What “fitness to practise” means for schools and for students’ behaviour

In this first of two articles coinciding with the launch of the Royal Pharmaceutical Society’s consultation on a code of conduct for pharmacy students, Timothy David, Ellen Schafheutle and Jason Hall introduce readers to the concept of pharmacy student fitness to practise.

It may come as a surprise to some undergraduate pharmacy students, and to those applying to MPharm degree courses, that, in the future if they wish their career to progress they have to do more than turn up to lectures and classes and pass examinations. As with all other healthcare profession undergraduate students, there is a requirement that students maintain a high standard of professional behaviour. An even greater shock may be that pharmacy students will need to be aware that their health and behaviour outside the clinical environment, including their personal lives, may have an impact on their fitness to practise.

The behaviour of all pharmacy students at all times must justify the trust that the public places in the pharmacy profession, and there are numerous examples of perfectly competent health professionals (including pharmacists) who were struck off their professional register because of misbehaviour that occurred while they were neither at work nor on duty.

Privileges and responsibilities
Pharmacy students have special privileges and responsibilities as recommended in the pharmacy White Paper, the pharmacy degree course increasingly gives students the opportunity to learn professional behaviour in a supervised environment. Contact with patients and members of the public means that undergraduate pharmacy students have certain privileges and responsibilities different from those of other non-healthcare university students, and different standards of professional behaviour are expected of them. Standards of professional behaviour are defined for all registered healthcare professionals in their codes of professional conduct, for example the General Medical Council, the General Dental Council, the Nursing and Midwifery Council, the Health Professions Council and the Royal Pharmaceutical Society of Great Britain. Healthcare students cannot always be held to the same standards of professional behaviour as registered professionals, but the underlying principles are similar, and most of the healthcare regulators are in the process of setting out profession-specific standards for student behaviour. The most notable is the document entitled “Medical students: professional values and fitness to practise”, the second edition of which was published on 9 March 2009. The Royal Pharmaceutical Society, having commissioned two literature reviews, is now in the process of preparing a code of professional conduct and fitness to practise procedures for pharmacy students (see p625).

Guidance and regulations
Alongside guidance from healthcare regulators, universities each have their own regulations concerning the behaviour of healthcare students. Some of these regulations are course-specific, and some will apply to all students at the university. Thus, for example, at the University of Manchester there are general university regulations for all students concerning plagiarism and other forms of misconduct; but for pharmacy and other healthcare students there are specific policies and regulations concerning drugs and alcohol, and dress code.

Students on university courses will receive some sort of programme handbook, a detailed set of guidance containing reference to all the policies and regulations that apply. However pharmacy and other healthcare students who are on clinical visits or placements must adhere not only to university regulations but also to local (for example hospital) institutional codes and policies.

Personal behaviour
As indicated above, pharmacy students must be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practise. This means, for example, that healthcare students have a duty to report to the university any criminal convictions, cautions or penalty notices for disorder. Criminal offences, particularly those involving dishonesty, or the use of drugs or alcohol, are likely to raise questions about an individual’s fitness to practise.

NHS hospital trusts are often unwilling to accept on a visit or placement a healthcare student who has been convicted of a criminal offence until the student’s fitness to practise has been considered by a student fitness to practise committee.

Professional behaviour
All schools of pharmacy need to make sure that the undergraduate programme fully covers all aspects of professional behaviour. This is a thread that should run through the whole course because there are different facets that apply in many different settings.
The undergraduate period is an opportunity for schools of pharmacy to identify types of behaviour that are not safe, and to take appropriate action to help students overcome them. If this is not possible or unsuccessful, schools must take steps to make sure the student does not participate in clinical placements and must also question whether or not it is possible for the student to graduate with an MPharm degree and subsequently enter preregistration training. This will involve the school or university fitness to practise procedures.

The professional behaviour expected of pharmacy students mirrors that of registered pharmacists. The principles are set out in the Royal Pharmaceutical Society’s Code of Ethics for Pharmacists and Pharmacy Technicians (see Panel 1) and a studentspecific code of conduct for pharmacy students is to be issued by the Society in the coming months. These are important documents, and those designing courses for students will want to ensure appropriate reference is made to them during the programme. They should be incorporated into teaching and learning of professionalism and professional behaviour. That incorporation is likely to transcend different years and modules of the course and occur, for example, in clinical placements, visits, professional classes such as dispensing, ethics lectures and workshops.

Health and student fitness to practise

Pharmacy students, just like registered pharmacists, need to be aware that not only their behaviour but also their own poor health may put patients and colleagues at risk. This means that students have a duty to seek and follow advice from a suitably qualified professional about their health, and should not rely on their own or another student’s assessment of the risk posed to patients by their health. This is particularly important if they have, or suspect they have, a serious illness that could be passed on to patients, or if they are receiving treatment that could affect their judgement or performance.

Students should be willing to seek medical or occupational health advice, or both, and be referred for treatment and to engage in any recommended treatment programmes.

Panel 1. The seven principles of the Code of Ethics for Pharmacists and Pharmacy Technicians

- Make the care of patients your first concern
- Exercise your professional judgement in the interests of patients and the public
- Show respect for others
- Encourage patients to participate in decisions about their care
- Develop your professional knowledge and competence
- Be honest and trustworthy
- Take responsibility for your working practices

Students with blood-borne viruses can study pharmacy but they should not perform exposure prone procedures without first completing the recommended health screening. Where students graduate, they are responsible for informing their preregistration tutors and their employers or other appropriate persons if their health poses a risk to patients, the public or colleagues.

Health and disability

Pharmacy training should be able to accommodate people with a wide range of faiths, backgrounds and ambitions as well as those with health conditions and disabilities. Diversity, the differences between people, should be embraced; it makes a valuable contribution to the profession and the population it serves. Schools of pharmacy must make reasonable adjustments to the method of learning and the assessment by which students demonstrate their knowledge and skills, and in most cases health conditions or disabilities will not raise fitness to practise concerns. Nevertheless, pharmacy students must be fit to practise pharmacy, and the safety of patients must be put above all other considerations.

Feedback, advice and warnings

Students are entitled to feedback, advice and clear and timely warnings. They are in a learning environment, and expectations of their behaviour will depend on their year of study. However, these expectations must be made clear to students.

Programme or course handbooks should include all the relevant rules and regulations that apply to the course and to the university. It is an essential part of good educational practice that a clear, unambiguous and carefully documented warning, preferably in writing, should be given to a student who is displaying unacceptable or unprofessional behaviour. Whereas one can expect a practising professional to adhere to the standards of the profession, students are entitled, where possible, to receive a warning and be given an opportunity to change.

Support and pastoral care

It is important that students have opportunities to seek help, advice and support for any matter before it becomes a fitness to practise concern. The principles are outlined in Panel 2. The course or programme handbook should set out the procedures for addressing concerns, and should provide information about how students can access student support services, disability support services and occupational health services where appropriate. Students should be directed to the appropriate support services, which may include, in addition to those already mentioned, counselling services and personal tutors.

Conclusions

Pharmacy students need to maintain a high standard of professional behaviour, and should be aware that their health and behaviour outside the clinical environment, including their personal lives, may have an impact on their fitness to practise. Advice about expected standards of professional behaviour should be incorporated into pharmacy courses, and students need easy access to support. Information about how fitness to practise procedures operate for students will appear in a second article next week.

References