Fitness to practise for student nurses: principles, standards and procedures

All schools of nursing must have a fitness to practise committee. The different procedures that apply to trainees compared with registered nurses are discussed.

FTP CATEGORIES

FTP issues fall into different categories and have different levels of seriousness. As a general principle, the gravity of an FTP issue may, in part, be reflected by the stage of the student’s career. For example, inappropriate referencing leading to a finding of plagiarism might be more serious for students near the end of their third year than for those who are in their first year working on an early written assignment. Students must be made aware of the fact that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their FTP, and that their behaviour at all times must justify the trust that the general public places in healthcare professionals.

Referrals to the university FTP committee, which usually come from a senior member of school staff on behalf of a committee dealing with discipline and health matters, tend to fall into one or more of the following categories (David et al, 2009).

Plagiarism

Cases of plagiarism tend to be dealt with initially under university misconduct regulations. In addition to a penalty for the offence – for example awarding a zero mark – the case may cause a student nurse to be referred to an FTP committee. An important issue is the extent to which the student has been dishonest as opposed to ignorant.

Cheating and other forms of dishonesty

These include: cheating in examinations; falsifying research data; misrepresentation of qualifications and experience in a CV or job application; forging a mentor’s name in assessments or records of placement; and forging a mentor’s assessment. They also encompass persuading another student to enter one’s name on an attendance register and making false entries in portfolios or logbooks. Students and staff may not realise that this kind of dishonesty is potentially a criminal offence (David et al, 2009).

PRACTICE POINTS

- The gravity of a breach of fitness to practise standards may depend on the stage of a student’s career.
- Students must be aware that their behaviour outside the clinical environment may have an impact on their FTP.
- Members of the FTP committee must be independent and have no significant prior involvement with the student or any preconceived view of the student or the case.
- FTP procedures must be clear and students encouraged to be accompanied to any hearing.
- The least possible sanction should always be considered first.
- Remember, students are – by definition – still learning; they are entitled to receive feedback and advice from their teachers.
- Students cannot be held to the same standards as registered professionals in practice.

Criminal conviction, caution, reprimand and penalty notice for disorder

Minor motoring offences, such as exceeding a 30mph speed limit or getting a parking ticket, would not raise concerns about a student’s FTP.

However, other criminal offences – particularly those involving dishonesty, violence or drugs, or sex offences – are bound to raise some questions.

In addition, as a result of the enhanced Criminal Records Bureau process, a student nurse’s criminal conviction – for example, for fare dodging or shoplifting – will be disclosed every time a job application is made.

In practice, this leads to two problems. One is that NHS trusts may be unwilling to accept a student who has a criminal conviction on placement (we encounter healthcarestudentsthesestudieshavebeenhailed because of difficulties arranging placements following a conviction).

The second problem that could be encountered is that trusts may be reluctant to offer employment to any applicants who have a criminal record.

The Nursing and Midwifery Council sets standards for education and practice, and gives guidance and advice to the two professions. It also maintains a register of qualifications and experience in a CV or character issues (NMC, 2008b).

What may be less well known is that the NMC has published guidance on professional conduct for nursing and midwifery students (NMC, 2009a). The regulator also requires that, since 1 January 2009, all schools of nursing must have a fitness to practise (FTP) committee to consider any pre-registration student health or character issues (NMC, 2009b).

This article explains the kind of student problems that cause FTP concerns and the principles of how student FTP procedures operate. It also clarifies the important differences between FTP cases that relate to students and those relating to registered nurses.
Unprofessional behaviour

The label “unprofessional behaviour” is used to describe a variety of problem behaviours, including the following:

- Repeated failure to attend appointments with academic staff;
- Persistent disregard for regulations, requirements and official communications;
- Persistent disrespect to teachers, colleagues or others;
- Persistent rudeness to patients, colleagues or others;
- Persistent neglect of administrative tasks;
- Poor time management;
- Breach of patient confidentiality;
- Persistent failure to accept and follow educational advice;
- Inappropriate patient examinations or failure to keep within appropriate boundaries in behaviour;
- Sexual, racial or other forms of harassment such as malicious postings on the internet or on social networking sites, such as Facebook.

Drug or alcohol misuse

The most common problems in this category are: drink driving; alcohol consumption that affects clinical work or the work environment; and dealing, possessing or using illegal drugs, even if there are no legal proceedings.

There may be a degree of overlap with mental illness. For example, the use of cannabis can lead to severe psychotic illness.

Mental illness

Mental illness need not, in itself, render a student unfit to practise.

However, if the condition cannot be controlled because there is an inherently poor response to treatment or the student fails to seek or comply with medical treatment, there might be a risk to the public and then the student’s FTP may be called into question.

The FTP committee is likely to need a report from a treating psychiatrist and from an independent psychiatrist.

The committee will need to be aware of the university’s responsibilities under the Disability Discrimination Acts of 1995 and 2005, particularly on the need to provide reasonable adjustments and support for students who require them in order to access learning.

Should a student’s FTP be found to be impaired by mental illness or other health problems, the panel’s determination is likely to be supportive of the student but should have patient safety as the primary consideration. As an example of this, a student may be suspended for a period while treatment is sought.

Other health problems

Other health issues that can impair FTP include treatment resistant progressive neurological disorders, for example those involving loss of sight and/or sensation.

The student’s FTP may be compromised not just by the condition itself, but also by failure to seek medical treatment, refusal to follow medical advice or care plans (including monitoring and reviews), failure to recognise their limits and abilities, or a lack of insight into how their health problems affect FTP.

FTP HEARINGS FOR STUDENT NURSES

The composition of the FTP committee is determined by local FTP regulations and by the requirements of the NMC (2008b). There will be representation from both the school and trusts offering placements, and there should be representation from the same field of practice as the student, such as from adult, children’s, mental health or learning disability nursing.

It is essential that members of the committee are independent and they must not have a preconceived view of the case or rely on information obtained outside the FTP process. Therefore, staff who have had prior involvement with a student should not be on the panel considering the case.

Student presence

It is self evident that a student must be invited to attend an FTP committee hearing, and the regulations should stipulate whether attendance is compulsory or not. The regulations should also specify what should happen if the student does not attend.

The student may need to attend the occupational health department before a hearing, particularly in a case involving drugs, alcohol or mental health problems.

Representation

Students should be encouraged to be accompanied or represented at an FTP committee hearing, and support should be provided to help them prepare for it.

Regulations should stipulate the kind of person permitted to accompany a student. The supporter can help the student to prepare a statement and can, if requested, advise the student during a hearing. However, the supporter cannot answer questions on behalf of a student as the committee will want to hear from the student in person.

The case papers

The student must be given, well in advance of the hearing, the full set of papers provided to the FTP committee. This should include:

- A copy of the FTP regulations;
- All relevant university rules and regulations;
- Copies of relevant NMC guidance, such as the code (NMC, 2008a), guidance on good health and good character (NMC, 2008b); and guidance on professional conduct for nursing and midwifery students (NMC, 2009a).

Statement

The student must be given an opportunity to submit a statement and any other supporting documents in advance of the hearing; these items should be sent to the panel before the hearing.

If the regulations state that papers should be circulated to the student and to the panel in advance of the hearing, any papers that are received late should not be taken account of by the panel without the consent of the student. If papers are submitted too late to be circulated to everyone involved and contain significant new information, the hearing may need to be adjourned so that the new material can be considered.

Procedure

The procedure at the hearing should be set out in the regulations but the usual arrangement is for the school to present the case, followed by any witnesses, with the student then responding.

The school representative, the witnesses (if there are any) and the student are questioned by the committee members. In addition, the student can question the school representative and vice versa.

The committee needs to maintain a neutral stance. It should respect the difficulty of the student’s position when appearing at a hearing, and bear this in mind when asking questions. This difficulty may be apparent if a committee member does not like the answers to questions; the challenge is to try to avoid being confrontational or oppressive.

The aim of questioning should not ever be to browbeat or to pressurise, but simply to get a better understanding.

Once the questioning is complete, the student and the school representative retire, to enable the committee to consider the case.

Outcome and sanctions

If the committee has either not found the facts proved or has determined the facts do not raise concerns as to FTP, it will dismiss
BOX 1. POSSIBLE SANCTIONS AGAINST STUDENTS

Where concerns have been found about a student’s fitness to practise, sanctions include:
- Permitting the student to continue, with advice and guidance;
- Permitting the student to continue, with close supervision;
- Requiring the student to rest a specified part or parts of the programme;
- Suspending the student’s studies for a specified time;
- Recommending other action considered appropriate by the panel to enable the student to successfully complete the programme;
- Recommending the termination of the student’s studies.

The formal output of an FTP committee hearing is a written determination. This determination should indicate all matters that the committee took into account, including mitigating factors, and reasons must be given for decisions and the imposition of any sanctions.

In deciding upon sanctions, the committee needs to bear in mind the principle of proportionality, whereby the need to protect the general public is balanced against the needs of the student.

Appeal

Students can appeal to the university against the outcome of an FTP committee hearing. If the appeal is unsuccessful, the student may be able to bring a complaint to the Office of the Independent Adjudicator, a national body that deals with student complaints from all UK universities. Students can also take the matter to the high court.

STUDENT VERSUS REGISTERED NURSE FTP CASES

The underlying principles – namely the need to protect the public and to maintain confidence in the nursing and midwifery professions – are similar for both student nurses and midwives and those who are already registered. However, there are some important differences in the way that FTP cases with students are handled.

Feedback

Students cannot be held to the same standard as registered professionals who are in professional practice. They are, by definition, still learning and, as such, are entitled to receive feedback and advice from their teachers.

The entitlement to feedback, guidance and educational advice is an important difference between student and other FTP cases. This feedback may extend to setting up some form of learning contract to facilitate the student developing the missing knowledge, skill or attitude.

Clear warnings

Other than in cases in which there is immediate danger to the public, evidence of gross dishonesty or serious criminal behaviour, a student nurse is entitled to receive a clear and unambiguous warning before a sanction is imposed for unsatisfactory professional behaviour.

This warning, preferably in writing, should set out what is unacceptable and why. It should also advise the student of possible consequences if there is insufficient change in behaviour. It will be hard to justify excluding a student nurse from studies because of some long standing behavioural problem if there has not been at least one clear prior warning.

Legal involvement

Another difference between student and other FTP cases is the degree of legal involvement.

In an FTP hearing concerning a registered nurse, there are likely to be two legal teams – one acting for the nurse and one acting for the NMC. In addition, the committee itself is likely to have a legal adviser who is present throughout the hearing and the panel’s deliberations.

In a student nurse’s case, it is unlikely that the student will be able to afford legal representation, and it would be unusual for the university to be legally represented. While the NMC can issue a witness summons and oblige witnesses to attend, universities do not have this power.

FTP hearings held by the NMC are held in public and the outcome is usually published on its website. However, as with other university committee hearings considering matters relating to the education or discipline of undergraduate students, most student nurse FTP committee hearings are held in private.

A few universities do allow the student to request the meeting to be held in public, possibly as a means of allowing them to be accompanied by a relative in addition to the representation described above.

Another difference is in the appeal procedures. For a student, these would initially be at university level, possibly followed by a complaint to the Office of the Independent Adjudicator. For a registered nurse, an appeal would be to the high court.

LESS SERIOUS CASES

Cases referred to the FTP committee represent one end of the spectrum of problem behaviours by students.

The guiding principles for the management of less serious problems, which constitute the majority, are:
- Good documentation of concerns about a student;
- Sharing these concerns openly with students, both verbally and in writing;
- Giving students a chance to explain their side of the story;
- Aiming to support and educate rather than punish;
- Supplying the student with clearly documented warnings that spell out both what is wrong and the consequences of failing to heed advice;
- Additional meetings with staff, for example, tutor, mentor or academic adviser;
- Referral to occupational health if there appear to be health issues;
- The opportunity to repeat items of work;
BOX 2. GUIDING PRINCIPLES OF PROMOTING PROFESSIONAL BEHAVIOUR

● When dealing with an episode of unprofessional behaviour, the context of the situation must be taken into account. An open and honest transaction should be encouraged. Accurate records should be kept to monitor progress and to ensure that, should support be required from other sources, it is accessed and followed through.
● Learning outcomes must be clear and exist within a framework that allows the student to develop skills and professional behaviour in a timely and appropriate way in both theory and practice.
● An annual declaration of good health and good character (NMC, 2008b) is required by the Nursing and Midwifery Council as stated in their Standards of Proficiency for Pre-registration Nursing Education (NMC, 2004).
● Students who present new information in their declaration or who fail to provide one should be followed up.
● Developing an open environment will help students declare adverse events (for example, a police action) at the time of occurrence, rather than waiting for the annual process of declaration.
● Remember not only the duty of care to the student, but also the requirement that students wishing to enter the professional register must be of good character.

Stepping off the course to allow student to address issues or recover from medical or social crises.

PROFESSIONAL BEHAVIOUR

Prevention of problems is most likely to be achieved by education, as healthcare students may be unaware of the requirements for professional behaviour.

New students often do not appreciate that misbehaviour in their spare time, by undermining public confidence in them and their profession, may endanger their career.

Students need advice about the perils of social networking, for example if this involves discussing a patient and thereby breaking confidentiality or making unprofessional remarks about fellow students or staff.

Developing professional behaviour occurs through a combination of information, education, role modelling and reflective practice. Managing that development requires an acknowledgement that students are colleagues who are novices and that adults learn best in the context in which they will use the knowledge (for nurses, the clinical context) and when the purpose of learning is clear.

Elements of sociology, psychology and ethics help students gain insight into the way in which societies work, and to understand the concept of what a profession is and what it means to be a professional. Students can explore different types of professions and the expectations they would have of that group, which can then be extended to establish what they feel are the attributes of a nurse.

Perhaps the hardest task is to appreciate at which point each individual student is on that journey. Encouraging students to reflect on professional issues in terms of both good practice and analysis of critical incidents as individuals or in groups helps to foster professional development.

There should be clear guidance of what is expected in terms of behaviour at each stage of the programme of study. Equally, there must be guidance and some consistency of approach should this expectation not be met. It is vital that the level of expectation reflects the student’s progress on the course and also the level at which the student is called to account. For example, it may be understandable that a first-year student may not appreciate the professional aspects of signing in for an absent student. Such an event should lead to a reminder being given to the whole group these actions do not go unnoticed and that they are considered to be unprofessional.

Should the activity continue and a problem individual be identified, a meeting with the year tutor or equivalent should be arranged. Here, the student can be:
● Asked to explain why they acted in this way and why they thought it was acceptable to do so;
● Reminded of why these actions are considered unprofessional so that the deficit between current behaviour and what is expected can be seen;
● Asked to reflect on what has happened and comment on how their behaviour will change;
● Warned that, should this behaviour be repeated, it may affect their progress on the course.

As students move into their second and third years, such actions become less understandable and less acceptable. For a first “offence”, there is still a need to warn the student about poor behaviour and to ensure there is a change. A repeat of such behaviour will cause greater concern and, in those instances when a student still appears unable to understand the nature of the unprofessional behaviour, their FTP may be called into question.

The principles for promoting professional behaviour are outlined in Box 2.

CONCLUSION

The number of nursing and midwifery students whose behaviour is incompatible with a professional career is thought to be low (David and Bray, 2009). These extreme cases are the tip of the iceberg of those where health or behaviour causes concern.

Institutions that deliver healthcare education need systems in place to educate students about professionalism, and to deal with any individuals who may prove to be problematic.

Depending upon local university regulations, there are two models for operating student FTP committees:
● Subject specific committees (such as those only dealing with student nurses); and
● Committees that deal with students from diverse healthcare programmes.

The latter model has the advantage that the greater caseload allows for the development of experience and expertise in handling cases, some of which can prove complex.

The essential point to remember is that each educational institution needs to have written procedures that are followed and implemented.

REFERENCES


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