour. The procedures cover how the investigations are to be carried out, how the fitness to practise panel is should operate (e.g. who is on the panel, who attends the meeting, procedural guidelines for the meeting, the powers of the panel and the appeals procedure). At Queens, any student that is under investigation for fitness to practise is subject to an immediate precautionary suspension if they are on placements or supervised practice. At the other Universities, suspension or exclusion from certain activities only occurs when the alleged misconduct is deemed of such magnitude as to warrant such action.

The Council for the University Heads of Pharmacy Schools (CUHOPS) formed a working group to consider the relevance and practicality of the introduction of fitness to practise procedures for students registered on MPharm programmes. The working group have produced a draft report,<sup>57</sup> which includes a fitness to practise procedure which was based on the De Montfort procedure (described above). A number of issues relating to fitness to practise were raised by the working group in this draft report. They wish the RPSGB to commission longitudinal research to establish the effectiveness of any fitness to practise procedures that are introduced. Concerns were raised about the low number of cases likely to be brought before a single School of pharmacy, and they recommend that the RPSGB be involved to facilitate the sharing of experiences and case outcomes between universities to help ensure consistency. They also believe student registration with the professional regulator should accompany school of pharmacy fitness to practise procedures.

## **5 Other countries: pharmacy educators & regulators**

As part of reviewing the existing literature relating to, and relevant for, fitness to practise procedures for pharmacy students, we reviewed existing publications and documentation that exists in other countries. We included English speaking

countries, whose healthcare and pharmacy systems are similar to the UK. The countries were Ireland, Canada, the USA, Australia and New Zealand. In all of these countries we looked at the pharmacy regulators as well as pharmacy educational institutions. In our summaries below we include a brief description of pharmacy regulation and education, as we believe this provides important context to understand and interpret the relevant documents appropriately, so that they can usefully inform the situation in the UK.

## **5.1 Ireland**

The professional body is the Pharmaceutical Society of Ireland (PSI), which took over as regulator from the previous joint regulator and professional body (also called the Pharmaceutical Society of Ireland) in 2007. Currently, the PSI is in consultation with the Schools of Pharmacy to assist each school in having a common approach to the FtP of students. The PSI does not have any current responsibility for the fitness to practise of students. The Fitness to Practise (as a pharmacist) and Fitness to Operate (a community pharmacy) guidance are currently being rewritten and are not available on-line.

The Royal College of Surgeons of Ireland (RCSI) undergraduate students have fitness to practise procedures for the School of Pharmacy. The 'Fitness to be a Student at RCSI Committee' (also called the 'Professional Standards Committee') has procedures that apply to students undertaking studies in medicine, physiotherapy, nursing and pharmacy.<sup>58</sup> There are two subcommittees concerned with Health and Conduct and with Academic Offences. Membership includes members of the relevant schools or clinical programmes, other members of the university (e.g. Vice Dean for Student Affairs) and a lay person. All members, except for the Vice Dean for Student Affairs and the committee secretary, have a vote. The student is invited to attend and may be accompanied by a parent or guardian, or another student, member of staff or Student Union representative from RCSI, to act as a supporter of his or her own choosing. The supporter may only speak at the discretion of the Chair of the Sub-Committee. An appeals process is available to the student if they are not prepared to accept the decision. The Sub-Committee may

recommend to the Board of Examiners (for academic offences) or the Faculty executive committee (for academic offences or health and conduct issues) that the student continues the course (with details of any conditions, such as supervision), be suspended for a specific period (up to one academic year) or that their course is terminated.

## 5.2 Canada

In Canada, each province or territory has its own regulatory authority for pharmacy. The National Association of Pharmacy Regulatory Authorities (NAPRA) was founded in February 1995 by Canada's pharmacy regulatory bodies, to enable members to take a national approach in addressing common issues. Eleven of the possible thirteen provinces and territories are members of NAPRA.

The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) is composed of representatives appointed by various pharmacy organizations plus a non-pharmacy member. They accredit 12 pharmacy academic programs offered at ten Canadian universities. The Accreditation Standards and Guidelines state that 'students must adhere to a formal code of professional conduct at all times while enrolled in the pharmacy program and must be apprised of expectations and of the consequences of violations to the code.'<sup>59</sup> Therefore all schools of pharmacy must have codes of conduct for pharmacy students and procedures in place to deal with deviations from the code. The term fitness to practise was not commonly used in Canada but schools of pharmacy had procedures in place to deal with students where their suitability to practise was called into question. Some schools referred to professional unsuitability rather than fitness to practise. The procedures generally cover how suspected cases are to be investigated, how hearings are to be arranged, who can attend the hearing, what sanctions are available or what support is to be provided.

Manitoba University has a "Professional Unsuitability By-Law,"<sup>60</sup> which could require students to withdraw from the school, if they are found unsuited for the practice of pharmacy on the grounds of competence or professional fitness. The By-law covers

the composition of the Review Committee and the procedures to be followed regarding notifying students and hearings. The grounds for a hearing are stated in the By-law and are based upon the regulator's Code of Ethics. Students may appear in person at hearings and can be represented by someone other than legal counsel. Students have the right to cross examine witnesses, have access to all documents and to appeal decisions of the Review Committee. Members of the committee meet in closed session following the hearing and can apply the following:

- Determine that no action should be taken
- Require the student to withdraw from the school for a set period or indefinitely
- Attach conditions that must be fulfilled before any application for re-admission to the school can be considered
- Attach conditions prescribing future conduct of the student.

Dalhousie University has generic university regulations and an additional policy specific to the Faculty of Health Professions and they define behaviours that might indicate unsuitability for practice as those that if they were repeated could cause grievous harm to patients. They provide the following examples: criminal acts such as sexual assault, fraud and drug trafficking; being under the influence of drugs or alcohol whilst participating in patient care or any other professional activity; the occurrence of a health condition that impairs essential performance as a health professional; unethical behaviour as specified by the Code of Ethics. The procedures address the role and constitution of the investigating committee. The Investigating Committee make recommendations to the Director of the School who will decide whether to dismiss the case or to submit the case to a hearing. The procedure outlines the functions and composition of the Hearing Committee.<sup>61</sup> The student may attend the hearing along with a layperson of their choice and may present evidence to the committee. The student receives copies of the complaint and any evidence. The Hearing Committee can dismiss the case or impose the following sanctions:

- impose conditions on continued participation

- suspension from the programme for a prescribed period of time
- dismissal from the programme, or
- any other sanction they deem appropriate.

A final report is provided to the student and the student has the right of appeal. Leslie Dan Faculty of Pharmacy has 'Standards of Professional Practice Behaviour' specifically for pharmacy students,<sup>62</sup> which have been adapted from the standards developed in the Faculty of Medicine. The standards provide guidance on behaviours that students should demonstrate and also those behaviours deemed unacceptable. This school of pharmacy claims to take ethical behaviour very seriously and state that failure to meet the standards are deemed to represent a failure to meet academic standards. Appeals against decisions made on the grounds of ethical standards are permitted in the usual way that academic appeals are dealt with in this University. Poor performance can result in the requirement for remedial work, denial of promotion and dismissal from the programme. There is also a generic code of Conduct for all students at the University. Complaints against students can be discreetly investigated by an investigating officer and where the Head of the Division believes that the student has contravened the Code of Student Practice he can instigate a hearing. The hearing is chaired by a Hearing Officer who has not been involved in the case the case and the student can attend if they wish. Both the school and the student can have legal representation at the hearing. The Hearing Officer shall rule on the complaint and can impose one or more of the following sanctions:

- Formal written reprimand
- Order for restitution, rectification or the payment of damages
- A fine or bond for good behaviour not to exceed \$500
- Requirement of public service work not to exceed 25 hours
- Denial of access to specified services, activities or facilities of the University for a period of up to one year

**In conclusion**, in Canada, students whose professional suitability is called into question are dealt with by the Faculty of Pharmacy where they are studying,

although at least in some provinces students are also subject to complaints and disciplinary committees of the regulatory authority in the province where they were training.

### 5.3 USA

In the United States of America it takes a pharmacy student 6 years to qualify as a pharmacist. Students complete a two year pre-university post 18 education to prepare for the degree (there is no contact with patients during these two years), then the student starts a 4 year programme with placements involving patient contact from the 1<sup>st</sup> year.<sup>63</sup>

When a student undertakes these placements, they are known as an intern. Some states require interns to register with the state pharmacy board.<sup>64</sup> To register as an intern a registration form must be completed, and these contain some questions relating to fitness to practise.<sup>65</sup> Students are asked to declare any issues in relation to:

- Medical conditions
- Substance misuse
- Convictions

The term fitness to practise is not commonly used in the USA, student handbooks tend to describe the procedures that are followed if a student 'violates' a code of conduct. At university level the code is usually referred to as an academic integrity code.<sup>66</sup>

Most universities have academic violation committees or equivalent with policies to deal with the above violations,<sup>67-72</sup> there are a range of sanctions that usually fall under the following five areas:

- Letters of censure
- Disciplinary probations

- Loss of privileges
- Suspension from University
- Dismissal from University

Where a school has a professional conduct code, pharmacy honour code or equivalent code of conduct, the handbooks usually state the fitness to practise procedures to deal with students that break the code. The sanctions that are usually brought against a student are the same as at university level. Some handbooks include details of appeals procedures if a student has been found guilty of violating the code.

#### **5.4 Australia**

There are 18 schools of pharmacy accredited by the Australian Pharmacy Council. To be a practising pharmacist in Australia a student has to have completed a bachelor of pharmacy or master of pharmacy degree, followed by a one year pre-registration period, and then register with the appropriate Pharmacy Board for each Australian State or Territory. All pre-registration students (called interns) must be registered with the State Board before commencing their training. Undergraduate student registration is required with the Pharmacy Board of South Australia<sup>73</sup> and the Pharmacy Board of Victoria<sup>74</sup> if enrolled in a university in those states.<sup>75</sup> The students are then bound by the Board's codes and guidance (which are based on the PSA code). There is no registration of undergraduate students with the other State regulatory bodies.

Little information could be found about pharmacy-specific fitness to practise procedures for most schools of pharmacy in Australia. Most appeared subject to the same generic procedures as all students of the university. This appears to be the case even when there are detailed fitness to practise procedures for other healthcare students in the same institution as a school of pharmacy. This is the case for James Cook University in Queensland, where there is a code of behaviour for medical and dental students, with accompanying procedures for students who breach the code,<sup>76</sup> but no comparable code for pharmacy students at the same

university.

At the University of South Australia, there is a document for all undergraduate Physiotherapy, Occupational Therapy, Podiatry and Pharmacy, graduate entry Physiotherapy, Occupational Therapy and Pharmacy, and postgraduate Clinical Pharmacy who are doing placements in practice.<sup>77</sup> Most information relates to medical fitness to practise. University staff who are health professionals must report any concerns about students. In addition, concerns may be raised by a fellow student, a peer, an academic or professional staff member, or anyone outside the University.

There is a suitability panel which deal with reports of concern, they look at the report and any accompanying evidence, call for additional information and then write a final report with their decision. All information is confidential. The panel includes the head of school, deputy director of student and academic services, senior disability advisor, director of counselling services and include the attendance of an executive officer and other staff as required placement supervisor. Panel members must deal with the matters before them in an unbiased manner and in accordance with the University's *Code of Ethical Conduct* and the *Code of good practice: Relationships between staff and students*.

In relation to unsatisfactory performance, students must adhere to the relevant code of conduct/ethics for their profession, demonstrate honesty, integrity and responsibility, and conduct themselves in a manner that reflects well on the university. Unsatisfactory performance includes, failure to meet assessment requirements, non adherence to the professional standards and workplace requirements of the placement provider, incomplete or late placement documentation, and failure to discuss critical incidents with placement supervisor. Unsatisfactory performance may contribute to a fail grade either for the placement component or the whole course if it is all a placement. Students have the right to appeal.

## 5.5 New Zealand

There are two schools of pharmacy in New Zealand where students study a four year programme leading to a BPharm. The Pharmacy Council of New Zealand accredit and monitor both these programmes. The Pharmacy Council is also responsible for registration of pharmacists but they do not discipline pharmacists that fall short of the professional standards. Disciplinary action is taken by the Health Practitioners Disciplinary Tribunal (HPDT) but they are only concerned with health practitioners and not students.

The Pharmacy Council is required to set standards of Fitness to Register for students that have completed their BPharm and their pre-registration year. The Pharmacy Council require students to disclose any mental or physical condition that could affect their fitness to practise, any criminal convictions and any professional conduct investigations that they have been the subject of. They do not appear to have any code of conduct for pharmacy students not any mechanisms to deal with a student's fitness to practise.

The BPharm student handbook for Otago University contains a student charter" that sets out student rights and responsibilities in the School of Pharmacy.<sup>78</sup> This is a University wide charter that was developed in consultation with student representatives. It provides guidance for students on ethical behaviour although is not specific for pharmacy students. The handbook also contains the regulations affecting disciplinary proceedings for students but these are not specific for pharmacy students.

The University of Auckland have a pharmacy handbook which mentions standards of behaviour that include dress code, use of cellular phones and the wearing of University name badges on hospital visits.<sup>78</sup> The handbook contains very few details of the standards but makes reference to additional instructions students will be provided with when they visit placements. The School have considered introducing a fitness to practise assessment but as yet there is nothing in place.

## **6 Conclusion**

In this review we have identified the requirements and features of student fitness to practise procedures for regulated healthcare professions in the UK and for pharmacy students in English speaking countries with similar education and training to that in the UK. The RPSGB documents and other UK documents relevant to fitness to practise procedures for pharmacy students in UK universities have also been included. The content of the review has concentrated largely on student fitness to practise procedures that already exist in the UK; in particular those issued by the GMC. Whilst this guidance is detailed, we have also used our experience as chair and members and of the Manchester's Faculty of Medical & Human Science's fitness to practise committee.

## 7 References

1. Nursing & Midwifery Council. Good health and good character: guidance for educational institutions. NMC, 2008. [www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4726](http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4726) (accessed 14 December 2009).

*Besides defining good health and good character in the context of working towards registration with the NMC and being fit to practise, this NMC guidance states that "From 1 January 2009 all programme providers are required to have a 'fitness to practise' panel to consider any health or character issues and to ensure that public protection is maintained." The document goes on to outline the composition of a fitness to practise panel and related FtP procedures.*

2. Medical Schools Council and General Medical Council. Medical students: professional behaviour and fitness to practise. London: MSC & GMC, 2007.

*This is the first version of this guidance, which is currently undergoing a first revision and will be published on 6 March 2009. It is aimed at medical students and medical schools, and is based on the professional code 'Good Medical Practice.' It covers, in detail, the professional behaviour expected of medical students (code of conduct) and areas of misconduct and the sanctions available (fitness to practise procedures). The content of the second part (of the revised guidance) is used in detail in this literature review on a FtP procedures for UK pharmacy students.*

3. Semple, M., Kenkre, J., and Achilles, J. Student fraud: The need for clear regulations for dismissal or transfer from healthcare training programmes for students who are not of good character. Nursing Times Research 2004;9:272-80.

*This paper discusses student fraud in its broadest sense; the deliberate intention to deceive. The notion of student fraud is applied to the increasing incidence of cheating and plagiarism amongst students with several examples identified from the literature. The authors propose that plagiarism and other offences among students raise concerns about their trustworthiness; that student nurses who plagiarise or cheat may be more likely to behave in a dishonest way once they are registered. A continuum of plagiarism offences and penalties is presented. As such, schools of nursing and midwifery need to have in place sufficiently robust systems to monitor student honesty and integrity; in addition, schools must implement a university regulatory mechanism to terminate the studies of students who do not meet the standards of "good character". The arguments presented in this paper equally apply to other health professions; that student fraud, especially that of a persistent or serious nature must be both identified and appropriately dealt*

with, through remediation or dismissal.

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5. Ryan, M., Habibis, D., and Craft, C. Towards better gatekeeping: Discussion of the findings of a survey of gatekeeping mechanisms in Australian bachelor of social work programs. *Australian Social Work* 1998;51:9-15.

*This paper summarises the results of a survey of Australian Bachelor of Social Work programs regarding their gatekeeping mechanisms. Counselling out for nonacademic reasons was used by most schools, but few had written policies for terminating students for such reasons. The paper discusses these results in further detail with a model of the gatekeeping process presented.*

6. Irby, D. M. and Milam, S. The legal context for evaluating and dismissing medical students and residents. *Academic Medicine* 1989;64:639-43.

*The authors seek to reassure Schools that they should not fear litigation arising from medical student dismissal. The main issues of concern in America are discussed; ensuring fair and equitable treatment, due process requirements and providing feedback about poor performance. The authors highlight that the courts will not reverse a Schools' decision to dismiss where the decision is made using staff members professional judgement and a review of the student's full academic record; judges show great respect for the School's professional judgement and will only override where there is significant departure from academic norms. A number of cases are used to illustrate the issues of main concern and due process is discussed. This paper is consistent with others in recommending that clear standards for student performance are both agreed and well communicated and that procedural guidelines are followed.*

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*This editorial identifies the ongoing work of the GMC in regulating the medical profession and enforcing standards of medical care in the UK. The importance*

*of recognising that undergraduate medical schools equally have a responsibility to protect the public from potentially dangerous individuals is discussed, as well as the development of fitness-to-practise procedures to deal with those students who demonstrate attitudes and behaviours that suggest they might be unfit to practise medicine. The author proposes that comments about unprofessionalism in students' medical school files have a low sensitivity and high specificity and so the majority of medical students who receive comments about unprofessionalism are not disciplined as practising doctors. She concludes that here is a huge and complex research agenda that needs to be addressed to provide an evidence base to help medical schools make the difficult judgements about how to deal with poor attitudes and behaviour in medical students.*

8. Eversheds. Fitness to practise in the medical profession. A report to Universities UK and the Council of Heads of Medical Schools. London: Eversheds, 2001.

*A detailed report to Universities UK and the Council of Heads of Medical Schools on fitness to practise, prepared by a legal firm.*

9. Papadakis, M. A., Hodgson, C. S., Teherani, A., and Kohatsu, N. D. Unprofessional behavior in medical school is associated with subsequent disciplinary action by a state medical board. *Academic Medicine* 2004;79:244-9.

*This case-control study was the first of two that sought to determine if medical students who demonstrate unprofessional behavior in medical school are more likely to have subsequent state board disciplinary action. All University of California, San Francisco, School of Medicine graduates disciplined by the Medical Board of California from 1990-2000 (68) were matched with control graduates (196) by medical school graduation year and specialty choice. Medical school records were extracted with variables recorded such as undergraduate grade point average (GPA), Medical College Admission Test (MCAT) scores and records of admission interviews. Any negative excerpts about students' professional and personal attributes were identified and a severity assigned (Trace/Concern/Problem/Extreme). Ninety-five percent of the state disciplinary actions were for deficiencies in professionalism. The prevalence of Concern/Problem/Extreme excerpts in the disciplined cases was 38% and 19% in controls. The remaining variables were not associated with disciplinary action. The authors conclude that problematic behavior in medical school is associated with subsequent disciplinary action by a state medical board in one school. This study's importance was that it was the first to objectively identify such an association; it justifies the inclusion of professionalism in the curriculum and may provide additional evidence that fitness to practise procedures are needed for students.*

10. Papadakis, M. A., Teherani, A., Banach, M. A., Knettler, T. R., Rattner, S. L., Stern, D. T. et al. Disciplinary action by medical boards and prior behavior in medical school. *New England Journal of Medicine* 2005;353:2673-82.

*The association of disciplinary action against practicing physicians with prior unprofessional behavior in medical school was investigated in this case-control study. Specific types of behavior that are most predictive of disciplinary action were also studied. 235 graduates of three medical schools who were disciplined by one of 40 state medical boards between 1990 and 2003 (case physicians) were included with 469 control physicians being matched according to medical school and year of graduation. A breakdown of the 703 violations for which the 235 physicians received disciplinary action is included. Disciplinary action by a medical board was strongly associated with prior unprofessional behavior in medical school; twice as many disciplined physicians had displayed unprofessional behaviour at medical school than had the control group. The types of unprofessional behavior most strongly linked with disciplinary action were severe irresponsibility and severely diminished capacity for self-improvement. The authors recommend robust teaching of professionalism alongside the monitoring of unprofessional behaviour. This study involving three medical schools followed a pilot involving just one; similar findings are reported. Despite methodological limitations (due to the retrospective design), these studies provide important evidence that unprofessional behaviour as a student could be predictive of future misconduct and that setting standards and monitoring student behaviour is of value.*

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*This paper describes a retrospective cohort study to investigate the relationship between performance during residency training and subsequent disciplinary action. State licensing board disciplinary records of actions against physicians from 1990 to 2006 were compared with records of 66,171 physicians who entered internal medicine residency training in the United States from 1990 to 2000. Details of the unprofessional behaviour that led to disciplinary action for 638 physicians is provided. Poor performance on behavioral and cognitive measures (the Residents' Annual Evaluation Summary and the American Board of Internal Medicine's certification examination) during residency was associated with greater risk for state licensing board actions against practicing physicians. The value of the two measures used in predicting unprofessional behaviour is discussed. This study adds to the body of evidence that unprofessional behaviour in medical students is related to subsequent disciplinary action and highlights the need for student fitness to practice procedures.*

12. Ryan, M., Habibis, D., and Craft, C. Guarding the gates of the profession: Findings of a survey of gatekeeping mechanisms in Australian Bachelor of Social Work programs. *Australian Social Work* 1997;50:5-12.

*This paper is the first of two reports on the results of a survey of Australian Bachelor of Social Work programs regarding their gatekeeping mechanisms. The study sought information on the admission criteria to courses, gatekeeping functions associated with field education, and attitudes to counselling out of students for nonacademic reasons. It was found that high priority was given to academic criteria at all points in the program, despite acknowledgement in the importance of skills, values and personal qualities. Whilst counselling out for non-academic reasons was used by most schools, few schools had written policies for terminating students' enrolment for such reasons. Most schools also reported having difficulty deciding the extent to which non-academic criteria should be applied and how this should be done.*

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*The Disability Rights Commission's formal investigation (FI) into the impact of fitness standards on disabled people studying, qualifying, registering and working in three public sector professions is discussed. The FI's review of statutory and regulatory frameworks identified a significant amount of primary and secondary legislation and guidance, with an array of fitness requirements of statutory basis. There was, however, scant reference to the Disability Discrimination Act. The FI additionally issued a formal call for evidence targeting key stakeholder organisations, exploring how these interpret and implement regulations and guidances. Responding organisations acknowledged that the potential for, and reality of, discrimination exists and stems from highly variable and subjective interpretations and implementation of the regulatory fitness requirements. The article and FI conclude that there is a widely perceived lack of adequate and clear guidance for practice purposes and that fitness requirements can discourage disabled people from attempting entry into the professions. Furthermore, a risk-averse culture discourages disclosure, and can affect the types and timeliness of support being provided to disabled students and professionals.*

14. Sin, C. H. and Fong, J. 'Do no harm'? Professional regulation of disabled nursing students and nurses in Great Britain. *Journal of Advanced Nursing* 2008;62:642-52.

*This paper is a report of the findings of a General Formal Investigation launched by the Disability Rights Commission, Great Britain into the impact of regulatory fitness standards of three professions on disabled people. This paper focuses on the investigation's findings relevant to nursing students and nurses. A review of relevant legislation, regulation and guidance was*

*conducted as part of the investigation to explore the interaction of the regulatory framework with the Disability Discrimination Act. No mention was found of the Disability Discrimination Act in any regulation and guidance governing nursing prior to 2006. There are particular requirements for 'good health and good character'. Respondents from key national stakeholder organisations, higher educational institutions and employers struggled to interpret the fitness requirements consistently. Implementation is variable, with reliance on ad hoc self-initiated strategies. The variability of interpretation and implementation can lead to discrimination against disabled people. The conclusion reached is that the imprecision of fitness requirements and variability of their implementation raise serious doubts about their use in managing risk.*

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*This paper discusses how the Americans With Disabilities Act of 1990, the Civil Rights Restoration Act of 1987, and Section 504 of the Rehabilitation Act of 1973 have created new concerns for nursing educators as they assess students' qualifications for admission, retention, or dismissal. The legislation and the judicial interpretation of the laws that affect disabled students in health care professions are explored. Specifically, the article reviews and analyses the reported case law in which health care students have claimed discrimination against education programs because of their disabilities. The analysis considers the requirements of the institution to assess or recognise if the student has a disability; to determine if the student is otherwise qualified to perform the essential responsibilities of the student role; and to establish reasonable accommodations for the student's learning environment. Finally, current and future implications for nursing education in America are presented.*

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*This study retrospectively examined databases of medical students from the University of California, San Francisco (UCSF) between 1960 and 1965. Data extracted from the graduates' academic records included their course grades, scores from licensing exams and administrative correspondence. The researchers assessed whether this data described unprofessional behavior (no/ yes). In addition, the California Psychological Inventory (CPI) was administered to all UCSF medical students from 1951 to 1970. The CPI scores and academic records of 551 male students were compared. The graduates' professionalism was significantly correlated to the CPI scales of responsibility well-being and rule respecting and there were significant differences between the graduates in the unprofessional behaviour group versus those who did not demonstrate unprofessional behaviour. The authors conclude that their results are consistent with other findings in which unprofessional behavior during medical school can be further characterised to domains of poor reliability and responsibility, lack of self-improvement and adaptability, and poor initiative and motivation. The role of psychological tests in the admissions process and during training remain unclear.*

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19. Whiting, D. Inappropriate attitudes, fitness to practise and the challenges facing medical educators. *Journal of Medical Ethics* 2007;33:667-70.

*The author, from the University of Liverpool, outlines a number of reasons why morally inappropriate attitudes may give rise to concerns about fitness to practise. He argues that inappropriate attitudes may raise concerns because they can lead to harmful behaviours (such as a failure to give proper care or treatment), and because they are often themselves harmful (both because of the offence that they can cause and because of the unhealthy pall that they may cast over relations between healthcare practitioners and patients). He also outlines some of the challenges that the cultivation and assessment of attitudes in students raise for medical educators and some of the ways in which those challenges may be approached and possibly overcome. This paper highlights that attitudes and morality may be a necessary component of appropriate behaviour amongst healthcare professionals. Consideration of*

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*This study compares the relationship between unprofessional behaviours identified in students in one medical school (Galveston, Texas) over a five-year period and behaviors for which physicians were sanctioned by the Texas state medical board over a two-year period. Confidential Early Concern Notes (ECNs) are used in the School to record unprofessional behaviours; they allow staff members to report in three categories; (1) professional responsibility/integrity; (2) pursuit of excellence/insight; and (3) personal interactions. Of the 103 ECNs submitted and 667 disciplinary actions taken by the state medical board, the majority of reports in both groups were related to lapses in professional responsibility and integrity, and the specific behaviors identified in the groups were similar e.g. failure to fulfil responsibilities reliably. The common features to the professional shortcomings seen in medical students and practicing physicians in this study suggest that monitoring such behaviours in future professionals, with a tool such as the ECN, may be beneficial.*

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*This paper was written for medical students by a medico-legal advisor at the Medical Protection Society. The author provides useful background information for students; why fitness to practise procedures are needed, the*

*reasons why students do not register with the GMC and therefore why fitness to practise procedures are in place at each medical school. The principles of Good Medical Practice as they apply to medical students are outlined, as well as a list of areas of misconduct that would trigger fitness to practise proceedings and the possible outcomes following a hearing. A brief discussion is provided on how medical schools in the UK approach fitness to practise procedures with the risk of double sanctions identified. This paper brings the need for robust, fair and consistent fitness to practise procedures across all UK medical schools into the student domain.*

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*This paper explores decision making around possible termination of Social Work training in the UK. The authors report on a qualitative study of the perceptions of staff involved in the investigations of 'fitness to practise' conducted in one university over a period of one year. Staff assessed a number of vignettes using the Criminal Records Bureau's six-point scheme. Key themes in relation to decision-making are identified. The authors discuss how clearer criteria to aid decision-making may be less important than ensuring procedures are consistent (e.g. personnel involved, disciplinary outcomes to be used) as decisions regarding professional fitness to practice often require ethical judgements.*

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*The literature review of an MPharm student code of conduct complements this review on FtP procedures for UK pharmacy students.*

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*The authors (from the University of Washington, Seattle) discuss the increasing number of legal challenges made to University decisions to dismiss students. They note that in general, the courts in America have upheld these decisions as they believe that School staff are the best judges of a student's academic performance. The University of Washington School of Medicine's procedures for reviewing student academic performance are briefly described; they consist of four levels of committee that may ultimately recommend student dismissal.*

30. Locke, M. Are you fit to practise? *StudentBMJ* 2006;14:68-9.

*A medical student discusses her experiences during a placement at the Medical Protection Society. Fitness to practise definitions and procedures are considered, with a breakdown provided of student fitness to practise cases in which the Medical Protection Society has been involved. Typical medical school fitness to practise proceedings are described, with general advice provided for students who may be called to a fitness to practise panel. Three cases are used to illustrate the outcomes of fitness to practise panel proceedings. This paper, written for medical students by a medical student, outlines fitness to practise procedures clearly and gives appropriate practical advice to students.*

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*The literature review of FtP procedures for UK pharmacy students complements this review on an MPharm student code of conduct.*

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*This GOsC website links to how to raise concerns about osteopaths, hearings and fitness to practise reports.*

35. Royal Pharmaceutical Society of Great Britain. Fitness to Practise. RPSGB, 2007. [www.rpsgb.org.uk/protectingthepublic/fitnesstopractise/](http://www.rpsgb.org.uk/protectingthepublic/fitnesstopractise/) (accessed 15 January 2009).

*This RPSGB website RPSG explains the function of its Fitness to Practise*

*Directorate as monitoring and ensuring compliance with the standards of conduct, performance and fitness to practise set by them, and with obligations imposed on the profession of pharmacy by statute. The directorate will take action "where a person registered with the Society or lawfully conducting a retail pharmacy business fails to comply with those standards and legal obligations." This website further provides detail on the new (2007) fitness to practise procedures, which are governed by the Pharmacists and Pharmacy Technicians Order 2007. It provides information the three FtP committees (investigating, disciplinary, health) and on transitional arrangements between old and new regulations and procedures.*

36. General Chiropractic Council. General Chiropractic Council Annual Report. London: GCC, 2007.

*The GCC complaints procedure and the Fitness to Practice Annual Report published apply to registered chiropractors only. The annual report includes a summary of all the cases heard by the Professional Conduct Committee. A range of learning points are identified by the professional conduct committee and described in the report. They are divided into recurring or new issues. All of the cases in the report include registered chiropractors. The report does not include any reference to chiropractic students.*

37. General Chiropractic Council. General Chiropractic Council Annual Report. London: GCC, 2006.

*In the GCC Annual Report (2006) it briefly lists a joint initiative and project working with other UK regulators and CHRE looking at student fitness to practise to develop a framework to apply during the years of healthcare students' pre-registration study to ensure that they are fit to practise upon graduation.*

38. General Optical Council. Policies, procedures and protocols - fitness to practise. GOC, 2009.  
[www.optical.org/en/about\\_us/policies\\_procedures\\_and\\_protocols/](http://www.optical.org/en/about_us/policies_procedures_and_protocols/) (accessed 16 January 2009).

*This weblink lists all of the guidance and policy documents issued by the GOC in relation to fitness to practise for registrants. There is generally no specific mention of students, but all documents apply to them as they are required to register with the GOC.*

39. General Optical Council. Procedure for investigating FTP complaints. GOC, 2009.  
[www.optical.org/en/our\\_work/Investigating\\_complaints/How\\_to\\_make\\_a\\_complaint/The\\_investigation\\_process.cfm](http://www.optical.org/en/our_work/Investigating_complaints/How_to_make_a_complaint/The_investigation_process.cfm) (accessed 16 January 2009).

*The initial key steps involved for the investigation process of FtP complaints to the General Optical Council are explained. This includes gathering evidence, informing the person against whom the complaint is made and preparing witness statements. The evidence is forwarded to the investigation committee where the complaint can then be referred to the FTP committee for a full enquiry. The procedure does not specifically relate to students.*

40. General Optical Council. FtP Panel members' guidance. GOC, 2009. [www.optical.org/goc/filemanager/root/site\\_assets/policies\\_procedures\\_and\\_protocols/ftp\\_guidance.pdf](http://www.optical.org/goc/filemanager/root/site_assets/policies_procedures_and_protocols/ftp_guidance.pdf) (accessed 16 January 2009).

*Under the FTP panel member's guidance the definition of FTP for General Optical Council (GOC) includes registered students. The GOC deals with fitness to practise complaints which will include allegations about optometrists, dispensing opticians, including students. The guidance discusses in detail many issues relating to Fitness to Practise for example; Standards of proof, mitigating features and the relevance of mitigating circumstances. Interim orders can be made and available sanctions are discussed. The guidance does not specifically relate to students. However, it is worth noting that optometry students are required to be registered with the GOC.*

41. General Optical Council. Guidance on warnings issued by the Investigation Committee. GOC, 2008. [www.optical.org/goc/filemanager/root/site\\_assets/policies\\_procedures\\_and\\_protocols/c\\_37\\_08\\_annex\\_1.pdf](http://www.optical.org/goc/filemanager/root/site_assets/policies_procedures_and_protocols/c_37_08_annex_1.pdf) (accessed 16 January 2009).

*Guidance is issued by the General Optical Council Investigation Committee when considering a complaint about a registrant's FTP for the GOC. A registrant will include registered students. Formal warnings can be considered when the Investigation Committee decide there are concerns that fall short of requiring full referral to the FTP Committee, for example; when the registrant accepts that his or her standards have fallen below an acceptable level but can demonstrate that this is unlikely to happen again. The issue of a warning has two purposes. To alert the registrant to identify steps to reduce their risk of being the subject of the FTP Committee and to allow the GOC to monitor any patterns of complaint that may emerge regarding a registrant. A procedure is in place when a warning is issued. A warning is in force for four years from the date it is issued. The guidance does not specifically relate to students.*

42. General Optical Council. Guidance to registrants who are to undergo a Performance Assessment. GOC, 2008. [www.optical.org/goc/filemanager/root/site\\_assets/policies\\_procedures\\_and\\_protocols/c\\_37\\_08\\_annex\\_2.pdf](http://www.optical.org/goc/filemanager/root/site_assets/policies_procedures_and_protocols/c_37_08_annex_2.pdf) (accessed 16 January 2009).

*Guidance is issued by the General Optical Council for registrants who are to undergo a performance assessment as part of the FTP procedures. Before a*

*complaint against a registrant is referred to the FTP Committee for a formal hearing, the Investigation Committee has the power to direct that a registrant should undergo an assessment of the standard of work done by the registrant. A registrant will include registered students. The assessment process is described which occurs at the registrant's usual place of work, lasting approximately half a day. The assessors observe the registrant examining four patients. A written report is prepared on the assessment with the assessors views on the standard of practice of the registrant. The Investigation Committee considers this report. The guidance does not specifically relate to students.*

43. General Optical Council. Guidance to GOC performance assessors. GOC, 2008. [www.optical.org/goc/filemanager/root/site\\_assets/policies\\_procedures\\_and\\_protocols/c\\_37\\_08\\_annex\\_3.pdf](http://www.optical.org/goc/filemanager/root/site_assets/policies_procedures_and_protocols/c_37_08_annex_3.pdf) (accessed 16 January 2008).

*Guidance is issued by the General Optical Council for performance assessors used as part of the procedure for handling complaints by the Investigation Committee. Before a complaint against a registrant is referred to the FTP Committee for a formal hearing, the Investigation Committee has the power to direct that a registrant should undergo an assessment of the standard of work done by the registrant. A registrant will include registered students. The GOC appoints two assessors to carry out the assessment. The assessment takes place at a registrant's usual place of work and the assessor observes the registrant examining four patients. The assessor prepares an expert report. The Investigation Committee considers this report. The responsibilities of the assessor are defined. Should the complaint progress to the FTP Committee hearing the assessors may be called by the Council to act as an expert witness. The guidance does not specifically relate to students.*

44. Feeney, P. and following agreement of action by Education Committee, Registration Committee and FTP Policy Committee. Student Fitness to Practise. GDC, 2007. [www.gdc-uk.org/NR/rdonlyres/29448944-02D2-4EA9-B580-93A3C2D4E630/72355/Item09StudentFitnessstopractise.doc](http://www.gdc-uk.org/NR/rdonlyres/29448944-02D2-4EA9-B580-93A3C2D4E630/72355/Item09StudentFitnessstopractise.doc) (accessed 16 January 2009).

*The aim of the paper was to determine what measures are needed to ensure that student fitness to practise issues are properly dealt with in line with the Council's public protection responsibilities. Several issues were discussed including that evidence from previous dental school inspections as well as anecdotal evidence and individual cases which have been referred by schools to the GDC suggest there is some variation in the structures and systems in place at universities to deal with student Fitness to Practise issues. Some institutions appear to have comprehensive, rigorous and objective systems in place while others are less thorough.*

45. General Dental Council. *The First Five Years* - 3rd edition (interim). 3rd London: GDC, 2008.

*This interim guidance replaces the previous edition (ed 2, published in 2004). It will stay in force until 2010, when the General Dental Council will publish a document to replace 'The First Five Years', setting out what it requires of the undergraduate dental education process. The responsibilities of the dental school regarding fitness to practise are briefly described which includes the dental school making appropriate checks, including disclosure of any criminal convictions before a student commences study. Six key principles dental professionals are expected to follow are defined by the GDC, for example; being trustworthy, putting patients' interests first and acting to protect them. When a student's behaviour falls below the six key principles the dental school must decide if this amounts to a fitness to practise concern which should be dealt with through its formal procedures.*

46. Health Professions Council. *Guidance on health and character* - for consultation. London: HPC, 2008.

*This HPC guidance is new and currently under consultation. It is aimed at those applying to, or already on, the register with the HPC, and those working in education. It provides guidance on health and character with regards to applicants to degree programmes, students and those registered with the HPC with regards to standards (code of conduct) and fitness to practise procedures.*

47. Medical Schools Council and General Medical Council. *Revised version of Medical students: professional behaviour and fitness to practise* - draft version November 2008. London: MSC & GMC, 2008.

*This is the revised version of 'medical students: professional behaviour and fitness to practise' published in 2007. This draft version is dated November 2008, and it will be published on 6 March 2009. It is aimed at medical students and medical schools, and is based on the professional code 'Good Medical Practice.' It covers, in detail, the professional behaviour expected of medical students (code of conduct) and areas of misconduct and the sanctions available (fitness to practise procedures). The content of the second part is used in detail in this literature review on a FtP procedures for UK pharmacy students*

48. Nursing & Midwifery Council. *Good health and good character: guidance for students and registrants*. NMC, 3-10-2008. [www.nmc-uk.org/aArticle.aspx?ArticleID=2603](http://www.nmc-uk.org/aArticle.aspx?ArticleID=2603) (accessed 12 January 2009).

*No information relating to fitness to practise procedures contained in this NMC*

*guidance to students. However, the document uses nine scenarios as illustrative examples of code of conduct & fitness to practice issues. These cover the following issues: - health / disability: epilepsy, impaired vision, possible dyslexia, back injury, and stroke - character: previous conviction of possession of ecstasy, plagiarism, caution (fight) and caution (common assault).*

49. Health Professions Council. Guidance on conduct and ethics for students - for consultation. London: HPC, 2008.

*This HPC guidance is new and currently under consultation. It is aimed at students but may also be useful for members of academic staff teaching students about ethics and professional conduct. It sets out 13 principles on conduct and ethics for students. These are used to structure the literature review report on codes of conduct for UK pharmacy students and therefore discussed in much more detail in the body of the report. FtP procedures are not covered in this document.*

50. General Medical Council. Tomorrow's Doctors. London: GMC, 2003.

*'Tomorrow's Doctors' was first published in 1993, and this 2nd version is currently under revision. The document makes recommendations which provide a framework for UK medical schools designing detailed curricula and assessments. In terms of 'code of conduct', it covers attitudes and behaviours suitable for a doctor, and that they need to be developed. It further notes that "the health and safety of the public must be an important part of the curriculum." It does not make reference to fitness to practise procedures.*

51. General Medical Council. Good Medical Practice. London: General Medical Council, 13-11-2006.

*'Good Medical Practice' is addressed to doctors and sets out the principles and values on which good medical practice is founded. The following principles thus describe 'professionalism in action:': - make the care of your patient your first concern; - protect and promote the health of patients and the public; - provide a good standard of practice and care; - treat patients as individuals; work in partnership with patients; - be honest and open and act with integrity.*

52. Natural justice. Wikipedia, 2009. [http://en.wikipedia.org/wiki/Natural\\_justice](http://en.wikipedia.org/wiki/Natural_justice) (accessed 19 January 2009).

*Wikipedia outlines the six principles of Natural Justice as: 1. The person involved should be given adequate notice about any hearing. - 2. The person or persons making the decision should declare any personal interest they may have in the proceedings. - 3. The person or persons making the decision*

*should be unbiased and act in good faith, and therefore, for example, he/she/they cannot be one of the parties in the matter or have an interest in the outcome. - 4. The proceedings should be conducted so they are fair to all the parties. - 5. Each party to a proceeding is entitled to ask questions and contradict the opinions of another party. - 6. The person or persons making the decision should take into account relevant considerations and extenuating circumstances.*

53. Leicester School of Pharmacy. Fitness to Practise Procedure. 2008. 1-9-2008.

*Each year, students sign a continuing good character declaration to ensure they have not been subject to police process in previous year. CRB check performed at start of MPharm. Concerns (e.g. attitude / behaviour; attendance; time keeping; signing in other students; breach of disciplinary code; behaviour outside University rendering unfit for practice) can be raised from any source. Includes initial procedures for School dealing with FtP concerns. If head of School decides matter should be referred to FtP, document contains details of this procedure. Also documented is the FtP case team member details (number and role). FtP process is included and possible outcomes for student. The appeal process is also included.*

54. University of Huddersfield. Fitness to Practise Handbook. 1-9-2008. [www.hud.ac.uk/registry/documents/handbooks/fitness to practise handbook 2008.pdf](http://www.hud.ac.uk/registry/documents/handbooks/fitness_to_practise_handbook_2008.pdf) (accessed 16 January 2009).

*General University policy, regulations and fitness to practice procedures relating to professional suitability or professional misconduct. This applies to vocational courses and includes the MPharm.*

55. The University of Manchester. Procedure for a Committee on Fitness to Practise. 2007. Manchester, The University of Manchester.

*This detailed document covers the Fitness to Practise procedures in the Faculty of Medicine and Human Sciences (FMHS) at The University of Manchester. It states that a temporary exclusion from the course pending a Fitness to practise investigation should be an unusual event and it provides examples of situations where students under investigation should be excluded from the University or their access to the University be limited. It covers the purpose of the fitness to practise committee, the composition of the committee, the powers of the committee, the information given to the student and the committee, who can attend the committee meeting, the procedure for conduct of the meeting and the appeals procedure.*

56. Queens University Belfast. General Regulations. 1-9-2008.  
[www.qub.ac.uk/archive/info/calendar/General\\_Regulations\\_0809.pdf](http://www.qub.ac.uk/archive/info/calendar/General_Regulations_0809.pdf)  
(accessed 16 January 2009).

*The University have general regulations on Fitness to Practise relating to protecting the public (now and when the student graduates). Pharmacy students are inclusive of these FTP regulations, which includes teaching and professional legal training as well as HCPs. These include FTP procedure / investigation process, FTP panel, FTP meeting guidance, powers of FTP and appeal process.*

57. Council for the University Heads of Pharmacy School. Report of the Student Fitness to Practice Working Group [draft]. 2008.

*A draft report on a student charter and pharmacy student fitness to practise produced by the CUHOP. This report contains a draft student charter based upon the RPSGB's code of ethics but with less focus on patient contact and greater emphasis on academic conduct. It also contains a draft fitness to practice procedure adapted from De Montfort School of Pharmacy FTP document. The Working Group raise a number of issues with regards to fitness to practise, including monitoring effectiveness, the legal limitations within which universities will need to operate those procedures, and the sharing of expertise and experience. They also state that they believe student registration with the regulator should accompany any fitness to practice procedures.*

58. Professional Conduct Committee. 2008. Dublin, Royal College of Surgeons of Ireland.

*This document outlines the membership, terms of reference and procedures for the 'Fitness to be a Student at RCSI Committee' (also called the 'Professional Standards Committee'). There are two subcommittees concerned with Health and Conduct and with Academic Offences. The procedures apply to students undertaking studies in medicine, physiotherapy, nursing and pharmacy. - Membership includes members of the relevant schools or clinical programmes, other members of the university (e.g. Vice Dean for Student Affairs) and a lay person. All members, except for the Vice Dean for Student Affairs and the committee secretary, have a vote. - The student is invited to attend and may be accompanied by a parent or guardian, or another student, member of staff or Student Union representative from RCSI, to act as a supporter of his or her own choosing. The supporter may only speak at the discretion of the Chair of the Sub-Committee. An appeals process is available to the student if they are not prepared to accept the decision. - The Sub-Committee may recommend to the Board of Examiners (for academic offences) or the Faculty executive committee (for academic offences or health and conduct issues) that the student continue the course (with details of any conditions such as supervision), be suspended for a*

*specific period (up to one academic year) or that their course is terminated.*

59. Canadian Council for the Accreditation of Pharmacy Programs. Accreditation Standards and Guidelines for the baccalaureate degree program in pharmacy. 2006. [www.ccapp-accredit.ca/common/pdfs/standards/standards\\_2006.pdf](http://www.ccapp-accredit.ca/common/pdfs/standards/standards_2006.pdf) (accessed 20 January 2009).

*This document is produced by the body which accredits pharmacist and pharmacy technician programmes in Canada. It covers all the standards that institutions must achieve in order to have their programme accredited. Guideline 11.4 states 'students must adhere to a formal code of professional conduct at all times while enrolled in the pharmacy program and must be apprised of expectations and of the consequences of violations to the code'*

60. Manitoba University. Professional Unsuitability By-Law. 2000. Manitoba, Manitoba University.

*A copy of this 'professional unsuitability by-law' may be obtained from the general office of the faculty or school at Manitoba University.*

61. Dalhousie University. Allegation of Professional Unsuitability: Procedural Guidelines. 1-12-2003. <http://healthprofessions.dal.ca/Files/AllegationsofProfessionalUnsuitability.pdf> (accessed 20 January 2009).

*These detailed guidelines cover the procedures regarding the investigation of a complaint of professional unsuitability, the procedures for hearing allegations and appeals and the possible outcomes of the hearing*

62. Leslie Dan Faculty of Pharmacy - University of Toronto. Standards of professional practice behavior. 2009.

*This document was published by the Leslie Dan Faculty of Pharmacy in the University of Toronto. It covers the professional standards they expect of their pharmacy students and it covers the procedures that should be followed when students fail to achieve these standards. It lists the sanctions that can be imposed on students that are found to fall short of the standards. These sanctions include formal written reprimands, fines, requirement for public work to be undertaken or denial of access to the services, activities or facilities of the University.*

63. Wright, D., Loftus, M., Christou, M., Eggleton, A., and Norris, N. Healthcare Professional Education & Training: How does Pharmacy in Great Britain compare? London & Norwich: RPSGB & UEA, 2006.

*This report describes professional education and training in medicine, dentistry and optometry and compares this with pharmacy - in the UK and also Australia, New Zealand, Canada, the USA. In relation to fitness to practise procedures for pharmacy students, it discusses the importance and teaching of professionalism and requirements for dealing with unprofessional conduct..*

64. Arkansas State Board of Pharmacy. Arkansas state pharmacy law book Regulation 2. 2009. [www.arkansas.gov/asbp/pdf/lawbook/regulation\\_02.pdf](http://www.arkansas.gov/asbp/pdf/lawbook/regulation_02.pdf) (accessed 5 December 2008).

*This document describes the law relating to undergraduate interns working in pharmacies, it states that they are subject to CRB checks, and they have the power to revoke a license that allows the students to train.*

65. Washington State Dept of Health. Internship Registration Form. 2009. [www.doh.wa.gov/hsga/Professions/Pharmacy/documents/Intern\\_USA.pdf](http://www.doh.wa.gov/hsga/Professions/Pharmacy/documents/Intern_USA.pdf) (accessed 5 December 2008).

*This internship registration form requires pharmacy students to declare any medical conditions, substance misuse issues, treatments or diagnosis of paedophilia/ certain sexual behaviours, and criminal convictions. It also requires a student to declare whether they have been involved in any civil or administrative procedures brought against them with regard to controlled drugs. The form states that if a student does declare anything then evidence should be produced, and the evidence may delay or deny registration with the state board of pharmacy, therefore training could not be completed.*

66. Clemson University. Centre for Academic Integrity. 2009. [www.academicintegrity.org/codes\\_and\\_policies/index.php](http://www.academicintegrity.org/codes_and_policies/index.php) (accessed 5 December 2008).

*This site is a forum that educational institutions can contribute to and get resources from to help them develop integrity codes. They are at university level and not specific to pharmacy students. Different universities can sign up to the integrity codes.*

67. Shenandoah University. Shenandoah University Honour Code. 2009. [www.su.edu/academic\\_affairs/SU%20honor%20code.pdf](http://www.su.edu/academic_affairs/SU%20honor%20code.pdf) (accessed 23 December 2008).

*This document describes honour code sanctions and the honour Code violation procedures. The honour code sanctions at this university include; temporary or permanent loss of campus privileges, loss of academic credit, suspension from the course or university, and dismissal from the university.*

68. Idaho State University College of Pharmacy. Student Handbook. 2007. <http://pharmacy.isu.edu/live/current/handbook/2007%20handbook.pdf> (accessed 22 January 2009).

*The handbook contains brief details of the purpose and structure of the student conduct committee, this committee investigates whether a student breaks the school code of conduct and/or the American pharmaceutical association code of ethics. No sanctions are stated.*

69. South Dakota State University College of Pharmacy. Student Handbook. 2009. [www3.sdstate.edu/Academics/CollegeOfPharmacy/CurrentSDSUStudentInformation/CollegeofPharmacyStudentHandbook/#pro](http://www3.sdstate.edu/Academics/CollegeOfPharmacy/CurrentSDSUStudentInformation/CollegeofPharmacyStudentHandbook/#pro) (accessed 12 January 2009).

*This document states the schools professional conduct policy and procedures. The sanctions of the Committee range from a letter of reprimand to immediate expulsion from the professional program.*

70. Campbell University School of Pharmacy. Student Honour Code. 2009. <http://issuu.com/campbelluniversity/docs/academic-bulletin-07-09?mode=embed&documentId=081008183740-26b127cc135049aaafb322cfc2658416&layout=grey> (accessed 18 December 2008).

*This mission statement describes the procedures that the school takes if a student violates the student clinical code of conduct, or breaks civil law. The penalties that the school can invoke include; probation, suspension, and separation (expulsion).*

71. Mercer University College of Pharmacy and Health Sciences. Student Handbook. 2009. <http://cophs.mercer.edu/pdfs/handbook.pdf> (accessed 18 December 2008).

*This document describes the non-academic judicial policies and procedures. These relate to professional conduct rather than academic conduct which are dealt with under different policies. The professional issues are dealt with by a non - academic disciplinary committee, their sanctions include; written warnings, probation, loss of privilege, fines, restitution, discretionary sanctions, suspension and expulsion.*

72. University of Maryland School of Pharmacy. Student Guidelines and Policies. 2009. 23-12-2008.

*This document describes the procedures for addressing violations of the honor code (fitness to practice procedures) It states that staff or students can bring a grievance against a student, and it describes the procedures in place to deal with the grievance. If a student is found to have violated the honor code then this document states the sanctions that can be imposed on them. These include: A letter of censure, disciplinary probation, suspension and dismissal.*

73. Pharmacy Board of South Australia. Registration of Pharmacy Students. 2009. [www.pharmacyboard.sa.gov.au/registrations.htm#studentreg](http://www.pharmacyboard.sa.gov.au/registrations.htm#studentreg) (accessed 21 January 2009).

*Persons wishing to enrol in a course of study leading to a qualification recognized for registration on the register of pharmacists must be registered as a pharmacy student by the Board. This website outlines the application process.*

74. Pharmacy Board of Victoria. Student Registration. 2009. [www.pharmacybd.vic.gov.au/pharmacists\\_prereg\\_student.php](http://www.pharmacybd.vic.gov.au/pharmacists_prereg_student.php) (accessed 22 January 2009).

*A person must apply for registration as a pharmacy student prior to undertaking supervised training in the State of Victoria as part of a course in pharmacy practice. This applies to students undertaking pharmacy courses in Victoria or other jurisdictions.*

75. University of South Australia. Student registration with professional boards. University of South Australia, 5-8-2008. [www.unisa.edu.au/health/forms/registration/continuing.asp](http://www.unisa.edu.au/health/forms/registration/continuing.asp) (accessed 20 January 2009).

*Medical fitness requirements under the new Acts: The registration application process requires students to disclose any medical condition which may affect fitness to practice. Under the new Practice Acts the University and individual health professionals (which includes University staff who are health professionals) are required to notify the Board if they consider a student to be "Medically Unfit" to practice. While the term "Medically Unfit" is not defined in the new Acts, legal advice is that this means that the student may pose a risk to patient safety when providing treatment. The University has processes to fairly handle this situation. These are outlined in the Assessment Policies and Procedures Manual (APPM), under "Practicum, Field and Clinical Placements". (The APPM is annually reviewed.) The final decision about "Medical Fitness" of a person is taken by the registration Board, not the University. One of the options the registration Boards have under the Practice Acts is to provide student registration in a limited form, applying specific limitations. In situations where a Medical Fitness issue has caused the Board to refuse student registration, even in a limited form, the University will discuss*

*the available options with the student. These may include internal transfer to a program with no student registration requirements.*

76. James Cook University. School of Medicine and Dentistry Code of Behaviour. James Cook University, 24-10-2008.  
[www.jcu.edu.au/medicine/current/JCUDEV\\_011079.html](http://www.jcu.edu.au/medicine/current/JCUDEV_011079.html) (accessed 7 January 2009).

*This section details policy for non adherence to the code, it applies to medical and dental students. "A student who is directed to the Dean for significant or repeated breaches of this policy will be called to interview with the Dean and as required called to account under the guidelines set out in the JCU policy: Review of a Student's Suitability to Continue a Course Involving Placement" see following link which details the procedure for decision making in response to student suitability.*

77. University of South Australia. Practicum, Field and Clinical Placements. University of South Australia, 2009.  
[www.unisa.edu.au/policies/manual/2009/4\\_practicum\\_field\\_clinical\\_placements.pdf](http://www.unisa.edu.au/policies/manual/2009/4_practicum_field_clinical_placements.pdf) (accessed 5 January 2009).

*This document is for all students in the faculty, including pharmacy. It details legislative obligations and processes prescribed by Practice Acts regarding concerns about medical fitness for placement, procedures regard to suitability for placement, procedures for managing unsatisfactory progress, misconduct on placement, unprofessional conduct on placement, and loss of student registration. Concerns about medical fitness include: a physical or mental impairment, a serious communicable disease, a history for violence, etc. The Head of School and the relevant Program Director will discuss the concern about medical fitness with the student, the ultimate decision will be made by the registration board, not the University. The Practice Acts provide for appeal and the board may impose conditions for continuing enrolment. Also covers unsatisfactory performance, misconduct and unprofessional conduct on a placement. Where a registration board decides that a student can no longer be registered with the board, the University is required under the Practice Acts to cancel that student's enrolment in the program there is an appeal mechanism against the removal of student registration under the relevant Practice Act.*

78. The University of Auckland. Bachelor of pharmacy student handbook. 2008.