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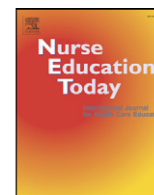

Understanding pre-registration nursing fitness to practise processes

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SUMMARY

Background: Protection of the public is a key aspect of pre-registration nursing education and UK Nursing and Midwifery Council monitoring processes. Universities must ensure that nursing students are "fit to practise" both during their programme and at the point of registration. However, current evidence suggests that institutional fitness to practise policies and processes can be inconsistent, lacking in clarity, and open to legal challenge.
Objectives: To examine fitness to practise processes in pre-registration nursing programmes in Scotland.
Participants: Academic personnel (n = 11) with key roles in fitness to practise processes in nine of the eleven Scottish universities providing pre-registration nursing programmes.
Methods: Semi-structured qualitative interviews were conducted with eleven academics with responsibility for fitness to practise processes in pre-registration programmes. The qualitative data and documentary evidence including institutional policies and processes were thematically analysed.
Findings: In this paper, we focus on illuminating the key theme of Stages and Thresholds in Fitness to Practise processes i.e. Pre-fitness to practise, Stage 1, Stage 2, and Appeal, along with two thresholds (between Pre-fitness to practise and Stage 1; between Stage 1 and Stage 2.
Conclusions: Diverse fitness to practise processes are currently in place for Scottish pre-registration nursing students. These processes draw on a shared set of principles but are couched in different terminology and vary according to their location within different university structures. Nevertheless, universities appear to be confronting broadly similar issues around ensuring fitness to practise and are building a body of expertise in this area. Examples of good practice are identified and include the use of staged processes and graduated outcomes, the incorporation of teaching about fitness to practise into nursing programmes, positive attitudes around health and disability, and collaborative decision making. Areas of challenge include systems for student support and consistent, equitable, and auditable fitness to practise processes.

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Introduction

During the past decade there has been increasing national and international debate about how nursing education programmes protect the public and justify the position of trust occupied by nurses. During this debate, however, relatively little attention has been paid to fitness to practise (FtP) in the context of pre-registration nursing programmes. In the UK, pre-registration nursing students are required to meet Nursing and Midwifery Council (NMC) standards in order to be considered fit to practise at the point of registration. The NMC (2015) defines FtP as nurses having "the skills, knowledge, good health and good character to do their job safely and effectively."

Higher Education Institutes (HEIs) have responsibility for monitoring the FtP of pre-registration students during their programme, and attesting to the *good health* and *good character* of aspiring registrants. Since 2006, the NMC has advised that HEIs should establish processes in order to monitor and respond to any issues regarding the FtP of pre-registration nursing students, but the small amount of existing evidence about how HEIs are achieving this suggests that the quality of such processes can be uneven (Tee and Jowett, 2009; Unsworth, 2011).

This paper reports on a research study that aimed to examine pre-registration nursing fitness to practise processes and to illuminate examples of good practice developed by the HEIs in a single geopolitical region with a distinctive legislature and education system, whose nursing programmes are regulated by the NMC within the UK (Haycock-Stuart et al., 2014). Within this paper, we report one key theme from the larger study, and we map the data to the *Stages and Thresholds in FtP processes* i.e. Pre-Ftp, Stage 1 FtP, Stage 2 FtP, and Appeal along with two thresholds between Pre-FtP and Stage 1 then Stage 1 to Stage 2.

Background Literature

In recent years, regulatory guidance for pre-registration nursing students in the UK has highlighted the requirement for students to be

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fit to practise (NMC, 2010). HEIs must monitor students' good health and good character as part of ensuring FtP, and establish processes for the management of FtP issues (NMC, 2010; NMC., 2011). However, in the past 10 years, only a handful of published empirical studies focus on FtP pertaining to pre-registration nursing students in the UK. Our focused search of literature published between 2005 and 2015 and concerning FtP and pre-registration nursing students, retrieved five empirical research papers: Devereux et al. (2012), Holland et al. (2010), and Sin and Fong (2008), Tee and Jowett (2009), Unsworth (2011). A small number of discussion papers were also identified, including David and Lee-Woolf (2010) and Ellis et al. (2011), Sellman (2007). In addition, two literature reviews related to FtP and pre-registration nursing were identified, Boak et al. (2012), and Jomeen et al. (2008).

Jomeen et al. (2008) (commissioned by the NMC) conducted a systematic review of the guidance and standards on professional behaviour for students provided by all the UK healthcare regulators. The authors concluded that "professionalism" and associated concepts such as "fitness," "competence," and "character," are complex and often poorly defined in regulators' guidance. Jomeen et al. (2008) observed that, like a number of other healthcare regulators, the NMC has chosen to give *only general* guidance on FtP for nursing students and has devolved responsibility for operationalising FtP to HEIs.

In a second review, commissioned by the Health Professions Council, Boak et al. (2012) critiqued the international literature pertaining to student FtP across a variety of healthcare disciplines. Boak et al.'s (2012) integrative review (including 400 peer-reviewed publications and 100 items of grey literature) consisted mainly of non-empirical articles from the UK and US. The authors concluded that "there is a dearth of substantive literature" on FtP and students in the health professions and that existing literature largely focuses on medicine (Boak et al., 2012: 34).

From our literature review, we identify two major areas of concern with regard to the management of students' FtP: a lack of clarity around concepts that underpin FtP and inadequate FtP processes.

Conceptualising FtP

In the regulatory literature, the construct *fitness to practise* incorporates two key concepts: *good health* and *good character*. These concepts have been briefly defined by the NMC, but their conceptualisation has been problematized in the scholarly and regulatory literatures as lacking clarity (Council for Healthcare Regulatory Excellence, 2008; Disability Rights Commission, 2007; Sellman, 2000; Sin and Fong, 2008), and evidence suggests that students do not understand what FtP, good health, and good character mean, and lack confidence in their FtP (Devereux et al., 2012; Holland et al., 2010).

The NMC (2010: 8) defines *Good health*:

> "a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition"

FtP is therefore only compromised by a health condition when the individual is unable to practise without supervision. Where a nurse's practice is compromised by a health condition, the 1995 Disability Discrimination Act requires employers to make reasonable adjustments to support the nurse, who may thereby regain their fitness to practise.

While the NMC clearly states that they do not discriminate against individuals on the basis of health, The Disability Rights Commission (2007) (DRC) argues that good health requirements imposed by health and social care regulators stigmatise people with disabilities, making having a health condition into a barrier against entering these professions (and at the same time doing little to protect the public).

Reporting on evidence gathered by DRC's General Formal Investigation on the impact of FtP for disabled nursing students and nurses, Sin and Fong (2008) argue that *good health* as stipulated by the NMC is an ambiguous concept with two fundamental flaws. Firstly, based on a biomedical model of health, diagnosis is assumed to predict risk, an approach which Sin and Fong (2008) argue is inaccurate. Secondly, the impact of a health condition varies according to the context in which an individual works (Sin and Fong, 2008). A generic requirement for good health therefore conceals the complexity of making a contextualised judgement about an individual's FtP (Sin and Fong, 2008).

Following the DRC's (2007) report, the NMC (2010) has attempted to clarify their approach to good health for nursing students, but framing the disclosure of health conditions in terms of impaired FtP arguably perpetuates a situation in which "disabled people are more likely to be asked 'what's wrong with you?' than 'what can you contribute?'" (DRC, 2007: 1), and there is evidence that students experience anxiety and felt stigma around the good health requirement (Devereux et al., 2012).

The second conceptual component of FtP, *good character*, poses similar challenges to good health in that it may be difficult to clearly articulate what constitutes character, and how character should be evaluated. The NMC (2010: 8) defines good character as including "an individual's conduct, behaviour and attitude," and this incorporates conduct in personal life. The notion of good character therefore introduces a normalising dimension to FtP, in that a nurse must essentially be a "good person." Pre-registration education becomes a moral endeavour, as well as an intellectual and technical process, and students must demonstrate their ability and intention to act within a particular ethical framework (the NMC Code of Conduct).

In this conceptualisation of character, a nurse's FtP is founded not only on the demonstration of externally visible skills but also on the individual's internal world. In a discussion paper on good character in nursing, Sellman (2007) argues that the presence of this internal dimension renders the assessment of good character extremely challenging for HEIs, who are faced with the task of evaluating internal, dispositional qualities possessed by their students.

Conceptualisations of character can be further problematized in that they commonly incorporate assumptions about aspects of character as being fixed, and about the existence of a causal connection between character and actions (Sellman, 2007). This approach to character neglects the impact of context on behaviour and also ignores the possibility of change. An alternative approach suggested by the UK Council for Healthcare Regulatory Excellence (2008: 2)[1] challenges the conceptualisation of character as fixed and abstract. In this understanding, *character* is a context-dependent phenomenon: enacted in relation to other people and judged in the context of changing social norms (CHRE, 2008). Furthermore, according to this approach, individuals are seen as having the ability to reflect on and learn from past actions and are therefore capable of change and development (CHRE, 2008). This is particularly relevant in the educational context, where character should be understood as part of a process of learning and developing as a professional nurse (David and Lee-Woolf, 2010).

Understanding good character in the context of FtP is not only a matter of conceptualising character but is also about the practical question of how good character can be assessed and the limitations of any such assessment. We may ask do externally visible actions accord with internal traits? And can HEIs positively develop their students' characters? We may also observe that HEIs rely on students' honesty and emotional intelligence in the assessment of their character: "A self-declaration of good character assumes good character as a prior condition" (Sellman, 2007: 765).

Good health and *good character* are clearly complex, and their conceptualisation in the context of nursing and other healthcare disciplines

[1] Now the Professional Standards Authority for Health and Social Care.

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