PRACTICAL TIPS

# Twelve Tips for Optimising Medical Student Fitness to Practise

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## Abstract

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Fitness to practise processes are in place to safeguard patient safety and maintain professional standards. This Twelve Tips article provides context to medical student fitness to practise in the UK and situates process under the regulator and the university. The Tips examine some of the dichotomies and pitfalls in an increasingly litigious field and provide operational recommendations. The authors draw on their experience across several medical schools and highlight some of the complexities at play. Fairness through diverse panel constituency, and education and training for panel members are highlighted. The potential impact of mental health diagnoses on outcomes is considered, alongside the need for support for practitioners involved in this high-stakes process. The tips outlined are broadly transferable to other regulated programmes nationally and internationally and link to postgraduate practice. The authors hope to ignite a dialogue in an area with limited benchmarking and literature.

## Keywords

fitness to practise, students, healthcare, professional standards

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## Introduction

As two senior undergraduate medical educators in the UK, we regard fitness to practise (FTP), as do many in our community of practice, as an area of increasing focus and complexity. We note an expanding caseload through medical student FTP and the growing demand for conferences and national meetings on the topic. There is limited international literature, particularly around the operationalization and practical delivery of medical student FTP. There is an even greater gap in the FTP literature regarding other healthcare learner groups. The paucity of data published by regulatory bodies makes it challenging for healthcare educators to benchmark thresholds for investigation, composition of panels, or termination of studies. This paper focuses on medical students, as this is the authors' field, but will be relevant and largely transferable to other healthcare learner groups. The authors are aware that FTP is a UK process but anticipate that the principles shared here can be applied across an international healthcare regulatory landscape.

Unlike qualified doctors, where FTP sit under the auspices of the UK medical regulator (General Medical Council, GMC), undergraduate FTP is largely devolved to medical schools within universities. Since the publication of the undergraduate blueprint for UK medical schools, *Outcomes for Graduates* (GMC, 2018), there has been an enhanced focus on medical professionalism through monitoring and assessment of prerequisite professional skills, knowledge, and attitudes. There has also been a shift towards more robust, meaningful, and longitudinal monitoring and examination of professionalism, for example, through medical student portfolios (Boursicot *et al*., 2021; Fuller *et al*., 2022; Norcini *et al*., 2018). However, standardization and remediation across the landscape can be challenging due to variations in policy and process around medical student FTP in UK medical schools, each operating under their higher education institution's (HEI) frameworks.

While at its core, FTP is intended as a supportive and developmental process, there are cases of students not being safe and therefore not fit to practise, who are consequently prevented from progressing. In the UK, the GMC has the power to refuse a graduated student's provisional registration if there is an ongoing concern about the student's fitness to practise. This can cause significant distress to affected students and may place the graduating institution in a challenging situation. Learning from such cases is essential, and we recommend a reflective learning approach that may highlight processes and thresholds that can be enhanced.

The stakes are high, and good governance and robust processes are crucial. We have written this paper to support people working in this field and to trigger a broader discourse around benchmarking professional standards concerned with patient safety.

## Twelve Tips

### Tip 1: Comply with regulatory body guidance

Each profession will have its own set of standards and guidelines. In UK medicine, these are provided by the GMC. Basing institutions' own local policies and implementation processes on these guidelines is essential to ensure compliance and compatibility with relevant regulatory frameworks. Regulatory guidelines for fitness to practise are broad and allow individual institutions to nuance local interpretation and operationalization. However, as noted above, this risks a significant variation in approaches and thresholds across institutions. Research, education, and data sharing between regulators and institutions are key to ensuring that consistent standards are applied. This can be supported by dedicated networks collaborating to share good practices and to quality assure actions. One such example is the UK medical schools' FTP regional network, which provide critical friendship and harmonized approaches.

### Tip 2: Work within university frameworks and policies

It is important to closely adhere to both national regulators and local university guidance to ensure good governance and safe practice. HEIs normally have their own FTP policies and processes that are often co-written with legal services. These may vary slightly from the regulator's guidance, for example, in terms of the composition and number of FTP panel members. Input from medical school faculty in writing these is important to add the medicine (or other healthcare program) specific position. Sometimes, students will have been through university disciplinary processes, which are discreet from medical school ones, but will overlap. The former may chiefly address breaches in university regulations, whereas the latter focuses on patient safety.

### Tip 3: Be aware of competing discourses

UK medical schools are required by the GMC to graduate students who are deemed fit to practise (GMC, 2016). The responsibility for this is divested to schools, who could therefore be perceived as acting as the 'proxy regulator.' This presents an inherent dichotomy: schools hold responsibility for educating and supporting their students, while simultaneously enforcing disciplinary processes. Thus, competing discourses may arise (Frost & Regehr, 2013; Johnson & Gishen, 2024). Striking a balance between educating and regulating students may be challenging. In addition, educators may operate in risk- and litigation-conscious institutions to whom students pay fees.

As medical students undergo a process of significant personal and professional identity growth (Cruess *et al*., 2016), it is perhaps understandable that educators may err towards wishing to provide further opportunities for students to remediate and demonstrate their fitness to practise. However, their duty is to prioritize patient safety and robustly address cases where students' fitness to practise may be called into question. We encourage institutions to be mindful of these inherent tensions and competing discourses to strike the correct balance between educating students and preventing graduating those who demonstrate impaired fitness to practise.

### Tip 4: Adhere meticulously to policies and governance

Medical schools' policies and processes are under enhanced scrutiny (Graham, 2023). It is not uncommon for lawyers to be involved on behalf of the university and/or students in a

climate where FTP has become increasingly litigious. For good governance and transparency, it is important to have well-constructed processes and a clear list of possible sanctions and sequelae for students found to have impaired FTP. It is vital to adhere to policies and timelines and disclose any material relevant to the investigation and case. It is important not to introduce new evidence without following due process (David & Ellson, 2010). Those involved in this field have noticed a relatively recent introduction of dedicated education lawyers and an increasing use of legal precedent in what is primarily a university process rather than a legal area.

### Tip 5: Link to postgraduate practice

While medical schools and universities have the responsibility to only graduate students who are fit to practise, this falls under the remit of the profession's regulator post-graduation, although in medicine, FTP technically sits with medical schools until after Foundation Year 1 (FY1). Therefore, working in collaboration with the regulator during the undergraduate years is essential to provide a meaningful continuum and ensure that students understand their responsibilities and capabilities, as well as the professional standards they will be held to.

When considering student FTP, it is essential that medical schools have an eye to the future. They need to be mindful of the contexts and systems in which graduates will practise, and be realistic about the support and monitoring that can be actioned in the workplace. This can contrast significantly with what is achievable as an undergraduate. Having representation on panels from postgraduate medicine as well as patient representatives can provide a real-world perspective that is key to adopting a balanced approach in keeping patients safe while affording students a successful and meaningful career.

### Tip 6: Ensure diversity on FTP panels

It is vital for fairness, independence, and impartiality to students undergoing FTP processes, that panels are trained, well informed, and diverse (David *et al*, 2023; OIA, 2018). Having panel members from different backgrounds, including gender, ethnicity, and professional discipline, best reflects a diverse society that includes international learners. There is debate in the literature about including a student on the panel to present a student perspective and a student-centered process (David & Ellson, 2010). Some panels also include a layperson representing the patient or citizen. Wide representation on panels optimizes fairness and presents a breadth of perspectives and lived experiences.

The panel chair is also critical to the process; most medical schools favor a medical practitioner in this role, who is trained (see Tip 7) and experienced, and who adheres closely to good governance. The chair plays a key role in conducting the panel in good order, ensuring the well-being of the student and panel members, and must be a senior person of sound professional standing. Training and experience on how to best interface with legal representatives are important for these roles. Panel composition requires the periodic rotation of chairs and members, a pool of trained panelists with refreshed membership, up-to-date training, and succession planning.

### Tip 7: Consider including a psychiatrist on FTP panels

In its guidance to medical schools, the GMC highlights the possibility of including a psychiatrist on an FTP panel, where indicated. Given the frequency of mental health issues in such cases, the increase in the recognition of neurodevelopmental disorders, such as attention deficit hyperactivity disorder and autism spectrum disorder, and the requirement to consider students who have their own lived experiences of trauma, this is understandable. The inclusion of a mental health professional may also aid the interpretation and application of mental health evidence that may be provided. There is an emerging trend for institutions to note the use of private psychiatrists and specialist diagnostic clinics that provide diagnoses which are potentially made for the purpose of an FTP process. Such evidence may be provided 'post hoc' as part of appeal evidence against an outcome of termination of studies and may not have been subject to the diagnostic rigour recommended in national guidelines. Appeals may be upheld on these grounds, so the scrutiny of such evidence falls back to the institution. Mental health professionals on the panel may, therefore, be able to provide some context and expertise on such assessments, although it is not their role to make a diagnosis. It may be that the HEI needs to instruct another psychiatric opinion to make an independent assessment.

### Tip 8: Optimise preparation of FTP panels

When a panel convenes to decide on a student's suitability for practise, it is essential that members are appropriately trained and prepared to discharge their responsibilities. Training packages, either created for national or local training, need to specifically consider patient safety and the ways in which learners as future practitioners may or may not compromise this through the presented evidence. Training should be ongoing, iterated according to literature, and refreshed. The reputation of the relevant professional group is key, as is the need for materials to place emphasis on the institution's duty to the student. As highlighted above, striking a balance between these competing discourses is crucial. The role of the chair in the panel is central. They should have enough experience of process and cases to enable them to provide the panellists with guidance as to where thresholds lie for key decisions, for example, when considering whether a student is fit to practise and when a particular outcome, such as termination of studies, is indicated. Well-trained and engaged administrative support is also key. Providing adequate time and support to ask the right questions to the student is vital. Being able to ask questions that allow an exploration of issues that are not badgering or irrelevant is important. It is vital that panelists adhere to a predetermined schedule and establish in advance who will ask what and in which order.

### Tip 9: Prevention is better than cure

Medical Schools and other healthcare learning institutions have a responsibility- some would say, a duty of care- to try to minimize FTP instances amongst their student bodies. FTP can be a stressful process for all concerned, particularly the students involved, and measures should be taken to minimise the impacts on students and participants. In teaching and learning curricula, it is important to be clear and informative

about good practice for future professionals, signing them to relevant regulatory guidance. Some scholars propose assessing professionalism longitudinally and robustly throughout curricula, building spirally on learners' 'becoming' and assuming a professional identity, evolving from laypeople into fledgling professionals (Hodges *et al*., 2019). This could be viewed as heading off unprofessional behaviors 'at the pass' and giving students the best chance of avoiding FTP procedures (David & Ellson, 2020). Most healthcare courses, for example, teach academic integrity and require learners to complete mandatory training or equivalent. Many also discuss the use of alcohol and drugs in the context of professional practice as well as the need to treat colleagues and patients without prejudice and judgement. Near-peer education (usually anonymous to protect individuals) through vignettes and case studies drawn from real-life examples (GMC, 2016) can be a useful educational tool.

### Tip 10: Consider the *mens rea* principle

In the UK law *'mens rea'* is the consideration by the Courts of the 'guilty mind' of a defendant (Garner & Black, 2019). This raises questions as to how any cited mental health issue may affect the defendant's criminal culpability. When applied to FTP, the link between a student's mental health or mental health diagnosis and the specific behavior needs to be examined. Mental health issues are often cited as mitigation in relation to student conduct and professional healthcare students' behavior. However, a closer consideration of the relationship between the behavior and the stated mental health issues may be lacking in some instances. Our experience in student FTP leads us to encourage a deeper consideration and triangulation of this principle to establish if mental health issues really mitigate the issue of concern. For example, would a student's ADHD lead to cheating in an examination? Might their diagnosis of autism be connected (or not) to sexual misdemeanor? This could be considered through a lay person's perspective on the relationship, or for more complex cases, through the involvement of mental health professionals in processes. This can improve the rigor of these considerations and help establish more specifically what help or remediation may or may not be most suitable for an individual.

### Tip 11: Be alert to emerging FTP challenges

HEIs act as proxy regulators for professional learners from different generations to Faculty, and although most FTP topics have been in evidence for centuries, there are some new and emerging areas of FTP that require adaptation and dedicated focus. Generation Z (the majority of our current healthcare learners) are digital natives, and while cheating has been a traditional misdemeanor, the methods of doing this have been modernized. These include the use of artificial intelligence (Large Language Models such as ChatGPT) and the sharing of answers on social media (Tonkin, 2015). Another thorny FTP issue in undergraduate and postgraduate practice is sexual misconduct, brought into sharp focus in the wake of social justice movements such as #MeToo. Discrimination based on protected characteristics also features more frequently in FTP (Majid, 2020). As a community, we therefore need to be alert to shifting paradigms and constantly research and update training for experts in this area. We need to be in an open dialogue with regulatory bodies and seek counsel from expert networks and reference groups.

### Tip 12: Support individuals involved in the process

The fitness to practise is often stressful. It is usually particularly stressful for students undergoing such processes but can also be unpleasant for their families and friends. It can be an isolating experience and can have challenging outcomes for the student, such as termination of their studies, which may be catastrophic for them. The process can also be stressful for those investigating and preparing for the case and those hearing the case.

We would suggest considering a separate policy or process for supporting students undergoing FTP, involving staff not involved in the case, or even outside the medical school, in order for the student to have confidence and trust. It is important to emphasize the confidentiality of the case and that students, in our experience, may seek reassurance that their teachers and fellow students will not be given detail. In our experience, as with complex clinical cases, FTP cases may require facilitated reflective debriefing. including professional service colleagues, as this can be complex and emotionally demanding high-stakes work. As mentioned in the Introduction, learning reflectively from FTP cases is essential to highlight the processes and thresholds that could be enhanced.

## Conclusions

Striking the balance between supporting students and safeguarding the patient is a complex and nuanced part of delivering a professionally regulated healthcare program and qualification. This is taking place in a time of increasing complexity and legalization of these university processes. The area is important but can be challenging for all parties involved. This may be stressful and potentially career ending for students whose fitness to practise is called into question. Therefore, there is a need for real rigor, robust policies and procedures, and consistency across institutions. This should be underpinned by a sound evidence base and perhaps enhanced sharing of data and networking in expert groups. We hope to have shared some helpful tips and stimulated a discourse and desire to create a fairer, more transparent, and more robust approach to this issue, which has our students' development and wellbeing and our patients' safety at its heart.

## Data availability

No data are associated with this article.

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