

Learners in Difficulty

- Case Studies in Fitness to Practise

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May 5th 2017



Session Objectives:

- What is fitness to practise?
- Issues that lead to student FtP
- FtP processes, thresholds & procedures
- **Cases – group discussions**
- Outcomes from FtP
- Role of student support
- Impact of FtP procedures



What is Fitness to Practise?

- *‘To practise safely, doctors must be competent in what they do. They must establish and maintain effective relationships with patients, respect patients’ autonomy and act responsibly and appropriately if they or a colleague fall ill and their performance suffers.*
- *‘But these attributes, while essential, are not enough. Doctors have a respected position in society and their work gives them privileged access to patients, some of whom may be very vulnerable. A doctor whose conduct has shown that he cannot justify the trust placed in him should not continue in unrestricted practice while that remains the case.’*



Achieving good medical practice:

guidance for medical students



General
Medical
Council



Professional behaviour and fitness to practise:

guidance for medical schools and their students



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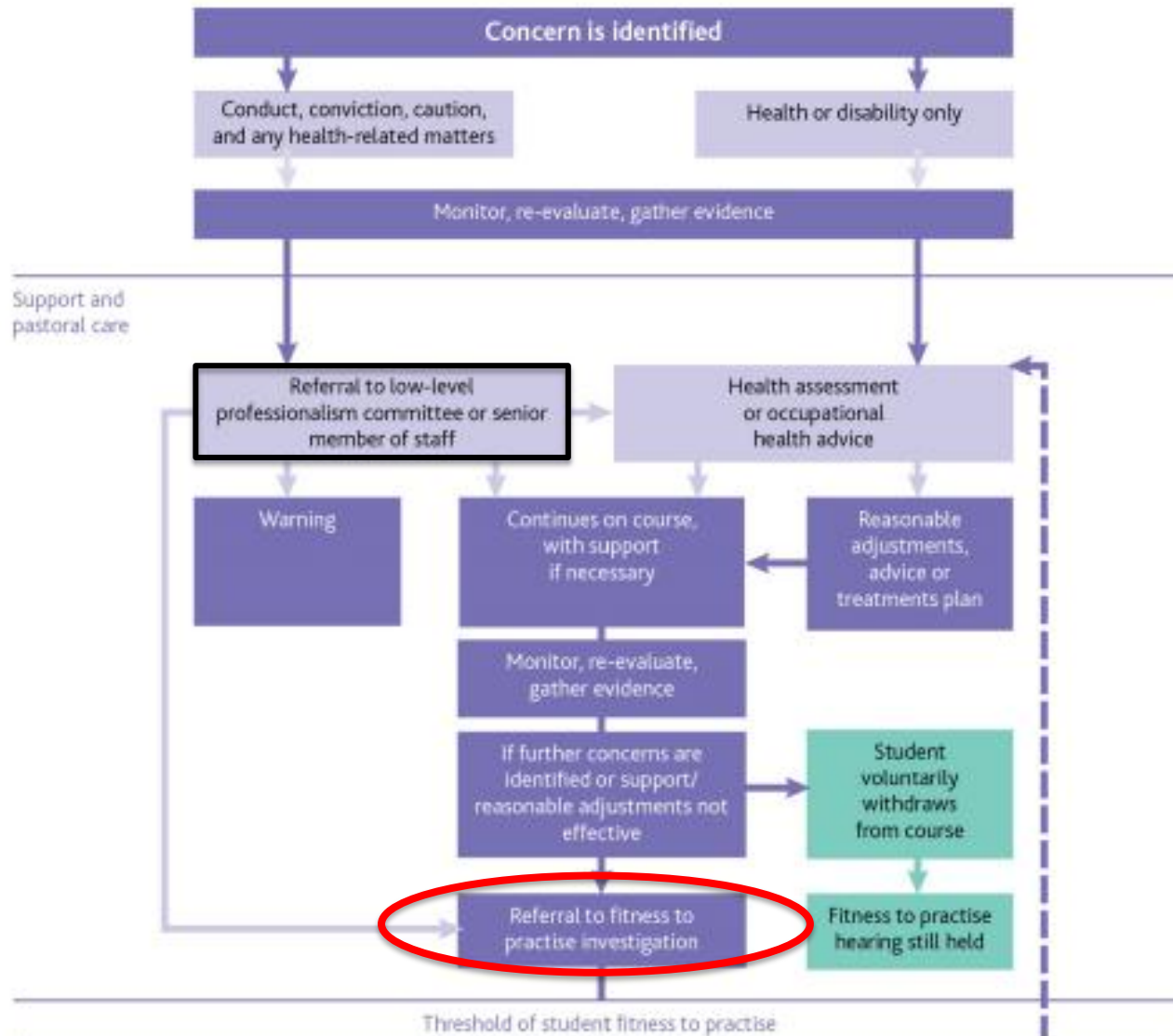
Issues that may lead to FtP:

Under the terms of the Medical Act 1983, a registered doctor's fitness to practise may be impaired by reason of:

- **misconduct**
- deficient professional performance
- a conviction or caution in the British Isles (or a conviction elsewhere for an offence which would be a criminal offence if committed in England or Wales)
- adverse physical or mental health
- not having the necessary knowledge of English
- a determination (decision) by a regulatory body responsible for regulation of a health or social care profession, either in the UK or overseas, to the effect that their fitness to practise as a member of the profession is impaired.

Key areas of concern	Examples of behaviour	
Cheating or plagiarism	<ul style="list-style-type: none"> • Cheating in examinations • Signing peers into taught sessions from which they are absent • Passing off the work of others as your own 	<ul style="list-style-type: none"> • Sharing with fellow students or others details of tasks in questions from exams you have taken • Forging a supervisor's signature or feedback on assessments, logbooks or portfolios • Falsifying feedback on assessments, logbooks or portfolios
Dishonesty or fraud, including dishonesty outside the professional role	<ul style="list-style-type: none"> • Falsifying research • Committing financial fraud • Creating fraudulent CVs or falsifying other documents 	<ul style="list-style-type: none"> • Misrepresentation of qualifications • Failure to declare relevant misconduct issues to medical school or university • Wilful withholding or misrepresentation of health issues (eg blood-borne viruses)
Drug or alcohol misuse	<ul style="list-style-type: none"> • Driving under the influence of alcohol or drugs • Abusing prescription medication • Alcohol consumption that affects clinical work, the work environment, or performance in the educational environment 	<ul style="list-style-type: none"> • Dealing, possessing, supplying or misusing drugs, even if there are no legal proceedings – this may include legal highs • A pattern of excessive misuse of alcohol
Aggressive, violent or threatening behaviour	<ul style="list-style-type: none"> • Assault • Physical violence • Bullying 	<ul style="list-style-type: none"> • Harassment • Stalking • Online bullying or trolling
Failing to demonstrate good medical practice	<ul style="list-style-type: none"> • Misuse of social media • Breach of confidentiality • Misleading patients about their care or treatment • Culpable involvement in a failure to obtain proper consent from a patient 	<ul style="list-style-type: none"> • Sexual, racial or other forms of harassment • Inappropriate examinations or failure to keep appropriate boundaries in behaviour • Unlawful discrimination
Persistent inappropriate behaviour	<ul style="list-style-type: none"> • Uncommitted to work or a lack of engagement with training, programme of study or clinical placements • Neglect of administrative tasks • Poor time management • Non-attendance • Poor communication skills 	<ul style="list-style-type: none"> • Failure to accept and follow educational advice and unwillingness to learn from feedback given by others • Being rude to patients, colleagues or others • Unwillingness to learn from constructive feedback given by others • Being disruptive in teaching sessions or the training environment • Challenging behaviour towards clinical teachers or not accepting criticism • Failing to answer or respond to communications

Processes:



Year co-ordinator
Appropriate other
Secretary
Student
Supporter

Advisory Panel:

- Formal meeting
- Investigate preliminary concerns
- If ill health, OHS referral **before**
- Standard template letter to student
- Same paperwork available to all members of the panel
- Unambiguous allegations
- Supportive ethos
- Documented narrative
 - Sent to student for signature
- Follow up arranged

Thresholds

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The threshold of student fitness to practise

79. In deciding whether to refer students to fitness to practise procedures, medical schools should consider how a student's behaviour or health might affect patient and public safety, or the public's trust in the medical profession. Investigators and panellists must consider, on a case-by-case basis, whether a student's behaviour or health has crossed the fitness to practise threshold.

80. The following questions can help when considering this threshold. Medical schools should be mindful that this advice is only illustrative of the sort of concerns about behaviour or health that could call a student's fitness to practise into question and the outcome in all cases will depend on the particular circumstances.

Question 1: Deviation in behaviour ▶

Question 2: Disregard for responsibilities ▶

Question 3: Student remains a risk despite support ▶

Question 4: Abuse of trust or violation of rights ▶

Question 5: Dishonest or fraudulent behaviour ▶

Question 6: Behaviour that undermines public confidence ▶

Question 7: Student health or disability compromises patient safety ▶

What do we mean by student fitness to practise? ← Considering fitness to practise on the grounds of health →

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Transfer of

Student fitness to practise

Guidance on managing the process for medical schools and on professional standards for students.

Promoting excellence

Standards for medical education and training

Quick links

Outcomes for graduates ▶

Thinking about studying medicine - FAQs ▶

Experiences shared: short films and stories about health and disability

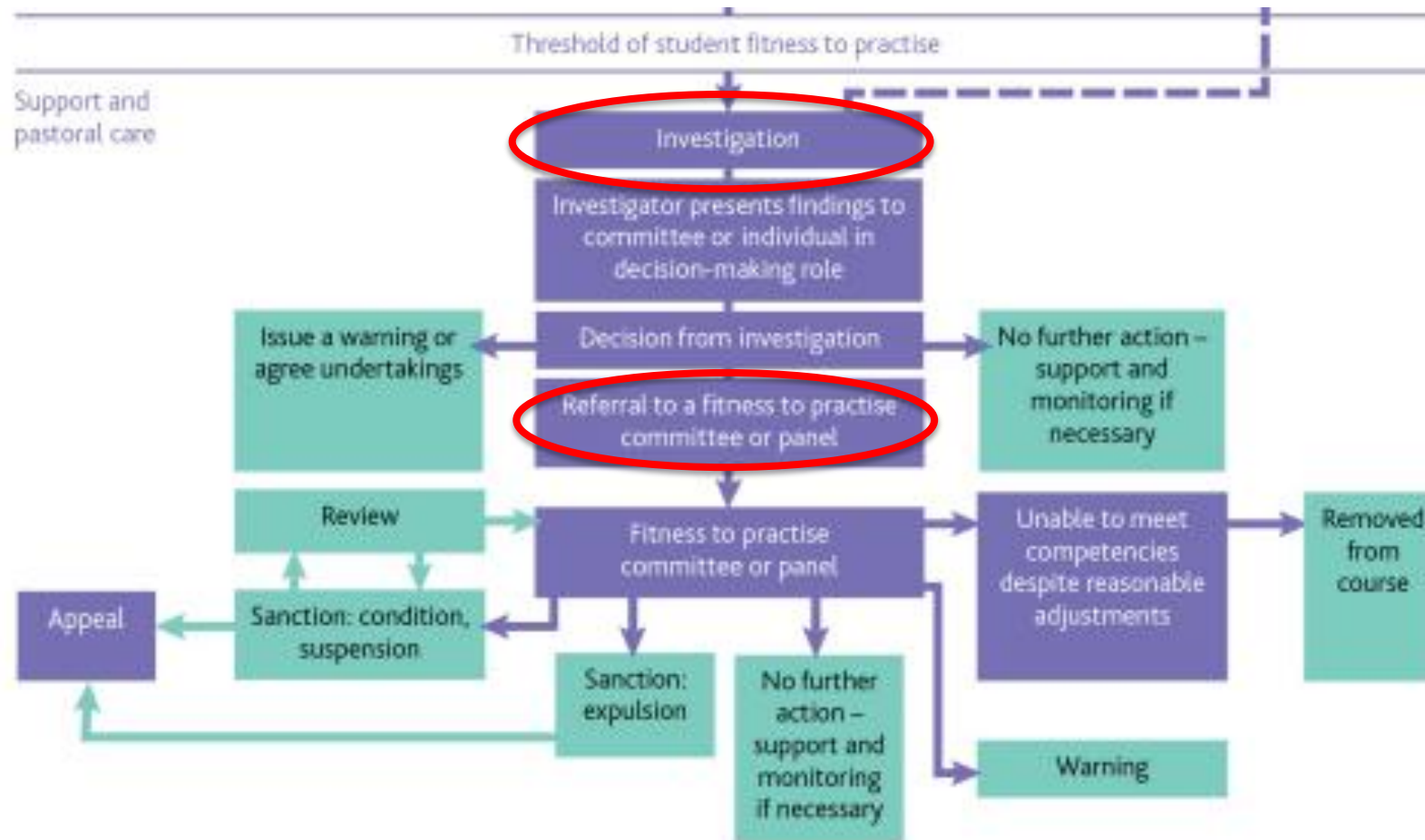
Links to disability organisations ▶

More information for

Non-disclosable
disciplinary action or
student support
stays on student file

Disclosable disciplinary
action -> SFtP investigation
GMC must be informed

Processes:



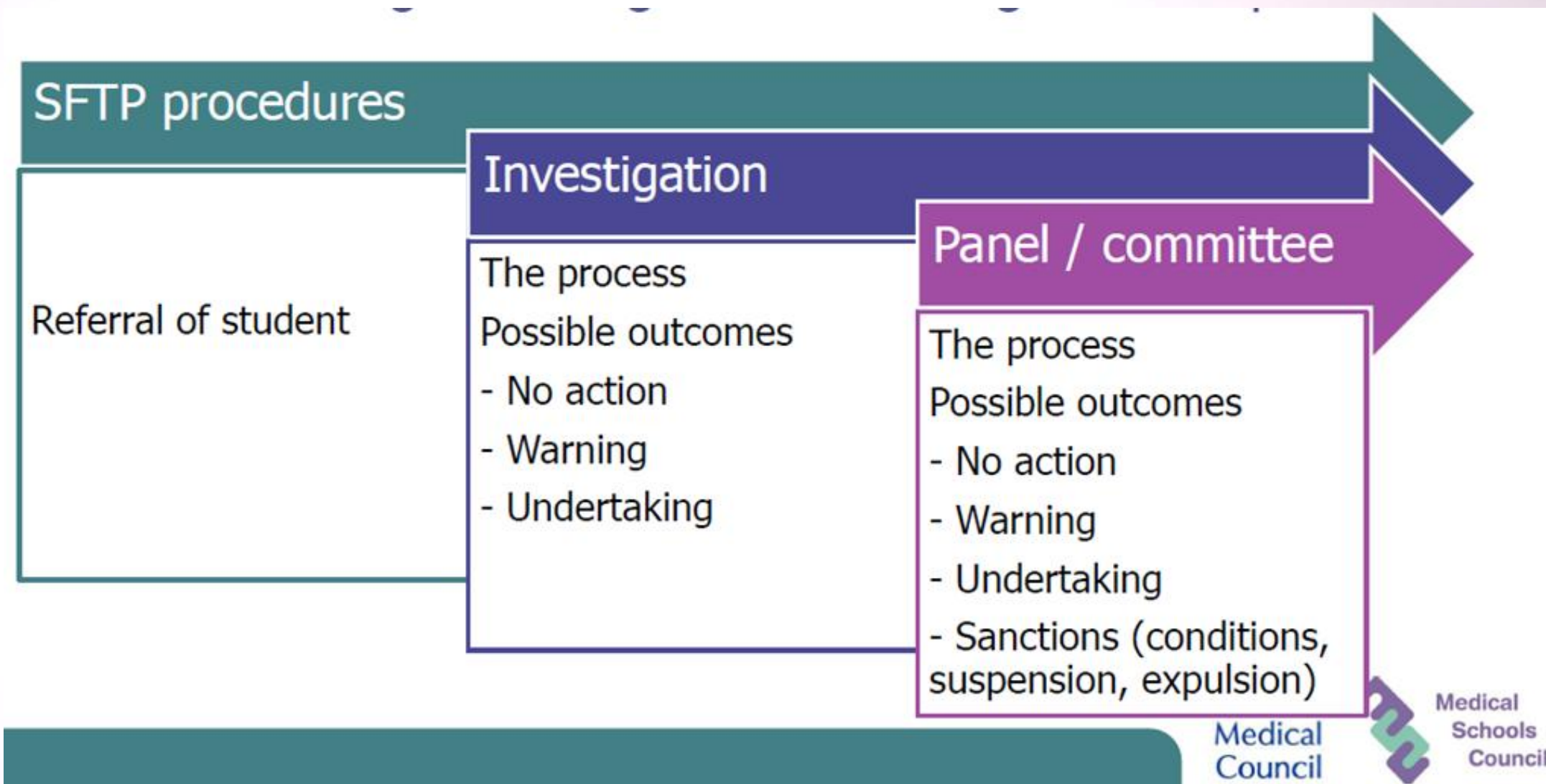
FtP Investigation:

- Written letter to e.g. Head of School
- 2 investigating officers appointed

FtP Referral:

- Detailed letter with summary of specific concerns
- Chronology for complex cases
- Copy of advisory panel minutes

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
Possible outcome of <u>investigation only</u> :						
<ul style="list-style-type: none"> ▪ The student's fitness to practise may be impaired. ▪ The breach of professional values is serious and may present a risk to patients or to public confidence. ▪ The student does not show insight into the situation. ▪ The student is likely to repeat the behaviour. ▪ There is evidence that the student is inherently incapable of following good practice and professional values. For example, they have received previous warnings or are in breach of agreed conditions or undertakings. ▪ A decision maker decides that the evidence is sufficient to put before a fitness to practise panel. 						



Cases

Choice of 2 cases per table

Alternatively discuss a real life problem
(anonymised)

20mins small group discussion:

- What are the issues/areas of concern?
- What evidence is there?
- What challenges do you anticipate in taking this case forwards?
- What outcomes do you foresee?



Case 1:

- 4th year Mike (UoA) and 2nd year Neil (UoG) meet at SNIMS
- Drunk – found urinating in the street – police cautions given
- Neil reports the incident immediately
- Mike does not... until applications for FP
- Referred for FtP investigation following initial meeting (advisory panel)
 - “Only a caution”, police said it wouldn’t show on record so Mike didn’t keep the paper copy
- Mike’s father is a lawyer, formal complaint about differing treatment

Case 2:

- Jade is a “just satisfactory” student
 - Previous late coursework for SSCs but passed all exams (D)
 - But “fits in” with clinical team and patients like her
- In 5th year she is mostly absent from her clinical placement
- Fails to attend meetings with her educational supervisor
- Meets year 5 lead but gives no reason for behaviour, she denies being ill and wants to complete the programme (meeting not recorded)
- Sees student counselling services but behaviour does not change
- FtP investigation commences

Case 3:

- Claire is a 5th year on placement in MAU, no previous issues
- Nurses receive complaints from patients that venepuncture/cannulation skills are poor
- Supervisor reviews logbook and skills are signed off as “excellent” by FY1 Tom
- Ward sister tells supervisor that Claire and Tom are romantically involved
- Tom admits relationship but denies signing off WPBAs
- Supervisor contacts medical school re: possible falsified entries

Case 4:

- Graham is a 3rd year student
- Dan is a member of the public who is friends with Graham on Facebook
- He mentions to the curriculum lead at a social event that Graham has posted inflammatory statements and misogynist views about women
- One particular comment clearly relates to a faculty member (unnamed)
- Curriculum lead identifies a number of other students who have “liked” the comments

Outcomes from Student FtP



In 2015/16...

... 2/3 of
student FtP
investigations
closed
without
reaching a
panel

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
<p>Possible outcome of <u>investigation or panel</u>:</p> <ul style="list-style-type: none">▪ The student's fitness to practise is not impaired.▪ There is no risk to patients or to public confidence.▪ The student has insight into any medical condition.▪ In cases of health, the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies appropriately.						

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
<p>Possible outcome of <u>investigation or panel</u>:</p> <ul style="list-style-type: none">▪ The student's fitness to practise is not impaired.▪ Their behaviour does not present a risk to patients or to public confidence.▪ The student's behaviour raises concern and is a significant deviation from expected standards.▪ The concerns are serious enough that if there were a repetition, it would be likely to result in a finding of impaired fitness to practise.▪ The concern warrants a formal recording to help identify repeat behaviour.						

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
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Possible outcome of investigation or panel:

- The student's fitness to practise is impaired.
- The proposed undertakings offer sufficient safeguards to protect patients and the public.
- The student has shown genuine insight into their problems and wants to resolve them.
- The student is already seeking help and support that would comply with any conditions the medical school may wish to impose.

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
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Possible outcome of panel only:

- The student's fitness to practise is impaired.
- The conditions will protect patients during the time they are in force.
- The student has shown sufficient insight, and is willing to respond positively to support and conditions.
- There are identifiable areas of the student's studies in need of further assessment or remedial action.
- The student has genuine insight into their health problem, is aware of compliance with the guidance on health and has agreed to abide by conditions relating to their medical condition, treatment and supervision.
- Patients will not be put in danger either directly or indirectly as a result of the conditions.

Remediation

- In the context of fitness to practise, remediation is where a student or graduate addresses concerns about their conduct, behaviour or health
 - Key elements:
 - reflection and self-assessment
 - sincerely expressing remorse
 - taking steps to improve by learning from mistakes
 - putting measures in place to prevent similar events from recurring
 - having evidence of the steps taken and measures put in place.
 - Remediation can take a number of forms:
 - volunteering
 - expressions of regret or apology (reparations), reflective essays
 - coaching, mentoring
 - training, courses or programmes (e.g. driving awareness)
 - rehabilitation e.g. evidence of abstinence from drugs or alcohol
 - Evidence the student complied with conditions or a recommended treatment plan
 - Requires insight, must be student driven
 - Continuous process – resources & time required!
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No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
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Possible outcome of panel only:

- The student's fitness to practise is impaired.
- The breach of professional values is serious, but not fundamentally incompatible with the student continuing on a medical course – expulsion not justified to protect patients and the public. But, given the seriousness, any sanction less than suspension would not be in the public interest.
- The student's judgement may be impaired, in cases that relate to the student's health, and there is a risk to patient safety if the student were allowed to continue on the course even under conditions.
- There is no evidence that the student is inherently incapable of following good practice and professional values. For example, they have not received previous warnings, nor are they in breach of agreed conditions or undertakings.
- The panel is satisfied the student has insight and is not likely to repeat the behaviour.
- There will be appropriate support for the student when they return to the course.

No action	Warning	Referral to fitness to practise panel	Undertaking	Condition	Suspension	Expulsion
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Possible outcome of panel only:

- The student's fitness to practise is impaired.
- The student has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients.
- The student has shown a reckless disregard for patient safety.
- The student has seriously departed from the principles set out in [Outcomes for graduates \(Tomorrow's Doctors\)](#) and [Achieving good medical practice: guidance for medical students](#).
- The student has behaved in a way that is fundamentally incompatible with being a doctor.
- The student has committed offences of a sexual nature, including involvement in child pornography.
- The student has violated a patient's rights or exploited a vulnerable person.
- The student has abused their position of trust.
- The student has committed offences involving violence.
- The student has been dishonest, including covering up their actions, especially when the dishonesty has been persistent.
- The student has put their own interests before those of patients.
- The student has persistently shown a lack of insight into the seriousness of their actions or the consequences.

In 2015/16...

... Only 10 cases of
expulsion through
formal FtP procedures

Student Support



Medical School sources of help and other resources

First point of call: e.g. admin staff, Year Secretaries

Academic support: Year Leads

Student Welfare Officer

Pastoral support scheme (Regent)

Student Pairing Scheme (Year 2 mums and dads)

Specialist support for students with mental health issues

Additional Communication Skills teaching



Medical School sources of help and other resources

Study Skills advice

Financial Support - hardship funds and access to financial adviser

Careers advice

School Disability Co-ordinator

Disability provision arrangements

NHS Occupational Health Service

Chaplaincy/Mosque



Impact of SFtP procedures:

- Information is sent to the GMC about ongoing and closed student fitness to practise cases and investigations when students are in their final year of study.
 - Helps the Registration team process provisional registration applications with plenty of time to examine the details of each case
 - In the overwhelming majority of cases, applications with a declaration about fitness to practise will be granted provisional registration.
 - In 2016 13% of applications for provisional registration included declarations about fitness to practise issues. Only six applicants (0.08% of all applications) were refused provisional registration.
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Summary

- It's difficult!
- There are processes
- Guidance is available
- GMC website

Thank you