Fitness-to-practise procedures for pharmacy students and how they work

In the second of two articles coinciding with the launch of a consultation on a code of conduct for pharmacy students by the Royal Pharmaceutical Society, Timothy David, Ellen Schafheutle and Jason Hall give a general overview of fitness-to-practise mechanisms.

At the heart of fitness to practise is the question: “Is this health professional safe and effective?”. As pointed out in the Royal Pharmaceutical Society’s “Code of ethics for pharmacists and pharmacy technicians”, registration as a pharmacist or pharmacy technician requires a person to:

- Develop and use his or her professional knowledge and skills for the benefit of those who seek his or her professional advice.
- Maintain good professional relationship with others.
- Act in a way that promotes confidence and trust in the pharmacy profession.

It follows that failure to follow these key principles, a significant departure from the relevant code of professional conduct or behaviour that falls below expected levels are bound to raise a question about a pharmacy student’s fitness to practise. In general, the threshold for referring a student to a fitness-to-practise committee will be when there is serious or persistent concern about his or her ability to stay on the course or subsequently practise as a preregistration trainee and, later, registered pharmacist. This includes, but is not limited to, the possibility that he or she could put patients or the public at risk, and the need to maintain trust in the profession.

Schools of pharmacy or their associated university, or both, are responsible for determining the fitness to practise of individual pharmacy students, and the guidance currently being determined by the Society should assist in this process. Panel 1 lists a number of questions that may be useful when considering concerns over a student’s potential fitness to practise.

Protection of patients and the public

At the heart of fitness-to-practise procedures, whether for students or registered health professionals is the need to protect patients and the public from health professionals whose health or behaviour puts others at risk of harm.

Universities are responsible not only for managing educational programmes and providing support for students, but also for protecting patients and making sure that no member of the public is harmed as a result of taking part in the training of healthcare students. As a result, every university in the UK dealing with healthcare students will need to have in place a mechanism to consider student fitness-to-practise cases.

Referrals to a student fitness-to-practise committee tend to fall into one or more of several categories. These are:

- Plagiarism.
- Cheating and other forms of dishonesty.
- Criminal conviction, caution or penalty notice for disorder.
- Mental illness.
- Drug or alcohol misuse.
- Other health problems (e.g., progressive neurological disorders).
- Unprofessional behaviour.

Panel 2 lists examples of unprofessional behaviour. Examples of criminal matters that will cause concern about fitness to practise include offences involving dishonesty (such as theft, burglary or fraud), excessive alcohol intake or drink driving, possession of illegal substances, physical violence (such as assault or child abuse) and child pornography.

Pharmacy students who complete their training and who wish to work with patients, are increasingly likely to have to go through the enhanced Criminal Records Bureau (CRB) disclosure process. Students are often unaware that criminal convictions, cautions and penalty notices for disorder will be revealed by this process for an indefinite period, and will come to light each time they apply for a job. These enhanced CRB disclosures may cause problems when a pharmacy student seeks employment, but they are also increasingly causing problems during training because healthcare providers, for example NHS trusts, are often reluctant to permit placements for students with criminal records without an independent assessment (by a fitness-to-practise committee) of the student to facilitate or ensure patient safety.

Fitness-to-practise investigations

The precise management of fitness-to-practise cases will vary between schools of pharmacy, but if significant concerns are raised about a student’s fitness to practise, the next step is likely to be an investigation into those concerns. There is no standard format for an investigation. As a minimum, however, it is likely to involve speaking to the person who has raised the concern and obtaining a written and signed statement from that person.

The investigator, the person who is responsible for conducting the investigation, should not be the student’s personal tutor or someone whose primary role is to provide the student with support.

Fitness-to-practise hearings

Once the investigation has been completed and the student has been given an opportunity to respond, there should be a mechanism within the school to decide whether or not the matter should be referred to a fitness-to-practise committee.

Support for students

Students should be encouraged to be represented at a fitness-to-practise committee hearing or to have a supporter present. The school or university’s fitness-to-practise procedures should state who may accompany a student at a hearing, and it is common practice for this to be a member of staff (e.g., a personal tutor, or someone from the student support office), another student or a lawyer.

Disclosure of information

To ensure fairness and to enable a student to respond to complaints or criticisms, it is self-evident that

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Panel 1: Fitness-to-practise considerations

When considering the threshold for fitness-to-practise concerns in an individual student, the following questions may assist:

- Has the student’s behaviour harmed patients or put patients at risk of harm?
- Is the student displaying a persistently inappropriate or unprofessional attitude or behaviour?
- Has the student shown a disregard of professional and clinical responsibilities towards patients, colleagues or school staff?
- Is the student’s health or impairment compromising patient safety?
- Has the student abused a patient’s trust or violated a patient’s autonomy or other fundamental rights?
- Has the student behaved dishonestly, fraudulently or in a way designed to mislead or harm others?

A student must be provided, well in advance of the hearing, with a full set of the papers provided to the committee. This should include a copy of the fitness-to-practise regulations, any other relevant university rules and regulations and a copy of the Society’s guidance on student fitness to practise (when this becomes available). The student must be given an opportunity to submit documents in advance of the hearing and it is usual to invite the student to provide a statement to the committee, which should be sent to it in advance of the hearing.

Committee composition. Reflecting the varying approaches to governance, regulations and committee structures at different schools and universities, there is some variation in the composition of fitness-to-practise committees. Generally, committees include at least one member from the relevant profession and someone from another discipline or school.

What happens at a hearing? The procedure will depend on local regulations, but the basic components are described in Panel 3.

Possible outcomes. The fitness-to-practise regulations should set out the possible outcomes. They usually include permitting the student to continue (perhaps with appropriate advice, guidance and supervision), requiring the student to resit a specified part or parts of the programme, suspending the student’s studies for a specified time, recommending other action considered appropriate by the committee to enable the student to complete the programme successfully, recommending the termination of studies but permitting the student to exit with an alternative award (e.g., BPharmSci for an MPharm student), or recommending the termination of the student’s studies. In cases where the student has been allowed to continue with the programme, there may be a need for the student to attend the committee on further occasions, so that progress can be monitored.

Appeals. Students can appeal to the university against the outcome of a fitness-to-practise 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 court. The existence of an appeal mechanism can act as a safeguard against any local procedures that are structurally unfair (e.g., lacking independence) or that are not implemented fairly (e.g., if there is a failure to follow them).

Conclusions. Pharmacy students can take some comfort from the general notion (in the absence of any numerical data) that the numbers of pharmacy students who are irredeemably unsuitable for a career in pharmacy are likely to be low. Schools of pharmacy need systems in place to educate students about professionalism, and to deal with problem behaviours and health issues.

Currently, depending on local university governance and management structures, there are two models for operating student fitness-to-practise committees: subject-specific committees (e.g., for pharmacy alone) and multidisciplinary committees (e.g., for pharmacy and some other health professions). The advantage of the latter approach is that the greater case load allows for the development of experience and expertise in handling cases of which can prove complex. Wherever this is in place, the key point is that there are two things for schools of pharmacy to get right: to have fair written procedures, and to follow and implement them fairly.

References

Panel 2: Examples of unprofessional behaviour in students

- 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
- Misleading patients, the public or health professionals into believing a student is a qualified healthcare professional
- Inappropriate questioning or examinations during patient consultations or failure to keep appropriate boundaries in behaviour
- Culpable involvement in a failure to obtain proper consent from a patient
- Sexual, racial or other forms of harassment (e.g., malicious postings on the internet)
- Persistent failure to accept and follow educational advice

Panel 3: Basic components of a fitness-to-practise hearing

1. The student is notified of the date, time and venue of the hearing, and is sent the same papers (including a copy of the fitness-to-practise procedures or regulations) as are sent to the committee, in sufficient time to prepare a written response, which is to be circulated to the committee in advance of the hearing.
2. The chairman of committee introduces the student and his or her supporter or legal representative to members of the committee and to the committee secretary (whose role is to make a record of what is said), and goes through the procedure to ensure student understands what will happen.
3. The chairman checks that the student and the committee have all been supplied with the same papers.
4. The school representative presents the case against the student.
5. The committee asks questions of the student representative.
6. The student asks questions of the school representative.
7. Witnesses, if any, are called by the school and then by the student, and the witnesses are questioned by the committee and by either the school or the student.
8. The student is questioned by the committee and by the school representative.
9. The student is invited to address the committee to summarise or to add any points not already made.
10. The student, the student’s supporter or representative and the school representative withdraw.
11. The committee consider the case, determine the facts, decide what sanction (if any) is necessary and agree the components of the outcome letter.
12. The student, the student representative and the school representative are invited back to learn the outcome (This step is not always included.)
13. The outcome letter, including information about appeals, is sent to the student and the school as soon as possible.