

## Adapting processes

Submitted by the University of Buckingham

**We have revised our proceedings and bench-marked our thresholds in relation to reasons for impaired fitness to practise in medical students. This is to distinguish between concerns proceedings, the investigation and a fitness to practise hearing.**

Student awareness of professionalism values are promoted in a number of ways:

- publication of the Code of Practice
- GMC guidance for both schools and students
- student representation
- workshops supported by our fitness to practise committee, MDU and the GMC regional liaison associate.

All our Codes of Practice and policies have been revised in line with the new guidance and are being preceded. As a medical school, we are responsible for giving our students opportunities to learn, understand and practise the standards that are expected of them. We must give support and encourage them to follow the outcomes described in [Achieving good medical practice](#), to make sure that our students are fit to practise at graduation and so to become excellent professionals.

### Local process

- We have explicitly referenced University General Regulations so students know local disciplinary procedures will normally be completed prior to a fitness to practise hearing (para 60).
- We currently do not consider that legal representation by student or school is a requirement and we signpost students to the Medical Defence Union (or equivalent) for representation.
- Whilst we have a committee member with legal knowledge, they are not practising, we have used 'should' for this revision (paras 112, 113).

## Proceedings outcomes

On review of our proceedings, outcomes and communication to the student, we will benchmark to the outcomes of an investigation or fitness to practise committee or panel (as outlined in Table 2 of Professional behaviour and fitness to practise) both for investigations and hearings.

- We agree fitness to practise and severity of a situation must reflect the individual, their stage of study and maturity. This should be considered in accordance with the thresholds, as this will certainly reflect the level of insight and how well a student can be expected to respond to support (para 76).
- A student in their final year, close to graduation, will have to demonstrate remediation even if this delays the completion date of their course (para 78).
- The committee will consider each case as an individual - this is now stated (para 80), and students will be given every opportunity to remediate and learn from their mistakes.
- We will ensure our proceedings are fair, transparent and timely with guidance provided to the student at all stages of the proceedings (paras 118, 120, 121).
- Our revised proceedings now reflect how compliance will be reviewed and monitored (paras 129, 130, 131, 132, 133) in terms of a student's placement, clinical exposure and supervision.
- A student who wishes to appeal the decision of the committee on process or outcome is now signposted to an appeals process that reflects how the committee membership is substantive enough to perform an independent review (para 157).

## Student support

Student support is pivotal prior to, and following, fitness to practise proceedings. We have responded to these points from the guidance in the following ways:

Overseas students will receive additional support to understand cultural differences for working and studying in the UK, provided through workshops by our local Deanery. We are working with Higher Education Thames Valley and the Professional Services Unit to run workshops that start in Induction week with a generic Careers signposting session. Then in the second term we host an 'effective teams' workshop which looks at working in the NHS and understanding different personalities and cultural differences. This is supplemented by a staff workshop that implicitly focuses upon cultural awareness and supporting learners. A further workshop in Year 2 looks at the NHS leadership model and specifically the cultural diversity of the NHS. This is currently being revised for our current Year 2 students so that it marries more closely with their clinical experience.

- We have included robust statements regarding supporting health and giving appropriate treatment (para 12) through Occupational Health involvement, compliance and disclosure of information (para 45).
- Students returning to practise do so only under the supervision of the concerns process (paras 142, 147). In the event of warnings or undertakings, transfer of information may be required (paras 98, 100, 102) and monitored (para 106).

# Adapting processes

## Submitted by Lancaster University

**We reviewed the Years 1-3 MBChB student appraisal system, to focus on the student whilst aligning more closely to the foundation year programme and future appraisal systems. This supports students in achieving educational and professional goals.**

### Identifying the need for change

Although annual student appraisals had been consistently performed in Lancaster Medical School, the tasks students were asked to complete prior to each meeting were organised and directed by each year lead. We recognised that clearer alignment was needed between years and also with appraisal programmes students would encounter in the future.

### Designing the new process

We wanted a process that represented a professional journey through the early years of medical education, to enrich students' emergence as reflective and professional foundation year doctors. The design brief was for the appraisal process to present a coherent and evolving experience based on the needs of each individual student.

Using the previous appraisal system as a guide, all appraisers were asked to reflect on:

- what didn't work in the current appraisal system
- what was particularly useful that should stay
- including knowledge of best practice from elsewhere
- any other considerations related to appraisal.

To better prepare students for appraisals once qualified, tasks were reviewed in order to align more closely with the GMC framework for appraisal and revalidation.

Each task was clearly linked to the four domains of Good medical practice:

- knowledge, skills and performance
- safety and quality
- communication, partnership and teamwork
- maintaining trust.

Consequently, the revised appraisal system aimed to support students in reflecting on their own achievements and performance in order to identify strengths and areas of support for future learning.

## Introducing the new appraisal system

The appraisal tasks were introduced to students and comments collected. The comments were unanimously positive, possibly due to the removal of what were previously perceived as 'academic' tasks rather than developmental tasks.

The appraisal meetings occur once in each academic year. These are supported by additional scheduled meetings with academic tutors. The appraisal meetings generally take place in March for each year group.

Each year group receive an appraisal talk prior to the appraisal meetings to outline the process specific to that year group. These talks take place at least four weeks prior to the appraisal meeting dates. Students are required to hand in their complete appraisal folder at least one week prior to the appraisal meeting.

# Adapting processes

## Submitted by the University of Manchester

**We have established a Progression Committee and introduced a more formal process by which a student can request an interruption from the programme.**

### Establishing the Progression Committee

In 2015, an Associate Director for Student Progression was appointed who soon after established an MB ChB Student Progression Committee. This committee provides a single and independent point of contact for receiving and considering all matters relating to students' academic progression. This includes considering a student's request to interrupt their studies.

### Benefits

This more formal process has a number of benefits:

- Staff involved in making decisions about a student's academic progression are deliberately separate from those who provide pastoral support.
- All cases are considered anonymously and all members of the committee have received equality and diversity training. This ensures that we do not unfairly discriminate on the basis of lifestyle, culture or social or economic status.
- Students with low-level health (or other) concerns are flagged to the programme's Student Welfare and Professionalism Support (SWAPS) team. They can:
  - refer the student on for additional support or to the University's Occupational Health Service if needed
  - provide support to the student through the process of interrupting from, and returning to, the MB ChB Programme.
- If the committee feels there is a cause for concern about a particular student's health, they can refer that student's case to the Chair of the programme's Health & Conduct Committee to help ensure that they are managing their health appropriately.

# Adapting processes

## Submitted by the University of Nottingham

**We have established a Professionalism and Academic Competency Committee to provide oversight of the professionalism curriculum and concept within the school.**

Professionalism is at the core of the medical student course in order to train students on this aspect and establish the importance at the start of their career.

### What the committee does

In September 2016, the school convened the Professionalism and Academic Competency Committee (PACC). The committee has oversight of the reporting and monitoring of low level concerns related to professionalism.

The school has had mechanisms in place for some time for any person to report professionalism concerns. With the convening of the PACC, one central body can:

- have oversight of the professionalism curriculum
- provide guidance to other committees and module leads about the coverage of professionalism as a concept, and its assessment.

In addition, following relevant recommendations by a fitness to practise panel, PACC oversees the process of professionalism remediation of a student.

### Structure of the committee

PACC has a co-chair structure, and is led by both a clinician and a lay member of the public. The committee includes:

- professionalism leads (UG and the GEM course)
- two lay members
- Dean for Medical Education
- Directors for Clinical Skills and Assessments and Examinations
- student representative (for the general section of the agenda)
- leads for the non-clinical and clinical phases of the course
- Trust representative
- professionalism administrator.

It meets at least four times per year with extraordinary meetings called if required.

## Recent work

More recent incorporations to PACC include:

- making sure all members have equality and diversity and unconscious bias training
- encouraging and standardising the format for Commendation of Excellence in Professionalism
- a route to consider any 'red flags' issued during OSCEs for professionalism issues
- the route for review for any student with an unsatisfactory sign-off in the professionalism domain in the Clinical Phase attachments (historically, this was a progression assessment and led to a resit).

The PACC has external input from a colleague at a different medical school and ongoing benchmarking. The PACC undertakes an annual audit of intervention forms (working in partnership with the welfare committee) to detect any emergent patterns which would be useful for phase leads and the School Executive committee.

# Adapting processes

## Submitted by the University of St Andrews

### **Introducing a Professionalism and Welfare Committee to have oversight of the 'yellow card system' used to monitor and promote professionalism.**

#### Monitoring professional behaviour

Forming attitudes, cultivating desired behaviour and ultimately promoting professionalism is an important aspect of medical education. We introduced a yellow warning card system for students in 2007. Staff were trained to ensure consistency in delivery of the warnings. The system had the aim of:

- Applying consistent, gentle pressure
- Discouraging undesirable behaviour
- Promoting professionalism
- Without disrupting teaching

It was prompted by the introduction of the new curriculum with an increase in small group teaching and greater clinical exposure. The small group sessions frequently ran back to back, ensuring the students came prepared and in a timely manner was essential to optimise teaching.

The GMC QABME report (2008) said: 'Students were largely supportive of the system; we find this an interesting approach to reinforcing the importance of professional behaviours and standards.'

#### Establishing the Professionalism and Welfare committee

Staff continued to feel the Yellow Card system was an effective mechanism for encouraging positive professional behaviour, deterring undesirable behaviour and recording concerns with minimal disruption to teaching. However, in part as a response to the guidance issued in [\*Professional behaviour and fitness to practise\*](#) (paragraphs 62-73) it was felt a new committee was required to take oversight of the system, delineating it from the system used to oversee students struggling academically.

The remit for the Professionalism and Welfare committee included:

- Interview any students gaining three yellow cards in a single semester,

- Review students who may have breached the expected standards of professionalism
- Consider requests for non-routine or extended leaves of absence
- Ensure provision of staff training in the system to maintain consistency
- Ensure student understanding of the system
- Annually review and update the system taking into account feedback from staff and students

One of the first actions of the committee was to address the 'Urban Myths' that had grown up around the Yellow Card system and had led to disquiet in the undergraduate community, for example that the yellow cards were only used for serious matters (rather than low level professionalism concerns).

## How it all fits together

A system for recording low level concerns is needed. The Yellow card system is a fast, efficient and effective mechanism for documenting low level concerns which are often the presentation of a wider problem.

The introduction of the Professionalism and Welfare committee provides oversight for this system ensuring both students and staff remain well informed. Training sessions ensure consistency in delivery of the system amongst staff. Students are accepting of the system provided they can see the system is fair and understand the ethos. The Professionalism and Welfare committee provides a focus within the School of Medicine for both staff and students to raise any concerns regarding the process.

Breaching the three yellow card / semester threshold on a regular basis is potentially a symptom of other underlying concerns. The Professionalism & Welfare committee is in a position to refer and support the student as appropriate.