Fitness to practise procedures for medical students

Medical students who exhibit severe forms of adverse behaviour (including criminal matters), sometimes accompanied by mental health problems, are likely to be seen by their medical school's fitness to practise committee, a topic explained in this review.

Every medical school in the UK is required to have a fitness to practise committee. The task of this committee is to consider the cases of medical students who exhibit particularly severe adverse behaviour (including criminal matters), often refractory to support, advice and warnings, and sometimes accompanied by mental health problems (including cases involving drugs or alcohol). The committee has the power to terminate, or recommend the termination of, the studies of a student. While the procedures and approach vary between medical schools, some basic principles underpin all such work, and this review explains a subject that is insufficiently familiar to doctors involved in medical student education.

All medical schools have systems for supporting and advising students, and in the vast majority of cases student problems can be rectified without undue difficulty. A small number require some sort of additional guidance or intervention, possibly accompanied by the use of formal interventions such as written warnings. There remains a subset of particularly serious cases of student misconduct, criminal behaviour or mental health disorders (usually accompanied by poor cooperation) which call into question the student's suitability for a career in medicine. While there is some variation in the way medical school fitness to practise procedures operate, they all provide a framework that enables the medical school to deal with these difficult problems.

The functions of the General Medical Council

The General Medical Council is an independent organization that helps to protect patients and improve medical education and practice across the UK. The four main functions of the General Medical Council, as derived from the Medical Act 1983 (as amended), are listed in *Table 1*. In keeping with these functions, and as set out in their guidance *Tomorrow's Doctors*, the General Medical Council (2009a) mandates that medical schools must only graduate medical students who are fit to practise as doctors. This means that if a medical school is unable to confirm that a student is fit to practise, graduation (according to the General Medical Council) is impermissible. This is a particular problem for final year medical students – even if they have passed the final examinations and fulfilled the other requirements of the programme they may not be permitted to graduate if there is a question about their fitness to practise, as illustrated in *Case 1*.

Newly qualified doctors who hold a UK primary medical qualification must apply for, and obtain, provisional registration with the General Medical Council before being allowed to commence their clinical career on the foundation programme. The General Medical Council will only register medical graduates who are fit to practise,

Table 1. The functions of the General Medical Council as derived from the Medical Act 1983 (as amended)

Defining the standards and ethics that society and the profession expect doctors to follow throughout their working lives
Encouraging high quality medical training of new doctors in the UK and coordinating all stages of medical education
Registering and licensing doctors for practice in the UK
Dealing firmly and fairly with doctors whose fitness to practise is questioned

Case 1. Final year medical student misconduct (dishonesty) case

A week before sitting (and passing) the final examinations, a medical student forged the signature of the supervisor and falsified all the supervisor's assessments relating to the student's final attachment. This was discovered after the examinations had been completed but before graduation.

The student initially denied but later admitted dishonesty. Graduation was not permitted, and the student was referred to the fitness to practise committee, which considered the case in the following months. The student had a previously unblemished record, and was profoundly remorseful. The committee gave a final written warning, and the student was allowed to enter pre-registration training, but because entry into the foundation programme is only possible once a year, the student's career progression was delayed by 12 months, a significant penalty.

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and if they identify a risk to patient safety they have a responsibility to refuse registration until the graduate can demonstrate that he or she is fit to practise. In the last 5 years (2010–14) there have been 17 instances when an application for provisional registration by a UK medical graduate was refused by the General Medical Council because the registrar considered that the applicant's fitness to practise was impaired. While this number is small, the fact that this can happen is largely unappreciated by medical students and their teachers, the prevailing false assumption being that passing finals and graduation is the final hurdle before taking up a foundation programme post. It is a poorly recognized fact that just because a university fitness to practise committee has concluded that a student is fit to practise there is no guarantee that the General Medical Council will come to the same decision.

The General Medical Council (2009b), in collaboration with the Medical Schools Council, has published *Medical students: professional values and fitness to practise*. This guidance explains the professional behaviour expected of students, sets out the meaning of student fitness to practise, and defines and illustrates the threshold of student fitness to practise. It also explains how it is expected that student fitness to practise cases will be managed. The Medical Schools Council organizes an annual training event for secretaries and chairs of medical school fitness to practise committees, and on their website they have published a number of toolkits intended to support those who have the task of running student fitness to practise committees.

Mental health problems

About one third of student fitness to practise cases concern mental health problems, which can be particularly complex and challenging, and which are the subject of specific guidance from the General Medical Council (2013). The issue in these cases is often not the severity of the illness but the student's poor cooperation with assessment and treatment.

The first published medical student fitness to practise case

While on an obstetrics and gynaecology attachment, the student poorly attended – he was moonlighting as an ambulance paramedic. When given 10 minutes to take a history and examine a woman due for a caesarean section, he produced an impressive 3-page write-up, but on checking it was found that he had hardly spoken to the patient who he had not examined. Other students wrote to the medical school urging he be expelled because of a lack of interest in patients and contempt for education. The student was studying medicine at the Southern Illinois University at Springfield, and his case was considered in May 1982 by what was called the Progress Committee but was in fact a fitness to practise committee*. The student lied to the Committee, telling them he was supporting his widowed mother and his family (in fact she was paying for his education). The Committee's regulations required that a decision to expel required unanimity. Eight voted for expulsion, one abstained, and one voted to give him another chance, and he was allowed to continue and eventually qualified as a doctor. He went on to become one of the most prolific serial killers in American history (Stewart, 1999).

For now, there are two learning points. One is that fitness to practise is primarily about the protection of patients and the public, and the duty of medical schools to have systems to ensure that future patients are protected from harm. The other is that the 'unanimity' rule can impose far too high a requirement and is potentially unsafe.

The public interest in student fitness to practise

The public interest includes, among other things, the protection of patients, the maintenance of public confidence in the profession, and declaring and upholding proper standards of conduct and behaviour. The task for a student fitness to practise committee is to achieve proportionality by balancing the public interest, on the one hand, against the usually opposing interests of the student on the other hand.

Fitness to practise *vs* professionalism

These are different concepts and should not be confused with one another. Professionalism is about high standards and best/aspired to behaviour. Fitness to practise is about minimum standards and suitability.

Student fitness to practise investigations

Sometimes a student problem requires a formal fitness to practise investigation, conducted by an investigator specially appointed for the purpose, who interviews all the relevant individuals (such as staff and/or complainants, and always including the student) (David and Ellson, 2011). The investigator produces a report which will give details of the data that have been gathered, and conclude with a recommendation as to whether or not the matter needs to proceed to a fitness to practise committee meeting. The medical school is not required to accept the investigator's recommendation, and must make its own decision about the need or otherwise for the student to attend a fitness to practise committee.

Different medical schools use different approaches. In some the investigator is a doctor, whereas in others the task is performed by someone from another health-related programme at the same university (such as a dentist or a nurse). Familiarity with the undergraduate programme and the future career are the advantages of having a doctor as an investigator, whereas complete independence from the medical school is the advantage of an investigator from another profession. Another approach in use at one university, particularly suited to dishonesty or criminal behaviour, has been to use a retired police officer.

* The term fitness to practise is mainly confined to the UK, Australia and New Zealand and is not widely used elsewhere.

Where an investigator has been used, it is common for that person to present the case against the student to the fitness to practise committee. This can on occasion lead to difficult situations, such as when an investigator who recommended that there was no case to answer had his opinions over-ruled by the medical school and then found himself having to present the case against a student who in effect he supported.

The route to a fitness to practise committee

Every medical school will have its own approach to identifying and referring particularly serious cases to their fitness to practise committee. As an illustration, the Manchester Medical School has established a 'Health and Conduct Committee' to consider cases of sufficient seriousness. This committee has the power to impose various sanctions and to direct referral to the fitness to practise committee. The data (*Table 2*) show that in the majority of cases the student is not referred to the fitness to practise committee, the management mostly being a varying combination of guidance, support and warnings. In the case of students who are exhibiting unprofessional behaviour, referral to the fitness to practise committee is mostly only made where the student has failed to respond to advice and one or more warnings.

Referral to a fitness to practise committee is rare

All medical schools report their fitness to practise data annually to the General Medical Council, and the most recently available data show that referral to a fitness to practise committee is rare (*Table 3*). While the number of student fitness to practise committee cases is small, these cases often require an inordinate amount of work by the school.

Expulsion of students on fitness to practise grounds is very rare

The most common reasons for expulsion of medical students are academic, such as repeated failure of examinations or very poor attendance. Published national data are unavailable. A very small (but unknown) number of students is expelled as a result of university disciplinary processes, because of academic misconduct (such as repeated plagiarism, examination cheating or research fraud) or some other form of gross misconduct that contravenes university or medical school regulations, including, in particular, dishonesty during the application process. Most universities notify students at the time that a place on the programme is offered that, if at any time subsequently it is found that the person was dishonest in his/her application, then the university has the right to withdraw the place. Examples of such dishonesty are a mature student who forged an A-level certificate claiming to have four grade A passes at A level (he had none), a student who provided a false name and date of birth on his Universities and Colleges Admissions Service (UCAS) form (to avoid discovery of a serious criminal record), and a student who provided false information about non-existent previous employment on a UCAS form (in order to conceal his expulsion from the same programme at another university). However, the UK data (as reported to the General Medical Council) show that expulsion by a fitness to practise committee is rare (*Table 4*).

Common myths and misunderstandings

It has often been reported in the media, and it is widely believed, that rowdy behaviour, college pranks, parking violations, nights out on the town, having a messy kitchen, playing loud music, staying up all night and other minor matters will automatically result in referral to a medical school fitness to practise committee. These wild, often repeated, and misleading allegations do, however, have a tiny grain of truth, in that a minority of medical schools do label all forms of misbehaviour, however minor, as 'fitness to practise' matters, whereas most medical schools reserve the term for the most serious cases.

Table 2. The proportion of students from Manchester Medical School referred to the health and conduct committee and then on to the fitness to practise committee, 2010–14

Academic year	Students	Health and conduct committee cases	Fitness to practise referrals
2010/11	2154	25	2
2011/12	2154	24	5
2012/13	2158	35	5
2013/14	2123	23	8

Table 3. UK medical students referred to their medical school fitness to practise committee

Year	Total number of students	Students attended fitness to practise committee
2011	41 268	102
2012	41 422	48
2013	40 625	65

Table 4. The number of medical students expelled by a medical school fitness to practise committee in the UK

Year	Number of students expelled
2009	9
2010	14
2011	17
2012	6
2013	3

Because of the different ways that medical schools report their cases, the data, particularly for the earlier years, include cases where expulsion occurred before a student was seen by a fitness to practise committee. The data for 2012 and 2013 are only cases excluded by a fitness to practise committee

Variations in approach at different medical schools

There are four notable differences in the approaches taken by different medical schools in the UK.

First, at the majority of medical schools there is a discipline-specific fitness to practise committee that deals only with medical student cases. At other medical schools, the minority, there is a fitness to practise committee that serves more than one student programme. The University of Manchester uses the latter – the fitness to practise committee deals with students from, among others, medicine, dentistry, pharmacy, nursing, midwifery, psychology, audiology, speech therapy and social work. This allows development of expertise that is hard to achieve with a discipline-specific fitness to practise committee.

Second, the term 'fitness to practise' relating to a student problem is not used in the same way at each school. At one extreme, as in Manchester, a student is only labelled as a 'fitness to practise' case if referred to the fitness to practise committee. At the other extreme, almost any kind of problem is regarded as a potential fitness to practise problem, leading in the past to wide variations in the number of fitness to practise cases reported by each medical school. The General Medical Council is trying to overcome this confusion by requiring medical schools to describe the stage in the process for each reported case.

Third, although there are no published data, there is an impression (which could be wrong) that fitness to practise-related expulsion is more likely at certain medical schools than others.

Finally, when considering the fitness to practise of applicants who have a criminal record, some medical schools use their fitness to practise committee to aid decision making about suitability for a career as a doctor, whereas others have a separate process for dealing with positive criminal record disclosures.

What happens at a student fitness to practise committee meeting?

The basic structure is that someone representing the medical school presents the case against the student, and the student presents his/her response. The papers should all be precirculated, the main aim of the meeting being for members of the committee to question the school representative and the student in order to gain a better understanding of the allegations and the student's response. Each medical school has its own written regulations governing the conduct of such meetings, and it is important that these regulations are followed. Advice on ensuring procedural fairness has been published elsewhere (David and Ellson, 2010; David et al, 2012). When the questioning has been completed, the committee considers the matter in the absence of the parties, usually first by making findings of fact and then considering whether or not fitness to practise is impaired and, if it is, on any sanctions that are required. The final outcome is conveyed in writing, including the reasons for any decisions.

Legal representation for medical students

All medical students in the UK can, free of charge, become members of the medical defence societies, which offer free legal advice and representation. There is controversy about whether students should be allowed legal representation at a fitness to practise committee. Some universities will not permit a student to be represented by a lawyer, which runs counter to the authors' own opinions (Ellson et al, 2011).

Conclusions

Doctors supervising medical students sometimes become over-focused on their support role, and forget the need to keep a careful record of their interactions with students and share concerns about a student's behaviour with the medical school. Supporting students means more than being nice to them; as well as giving feedback and advice to the student it is essential (for the sake of public protection) that supervisors identify and report significant problems with a student's behaviour or health. Unpleasant though it may be, fitness to practise committees must be prepared to halt the career of an individual who is plainly unsuitable. **BJHM**

KEY POINTS

- Every medical school in the UK is required to have a fitness to practise committee.
- The committee deals with cases of particularly severe adverse behaviour.
- Cases involve misconduct, criminal behaviour, mental health problems or a combination of these.
- Students referred to a fitness to practise committee have usually been refractory to support, advice and warnings.
- The proportion of students referred to a fitness to practise committee is small, and only a minority are expelled, but these cases generate an inordinate amount of work for the medical school.
- Fitness to practise is primarily about the protection of future patients, and it involves balancing the interests of the public and the interests of the student.

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