

**LTC12D081**

**Title:** *Purpose and Function and NSC Fitness to Practice Review Group*  
**Author:** Jon Sharp  
**Date:** 20/12/12  
**Circulation:** Learning & Teaching Committee - 30 January 2013  
**Agenda:** LTC12A003  
**Version:** Final  
**Status:** Open

---

### **Issue**

The document details the proposed function and purpose of the NSC Fitness to Practice Review Group

### **Recommendation**

The committee is asked to approve the proposed scope of activity and process structure described in the document

### **Resource Implications**

N/A

### **Risk Implications**

N/A

### **Equality and Diversity**

The report has no E & D implications

### **Timing of decisions**

N/A

### **Further Information**

Mr Jon Sharp, Acting Director Learning & Teaching Services, email [jon.sharp@uea.ac.uk](mailto:jon.sharp@uea.ac.uk), telephone 01603 59(7374)

## Discussion

### Role and Function of the Fitness to Practise review group

#### 1 Purpose of the FPRG Review Group [FPRG]

- 1.1 The purpose of the FPRG is to consider, within the limits of its delegated authority, any health or character issues related to students so as to ensure that public protection is maintained. The will achieve this purpose by considering concerns made by members of the public, Faculty or placement staff about a student who is undertaking a programme/module of study in the School.
- 1.2 The FPRG will consider health and character issues related to students. The central tenet of the FPRG is 'protection of the public', however, recommendations must be proportionate to the allegations or concerns and must balance the requirement of fitness to practise [patient safety] whilst being reasonable and fair to the student.
- 1.3 It should not be simply **desirable** to recommend referral of a student to PMU, it should be **necessary** for protection of the public.
- 1.4 This FPRG has a filtering role. It is not there to determine facts or to 'try' a case. It is there to undertake a risk assessment based on the evidence it has – is there a prima facie case to recommend to HOS referral under University Regulation 14 [Professional Misconduct and or Unsuitability]and/or 18; or under Regulation 13 Attendance, Engagement and Progress.

#### 2 Principles of the FPRG

- 2.1 The FPRG will serve as an advisory group to the Head of School. The FPRG makes recommendations to the HOS or the Acting HOS to take action according to relevant University procedures.
- 2.3 The FPRG will not be:
  - a] Concerned with the 'signing off' cohorts of students following or prior to the meetings of the Board of Examiners.
  - b] Involved with concerns raised by the Admissions Officer about applicants/application forms. These will continue to be the responsibility of the University's Admission Officer.
  - (c) Directly concerned with the processes and terms of reference of the University's Professional Misconduct and Unsuitability (PMU) Committee. In order to ensure this, the FPRG will conduct its business in a manner that is not prejudicial to any action that might be instigated/ taken by the PMU process and procedure.
- 3 The existing route whereby allegations of a serious nature may be made directly to the HOS in writing remains. Procedures may vary depending on the urgency: the HOS may consult with the FPRG, if time permits or inform the FPRG of any decisions for cases requiring urgent action. If a PMU is initiated by HOS, normal University procedures are followed. The FPRG will be advised of the HOS decision regarding PMU, where applicable.
- 4 It should be noted that members of the FPRG will not be able to serve on any subsequent PMU committee but may be called as witnesses to any PMU proceedings.
- 5 The NMC provide guidance to s regarding good health and good character [NMC 2011 Guidance on professional conduct]. This guidance use terms such as:

**a] Good Health:** Good health means a person must be capable of undertaking safe practice. Examples of what might be considered to not be 'good health' in this context would include alcohol/drug dependency.

It may not be the person's health per se that renders them unfit to practise, but it may be their level of insight into the health condition and their ability to manage their health needs.

**b] Good Character:** Honesty, integrity and trustworthiness are the cornerstone of professional practice. Good character therefore will be based on how the student conducts themselves and behaves, within the academic arena as well as placement. But it can also have implications for how they conduct themselves in their personal life. Examples may include the inappropriate use of social networking sites, criminal convictions, cautions. An important aspect of this is also about upholding the reputation of the profession. A person's character must be sufficiently good for them to be capable of safe and effective practice without the need for direct supervision.

- 6 Fitness to Practise for a qualified registrant is also about competence. For students on a pre-registration programme, competence [or progression towards commence during their programmes of study] will be determined by the assessment process. Any question of a student not progressing must be addressed via the assessment process. A student who is deemed to be unfit to practise because of concerns about patient safety must continue in practice whilst working under direct supervision.
- 7 The NMC define Direct supervision in relation to qualified nurses and midwives. In the context of the student, this would be that the qualified mentor has direct oversight of all aspects of the student's practise. The mentor is expected to be attentive to and aware of all the activities taking place.
- 8 The concerns may include the following:
  - (a) Health or character concerns identified by the Admissions Officer after the student has registered eg issues that come to light after admission to a programme (eg a criminal conviction from the CRB check).
  - b]Health or character concerns related to behaviour identified by Faculty during the annual review of a student's progress or during tutorial sessions. This includes declarations of a charge, conviction or a caution made by a student to a member of faculty. It also includes changes to a student's health either due to an existing or a new condition.
  - (c) Health or character concerns related to behaviour raised by Course Directors when completing the 'Declaration of Good Character' at the end of a student's programme.
  - (d) Health or character concerns related to behaviour raised by placement staff that become evident or are made known when a student is undertaking a placement.
  - e] Concerns made by members of the public.
  - (f) Concerns raised by the School's Plagiarism Officer [about the professional issues such as lack of honesty or integrity rather than the academic offence of plagiarism].
  - (g) Concerns raised by other students.
  - (h) Health concerns raised by the School's Disability Liaison Officer or any other member of the Faculty.

The above list is not exhaustive.

## **9 Process**

- 9.1 Concerns must be sent, in writing, using the NSC Concern form to the Chair of the FPRG . The Chair will consider the concern and:
- (a) if there is a possibility of risk to public/patient safety, immediately recommend that the HOS exercises his/her authority to suspend the student from placement,
  - b] request further information, prior to (c) below or
  - c] convene a meeting (either virtual or face-to-face) of the (without the student and their representative) to consider the case and decide on what information should be made available to the for this meeting.
- 9.2 Subsequent to the meeting, the Chair of the FPRG will:
- a] inform the student and the HOS of the recommendations of the;
  - b] where concerns were initially raised by a third party, the HOS should decide what appropriate feedback should be given to the third party.

## **10 For post registration students where there is a professional concern**

- 10.1 Any FPRG making a decision to refer to the NMC, should not delay this. It should not be for the SSDC to provide advice. This would be deemed to be a professional decision and the responsibility for referral would be incumbent on all of the members as Registered professionals:
- “You must act without delay if you believe that you, or a colleague or anyone else may be putting someone at risk” [NMC 2008: 32]*  
[See Guidance notes “Fitness to Practise and Professional Body Reporting – NSC Post Registration Students”]
- 10.2 In all cases heard by the FPRG, there must be clear articulation of the concerns as to ‘risk to the public’.

## **11 Timescales/Meeting Frequency**

- 11.1 The FPRG will be convened at any time in the academic year to consider individual concerns. The FPRG will be convened at the earliest opportunity, if possible within 20 working days.

## **12 FPRG Membership**

- 12.1 The FPRG will consist of no less than 3, no more than 5 Registrants.
- 12.1 In keeping with the requirements of NMC (2008), co-opt others where additional; specialised input may be necessary e.g Dyslexia Officer, LME
- 12.3 A proportion of members of the FPRG will have equality and disability awareness training, as stipulated by the NMC Code of Conduct. In the majority of cases Trust representation will be requested, however, it is recognised that in order to ensure timely conclusion to the case, Trust representation may not be indicated as an absolute requirement.
- 12.4 The pool of Registrants are therefore drawn from practice and Faculty. Induction and Training will be given for this role.