

Professor Tim David, University of Manchester
 "Fitness to Practise" – the UK Approach to Students With Very
 Serious Conduct or Health Problems
 International Research Centre for Medical Education (IRCME)
 University of Tokyo, 25 July 2012



PLAN FOR LECTURE

- My background
- What is fitness to practise?
- Common concerns
- The first fitness to practise case
- The fitness to practise procedure
- Examples of cases







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Academic Lead for Student Fitness to Practise
Chair: Fitness to Practise Committee
Faculty of Medical & Human Sciences

SCHOOLS IN FACULTY

- Medicine
- Dentistry
- Nursing, Midwifery & Social Work
- Pharmacy
- Psychology

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ACADEMIC LEAD FOR FITNESS TO PRACTISE

- 180 cases at University of Manchester 2007-2012 (Advice & Chair of Fitness to Practise Committee)
- 30 cases at 5 other UK medical schools
- Manchester January-July 2012: 11 Fitness to Practise Committee meetings

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WHAT IS FITNESS TO PRACTISE?

- A way to manage healthcare students with serious behaviour or health problems.
- The Medical School has asked the question "is this person suitable to be a doctor?"

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FITNESS TO PRACTISE IS NOT ABOUT

- Less serious problems which can be managed with advice and support
- Pure academic problems, such as:
 - very bad attendance
 - repeated failure of examinations

MOST FREQUENT AREAS OF CONCERN (1)

- Criminal convictions
- Drug or alcohol misuse
- Aggressive, violent or threatening behaviour
- Persistent inappropriate attitude or behaviour

MOST FREQUENT AREAS OF CONCERN (2)

- Cheating or plagiarism
- Dishonesty or fraud
- Unprofessional behaviour or attitudes
- Health concerns and insight or management of these concerns

UNIVERSITY OF MANCHESTER FITNESS TO PRACTISE COMMITTEE

- As a minimum: chair plus 2 others, one of whom is not from the medical school.
- Psychiatrist and psychologist if relevant.
- Lawyer if relevant (e.g. criminal conviction).
- Members must not have had previous involvement with student
- School's concerns and student's response put in writing and circulated in advance of meeting.
- Committee is neutral, and not on the side of the school or the student

COMMITTEE PROCEDURE

- Papers (case from School and student's response) circulated in advance
- School representative presents case against student and answers questions
- Student presents his or her response to case and answers questions
- Student can be accompanied (by another student, a member of staff, or a lawyer)
- When questioning completed, student and School representative leave, and Committee decide (i) the facts (ii) what action is needed

POWERS OF A FITNESS TO PRACTISE COMMITTEE

- Dismiss the case, no further action
- Permit student to continue with advice and guidance
- Permit student to continue with close supervision
- Suspend studies for specified time
- Require student to resit a specified part or parts of programme
- Require student to attend a further Fitness to Practise Committee hearing
- Require any other action considered appropriate by the Committee to enable the student's successful completion of the remainder of the programme
- Exclusion/expulsion



SERIOUS STUDENT FITNESS TO PRACTISE PROBLEMS ARE RARE

- In 2011, out of 41,268 UK medical students at the 31 UK medical schools, there were 381 fitness to practise cases
- These few students take up a lot of time and need a great deal of help

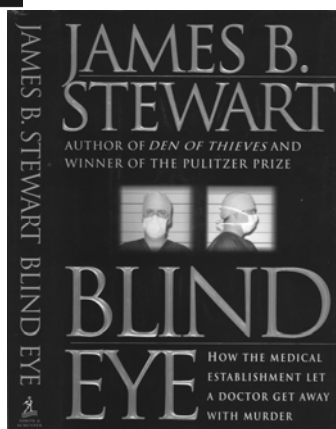
THE FIRST RECORDED MEDICAL STUDENT FITNESS TO PRACTISE CASE

Medical Student Fitness to Practise Case

- Poor attendance during obstetrics attachment (was moonlighting as an ambulance paramedic)
- Told to take history and examine a woman due for caesarian section, and produced an impressive 3 page write-up (but on checking, he had barely spoken to patient and had not examined her)
- Other students wrote to medical school urging he be expelled because of lack of interest in patients and contempt for education

Southern Illinois University Springfield, USA

- Committee considered Fitness to Practise in May 1982.
- Student claimed he was supporting his widowed mother and family (he lied: in fact *she* was paying for his education).
- Any decision to expel a student required unanimity.
- 8 voted to expel, one abstained, and one voted to give him another chance, so he was allowed to continue.



EXAMPLES OF CASES

- Violence (2)
- Dishonesty and forgery (5)
- Complex case, mishandled
- Drugs and alcohol (2)
- Mental health (2)
- Drink driving (1)
- Criminal behaviour (3)



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CONCLUSIONS - 1

- Student conduct and behaviour problems are very common.
- Almost all cases can be dealt with by advice, support and warnings.
- Cases needing referral to the Fitness to Practise Committee are rare.
- Fitness to practise cases tend to be very difficult and are often complex.

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CONCLUSIONS - 2

- Fitness to practise cases are a test of University regulations, just like water is a test of pipes. Are your rules and your regulations perfect?
- Are your staff and your students given enough guidance about student conduct and health problems?

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CONCLUSIONS - 3

- Problems for small medical schools (e.g. 110 students per year):
 - Fitness to practise cases are so rare a small School will never gain sufficient experience in dealing with these cases.
 - In a small School, most teachers know each student, making it very difficult to set up a Fitness to Practise Committee of truly independent members.

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CONCLUSIONS - 4

- Serious unprofessional behaviour and serious health problems deserve to be dealt with in a professional and accountable way.
- Step 1 should always be education and prevention
- Possible solutions for Japan:
 - ? Regional Fitness to Practise Committees
 - ? Phase 1 – Fitness to Practise Committee for all Medical Schools in Tokyo

