

Council Meeting 13 December 2007

Student fitness to practise – response to the Department of Health

Executive summary and recommendations

Introduction

The recent White Paper 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century' asked regulators to submit proposals on student registration and fitness to practise to the Department of Health by January 2008. A copy of the response to the Department of Health is appended to this paper.

The Executive organised a discussion meeting involving external stakeholders on 5 November 2007 to help to shape our response. The discussion meeting report and report identifying future work in this area have also been appended to this paper.

Decision

The Council is asked to agree:

- the text of the response to the Department of Health.

Background information

Student fitness to practise and student registration have not previously been discussed by the Council. However, student fitness to practise has been discussed by Education and Training Committee (ETC) at four meetings, most recently at its meeting on 4 December 2007.

Prior to the publication of the White Paper, the Committee considered a paper from the Executive about student registration and student fitness to practise at its meeting on 13 June 2006. The paper included information about the work of other health and social care regulators, and highlighted the Council's existing work, where relevant to student fitness to practise. This included the admissions standards placed on education and training providers in the standards of education and training, guidance for applicants and admissions staff about disability, and the health and character process.

The Committee concluded that the case for student registration had not yet been made. The Committee said that it believed that education and training providers

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-11-20	a	POL	PPR	Student FtP DoH Response Council Paper	Draft DD: None	Internal RD: None

were often better placed to make their own decisions regarding the suitability of students for admission to their programmes. In particular, the Committee noted that existing models of student registration could lead to duplication, with regulators making decisions about student registration, duplicating a decision already made by education and training providers on admission.

Paper considered by ETC on 13 June 2006:

http://www.hpc-uk.org/assets/documents/100011C2education_and_training_committee_20060613_enclosure07.pdf

Paper considered by ETC on 5 December 2006:

http://www.hpc-uk.org/assets/documents/10001741education_and_training_committee_20061205_enclosure12.pdf

This paper updated the Committee on the outcomes of the work being undertaken by the Council for Healthcare Regulatory Excellence (CHRE) and the ongoing work of the General Medical Council.

Paper considered by ETC on 27 September 2007:

http://www.hpc-uk.org/assets/documents/10001D26education_and_training_committee_20070927_enclosure08.pdf

This paper updated the Committee with information from the White Paper about student fitness to practise and developments from the Council for Healthcare Regulatory Excellence.

Resource implications

The resource implications of the work identified in the 'taking the work forwards' paper already fall within the Policy and Standards' departmental workplan and budget. This includes work on the review of the health and character process and the review of the Standards of Education and Training currently being undertaken by the PLG.

Financial implications

The financial implications are included in the Policy and Standards' departmental workplan and budget for the 2007/8 financial year.

Appendices

- Student fitness to practise discussion meeting report
- Student fitness to practise – taking the work forwards
- Response to the Department of Health on student fitness to practise

Date of paper

21 November 2007

Student fitness to practise discussion meeting report

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Introduction

At its meeting on 13 June 2006, the Education and Training Committee considered a paper from the Executive about student fitness to practise. The Committee concluded that the case for student registration had not yet been made. The Committee said that it believed that education and training providers were often better placed to make their own decisions regarding the suitability of students for admission to their programmes.

In February 2007, the Department of Health published a White Paper 'Trust, Assurance and Safety – the regulation of Health Professionals in the 21st Century'. In this White Paper, the government asked healthcare regulators to submit proposals on student registration by January 2008.

The focus of the White Paper was on the regulation of the medical profession, rather than on the professions regulated by HPC. It was therefore important that the Council took the opportunity to make recommendations to the government that are focussed on HPC registrants, and potential registrants. Consequently, the Education and Training Committee decided to organise a discussion meeting to consider the issue of student registration and fitness to practise.

We held the discussion meeting on 5 November 2007. We invited council members, representatives of professional bodies, representatives from higher education institutions and student representatives. In total, six council members, nine representatives of professional bodies, eight representatives from higher education institutions and one student representative attended the meeting. In addition, one member of the Council for Healthcare Regulatory Excellence also attended the meeting.

Aims

The day had several aims. The first of these aims was to test the Education and Training Committee's preliminary opinion on the matter of student fitness to practise and registration. The second aim was to benefit from the input of a range of stakeholders and to provide a chance for those stakeholders to feedback. The third aim was to enable some broad discussion around topics related to student fitness to practise.

Format of the day

The meeting was designed to be as open and as discursive as possible. To encourage discussion and ensure a balance of professions and viewpoints, the attendees were divided up into small discussion groups. We emphasised throughout to participants the importance of feedback and queries to encourage participants to enter into a debate which could shape our response.

The discussion meeting began with a brief presentation from Charlotte Urwin, Policy Officer, outlining the reasons for holding the discussion meeting and also outlining some of the work being undertaken by other regulators in the area of student fitness to practise. The second half of the morning and the afternoon were then dedicated to short discussion groups on particular topics with the

opportunity for groups to feedback on their discussion. The full agenda for the meeting is appended to this report.

The groups discussed the following topics:

- The level of risk presented by students to service users and whether there are any professions which present a particular risk.
- Whether student registration would be a proportionate response to the risks posed by students.
- The level of student understanding of regulation and professional responsibility.
- Education providers' current fitness to practise procedures.
- How education providers currently teach students about ethics.

For each topic, the groups were given several questions to facilitate the discussion to ensure that the topics were covered in sufficient detail.

Student fitness to practise procedures

A number of Higher Education Institutions (HEIs) run student fitness to practise or fitness to learn procedures. These procedures are often run separately from student disciplinary procedures. The fitness to practise panels consider behaviour which might prevent a student from becoming registered but may not impact upon their ability to obtain an academic qualification.

Collecting feedback

This feedback paper includes the questions raised and the discussions that were had during the day. One member of each group was encouraged to complete a 'discussion points' sheet. These sheets were then collected at the end of the day so that all the feedback could be incorporated.

The majority of the rest of this paper deals with the discussion points raised relating to each topic.

Note

The representatives of education institutions who attended this meeting were all staff who worked on programmes delivered by HEIs. The term HEI is used throughout this document. However, it should be noted that not all courses approved by HPC are delivered by HEIs.

Level of risk

The White Paper asked that the regulator's responses should be based upon the level of risk 'presented to patients by trainees and students'¹. The discussion groups therefore first considered the level of risk posed by students so that this consideration could then inform their discussion of the other points.

The discussion groups were asked the following questions:

- What risks do students pose to service users?
- How serious is the level of risk they pose? Is there uniformity in the level of risk or does it vary depending on the environment in which they are placed (e.g. practice placements)?
- Does the level of risk posed by students vary across the professions?
- Do you have any examples of when service users have been harmed by the actions of students?

The groups identified a number of potential risks that students might pose to service users. These included risks of infection, breaches of professional boundaries, behaviour which was unprofessional or financial exploitation. One group suggested that the way of identifying and managing the risks students may pose is by looking at the immediate risk of harm that students might pose and considering the long term way of managing the risk and its impact.

All the groups argued that any risks that students might pose to service users vary depending upon the profession. One group cited the example of biomedical scientists who do not work directly with patients and therefore may pose different risks to service users. The risks also varied depending upon the circumstances in which the individual registrant was studying, for example if an individual was undertaking a practice placement.

All of the discussion groups concluded that students posed potential risks to service users whilst undertaking practice placements. However, any risks posed could be minimised through effective supervision and mentoring. Confident supervision allows students to learn and make mistakes within a carefully monitored environment. All discussion groups emphasised that ineffective or variable supervision could potentially increase the risk posed by students. One group raised the issue of students undertaking practice placements when their practice placement educators are not registrants.

Several groups stated that the level of risk students may pose will also change as the nature of practice changes. The increasing emphasis on community based services and community based practice places students in different environments and the level of risk posed may change as a result. In addition, it is also important

¹ Department of Health, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946

to consider the risks that students might pose to service users they interact with in the future.

One group questioned whether there was a difference in how the risks students may pose to service users are perceived between HEIs and practice placement providers. For example, HEIs might view drugs misuse differently to practice placement providers. In addition, there may not always be effective communication between the HEI and the practice placement provider. In these circumstances, if information is not provided by the HEI then students may not receive the support or monitoring they need.

Several groups provided examples of occasions when service users had been harmed by the actions of students. In each case, there had been a failure in the supervision of the student involved. This highlighted the importance of good supervision and also the significant responsibility put on practice placement educators to ensure that the students are effectively supervised.

Student registration and understanding of regulation

Having considered the level of risk students may pose to service users and the nature of those risks, the group then discussed student registration and students' understanding of professional regulation and responsibility.

The discussion groups were asked the following questions:

- Is the registration of students a proportionate response to the risks they pose? If yes/no then why?
- If HPC does not register students, what are the other ways in which the risks students pose can be mitigated?
- What is the level of understanding amongst students about professional regulation and responsibility?
- How are students taught about professional regulation and responsibility?

All the groups concluded that they did not believe that the registration of students posed a proportionate response to the risks they may pose to service users. The risks that students may pose are minimised so long as there is effective supervision and mentoring in place. One group said that registering students might lead to a decline in the quality of supervision offered as practice placement educators might rely on registration and fitness to practise processes instead to manage fitness to practise issues. Instead, supervision of students should be seen as a continuum of responsibility so that students remained supervised effectively throughout their practice placement.

One group asked whether the registration of students might offer benefits to students and that these benefits would have to be considered against the cost of registering them. One individual did suggest that there was a case for the regulation of students if it standardised decision making between HEIs.

The discussion groups questioned whether it is possible to remove all of the risks that students may pose. Instead, the focus should be on trying to minimise risk. Each discussion group suggested that there were alternative ways in which the risks that students pose could be minimised. Suggestions included:

- A code of conduct for students separate from the Standards of Conduct, Performance and Ethics.
- A code of practice for students and practice placement educators.
- A contract of professional behaviour between the HEI and the student.
- Guidance for student fitness to practise panels from HPC on objectivity and the make-up of panels.
- Guidance for students on professional behaviour and fitness to practise similar to the GMC guidance².

² The GMC guidance was published in 2007 and can be downloaded from: http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/professional_behaviour.asp. The guidance sets out the professional behaviour expected of students, areas of misconduct and the sanctions available and the key elements in student fitness to practise arrangements.

- Guidance from HPC for practice placement educators.
- HPC accredited training programmes for practice placement educators.
- Creation of a confidential database of students undertaking programmes approved by HPC.
- Improved communication between HEIs and practice placement providers so that issues can be highlighted quickly.
- A system of encouraging feedback from practice placement providers on a student's behaviour during the placement.
- Adding a standard to the SETs stating that HEIs should have student fitness to practise panels.
- Adding a standard to the SETs about supervision in practice placements.
- Linking an individual's CPD to their status as practice placement educators.
- Ensuring that students have access to a suitably qualified registrant even when on a practice placement.

Alongside the suggestions listed above, one group stressed the importance of good selection procedures within HEIs to ensure that only suitable applicants were offered a place on the programme.

The discussion groups stated that they believed that most students had some understanding of professional regulation and responsibility, perhaps more than some registrants. However, the level of understanding does depend on the individual student and therefore the groups were unable to assess this level of understanding beyond their individual knowledge.

Several groups said that teaching of students about professional regulation and responsibility varied depending upon the HEI. The discussion groups agreed that teaching about professional regulation and responsibility is far more imbedded into teaching modules than it once was. However, they raised a number of questions about the way in which students are taught about these concepts. One group asked whether there was consensus about what actually constitutes professional behaviour.

The discussion groups identified a number of ways in which students can be taught about professional regulation and responsibility. These included teaching by example or anecdotal references, formal lectures, individual projects and scenarios, group work and interactive learning. Several groups recognised the difficulty of assessing whether or not the teaching was effective for all students as often assessment is of an individual's insight into professional responsibility. One group suggested that in the current educational climate it is not always easy to find either the time or the resources to teach students about responsibility.

Student fitness to practise procedures and teaching of ethics

The discussion groups were asked the following questions:

- Do Higher Education Institutions have student fitness to practise procedures in place? If so, what is the format of these procedures?
- Do these procedures mitigate the risks posed by students? If not, are there ways in which these procedures could be improved?
- How are students taught about ethics?

The discussion groups said that, from their experience, most HEIs had fitness to practise procedures in place which dealt with more serious issues. In some circumstances the procedure did not deal specifically with fitness to practise but might look instead at professional disciplinary issues. However, a number of issues were raised about the fitness to practise procedures. One group questioned the effectiveness of student fitness to practise procedures when managing less serious issues. One institution identified 'causes of concern', for example low level behavioural issues, which can then be considered in light of fitness to practise processes. However, it was recognised that this process for managing less serious issues may not be used everywhere. Another group suggested that there was a tension between managing professional issues and attrition rates within a HEI. This group suggested that increasing attrition rates on some courses might warrant further investigation.

As with the previous discussion, it was suggested that the risks may pose cannot be mitigated but instead can only be minimised. Several groups concluded that where procedures exist and work effectively then the procedures do protect service users and future service users by removing some individuals from programmes. In addition, where effective fitness to practise procedures exist, then the emphasis is more on teaching professional values rather than minimising risks. Two groups asked whether the approvals and monitoring processes should require more specific evidence of whether a HEI has fitness to practise procedures.

A number of groups recognised the specific challenges posed by health issues and particularly mental health issues. They acknowledged the importance of the Disability Discrimination Act and its impact on fitness to practise processes.

The methods used to teach students about ethics are similar to those used to teach students about professional regulation and responsibility. One group said that nearly all educational programmes incorporate a section on ethics but this is often linked to teaching on inter-professional working, which can dilute the effect of the teaching.

Conclusion

The discussion meeting had a number of aims including benefiting from the input of a range of stakeholders and enabling broad discussion around topics related to student fitness to practise. A number of points can be drawn from the discussions held which can be used to shape our response to the Department of Health. In particular, the discussion of other ways of improving student fitness to practise can be used as the basis of the proposals we submit.

Acknowledgements

We are very grateful to all those who attended the discussion meeting and participated so positively in the tasks and provided us with their feedback. Without their assistance, this extremely helpful and useful meeting could not have taken place.

Eileen Thornton
Chair of Education and Training Committee

Charlotte Urwin
Policy Officer, Policy and Standards Department

Appendix 1: Discussion meeting agenda

The Oval Conference Centre, The Oval Cricket Ground, Kennington, SE1 5SS

Agenda

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| 10.00 | Registration, coffee and tea |
| 10.30 | Welcome from Eileen Thornton, Chair of the Education and Training Committee |
| 10.40 | Presentation from Charlotte Urwin, Policy Officer |
| 11.00 | Small group discussion – levels of risk |
| 11.45 | Reporting back |
| 12.15 | Small group discussion – student registration and understanding of regulation |
| 12.45 | Reporting back |
| 13.15 | Lunch |
| 14.00 | Small group discussion – current student fitness to practise procedures and teaching about ethics |
| 14.45 | Reporting back |
| 15.30 | Close of meeting |

Student fitness to practise meeting – taking the work forwards

This paper considers the outcome of the discussion meeting held on 5 November 2007 looking at student fitness to practise. This paper identifies work that can be taken forwards from the meeting.

Discussion topics

The groups discussed the following topics:

- The level of risk presented by students to service users and whether there are any professions which present a particular risk.
- Whether student registration is a proportionate response to the risks posed by students.
- The level of student understanding of regulation and professional responsibility.
- Education providers' current fitness to practise procedures.
- How education providers currently teach students about ethics.

For each topic, the groups were given several questions to facilitate the discussion to ensure that the topics were covered in sufficient detail.

These discussions should be considered in the context of HPC's approvals and monitoring process. Programmes visited as part of the approvals process are assessed against the Standards of Education and Training (SETs) and 'conditions' may be set by HPC's visitors. The SETs are the standards that educational programmes must meet before a programme can be approved by us. A programme which meets the SETs will allow someone who successfully completes the programme to meet the Standards of Proficiency. Under the SETs the education provider is responsible for the practice placements they arrange for their students.

Suggestions from the discussion groups

Each discussion group provided a number of ideas which could be used to help to minimise any risks posed by students. These suggestions are outlined below, along with accompanying comments on existing standards or related work where appropriate and suggested work for the future.

1. A code of conduct for students separate from the Standards of Conduct, Performance and Ethics.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-11-14	a	POL	AOD	Student FtP Discussion Meeting taking the work forwards	Draft DD: None	Internal RD: None

2. A code of practice for students and practice placement educators.
3. Guidance for students on professional behaviour and fitness to practise similar to the GMC guidance¹.
4. Guidance for practice placement educators from HPC.

Under the Health Professions Order 2001, the principal functions of the Council are to establish standards of education, training, conduct and performance and ensure the maintenance of those standards (Article 15.1 (a)).² The Standards of Conduct, Performance and Ethics (SCPE) explain our expectations of the health professionals we register, in terms of their professional behaviour. We expect those who are applying to join our register to keep to those standards. When applicants complete an application form to join the Register they sign a declaration stating that they have read, understood and will comply with the HPC's standards of conduct, performance and ethics.

We are currently undertaking a review of the SETs. As part of this review process, we have established a professional liaison group (PLG) to reassess the SETs and ensure that they remain fit for purpose. At their meeting on 13 September, the PLG discussed whether the SETs should incorporate a standard which requires education providers to incorporate the SCPE into the curriculum of their programme.

We believe that drafting a code of conduct for students or producing guidance for students on professional behaviour which is separate from the SCPE could potentially confuse both students and registrants. As HPC does not regulate students, it would be impossible for HPC to enforce a code of conduct or code of practice for students.

The Executive recommends that it continues to support the work of the PLG as part of the SETs review but that no further action is taken.

5. A contract of professional behaviour between the education provider and the student.

We understand that some education providers already require students to sign a contract of professional behaviour. We believe that these contracts can help to play an important role in emphasising the importance of professional behaviour to students. However, we believe that the decision as to whether the contracts are implemented by the HEI is one that is best taken locally.

The Executive recommends that no further action is taken as we believe that the decision to create a contract of professional behaviour is best taken at a local level.

¹ The GMC guidance was published in 2007 and can be downloaded from: http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/professional_behaviour.asp. The guidance sets out the professional behaviour expected of students, areas of misconduct and the sanctions available and the key elements in student fitness to practise arrangements.

² The Health Professions Order 2001, <http://www.hpc-uk.org/publications/ruleslegislation/index.asp?id=54>

6. Guidance for student fitness to practise panels from HPC on objectivity and the make-up of panels.

We recognise that some student fitness to practise panels would welcome guidance from HPC on objectivity and the make-up of panels. However, we believe that these decisions, especially ones relating to how the panel is constituted, are best taken locally, taking into consideration the local resources and circumstances.

At its meeting on 12 June 2007, the Education and Training Committee considered a paper from the Executive outlining proposals for a review of the health and character process. As part of this review, we intend to produce guidance for education providers on students with criminal convictions. This guidance is designed to assist education providers who contact us for advice when dealing with students with criminal convictions.

The Executive recommends that guidance on fitness to practise panels is not produced but that we continue the review of the health and character process.

7. HPC accredited training programmes for practice placement educators.

SET 5.8.3 currently states that practice placement educators should 'undertake appropriate practice placement educator training'. The establishment of HPC accredited training programmes for practice placement educators would require the creation of standards to assess those programmes against and would also require a significant investment of resources.

Some professional bodies currently accredit training programmes for practice placement educators or offer guidance on mentorship. We believe that this work can be of value to education providers and practice placement educators by providing education, support and sharing good practice. It is important that HPC does not duplicate the work of the professional bodies in this area.

The Executive recommends that HPC continues to work alongside the professional bodies as necessary to support their work on accredited training programmes for practice placement educators.

8. Adding a standard to the SETs about supervision in practice placements.

A number of existing standards within the SETs incorporate supervision in practice placements. Standard 5.8 in the existing SETs specifically relates to practice placement educators. This states that, unless other arrangements are agreed, practice placement educators:

5.8.1 must have relevant qualifications and experience;

5.8.2 must be appropriately registered; and

5.8.3 undertake appropriate practice placement educator training.

Standard 5.4 states that supervision, alongside learning and teaching, must be designed to encourage safe and effective practice, independent learning and professional conduct.

The Executive recommends that no additional standards be added to the SETs about supervision in practice placements.

9. Creation of a confidential database of students undertaking programmes approved by HPC as a way of tracking students moving between programmes.

We believe that creating a database of students undertaking programmes approved by HPC would require the collation of the same information that would be collected if students were registered. The collection of this information would require resources and a willingness amongst education providers to share information. We believe that there is insufficient evidence of students with fitness to practise issues moving between programmes to make the creation of such a database necessary. In addition, it is unclear how information gathered from this database which indicated that an individual was moving between courses could be used.

The Executive recommends that no further action is taken.

10. Improved communication between HEIs and practice placement providers so that issues can be highlighted quickly.

Standard 5.9 of the SETs states that there must be 'collaboration' between the education provider and practice placement providers. This standard encourages effective communication between the education provider and practice placement provider. This is supported by standards 5.10 and 5.11 which state that education providers and practice placement providers must ensure that necessary information is supplied to the other party.

The Executive recommends that no further action is taken as the SETs already require good communication between practice placement providers and HEIs.

11. A system of encouraging feedback from practice placement educators on a student's behaviour during the placement.

Standard 6.6 of the SETs states that: 'professional aspects of practice must be integral to the assessment procedures in ... the practice placement'. Professional aspects of practice could include elements such as a student's behaviour during the practice placement. Therefore, this standard incorporates a system of encouraging feedback from placement providers.

The Executive recommends that no further action is taken as practice placement educators are already encouraged to include feedback on a student's behaviour during the placement.

12. Adding a standard to the SETs stating that HEIs should have student fitness to practise panels.

We will submit a proposal to the professional liaison group asking them to consider whether a standard should be added to the SETs about fitness to practise panels. We recognise that this requirement may potentially pose

difficulties for some education providers and will ask the PLG to explore this issue, including considering the implications of making this requirement.

The Executive recommends that this is something the PLG will wish to explore. In addition, the Education and Training Committee may wish to consider whether they should produce a position statement on this issue. For example, ETC may wish to require that HEIs have student fitness to practise procedures in place in the future.

13. Linking an individual's CPD to their status as a practice placement practice placement educators.

Standard 3.6 of the SETs states that education providers must have a programme for staff development in place to ensure continuing professional and research development. In addition, practice placement educators who are registered with HPC would be required under the CPD standards to demonstrate how their CPD is relevant to their practice. Standards 3 and 4 of the CPD standards state that an individual must seek to ensure that their CPD has contributed to the quality of their practice and service delivery and seek to ensure that their CPD benefits the service user. Therefore, if a registrant was working as a practice placement educator, then their CPD could be linked to this function.

The Executive recommends that no further action is taken as we do not currently make any specific requirements regarding the content of CPD for any other group of registrants. However, depending on the outcome of the CPD audits, the Council may wish to consider whether we want to make more specific CPD requirements in the future for all registrants and not just practice placement educators.

14. Ensuring that students have access to a suitably qualified registrant even when on a practice placement.

Standard 5.8.2 of the SETs states that practice placement educators must be appropriately registered unless other arrangements are agreed. The majority of students will, therefore, have access to a suitably qualified registrant when on practice placement. If students did not have access to a registrant when undertaking a practice placement, then we would request clear evidence that the practice placement educator was appropriately qualified and had the necessary training and experience.

This is supported by standard 3.10 which states that education providers should have a system of academic and pastoral student support in place. Therefore, those students who do not have access to a suitably qualified registrant whilst on practice placement will still have access to a system of academic and pastoral support.

The Executive recommends that no further action is taken as a number of the existing SETs ensure that students will have access to suitably qualified staff when on practice placement and will also have access to registrants as necessary.

HPC's response to the Department of Health on student registration

The recent White Paper 'Trust, Assurance and Safety, the Regulation of Health Professionals in the 21st Century' asked healthcare regulators to respond to the Department of Health on the issue of student registration and whether closer relationships should be established between students and their future regulators. The paper said that:

'The Government believes that each regulator should consider this issue on the basis of the risk presented to patients by trainees and students in particular professions. The Department will ask the regulators to report back with proposals by January 2008.'¹

Although the White Paper focused on student registration, our response to the department of health considers student registration within the broader context of student fitness to practise. Our response has been informed by discussion at two Education and Training Committees, and an additional separate discussion meeting on 5 November 2007 involving representatives of professional bodies, education providers and students.

The White Paper asked that our response be based on the risks that students or trainees pose to patients. Not all of the students studying courses approved by HPC interact with patients and they may not interact with patients once they are registered. In HPC publications, we use the term 'service users' as we recognise that a registrant's work and behaviour may impact on individuals who are not patients. 'Service users' can include colleagues, carers and clients. We will therefore use the phrase 'service users' rather than patients throughout this document.

Student registration

We believe that the case for student registration has yet to be made. Any risks that students may pose to service users are minimised through effective supervision and monitoring systems. The time and resources expended in registering students would not be proportionate to the risk posed and benefits gained. We believe that education and training providers are often better placed

¹ Department of Health, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-11-12	a	POL	AGD	Student FtP	Draft	Internal
					DD: None	RD: None

to make their own decisions regarding the suitability of students for admission to their programmes. In addition, the existing models of student registration could lead to duplication, with regulators making decisions about student registration, duplicating a decision already made by education and training providers on admission.

Proposal: The Council believes it is not necessary to establish a student register.

The registration of medical students was recommended in the Chief Medical Officer's report 'Good doctors, safer patients'² as a way of allowing medical students to engage with and understand the importance of professional regulation. The registration of medical students was also recommended as a way of ensuring that performance, health and conduct problems were identified and addressed at an early stage. We believe that there are alternative mechanisms which can be used to achieve these aims which are more proportionate to the risks students may pose to service users. Our alternative proposals are outlined below.

Standards of Education and Training

Our Standards of Education and Training (SETs) are the standards that educational programmes must meet before a programme can be approved by us. A programme which meets the SETs will allow someone who successfully completes the programme to meet the Standards of Proficiency. At present, the SETs require higher education institutions to request criminal conviction checks and ensure compliance with any health requirements as part of their selection and entry criteria. In addition, professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement.

We are currently undertaking a review of the SETs. As part of that review, we are considering a number of amendments which would strengthen the role of the SETs in supporting student fitness to practise. In particular, we are considering adding a standard that requires education providers to have student fitness to practise panels and another standard that explicitly requires education providers to incorporate the Standards of Conduct, Performance and Ethics within their programmes.

Proposal: As part of our review of the SETs, we will consider how they can be used to support and strengthen student fitness to practise.

Student fitness to practise

One of the reasons given for registering medical students was that it would identify fitness to practise issues more quickly. We believe that this duplicates the fitness to practise (or fitness to learn) procedures that many education providers already have in place.

² Department of Health, *Good Doctors, Safer Patients*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232

If UK graduates applying to join HPC's register indicate that they have been convicted or cautioned for an offence, have been placed under a practice restriction by their employer, have a health problem or concern, or have been disciplined by a professional body, regulator or employer, their application form is considered by a registration panel who will decide whether a person should be registered. Owing to the nature of the application procedure, there is not a direct link between completing an approved course and acceptance onto the register.

We have recently published a guide entitled 'A disabled person's guide to becoming a health professional' which is designed to offer information about disabled people becoming part of the professions that are regulated by us. The guide also explains how education providers' duties under the Disability Discrimination Act 1995 can be compatible with their responsibilities as an HPC approved course provider.

As part of our review of the health and character process, we intend to produce guidance for education providers on students with criminal convictions. This guidance is designed to assist education providers who sometimes contact us on the issue of students with criminal convictions. We believe that this guidance will assist education providers when they respond to applicants and students with criminal convictions.

Proposal: We intend to produce guidance for education providers on the issue of students with criminal convictions.

Conclusion

The risks that students pose to service users can be managed through effective supervision and mentoring. The future actions that we are exploring will strengthen this.