Education and Training Committee 27 September 2007

Student fitness to practise – update

Executive summary and recommendations

Introduction

This paper updates the Committee with information from the White Paper about student fitness to practise and developments from the Council for Healthcare Regulatory Excellence. The Committee is also asked to make recommendations which will shape HPC's submission to the Department of Health on student fitness to practise, as required by the White Paper by January 2008.

Decision

The Committee is invited to agree the decisions in the attached paper.

Background information

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

This paper was produced following a request from the Education and Training Committee that the Executive detail the current situation regarding student registration. The paper placed student registration within the broader context of student fitness to practise.

Paper considered by the Education and Training Committee on 5th December 2006: http://www.hpc-uk.org/assets/documents/10001741education_and_training_committee_20061205_enclosure12.pdf

This paper updated the Committee on the outcomes of the work being undertaken by the Council for Healthcare Regulatory Excellence (CHRE) and the ongoing work of the General Medical Council.

Resource implications

- Organisation of and attendance at the discussion meeting; and
- Preparation of the discussion papers for the meeting, including research time

Financial implications

- Venue and catering for discussion meeting; and
- Four Council members' attendance, travel and subsistence

These implications are included in the Policy and Standards' departmental workplan and budget for the 2007/08 financial year, which allows for a certain number of discussion meetings of this type to be held.

Appendices

- CHRE Student Fitness to Practise Final Report
- Examples of student registration from other healthcare regulators

Date of paper

10 September 2007

Student Fitness to Practise Update

Background: Standards of Education and Training

At present, the Standards of Education and Training require higher education institutions to request criminal conviction checks as part of their selection and entry criteria. Currently, student fitness to practise is the responsibility of the higher education institutions. Some of these institutions have their own fitness to practise (also known as fitness to learn) procedures.

Background: Health and Character Declarations

Under the Health Professions Order 2001, the HPC can set the standards of health and character which registrants must meet in order to practice safely and effectively (Article 5(1)). When UK graduates apply to join HPC's register, they are required to complete an application form which contains a section on character and health self-declarations. If applicants indicate that they have been convicted or cautioned for an offence, have been placed under a practice restriction by their employer, have a health problem or concern, or have been disciplined by a professional body, regulator or employer, their application form is sent before a registration panel who will decide whether a person should be registered. Owing to the nature of the application procedure, there is not a direct link between graduation from an approved course and acceptance onto the register.

Background: Education and Training Committee Meeting 13 June 2006

At its meeting on 13 June 2006, the Committee considered a paper from the Executive about student fitness to practise. The paper included information about the work of other health and social care regulators, and highlighted the Council's existing work, where relevant to student fitness to practise. This included the admissions standards placed on education and training providers in the standards of education and training, guidance for applicants and admissions staff about disability, and the health and character process.

The Committee concluded that the case for student registration had not yet been made. The Committee said that it believed that education and training providers were often better placed to make their own decisions regarding the suitability of students for admission to their programmes. In particular, the Committee noted that existing models of student registration could lead to duplication, with regulators making decisions about student registration, duplicating a decision already made by education and training providers on admission.

The White Paper, 'Trust Assurance and Safety, the Regulation of Health Professionals in the 21st Century'

Both the Department of Health report "The regulation of the non-medical healthcare professions"[1] (the 'Foster review') and the Chief Medical Officer's

[1] Department of Health, *The Regulation of the Non-Medical Healthcare Professions* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137239

report “Good doctors, safer patients”[2] raised the issue of whether students and trainees should have closer relationships with their future regulators prior to qualification.

The Council’s response to the Foster review said:

‘Overall, we believe that there is not a clear consensus or rationale behind the different initiatives towards student registration, and that it is particularly unclear whether registering students would add significantly to existing systems for ensuring safety’.[3]

The White Paper recognised that consultation responses to both documents contained a range of views on the issue of establishing closer relationships between students and regulators.

The White Paper therefore recommended that:

‘The Government believes that each regulator should consider this issue on the basis of the risk presented to patients by trainees and students in particular professions. The Department will ask the regulators to report back with proposals by January 2008.’[4]

This paper details a proposed plan of work such that the Council can meet this requirement.

Council for Healthcare Regulatory Excellence (CHRE)

CHRE will hold a meeting on 19 September 2007 to discuss the issues around student fitness to practise with representatives from the healthcare regulators. A member of the Executive will be attending this meeting.

The CHRE project on student registration is currently on hold until after the regulators have submitted their proposals on student registration to the Department of Health.

Formulating HPC’s response to the Department of Health: a draft workplan

Non-medical student fitness to practise

The focus of the White Paper was on the regulation of the medical profession, rather than on the professions that are regulated by the HPC. It is therefore important that the Council takes the opportunity to make recommendations to the government that are focussed on HPC registrants, and potential registrants.

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[2] Department of Health, *Good Doctors, Safer Patients*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232

[3] Response to Department of Health review of non-medical regulation
http://www.hpc-uk.org/publications/index.asp?id=119

[4] Department of Health, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946.

Benefiting from stakeholders' input and experience

The Executive proposes organising a discussion meeting to:

- test the Education and Training Committee's preliminary opinion on the matter of student fitness to practise and student registration;
- benefit from the input of a range of stakeholders and provide a chance for feedback; and
- enable some broad discussion around topics related to student fitness to practise, including discussing other possible approaches to issues around the fitness to practise of students.

The meeting will enable the Committee to obtain a more detailed understanding of the issues relating to the professions we register. The meeting will involve council members, HEI representatives, professional body representatives and student representatives. The Executive will also invite patient representatives to attend the meeting.

The meeting could consider the following issues:

- the level of risk presented by students and whether there are any professions which present a particular risk;
- whether student registration is a proportionate response to the risks posed by students;
- the level of student understanding of regulation and professional responsibility;
- education providers' current fitness to practise procedures; and
- how education providers currently teach students about ethics.

Following the meeting, it is proposed that the Executive should write up a report of the discussion, including any consensus reached, any topics for further consideration, or any potential future pieces of work that have arisen. From the information gathered at this meeting, HPC will be able to formulate a response to the Department of Health. This response will then be submitted to Education and Training Committee and Council meetings in December.

In addition, where appropriate any recommendations or issues which arise from this work and from the discussion meeting in particular can, if appropriate, be fed into the current review of the Standards of Education and Training.

Proposed timetable

Discussion meeting (A date for the discussion meeting has been found, and a provisional booking has been made, subject to the Committee's agreement)	November 2007
Paper to Education and Training Committee Including a report from the discussion meeting, and draft submission to the Department of Health	4 December 2007

Decision

The Committee is invited to agree that:

- At this time, it continues to be the view of the Education and Training Committee that the case for the registration of students has not been made and that the time and resources expended would not be proportionate to the risk posed and benefits gained.
- The Executive should arrange a discussion meeting to consider the issue of student fitness to practise in more detail.
- The Executive should continue to participate in CHRE's project on student fitness to practise, keeping Education and Training Committee informed as appropriate.
- A paper containing HPC's proposals on student registration should be submitted to the Education and Training Committee meeting on 4 December 2007.
- HPC's response should then be submitted to the Council meeting on 13 December 2007 for comment.

General Medical Council

Regulating doctors
Ensuring good medical practice

Council for Healthcare Regulatory Excellence

Student Fitness to Practise Project

Final report

25 October 2006

Paula Robblee
General Medical Council
Seconded to CHRE

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Executive Summary

The Council for Healthcare Regulatory Excellence (CHRE) has undertaken a collaborative project on professional values in students with the nine UK healthcare regulators and the General Social Care Council (GSCC). The overall objective of this project is 'to promote professional values for students, through a collaborative approach among regulators as a way to ensure student fitness to practise'.

The first phase of the project aims to share current practice in promoting professional values in healthcare students and identify different ways in which regulators ensure that students are fit to practise at the point of registration. The project also explores the possibility of developing common values for all healthcare students through a seminar, a scoping report and final recommendations.

Health and social care regulators identified specific areas for further consideration based on a scoping exercise and stakeholder seminar:

- Student fitness to practise in local arrangements - The scoping exercise and seminar identified the need to balance the function of the regulator to protect patients and ensure professional standards are maintained and the function of the educational provider to ensure students achieve the necessary academic and practical knowledge and skills to enter the profession. There was strong support for further work in this area.

- Common professional values across the regulators - There are many common values that cut across the health and social care professions and could help inform the educational criteria and standards. Participants suggested that a common statement targeted at students based on the joint statement of professional values for registrants by the Chief Executives Group of the Regulators would benefit students, regulators, educational providers and the public.

- Boundaries of Behaviour - The participants in this project identified concerns over the different boundaries between acceptable and unacceptable behaviour. It was recognised that each case must be considered on an individual basis. There was also discussion on developing a common definition of good character that could help inform requirements for registration. A common definition of good character should be broad and develop principles or criteria within a flexible framework.

- Student Registration - The majority of regulators require students to demonstrate the professional standards expected of registrants at the point of registration. A marked distinction from this mechanism is for the regulator to have a direct relationship with the student through a student register.

Participants in the seminar discussed the advantages and disadvantages of a student register. Overall, it was felt that generally the same issues may be addressed through different regulatory mechanisms.

On 9 October 2006, the strategic working group of CHRE considered the issues and key points that emerged from the scoping exercise and the seminar. It was agreed that Phase 1 of the project identified successfully the main challenges in student fitness to practise and established a good network within the regulators to share good practice and raise common concerns.

The group recommends that CHRE should build on the good will and support for work on student fitness to practise. Phase 2 of the project could developed a more detailed understanding of specific regulatory levers at local levels as well develop a common statement of professional values in students.

Recommendations

Based on the outcomes from the scoping exercise and seminar, the strategic working group recommend that CHRE continue to promote professional values for students through:

- Developing a common statement on professional values targeted to students based on the Chief Executives Group of the Regulators in Annex B and to develop a plan to consult on the statement, including how it could be implemented.
- A survey of education providers' local student fitness to practise arrangements, if possible led by Universities UK, to understand better the student fitness to practise arrangements at local levels and share best practice.
- Circulating the findings of the scoping study and seminar.

Introduction

1. The Council for Healthcare Regulatory Excellence (CHRE) has a mission to protect the public interest, promote best practice and achieve excellence in the regulation of the healthcare profession. As part of this function, it has undertaken a project with regulators to promote professional values in students.

2. 'Student fitness to practise'[1] is used in a general sense and includes terms that impact at different points of the student career such as student fitness to learn or student fitness to register as well as concepts of good character and health. The term 'student' is used as a general term covering a variety of situations including distance learning. This report is limited to students that are enrolled on professional courses that lead to registration by a healthcare or social care regulatory body. 'Educational provider' is used widely to include any institution or organisation that is accredited by the regulator to deliver a professional course that leads to registration or an educational provider that delivers a course accredited as part of the pathway to registration. Finally, the GSCC refers to service users rather than patients. Therefore, any reference to patients should include service users.

3. The regulators involved in the advisory group to the project are:

- General Chiropractic Council (GCC)
- General Dental Council (GDC)
- General Medical Council (GMC)
- General Optical Council (GOC)
- General Osteopathic Council (GOsC)
- General Social Care Council (England) (GSCC)
- Health Professionals Council (HPC)
- Nursing and Midwifery Council (NMC)
- Pharmaceutical Society of Northern Ireland (PSNI)
- Royal Pharmaceutical Society of Great Britain (RPSGB)

[1] The General Optical Council legislation uses the term fitness to learn.

4. The first phase of the project aims to share current practice in promoting professional values in healthcare students (see paragraph above) and identify different ways in which regulators ensure that students are fit to practise at the point of registration. The project will also explore the possibility of developing common values for all healthcare students.

5. All the regulators have identified professional values in students and student fitness to practise as aspects of their work that could be developed further. It was commonly agreed by those who participated in the scoping exercise for this project that developing consistency and accountability at the level of local/national educational providers as well as between regulators would improve patient safety and public protection[2]. Most of the regulators are also considering or have already developed mechanisms to foster direct relationships with students

6. Health and social care education and training often put students in situations where they come into close contact with patients and the public as part of their clinical experiences. Although supervised closely by qualified professionals, students could still put patients at risk as a result of their abilities, attitudes or behaviour. Making students more aware of their responsibilities and accountability towards patients, the profession and the regulator as well as implementing a systematic approach to student fitness to practise should further improve patient-centred practice. This way forward aims to help identify and manage concerns at an early stage and instil professional values/conduct as a fundamental part of education and training which might lead to registration as a healthcare professional.

The Scope of the Project

7. CHRE has an objective to 'examine with regulators developing student fitness to practise' within its 2005/6 Business Plan and has identified this as an area for further development in 2006/7. In May 2006, the CHRE Council agreed to scope out possible areas of shared learning and an approach to embed professional values in educational settings by the regulators. A strategic working group of CHRE, the General Medical Council (GMC) and the General Optical Council (GOC) lead on this project. The other healthcare regulators are fully engaged through an advisory group that has representation from all the regulators.

8. The Strategic working group determined that the overall objective is 'to promote professional values for students, through a collaborative approach among regulators as a way to ensure student fitness to practise'. The group recommended that the project should consider a first phase leading to recommendations to the CHRE Council on possible next steps. This phase of the project consists of a scoping exercise and seminar to identify the different practices and approaches

[2] This includes any training that leads to or is taken into account for the professional degree and training. It also includes all forms of training, for instance distance or modular learning.

taken by the regulators in relation to student fitness to practise and embedding professional values in students.

9. This phase of the project considers how the regulators use education and training to instil professional values/conduct in students. It focuses on:

A. The context in which education is regulated.

B. The current practices by the regulators in student fitness to practise.

C. Areas for consideration.

A. Context

10. The outcomes of this project should take account of key policy and regulatory developments that may influence mechanisms for ensuring student fitness to practise and professional values.

Regulatory role in health and social care education

11. All the health and social care regulators in the UK have a core statutory function to promote high standards in education and to ensure that these standards are achieved. Regulators develop criteria or guidance for educational providers to be used in establishing their curricula, which are then reviewed by the regulator through a quality assurance process. Students are expected to develop the knowledge, skills, attitudes and behaviours necessary to prepare for safe and effective practice in their health or social care profession. Therefore, there is a direct link between the educational standards and processes developed by the regulators and registration. The professional bodies might equally use such criteria for entry into the profession. These standards must be demonstrated before an individual is granted professional registration.

Risk-based regulation

12. Risk-based regulation is designed to be effective and cost-effective by determining specific areas resources might be used[3]. Transparency and accountability in decision-making are key aspects of risk-based regulation, which have implications for student fitness to practise and healthcare education processes.

13. The health and social care regulators are developing policies and processes in education/training that identify and address possible risk to patients and the

[3] Hampton, P. *Reducing administrative burden: effective inspection and enforcement*. HM Treasury, March 2005.

profession. For example, most regulators expressed interest in exploring an evidence-based quality assuring system that identifies risks in local arrangements.

Better Regulation Framework

14. The Better Regulation Task Force sets out five principles of good regulation. These are:

a. Proportionality – regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.

b. Accountability – regulators must be able to justify decisions, and be subject to public scrutiny.

c. Consistency – Government rules and standards must be joined up and implemented fairly.

d. Transparency – regulators should be open, and keep regulations simple and user-friendly.

e. Targeting – regulation should be focused on the problem, and minimise side effects.

15. There is a need to balance the requirements of the regulator to protect the public, the function of the educational provider to deliver a professional course and the rights of the student. Certainly, any action must be proportionate to the risk it poses.

16. Consistency is an important aspect in the role of regulation in education. Developing guidance and quality assuring against it allows regulators to introduce a more consistent and standardised approach to education. There is also some support for a common definition of good character and a framework to help assess good character at point of registration.

Review of regulation

17. In July 2006, the Department of Health in England (DH) opened a consultation on two reports regarding the review of regulation in the UK. The review of regulation of medical professionals and the review of regulation of other healthcare professionals recommend possible changes to education.

18. Some of the relevant recommendations to this scoping exercise contained in the reports included:

- "Regulators should be more consistent with each other about the standards they require of a person entering the register for the first time, and employers and regulators should agree on common standards as far as possible. All regulators should adopt a single definition of 'good character', one of the legal requirements for getting registration."

- "There are substantial areas in which common standards would be desirable – in particular most aspects of conduct."

- "The most difficult task of identifying common educational standards in areas such as knowledge needing to underpin safe prescribing should not be ducked either. The regulators and CHRE should work to introduce standards in all those areas where this would benefit patient safety."

- "The GMC should introduce registration of undergraduate medical students". For other professionals, the DH report states that "we need to understand what the regulatory costs and benefits of spreading student registration wider would be and intend to study these to reach a decision about whether it should be extended to other groups in addition to medical students."

B. Current Practices

19. We asked the health and social care regulators to complete a short questionnaire about their current practices in student fitness to practise and promoting professional values to students. These questionnaires were then followed up by a more detailed discussion to determine areas of interest or concern.

20. Overall, the regulators identified a number of methods used to instil professional values in students including:

a. Developing professional standards for registrants: This area focuses on the principles or conduct that the regulator requires in day-to-day practice by practitioners. The majority of regulators require students to be aware of these standards and to demonstrate them at the point of graduation. This area reflects control of the individual standards.

b. Quality assuring educational providers against educational standards: This area focuses on the requirements set by the regulator that must be implemented in the curriculum by the educational providers in order to award a professional degree. Students are required to learn about and train in the professional values required of practitioners as part of the curriculum. This area reflects control of the standards by setting them for the educational institutions and enforcing the standards through quality assurance systems.

c. Ensuring students have clinical experiences: This area highlights the clinical and practical experiences that students undertake as part of their degree. Students are given opportunities to put into practise the professional values learned in the curriculum. However, there are concerns that negative role modelling and experiences may undo good practice.

d. Linking educational standards with registration: This area focuses on the link between education and registration. Educational standards set out the knowledge, skills, attitudes and behaviours that must be achieved in order to be registered in a profession.

e. Developing consistency in student fitness to practise: This area focuses on potential changes to local fitness to practise arrangements in educational providers that may improve professional values and fitness to practise. These changes range from guidance to student registration.

a. Developing standards for registrants

Professional standards

21. In health and social care regulation, professional standards for registrants are a set of guidelines and/or rules that provide a common framework for entry and maintenance on a professional register. These standards set out the conduct and/ or competence expected by professionals in their practice. This framework generally determines a minimum threshold of professional practice designed to protect the public and ensure patient safety. These standards, in general, can also set out good practice – what professionals should strive for during their career.

22. In the UK, health and social care regulators have generally developed these standards based on professional values, principles and competencies expected by their registrants. They tend to have well-established standards set out in guidance, statements of good practice or codes of conduct that govern registered professionals. In general, these standards do not apply to students. Rather students are expected to work towards them during their course and must be able to demonstrate them at graduation. Detailed description and analysis of the professional standards set by the UK healthcare regulators are beyond the scope of this paper. However the CHRE Scoping Exercise- *Regulation of the Health Professions* considers the different standards issued by the healthcare regulators in the UK.[4]

[4] Allsop, A et al. Regulation of the Health Professions: A Scoping Exercise carried out on behalf of CRHP. Council of Healthcare Regulatory Excellence, February 2004.

23. *Regulation of the Health Professions* also identifies common areas set out by the healthcare regulators in their professional standards. These values are attached in Annex A. In 2003, the Chief Executives Group of the Health Care Regulators agreed on a common statement on professional values expected by registrants. This was derived from a detailed analysis of published policy documents by the regulators. This document offers a precedent for developing a set of principles common to all health and social care regulators. The statement emphasises that all health care professionals have 'a duty to protect and promote the needs of patients and clients'. However, it recognises that health care professionals in different professionals work in a variety of contexts and have different responsibilities in their practice. The joint statement is attached in Annex B.

24. The joint statement identifies common elements in the practice of all health care professionals, including:

a. Respect for patients and clients.

b. Good communication with patients and clients.

c. Confidentiality and consent.

d. Honest and trustworthy practice.

e. Adherence to good practice including working with limits of knowledge, skill and experience.

f. Protection of patients from risk.

g. Effective relationships with colleagues.

25. As such, this joint statement could be used as an example for developing a common statement on the professional values of students. The feedback from the scoping exercise indicated a number of common values identified by the regulators, such as:

a. Respect for patients.

b. Importance of communication.

c. Autonomy and accountability.

d. Working with colleagues.

e. Legal and ethical judgment.

f. Understanding the working environment.

Summary of suggested professional values for students by regulators

- GCC– adapted the joint statement by the Chief Executives Group into their code of practise for degree programmes.
- GDC – understanding legal responsibilities, ethical behaviour, confidentiality, equality and diversity, financial probity, alcohol, drugs and behavioural norms, patient consent/patients' right, responsibility for colleagues.
- GMC – the seven headings of *Good Medical Practice*, teamwork and management, communication, working within one's limits, patient partnership.
- GOC – communication, patient management.
- GOsC – communicating with patient, understanding patient expectations, consent, patient partnership.
- GSCC – respect for the individual, non-judgemental, anti-discriminatory, working in partnership, communication.
- HPC - autonomy within scope of practice, accountability, working in partnership with service users, equality and diversity.
- NMC - communication, care and compassion.
- PSNI – due regard for accepted standards of behaviour, promotes and safeguards interest of public, justifies public trust, promote good standing in profession.
- RPSGB – self-awareness and autonomy, role of pharmacist in team, law and ethics, clinical judgement.

Professional values in education

26. The professional values and behaviours set out in the standards discussed above are intended to guide and inform individual registrants. But, the majority of professional healthcare courses and do not have guidance specifically developed for students.

27. The majority of regulators require students to demonstrate the professional standards expected of registrants at the point of registration. Most regulators embed

this requirement within the competencies and outcomes that the educational providers must deliver in the curriculum. And it is the responsibility of the educational provider to ensure that students have the necessary attitudes and behaviours for entry onto the register.

28. A marked distinction from this mechanism is for the regulator to have a direct relationship with the student. For example, the GOC has introduced a student register, which makes students accountable for their behaviour to the regulator. Students can be removed from a course by the regulator for behaviour that calls into question their 'fitness to learn'. Moreover, the GOC has introduced a code of conduct that applies to both registrants and students. Students are expected to adhere to the same professional standards as practitioners.

29. All the regulators produce guidance or criteria for their educational providers to promote high standards in education. Therefore, the regulators embed professional values for students into the curriculum. For example:

> The HPC requires educational providers to put in place assessment standards that include ' professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement' (Paragraph 6.6 *Standards of Education and Training*).

> The GDC requires education providers to ensure ' the legal basis under which patients are treated should be discussed and the ethical responsibilities which the student assumes under these circumstances examined. No student should proceed to treat patients without a proper understanding of these matters, especially consent, assault, duty of care and confidentiality. The legal requirement to maintain full, accurate clinical records should also be appreciated by the student' (Paragraph 64 *The First Five Years: A framework for Undergraduate Dental Education*)

30. Regulators give different levels of details about the content of curricula in their guidance. Some regulators such as the GMC in the undergraduate guidance, *Tomorrow's Doctors,* have high-level, competency-based outcomes for the content and delivery of the curriculum while others such as the RPSGB issue an 'indicative syllabus' that sets out more detailed requirements for the curriculum.

31. However, the key aim of the guidance is to ensure educational providers develop courses that produce registrants that are fit to practise. Registrants must demonstrate they have obtained the professional standards necessary for registration. Educational providers must show how this is undertaken to the regulators. For example, professional values are often assessed within the curriculum and in some cases, such as the NMC, the GCC and the HPC, students are not allowed to continue if they fail in these areas.

Examples of professional values in the curriculum

> The NMC does not dictate the way in which its proficiencies are to be achieved or assessed. 50% of a pre-registration programme has to be spent giving direct care to clients. The need to develop professional values is explicit within the respective *Standards of Proficiency* and the Code *of Professional Conduct: standards for conduct, performance and ethics*, 2004. (Scoping exercise questionnaire)

> The GCC requires professional values and behaviour to be reinforced and fully integrated throughout the entire programme. Students are introduced to their duty of care to themselves and each other early in the programme to ensure they begin to understand the role of a primary contact practitioner. Students are exposed to issues relating to the responsibilities of being a professional with strong ethics, knowledgeable in their field, with the public and the patient's interest at the core of their activity. Students work through various ethical dilemmas and learn to understand their accountability. (Scoping exercise questionnaire)

b. Quality assuring educational providers against the standards.

32. All the regulators have quality assuring processes that require the providers to evidence how these standards are embedded in the curriculum and delivered effectively to students. The purpose is to ensure that providers are imparting the knowledge, skills, attitudes and behaviours necessary for registration. However, the regulators have developed different systems of quality assurance depending on the perceived risk within the system.

33. For example, the HPC are moving towards a system where they will inspect a provider only if concerns are raised in the annual return statement, which sets out any major changes to the programme. In contrast, other regulators such as the GMC and GDC have a more intensive quality assuring system which involves both identification of major changes or concerns that may lead to an inspection, but also have a routine cycle of visits and inspections of the providers. The GCC never recognises a degree programme for a period longer than 5 years and carries out monitoring on an annual basis. In contrast, the GOsC sets educational criteria but the Quality Assurance Agency (QAA) operationalises them based on a bespoken

programme developed with the regulator. The GOsC makes the decisions based on the results of the QAA evaluation.

c. Ensuring students have clinical experiences

34. One of the most significant implications of student fitness to practise is the opportunity for students to undertake clinical work. This experience ensures they develop the practical skills in their profession and learn to work with colleagues and patients. However, it brings students into close and often intimate contact with patients, with an increased potential to do harm. As such, it is important that students behave professionally and ensure that they do not put others at risk. All the regulators require students to be aware of and understand their responsibilities and duties to patients.

35. Some regulators such as the HPC have detailed requirements in their educational standards for educational providers to monitor and ensure a safe clinical environment and professional standards. This includes how clinical supervisors are trained. Other regulators such as the GCC require their educational providers to develop clinical settings attached to the institution that allow students to experience clinical practice in a controlled and highly supervised environment.

36. Many regulators identified the importance of role models, in particular in clinical practice, and identified the potential impact of negative attitudes or behaviours by practitioners on students. The professional values expected in students and practitioners may be undermined by these negative experiences.

Examples of requirements in clinical experiences

The GMC requires medical schools to provide students with opportunities to practise their knowledge and skills in a real-life setting. *Tomorrow's Doctors* states 'Students must be properly prepared for their first day as a Pre-Registration House Officer (PRHO). As well as the induction provided for PRHOs, students should have opportunities to shadow the PRHO in the post that they will take up when they graduate. Such attachments allow students to become familiar with the facilities available, the working environment and to get to know their colleagues. They also provide an opportunity to develop working relationships with the clinical and educational supervisors they will work with in the future (paragraph 51). These attachments must include opportunities for students to refresh the practical and clinical skills that they will be expected to carry out on their first day as a PRHO. These include the ability to prescribe drugs under the supervision of a qualified doctor and to carry out procedures involving veins' (Paragraphh 52).

The RPSGB requires universities to ensure that students undertake a number of learning experiences such as 'a variety of approaches to achieving and assessing learning appropriate to
its stated objectives, including lectures, practical classes, seminars, workshops, tutorials, computer-based/aided learning, clinical visits, problem-solving exercises, essays, projects, dissertations and other assignments, and examinations' (Paragraph 36 *Accreditation of UK Pharmacy Degree Courses*).

d. Linking educational standards with registration

37. As discussed above, the regulators set criteria or guidance that educational providers must implement within the curriculum in order to ensure that students obtain the necessary qualifications for registration.

38. Aside from the GOC and the GSCC, it is at the point of registration when the regulator determines if a graduate is fit to enter the profession. In general, the regulators require graduates to declare any convictions/cautions and other factor that may call their fitness to practise into question. Most of the regulators also require the educational providers to undertake a Criminal Records Bureau (CRB) check either at admission to the course or during the course. The regulators, then, make a decision based on the declaration if the graduate should be registered.

39. As a result of the Bichard Inquiry, the Safeguarding Vulnerable Groups Bill 2006 proposes a central database of offenders, which will have to be checked by anyone employing another person to work with children or vulnerable adults. This Bill specifically bars individuals that have committed specific sexual or violent offences from working with children and vulnerable adults. Once this bill becomes law, it is very likely to impact both on clinical placements for students and on registration decisions.

e. Developing consistency in student fitness to practise

40. The majority of the regulators expressed concern about student fitness to practise. For example, both the GMC and NMC are reviewing and consulting on fitness to practise at the point of registration or student fitness to practise leading to registration. Other regulators such as the RPSGB and HPC anticipate reviewing this area in more detail in the future.

41. Regulators generally thought that the role of healthcare students, and the future expectations of their professional behaviour, required a focus on professional values in education disciplinary procedures that was not ordinarily needed for other students. It was seen generally as unsatisfactory that students unfit to practise might be allowed to remain on a professional course by an higher education institution, even if they would not be allowed to register with the regulator at a later point in time. The students would still be in an environment where they would have access to patients and other vulnerable people.

42. Some regulators such as the GOsC placed the responsibility firmly on the educational provider to ensure that only fit students enter and remain on the course

while other such as the NMC offered advice in complex cases to educational providers on the potential for a student to register.

> For example, the NMC issues general guidance on good health and good character and each case is considered on an individual basis. Broad principles are contained in current guidance, new guidance is being prepared and will be issued later in 2006. Educational providers can seek further advice can be sought from the NMC's Professional Advisers, the QA teams and the Professional Advisory Service. In complex cases relevant detailed information can be forwarded for consideration by the Fitness to Practise Directorate who may refer this to the Good health and character panel. In such cases the Registrar may issue advice in relation to the student's likelihood for future registration (scoping exercise questionnaire).

43. There was general support for a more proactive involvement with students by the regulators. For example, the GMC is developing guidance on student fitness to practise that identifies professional behaviours expected by students and areas of conduct that may impact on registration. The purpose of the guidance is to improve consistency in student fitness to practise between medical schools. It will give them a common definition of student fitness to practise and measure of professional behaviour as well as identify the types of behaviour that should indicate a need for a formal review of the student's behaviour. The guidance will also set out key elements in the formal student fitness to practise arrangements such as a division between the personal tutor and the investigation supervisor.

44. An alternative approach to ensuring students develop professional values has been undertaken by the GOC and GSCC through their student registers. Students are accountable to these regulators for their behaviour and may be prevented from further study if they do not follow their codes of conduct issued by these regulators. Neither organisation has had a situation where a student has been removed from the course by the regulator. They are currently developing their policies in these areas.

C. Areas for consideration

45. During the scoping exercise, the health and social care regulators identified specific areas for further discussion. They all mentioned topics, which were discussed in more detail at the seminar. These topics fit into two categories. 'Regulatory Intervention' raises questions about the levers that regulators can employ to ensure student fitness to practise. 'Professional Values' raises questions about compliance with principles of good practice.

46. The seminar on 2 October 2006 highlighted aspects of professional values and student fitness to practise identified in the scoping stage of the project. Over 50

people attended the seminar with representation from all the regulators as well as participants from the higher education sector, professional bodies and students. Key speakers presented on the topics followed by small group discussions to identify some of the main issues, which were then fed back to the wider audience. Feedback on the key points from the seminar is attached in Annex C.

47. The purpose of the seminar was to facilitate shared learning on current practices, consider areas of concern, test assumptions of common values and identify possible recommendations for the next phase of the project. Common themes identified at the seminar focused on:

a. Regulatory intervention

    i. Student fitness to practise in local arrangements.

    ii. Student registration.

b. Professional values

    i. Considering common professional values across the regulators.

    ii. Boundaries of behaviour.

a. Regulatory Intervention

48. Although most regulators do not have a direct relationship with students, they have a number of levers to ensure that students are fit to enter the profession. These range from setting standards for pre-registration education, enforced through quality assurance systems, to a refusal to register graduates that are unfit to practise because of previous misconduct or other fitness to practise concerns. Therefore, health and social care regulators can affect changes in student fitness to practise through a number of levers that impact both on individuals and on educational institutions.

49. Some of the levers that the regulators identified in the scoping project include:

<u>Student fitness to practise in local arrangements</u>

50. In general, the participants in the scoping project and at the seminar raised concerns that fitness to practise decisions may be overturned by the university appeals processes. They also identified tensions between the role of regulators to protect the public and the regulations of universities. Participants suggested regulators should emphasise that higher educational institutions will be liable for unprofessional or dangerous behaviour by students that put patient at risk.

51. There is a need to balance the function of the regulator to protect patients and ensure professional standards are maintained and the function of the educational provider to ensure students achieve the necessary academic and practical knowledge and skills to enter the profession. Some feedback suggests that often the educational provider or the wider higher education institution focuses on the academic ability of the student, despite indications that there may be fitness to practise concerns.

52. The majority of the regulators indicated that they did not require educational providers to have disciplinary procedures related to professional concerns and fitness to practise. They suggested that the educational providers have some form of disciplinary procedures as part of a higher educational institution or related to academic concerns.

53. Some regulators such as the GMC require educational providers to have specific local arrangements to consider fitness to practise and these arrangements are reviewed as part of the quality assurance process. The NMC is bringing in a similar requirement for schools of nursing and midwifery. Some of the regulators suggested that it might be appropriate to consider multi-disciplinary fitness to practise panels that consider fitness to practise in healthcare professions.

54. A number of the regulators also expressed concern that the wider higher educational institute may undermine any determination based on professional values by an educational provider (which specifically provides education or training to healthcare students). It has been suggested that higher educational institutes hold all students to the same standard of behaviour, rather than holding healthcare students to a higher standard of behaviour. More consideration may be given on how the regulator can support the educational provider in this area. There was particular concern over the appeals process at universities, which may place a student that is not fit to practise back on a professional course.

55. In addition, regulators can have a direct relationship with education providers through the fact that often some key staff are also registrants, under the same professional duties as all registrants. More consideration may be given on how regulators work with registrants who have special educational responsibilities.

56. Both the scoping project and the seminar indicate that further work is warranted on local/national arrangements. In particular, it would be useful to look deeper into how different health and social care educational providers address student fitness to practise through their disciplinary arrangements. For example, a survey on local arrangements across the sector could scope out the complex relationships between the regulators, educational providers and the higher educational institutions. This survey would help inform ways of developing a more consistent approach to local arrangements across the health and social care professions.

Student registration

57. The scoping project identified student registration as an area of interest to regulators. As mentioned above, the GOC and GSCC have both introduced student registers to make sure students are held accountable for their behaviour. Other regulators are interested in exploring this area in more detail and this was discussed extensively at the seminar. The majority opinion suggested that student registration was only one solution within a spectrum of regulatory interventions to promote professional values in students: overall, it was felt that generally the same issues may be addressed through different regulatory mechanisms. Generally, there was support for a more managed environment where students were less likely to 'slip through the net'. Many participants suggested other options such as a student contract, student-specific guidance, developing quality assurance processes to pick up professional values, better information exchange about student fitness to practise and addressing concerns through more consistent local arrangements.

58. Discussions identified several advantages and disadvantaged for a student register:

Advantages	**Disadvantages**
Identify regulator as authority in local arrangements and focus decisions on patient safety	Not risk-based and no evidence that it would prevent future problems – proportionate response?
Able to track students between HEIs and facilitate information sharing between different organisations such as the education provider and employers	Small number of students that raise concerns – 'sledgehammer to crack a nut'
Consistency in decision-making at a national level	Cost and effort to maintain it may outweigh benefits – logistical challenge. Guidance may help address issue more cost-effectively.
Embed professional culture early on	Reduces HEIs responsibility in student fitness to practise
Identify issues early in students that may reduce number of cases in registrants later on in their careers	Other options such as guidance and more rigorous quality assurance processes achieve same end
Identify and deal with minority of students who fail to behave professionally	Students and those involved with students may not report on concerns because of potential erasure
Reduce conflict between interests of	Lack of flexibility. Potential to erode

HEIs and educational providers. The regulator makes the decision on who remains on a course	pastoral care and student support?

59. The Chief Medical Officer's review of regulation in the medical profession suggested that medical students should be put on a student register. This concept has been debated and consulted on by the GMC for the last few years and an informal period of feedback leading to a formal consultation on this matter is underway. The CMO review and the review by the Department of Health are currently still under consultation.

b. Professional values

60. The objective of the CHRE project is to promote professional values for students as a way of ensuring student fitness to practise. These are the principles and standards of competence, care and conduct that underpin the health and social care professions. Students are expected to develop an understanding and follow these standards throughout their course. Registrants are expected to adhere to these standards in their professional practise. As such, the regulators may face questions about compliance and thresholds of behaviour when considering professional values.

61. The regulators identified specific areas for further discussion, which may strengthen compliance to professional values by ensuring a more consistent approach across the regulators. The areas are:

<u>Common professional values across the regulators</u>

62. Both the scoping study and the seminar highlighted support for a common statement on professional values for all health and social care students.

63. There are many common values that cut across the health and social care professions and could help inform the educational criteria and standards. In general, the regulators identified communication and respect for patients as the most important values that all health and social care students should develop.

64. It may be possible to identify high-level professional values that can be applied to all the health care professions. The joint statement on the professional values of registrants by the Chief Executive Group offers a template that could be used to develop a common statement on professional values for health and social care students. It could set out high-level principles that identify the common behaviours expected in any student that works with patients or vulnerable clients as part of a regulated profession.

65. The seminar found that a common statement for students on professional values would demonstrate:

- The importance of professional values to students by emphasising the link between their course and professional practice.
- An increased awareness that professional values should be embedded in the curriculum for health and social care students.
- An increased awareness of the professional duties and responsibilities of health and social care students to patients, the public and other organisations such as those that provide clinical experiences to students.
- Sharing of good practice.

66. Participants at the seminar favoured using the joint statement in Annex B as a starting point for developing a common statement for students. The majority indicated that they would not support a separate set of professional values for students. Rather they recommended using a statement that was already accepted by the regulators and targeting it for a student audience.

67. The statement would set out the general responsibilities of health and social care students and the importance of common professional value for students shared across the health and social care professions. It would then reflect the values in Annex B.

68. The participants also emphasised that one of the main benefits to regulators of a common statement would be in establishing more effective communication between regulators, educational providers and students. They suggested that the common statement should be developed through a consultation period aimed at students and educational providers. This would develop awareness and ownership over the values by these key stakeholders. Regulators would also have to ensure the statement is embedded in their own processes in order for it to be implemented effectively (such as through the quality assurance processes).

Boundaries of Behaviour

69. The regulators identified concerns over the different boundaries between acceptable and unacceptable behaviour in the scoping phase of this project. The topic was discussed at the seminar with the majority of participants suggesting blanket decisions about behaviour would be detrimental to developing professional values in students.

70. It was recognised that each case must be considered on an individual basis. However, some regulators suggested that fitness to practise and conduct should

only be taken into consideration either on enrolment onto a course or when undertaking clinical experiences. Others indicated that some behaviour was never acceptable regardless of when it took place.

71. Both participants in the scoping exercise and the seminar identified a growing tension between what a regulator and an educational provider may deem unacceptable. For example, the educational provider may take disciplinary action against a student but allow him/her to continue on the course. The regulator may consider the action so unacceptable as to prevent registration.

72. Participants at the seminar also discuss developing a common definition of good character that could help inform requirements for registration.

73. The review of non-medical regulation calls for a consistent definition of good character, which would support this approach, and a previous seminar on good character and health also supported this approach. This raises a number of questions: should all regulators adopt a single definition of 'good character' for getting registration? What would this mean to educational providers? How would this function in general? Would a common definition then be distinguished for each regulator based on perceived risk factors? Where would responsibility for evaluating good character fall?

74. Participants at the seminar and in the scoping student suggested the definition might have to be set out broadly to accommodate the different statutory functions of the regulators. Each regulator would, then, have to identify specific risks for its profession when determining fitness to practise or good character. For example, some regulators may determine that persistent drug use by students prior to admission on a professional course should not preclude registration while others may view these actions as an indication of impaired good character (although in other cases it could indicate more generally impaired fitness to practise, including for reasons of health).

75. The definition could consider the high-level concept or criteria as well as specific requirements and procedures such as CRB checks, the content of the self-declaration forms and other measure to ensure graduates are fit to practise.

76. Implementing a common definition that is underpinned by profession-specific risk factors would require careful negotiation and communication with educational providers and students. Regulators could employ a number of levers to ensure that a common definition of good character/fitness to practise at the point of registration is effective.

77. In general, the outcome of the seminar supported developing joint work in this area but found identifying how to take this project forward difficult. They also found it difficult to identify boundaries of behaviour with the debate swinging between some behaviours were absolutely unacceptable while others should be considered on a sliding scale of acceptability depending on experience. Participants indicated that

cases should consider a proportionate and reasoned response, rather than focus on thresholds.

Other areas for consideration

78. For some regulators such as the GMC and GOC, there is an increasing need to address concerns relating to graduate, postgraduate and overseas students. These types of students often have a more complex background including possible behaviour that raises concerns. For example, most European countries will not provide information about the criminal activities of their students.

79. Other regulators would like clarity on the various definitions of standards and criteria to better facilitate a more joined up approach to education and fitness to practise.

80. CHRE is taking forward a significant project on professional boundaries and how ensuring professional standards may be improved through education and training. The Project is considering how professional boundaries can be adopted into ethics and communication skills by educational providers.

Next Steps

81. On 9 October 2006, the strategic working group of CHRE considered the issues and key points that emerged from the scoping exercise and the seminar. It was agreed that Phase 1 of the project identified successfully the main challenges in student fitness to practise and established a good network within the regulators to share good practice and raise common concerns.

82. The group recommends that CHRE should build on the good will and support for work on student fitness to practise. Phase 2 of the project could developed a more detailed understanding of specific regulatory levers at local levels as well develop a common statement of professional values in students.

83. Although more work may be warranted on student registration and the boundaries of behaviour, it may not be necessary to address these issues in the next stage of the project on student fitness to practise. Boundaries of behaviour may be picked up in other projects and developing a common definition of good character may benefit from the results of the common statement of professional values. Similarly student registration may be better tackled once the Department of Health reviews on regulation are complete.

Recommendations

Based on the outcomes from the scoping exercise and seminar, the strategic working group recommend that CHRE continue to promote professional values for students through:

- Developing a common statement on professional values targeted to students based on the Chief Executives Group of the Regulators in Annex B and to develop a plan to consult on the statement, including how it could be implemented.

- A survey of education providers' local student fitness to practise arrangements, if possible led by Universities UK, to understand better the student fitness to practise arrangements at local levels and share best practice.

- Circulating the findings of the scoping study and seminar.

Appendix A: Acknowledgments and participants

Acknowledgments

Many thanks to all those who participated to the first phase of the student fitness to practise project: their help and knowledge was crucial to this scoping.

In particular, thank you to the members of the advisory group who contributed to the scoping and the seminar:

Margaret Coats, GCC
Paul Feeney, GDC
Dian Taylor, GOC
David Simpson, GOsC
Michael Guthrie, HPC
Garth Long and Sue Way, NMC
Eileen Scott, PSNI
Sue Ambler and Damian Day, RPSGB
Andrew Skidmore and Helen Wenman, GSCC

The project working group was formed of:

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Sue Leggate, CHRE, Council member (Chair)
Elisa Pruvost, CHRE
Paula Robblee, GMC
Amanda Watson, GMC

Finally, thank you to the attendees of the seminar for their active participation and engagement.

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Appendix B: key points from the seminar

Here are included points from the feedback session that were made by two groups or more.

1. Local student fitness to practise arrangements

- Distinction between fitness to practise and fitness for practice/fitness to learn: overall, two out of the three groups reporting back on this favoured using an alternative turn such as fitness for practice or fitness to learn
- Individual cases should be dealt with on a case-by-case basis and it is appropriate to have inconsistencies based on the facts of the case
- Support for consistency across professions/criteria/national guidance, devised between regulators and providers/HEIs
- One key issue remains the tension within the university hierarchy – of decisions being overturned – and between the public protection role of regulators and the university regulations
- Question about looking at student fitness to practise not only at the end of the course but also at entry/selection to the course
- Question about information sharing: suggestion of a 'blacklist' or the need to address the question of sharing information with whom/when/how long it can be stored, where central guidance would be of help.
- Need to recognise the 'maturing' process in student development (which links to a point made about FTP procedures not being the first port of call)

2. Common professional values for students

- Support for a common, cross-regulatory statement highlighting the importance of having professional values for students/their special responsibilities.
- Common values already exist and a common statement should use existing documents, in particular the common statement developed by regulators on common values for professionals (or the QAA statement of common purpose for subject benchmarks – NB this also uses the common statement). There should be no duplication.
- A question is how to make these values more explicit/how to use/implement/operationalise a common statement of values
- Several suggestions for additions to the list given
- Involving patients: mention of the need for patient feedback and communication to patients

3. Boundaries of behaviour: what is acceptable/not acceptable

- Overall agreement for a common definition of good character
- But this should be broad and developed with what would be of real value: principles/criteria
- Within a framework that is flexible enough for regulators to apply in their own way (to be justified).

- Cases can only be treated on a case-by-case basis within this framework
- Individual group discussions included what should be part of considerations. Examples include risk, reasonableness, reformed behaviour, question of threshold, relevance of stage at which students are at, other rights in the case of disability.

4. Student registration

- In general, no overall support for student registration
- There were advantages and disadvantages to a student register, but the main argument against student registration was proportionality, taking into account the small number of students out of the whole student population who are subject to student FTP procedures.
- The same issues can be dealt with in a different ways/we need to find ways of being confident that other mechanisms deliver the same benefits.
- The groups quoted other mechanisms that could be used to address the main issues. Examples included: guidance, contract, feedback, embedding values within curriculum, local FTP arrangements, using alternative tracking systems (eg HESA), QA processes.

Appendix C: Joint statement on professional values

Common Values Statement by the Chief Executives Group of the Health Care Regulators on professional values

Values of Health Care Professionals

All health care professionals are personally accountable for their actions and must be able to explain and justify their decisions. Health care professionals work in may different types of practice. They all have a duty to protect and promote the needs of their patients and clients.

To do this they must:

1. Be open with patients and clients and show respect for their dignity, individuality and privacy:

· Listen to patients and clients;
· Keep information about patients and clients confidential;
· Make sure their beliefs and values do not prejudice their patients' or clients' care.

2. Respect patients' and clients' right to be involved in decisions about their treatment and health care:

· Provide information about patients' and clients' conditions and treatment options in a way they can understand;
· Obtain appropriate consent before investigating conditions and providing treatment;
· Ensure that patients have easy access to their health records.

3. Justify public trust and confidence by being honest and trustworthy:

· Act with integrity and never abuse their professional standing;
· Never ask for, nor accept any inducement, gift, hospitality or referral which may affect, or be seen to affect, their judgement;
· Recommend the use of particular products or services only on the basis of clinical judgement and not commercial gain;
· Declare any personal interests to those who may be affected.

4. Provide a good standard of practice and care:

· Recognise and work within the limits of their knowledge, skills and experience;
· Maintain and improve their professional knowledge, skills and performance;
· Make records promptly and include all relevant information in a clear and legible form.

5. Act quickly to protect patients, clients and colleagues from risk of harm:

· If either their own, or another health care worker's conduct, health or performance may place patients, clients or colleagues at risk;
· If there are risks of infection or other dangers in the environment.

6. Co-operate with colleagues from their own and other professions:

· Respect and encourage the skills and contributions which others bring to the care of patients and clients;
· Within their work environment, support professional colleagues in developing professional knowledge, skills and performance;
Not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

Recent Work on Student Fitness to Practise by other Healthcare Regulators

Regulator	Steps Taken
General Chiropractic Council	From 2007, GCC requires that all education providers have Student Fitness to Practise Committees in place.
General Dental Council	All UK universities with dental schools have Fitness to Practise Committees. GDC produces guidance for educational institutions which contains guidance on the health and conduct of students.
General Medical Council	GMC, working with the Council of Heads of Medical Schools, has recently produced guidance covering professional behaviour and fitness to practise for students. GMC will also consult on strategic proposals for student fitness to practise in 2007.
General Optical Council	GOC registers students and considers fitness to practise cases through their fitness to practise procedures.
General Osteopathic Council	*
Nursing and Midwifery Council	NMC Code of Conduct is integrated within all educational programme requirements. The NMC has recently published guidance for Higher Education Institutions, applicants to pre-registration programmes and to students already undertaking programmes, regarding good health and good character.
Royal Pharmaceutical Society of Great Britain	*
Pharmaceutical Society of Northern Ireland	PSNI has established a working group looking at registration, including the issue of student registration. Currently, once undergraduates have finished their pharmaceutical degree they join the Society for their pre-registration training year.

*Information from the GOsC, and RPSGB was not available at the time the paper was drafted.