

General
Medical
Council



Friday 19 May 2017
10.00 – 16.00

Woburn House, 20 Tavistock Square, London, WC1H 9HD

MSC-GMC
Student Fitness to Practise Conference

Attendees

Judith Allcock	Buckingham	Vlad Kutuzov (student)	Leicester
Julie Anderson	St Andrews	Georgina Lewis	Manchester
Beth Barlow	Keele	Joann Luke	Newcastle
Rachael Bevilacqua	St George's	Martin Lupton	Imperial
Amy Birch	OIA	David Mabin (Chair)	Exeter
Susannah Brockbank	Liverpool	Yash Mahida	Nottingham
Dan Burke	Barts	Clive Masson	St Andrews
Tim Coates	Leicester	Lorcan McGarvey	Belfast
William Coppola	UCL	Pascal McKeown	Belfast
Alison Crook	UCL	Jim McKillop	Glasgow
Nicola Crowley	Edinburgh	Catherine Mitchell	Imperial
Tim David	Manchester	Matt Morgan	Birmingham
Alan Denison	Aberdeen	Karen Morrison	Southampton
Caitlyn Dowson	Keele	Willy Notcutt	Norwich
Dave Dymock	Bristol	Sinead O'Mohony	Cardiff
Suzanne Edwards	Swansea	Jane Pallant	Barts
Angela Fairclough	Sheffield	David Parker	Leicester
John Firth	Cambridge	Julie Percy	Lancaster
Simon Gay	Nottingham	Alison Pettigrew	Hull York
John Gibson	Glasgow	Neil Price	Swansea
Sue Grant	Birmingham	Arlene Ray	Aberdeen
Claudia Gray	Warwick	Janice Rymer	KCL
Jayne Green	Cambridge	Vijay Sharma	Leicester
Joanne Harris	Imperial	Janette Shiel	Imperial
Ali Hashtroudi	HEOPS	Anne Stephenson (Chair)	KCL
Kevin Hewitt	Manchester	Ruth Stewart	Glasgow
Julia Hillier	Imperial	Neil Stockton	Warwick
Jane Hodge	Warwick	Terry Vallance	Plymouth
Nicholas Iles	Bristol	Gill Vince	Lancaster
Kevin James	Norwich	Aideen Walsh	Keele
Sheila Jones	Liverpool	Ian Watt	Hull York
Viktoria Joynes	Liverpool	Emma Westwood	Swansea
Hisham Khalil	Plymouth	Allan Whitefield	Buckingham
Sarah Knight	Warwick	Linette Williams	Cardiff
Richard Knox	Nottingham		
Richard Amison	GMC	Clare Owen	MSC
Andrea Callender	GMC	Jim Percival	GMC
Martin Hart	GMC	Katie Petty-Saphon	MSC
Emma Horan	MSC	Emily Phillips	GMC
Helen Johnson	GMC	Joanna Shaw	GMC
Ioanna Maraki	GMC		

David Mabin introduced himself and Anne Stephenson as co-Chairs for the meeting and welcomed delegates, in particular Vlad Kutuzov who was attending from Leicester as a student representative.. Delegates were invited to attend a short filming session over lunch discussing professionalism which will be added to the GMC's website.

Update on the implementation of the new student fitness to practise guidance.

Ioanna Maraki reminded delegates about the two Fitness to Practise guidance documents released last year; 'Professional behaviour and fitness to practise' for medical schools and 'Achieving good medical practice' for students. As part of the 2016/17 MSAR, schools were asked about changes they had made to rules or processes to comply with the guidance, aspects of the guidance they were unable to meet, and steps they have taken to ensure students are aware of and following 'Achieving good medical practice'.

- 27 schools reported that they had made changes to rules and processes including regulations/code of practice, changes to processes, employing or appointing a new body or member of staff, student communications, managing low level concerns, and training.
- Aspects of the guidance that some schools reported as being unable to meet included appointing a student representative in SFTP panels, legal representation for students, and the composition of SFTP panels. It was pointed out that these were suggested recommendations in the guidance rather than a 'must' for schools.
- Schools had reported the ways they were ensuring students are aware of and following 'Achieving good medical practice' included integrating into regular teaching, including it as part of their induction, learning materials, face to face sessions by the GMC's regional liaison service, inclusion in the student contract/charter, as an assessment/appraisal, internal face to face sessions, including in school policies, targeted emails, and interactive learning.

Examples of good practice have been added to the GMC's website and new resources that will be added shortly include an online quiz with feedback on how to improve, and a guided study on professional values in action supplemented by an interactive lecture theatre event with role-play scenarios to actively apply guidance.

Clare Owen outlined the resources that have been uploaded to the GMC pages to support the guidance including:

Case studies – fictional examples for students that have been drawn up with advice from SFTP staff to ensure they are realistic. Each case moves through the stages of a fictional FTP process and links to the guidance.

Thought pieces – developed to address queries around some aspects of the guidance including raising concerns, remediation, and legal representation.

Myths and questions – split into two sections. The first is FAQs where responses to queries received from medical schools are published. The second is myth busters which was developed in collaboration with the GMC's student voices group.

Teaching resources - six teaching sessions developed by medical students as part of competition run last summer. There are six shortlisted entries (from 57 entries). The MSC and GMC are hoping to run a similar competition again this year.

Delegates were encouraged to submit ideas for other resources that may be useful.

Vlad Kutuzov of Leicester medical school provided a student perspective on 'Achieving good medical practice' and ran through its four domains: Knowledge, Skills and Performance; Safety and Quality; Communication, Partnership and Teamwork; Maintaining Trust. He suggested some areas of the guidance that could benefit from revision including ambiguous statements such as "A pattern of excessive misuse of alcohol" (What is a pattern? What is excessive?) and "Challenging behaviour towards clinical teachers or not accepting criticisms" (Is there a difference between showing a difference of opinion/debating and arguing/being disrespectful?). Vlad highlighted the case study on personal health (where the student is unable to manage their workload and develops stress, anxiety and depression). He explained that almost all students experience this at some point during their time at medical school, and outlined a study by Rotenstein et al that found medical students are more likely to have depression and suicidal thoughts than the general population.

Vlad also considered the higher standards and the behaviours expected of medical students both on placements and outside of their studies, and how this is applied. He explained that most students understand the importance of high standards on placements but that this perhaps does not need to be so strict outside of their studies in their personal lives. He highlighted the recent case in the press where a medical student was not prosecuted after stabbing their partner, despite this contradicting what is outlined in AGMP.

Ioanna outlined a couple of queries that the GMC had received and wanted to clarify:

- A query had been raised about the Office of the Independent Adjudicator (OIA) and whether their remit in SFTP cases had changed, and it was confirmed that it had not.
- Legal aspects of the student fitness to practise guidance. Legal terminology differences between Scottish law and English and Welsh law had been raised and GMC legal representatives are looking closely at those and reporting back.
- The requirement of registered doctor with a license to practise to sit on appeals committees/panels. It was clarified that this is required for both the initial hearing and appeals panel stages.
- Student fitness to practise data pilot. Data is collected as part of MSAR to look at the number and types of SFTP cases. A pilot was carried out with five medical schools to combine submission of SFTP concerns with the UK Scheme Data. Feedback from pilot has been positive and the GMC hopes to expand this and allow schools to do one submission of data for final and non-final year students.

Remediation

Richard Amison, Head of Registration Applications for the GMC, presented a session on the general principles of remediation, defined as "rectifying or correcting a certain behaviour that has generated concerns". He reported that when considering applications for provisional registration around 500 out of 7500 students each year declare issues, and the GMC looks closely at around 100 cases each year.

There is no defined form of remediation but suggested ways of showing remediation include volunteering, expressions of regret or apology, mentoring schemes, training, and rehabilitation. He noted that it's important that when defining remediation for an individual, to ensure that it is proportionate and appropriate to the concerns it seeks to address. It was highlighted that remediation on its own is not sufficient and has no value if the student has no insight into the original issues or behaviour. In terms of successful remediation, earlier is better. Meaningful remediation is difficult to demonstrate if SFTP panel takes place late in the final year of the course as there is little time left for remediation before graduation.

Viktoria Joynes, Director of Studies at Liverpool, outlined the introduction of their Measuring Professionalism Form. Previously the school used 'concern forms' which staff felt discouraged to complete as they were reluctant to put minor concerns onto a student's record. A new form (Measuring Professionalism Form) developed by school and Trust staff and was introduced in 2016 which meant minor or major concerns could be recorded. All forms are sent to one central point, and both the student and person who submitted it are notified. Each form is followed up and all forms are reviewed once a term, with students referred to Progress Panels based upon concerns about professional behaviours.

Richard Knox, Professionalism Lead at Nottingham, looked at addressing low-level concerns and setting up Nottingham's Professionalism committee. The driver for setting up the committee had been retrospectively looking at SFTP behaviours and F1 issues that had not been addressed at undergraduate level. The school set up the professionalism and academic competency committee (PACC) consisting of the Director of Professionalism, a Lay representative, the Dean of medical education, FTP lead, Assessment lead, phase leads, programme leads, and a Trust representative, with external review. Students are referred to the PACC with an intervention form (completed by staff or students) and the committee can direct it down a professionalism or welfare route, or refer to a SFTP panel if it is a serious concern. There is also a professionalism sign-off form at the end of each clinical placement to help track if something is a one-off issue or repeated behaviour. The school has plans to introduce a commendation form which will also allow schools to celebrate good behaviour. Nottingham is at the end of its first academic year of the PACC and plans on looking at the long-term impact in a few years' time.

Q&A

Q: If a student is in their final year and asked to demonstrate remediation, will the GMC register them with conditions?

A: (RA) No, as this would require a change in the law (the medical act states that at the point of registration fitness to practise cannot be impaired). The standards for registered doctors are different to those expected of a student.

Q: Did you see a difference in the ratio of major to minor reports?

A: (VJ) The ratio of major to minor forms is similar across the years of the course. There are fewer in later years. We tell students that one minor report will not affect them but we look at a pattern across a year and all years. Those with more than one minor report often lead to a major concern of a pattern of bad behaviour.

Q: How supportive have students been to change?

A: (RK) We involved student representatives. Initially there was negative feedback but over time they have seen that it is there to help them. (VJ) The new system at Liverpool replaces the concern form which was considered worse.

Q: Is data on students held centrally or passed on to each placement? Is there a data protection issue with this?

A: (RK) Currently data is held centrally and we only pass on information if there is a patient safety concern. We are reviewing our information sharing policy. (VJ) At Liverpool there is a TOI policy that students sign up to which states that any information can be shared with placements.

Q: Does GMC often have direct contact with students' mentors? Should we incorporate this into training?

A: (RA) If mentor is supplied as a reference we will contact them. Mentors are not routinely contacted.

Q: Do you accept forms from fellow students on their peers?

A: (VJ) Yes. Typically reports are about health concerns or bullying.

Q: Have you considered including students on panels?

A: (RK) No, because they could be asked to be on a panel to discuss the case of a friend. We do involve students in all other groups.

Q: How do you accept anonymous concerns?

A: (VJ) As part of professional behaviour students are expected to put their name to a report or concern. (RK) We don't accept anonymous concerns unless there is a major patient safety issue.

Recent developments in case law

Jim Percival, Principal Legal Adviser and Deputy General Counsel at the GMC, outlined recent developments in case law. The full transcript of his talk is available on the MSC website.

Equality and diversity training for FTP panellists

Andrea Callender, Head of Equality and Diversity at the GMC, asked delegates if their schools provided training for SFTP panels and the majority confirmed that they did. The 'Professional behaviour and fitness to practise' guidance states that staff members who have significant roles in the SFTP process must understand and receive training in the legal requirements and good practice of equality and diversity specific to their roles. Training can be delivered face to face, through online modules, or other methods. Equality and diversity training should cover unlawful discrimination, making fair decisions, managing bias, HR issues, reasonable adjustments, treating students fairly, their role, and professionalism.

In terms of the GMC's expectations of E&D training, Andrea confirmed that there is no preferred or recommended format of the training so long as it clearly links to learning outcomes. The training should be context-specific. The SFTP panellists should be equipped to deal with E&D issues that arise specifically in their FTP panellist role). The training should cover the approach to making fair decisions, awareness E&D issues that may arise during the panel, relevant pieces of legislation, their role and responsibilities as an SFTP panellist, and professionalism in their approach to the role.

Q&A

Q: Is there a difference in requirements between lay members and professional members of the panels?

A: A common issue of bias is related to the weighting and hierarchy between clinicians and lay members. There is a distinction between the two and the GMC is still working to improve this. The use of medical "jargon" can exclude lay members, and some lay members feel that their opinions are overridden by medical professional members.

How I conduct a SFTP hearing – several short talks

Tim David – Chairing a committee

Tim David from Manchester briefed members on the duties of a SFTP Chair which includes ensuring that papers are read thoroughly ahead of a panel taking place, giving the student an opportunity to respond to all allegations, and ensuring there are regular breaks and opportunities to deal with crises.

Essentials include:

- Check all panellists have all the papers
- Be neutral and respect confidentiality
- Avoid discussing the case during the briefing session as it risks creating prejudice.
- Agree order of questions before the panel
- Agree on topics for lead questions
- Stick to using surnames
- Check that panellists have had no prior contact with the student
- Don't use phones/Internet during panel – this may be used in an appeal
- Avoid aggressive questions/confrontation
- Ensure equal treatment/reasonable adjustments are made
- Brief panellists on any relevant health conditions (e.g. dyslexia)

In addressing Chairing problems, the following advice was given:

- Follow procedures carefully as the OIA will check them
- Remember the burden of proof. Whereas most students will admit to the allegations, you must have evidence and be prepared to back up allegations (not just the word of staff members).
- Students need to see file notes and be given the opportunity to contest allegations
- Consider what the public/patients would think – would they be happy for the individual to treat them?

David Mabin - Presenting a case at an FTP Panel

David Mabin, Academic Lead for Fitness to Practise at Exeter, shared insights into presenting a case at an SFTP panel. He stated that GMC guidance is clear but not specific as each university has its own regulations and that it's important for case presenters to remember that the purpose of a SFTP panel is to be rehabilitative and to help students maintain standards, rather than to be punitive. He ran through key tips for a case presenter (available on his slides on the MSC website) which included the importance of not bringing personal opinion into the presentation to ensure that it is fair and balanced.

Joann Luke – Checklist to support decision making

Joann Luke, assistant registrar at Newcastle, outlined the checklist they in place for the decision-making stage of SFTP panels. They had two cases in the past that were escalated to the central university appeals panel, and then to the OIA. In one case a review found that the school had not reasoned/evidenced the outcomes clearly. The school revised its processes and learned that they

needed to provide evidence of decision making processes more clearly, show that they had considered all relevant evidence, provide references to GMC guidance, demonstrate they engaged with the levels of consideration of sanctions, and demonstrate what support is offered/engaged with for students with disabilities. They produced a checklist that demonstrates that all steps are covered in decision-making process [*available to view on the slides on the MSC website*]. This has been reviewed following recent panels for further improvements.

Jim McKillop – Deciding on a sanction

Jim McKillop, Emeritus Muirhead Professor of Medicine at Glasgow, discussed the process that should be followed when deciding on a sanction at SFTP panels. He explained that the first thing to consider when deciding on a sanction is if the student's fitness to practise was impaired at the time of the incident, and if it is still impaired. A warning may be sufficient if their fitness to practise is no longer impaired, but there is usually a higher sanction if it is (the range including: no action, warning, undertakings, conditions, suspension, or expulsion). The purpose of a sanction is not to be punitive, but to protect patient safety.

When deciding on a sanction, it's important to consider mitigating factors (insight, early acceptance that the behaviour was unacceptable, actions already taken, whether it is a single incident, and whether it is a junior student) and aggravating factors (lack of insight, reckless disregard for patient safety, exploitation of a vulnerable person, behaviour incompatible with being a doctor, multiple offender, senior student, criminal conviction, serious or complex dishonesty).

Following the hearing, the decision on the sanction must always be made in writing, specifying the reasons for coming to the decision, how the sanction will be applied and how long for, how conditions will be monitored, the time and format of any review, appeal mechanisms, and a reminder that the student must include details of the SFTP hearing in their GMC application.

Q&A

Q: How can you address the issue that a lot of time can pass at a panel before a student gets to speak?

A: (DM) This can be helped by offering the student an opportunity to give an opening statement at the start of the panel.

Q: What advice can you give on legal representatives advising students not to answer questions at the panel?

A: (TD) In terms of finding facts, the burden of proof falls on the school. The student is allowed to say nothing and the school must produce evidence to prove the accusations. However, looking at fitness to practise impairment – if they refuse to comment then this makes it difficult for the panel to assess their fitness to practise. The panel can advise them that they have a right to stay silent during the hearing but it's in their best interest to answer.

Q: Fitness to practise panels are working to represent the GMC. Increasingly barristers are getting involved and panel Chairs require lots of training. Should the responsibility of running of panels lie with the GMC?

A: (JM) The GMC has considered this and there had been a discussion on registering medical students in some way. This didn't move forward as it wasn't clear what the registration would involve or how it would be interpreted. The GMC is prepared to help with panels, but has no authority over individual students so cannot take a lead. (TD) The SFTP is the responsibility of the university alone, not the

GMC. We can seek guidance from the regulator, but the process is set up by the university in the interest of the public.

Suggested topics for 2018 conference

The following items were suggested for next year's meeting:

- How to detect dishonesty and integrity
- How to assess professionalism when selecting students at the admissions stage (it was suggested that a representative from the MSC Selection Alliance could present)
- Discussion on case studies. E.g. where the balance should lie, what sanctions should be applied to different scenarios, if behaviour in one school is treated differently in another school.
- How we deliver SFTP training to GMC requirements.
- Supporting students with disabilities (in particular mental health)
- OIA advice – what is good practice and what is not
- Supporting students generally
- Theme of describing variation (although it was noted that this has been covered in the past)

Delegates and speakers were thanked for their attendance. The Chairs also thanked GMC and MSC staff for their work in putting the conference together.