



How are fitness to practise processes applied in UK higher education institutions? – A systematic review

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ABSTRACT

Aim: This systematic review will establish how Fitness to Practise (FtP) processes are applied in UK Higher Education Institutions (HEI), in relation to both Health and Care Profession Council or Nursing and Midwifery Council approved programmes.

Background: Healthcare students are required to complete both practice and theory elements, in order to gain their degree and qualify as a healthcare practitioner such as a nurse. It is a requirement of UK HEIs which provide healthcare programmes, to provide evidence to the appropriate regulatory body that FtP policies and processes are in place, and that they review and manage any concerns in relation to a student's standard of practice. Regulatory bodies provide HEIs with strategic guidance on policy which can be interpreted and incorporated into existing policies; this means that there is no standard approach to the FtP process in HEI settings, allowing individual policies and procedures to exist.

Design: A systematic review, registered on PROSPERO (CRD42022291532 on the 21st January 2022).

Data sources: Peer reviewed studies published in ten databases were used which included: Medline, Cochrane Library, PubMed, ScienceDirect, Education Source, PsycInfo and Cumulative Index of Nursing and Allied Health Literature (CINAHL) Complete. Citation searching also occurred.

Review methods: This systematic review utilised Preferred Reporting items for Systematic reviews and Meta-Analysis (PRISMA) techniques. The Critical Appraisal Skills Programme (CASP) checklists were used to appraise the quality of the research.

Results: In total twenty-five articles were retrieved including five papers that were finally selected for review. A thematic analysis identified three themes: a lack of identification of what FtP expectations are; the importance of collaborative working between Higher Education Institutions and practice; the inconsistencies with Higher Education Institution processes in managing FtP concerns.

Conclusions: A lack of understanding of what FtP expectations are for students was identified. Collaborative working between Higher Education Institutions and practice is necessary to ensure healthcare students meet FtP requirements consistently in order to protect the public. Although HEIs FtP processes contain similar principles, it has been identified that there are inconsistencies in this process across universities in the UK. These differences include: what initiates the FtP process, to the outcomes. This could have an impact on patient care and safety, the need for review of national guidance, and potential amendments being required to the policies and procedures of both NHS Trusts and private organisations.

1. Introduction

It is recognised that there is currently no statutory definition of the term 'Fitness to Practise' (FtP), and therefore, recognition of what FtP

expectations are, can be varied (Holland et al., 2010). However, it is noted that although regulatory bodies do not define this term, they do tend to use similar terminology. In summary, for a registrant to be fit to practise, they should have the skills, health, knowledge and character to

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ensure they are capable of safe and effective practice (Professional Standards Authority for Health and Social Care, 2019). Tee and Jowett (2009) acknowledge that there needs to be a consistency between regulators with regards to standards in particular when an individual is entering the register for their profession. Something which the Department of Health and Social Care (2021) state as part of their executive summary when reviewing the regulation of healthcare workers, in order to ensure patient safety.

Although this systematic review is based on regulators in the UK, it is important to note that international counterparts will also have similar guidance on what they conclude for a registrant to be fit to practice. The goal for both the UK and other countries, is to ensure that they protect, promote and maintain the safety of the public who access healthcare registrants (Gallagher et al., 2019). Archibong et al. (2013) identify that regulators and healthcare organisations should have policies, procedures and guidance available that clearly indicates the expected roles and responsibility of registered professionals in order for the public to be protected.

In the United Kingdom (UK), when a registrant's FtP is questioned, there are processes in place to review, investigate and manage these concerns from both the employer and the registrant's regulatory body, such as the Nursing and Midwifery Council (NMC) or the Health and Care Professions Council (HCPC). A similar process is also in place in other countries where legal systems are based on English common law, for example the United States of America and Australia (Gallagher et al., 2019). In the case of students, when there are FtP concerns this process is managed by their Higher Educational Institutions (HEI), also referred to as a university. It should be noted that students who are completing healthcare courses, are required to successfully complete both practice and theory elements, in order to qualify as a healthcare practitioner such as a nurse (Garrow et al., 2022). This should provide a collaborative relationship between the HEI and placement areas, as both organisations should work together to complete tripartite meetings, review learning opportunities and ensure that both academic and professional standards are met (Chapple and Aston, 2004). Within the HEI, healthcare students are required to also demonstrate their fitness to practise through demonstrating their knowledge and skills by completing written assignments and being assessed in Objective Structured Clinical Examinations (OSCEs) (Ataro et al., 2020). If students are not able to meet the theory elements of their course, this can have a direct impact on their practice ability, for example completing inaccurate patient records.

It is a requirement of UK HEIs which provide healthcare programmes, to provide evidence to the appropriate regulatory body that FtP policies and processes are in place, and that they review and manage any concerns in relation to a student's standard of practice (Health and Care Professions Council, 2017; Nursing and Midwifery Council, 2018). Regulatory bodies provide HEIs with strategic guidance on policy which can be interpreted and incorporated into existing policies; a consequence of this means that there is no standard approach to the FtP process in HEI settings, allowing individual policies and procedures to exist (Annetts and Day, 2019). Healthcare related courses are delivered in most UK HEIs (Table 1) which highlights that multiple policies and processes could be in place. Archibong et al. (2013) recognise that for healthcare services to demonstrate the highest standards of professionalism and excellence, we have to ensure that healthcare professionals are appropriately trained and are to fit to practise, recognising the importance of suitable policies being in place to dictate this requirement and manage concerns effectively so that the public is safeguarded.

The purpose of this study was to systematically review available information on how UK HEIs manage FtP concerns relating to students on NMC and HCPC validated courses. These two regulatory bodies have been chosen for this review, due to them being two of the largest regulators covering a range of professions. The NMC are regulators for Nurses, Midwives and Nursing Associates (Nursing and Midwifery Council, 2023). The HCPC regulate 15 professions in total, which includes Paramedics, Occupational Therapists and Physiotherapists (Health and Care Professions Council, 2023).

Although similar reviews have been completed, for example, Unsworth (2011) qualitative research piece reviewing HEI FtP processes and how concerns relating to healthcare students are managed compared to registered professionals. It is recognised that no recent studies have been completed which solely reviewed research that is available on how HEIs apply their FtP process in relation to healthcare students. This is important as this can be seen as the first step in ensuring public safety and patient protection, which is the aim of all healthcare regulators and is a global focus (Tee & Jowett 2008). Within this review, reference has been made to research that was completed over a significant time frame, for example 15 years. The authors acknowledge that during this time, professional standards, for example the NMC Code (2018) have been updated, as well HEIs undergoing curriculum reviews, where majority of institutions have now included an online practice assessment tool. However, the information provided in these research articles which are referenced, provide key points that recognise that although changes and adaptations may have occurred, the principles of FtP remain similar.

In this review, the term 'student' will be used which refers to an undergraduate healthcare learner. It is recognised that regulatory bodies also use different terms when referring to a healthcare professional who has an additional remit in supporting students in the practice setting. For the purpose of this review, this role will be referred to as a Practice Assessor to provide consistency.

2. Methods

2.1. Research design

The hierarchy of evidence is a recognised tool which identifies the strengths and weaknesses that can be associated with research (Burns et al., 2011). The pyramid format acknowledges higher quality of evidence and therefore, a lower risk of bias is usually obtained in systematic reviews and randomised controlled trials (RCT) (Murad et al., 2016). A valid systematic review will contain key components, including a clear search strategy, exclusion and inclusion criteria and a study appraisal process (Nussbaumer-Streit et al., 2016).

This is a systematic review of how FtP processes are applied in HEIs in the UK. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were followed when conducting this review (Page et al., 2021) (Fig. 1). The Population-Exposure-Outcome (PEO) framework was used to formulate the review question (Khan et al., 2003). HEIs in the UK offering undergraduate programmes leading to health care professional registration were recognised as the population. Exposure was FtP, with the outcome being identified as how the process is applied by UK HEIs in relation to students who are on a HCPC or NMC approved programme.

This systematic review was registered with PROSPERO on the 21st January 2022 – registration number CRD42022291532.

Table 1

HEIs approved healthcare courses (HCPC 2023; NMC 2023).

Regulatory body	Number of HEIs	Number of courses	Professions
HCPC	172	1735	15 professions including Paramedics, Physiotherapists, Dietitians and Biomedical Scientists
NMC	98	1014	2 professions. Midwives and Nurses associated to one or two fields, for example, child nursing and adult nursing.

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources

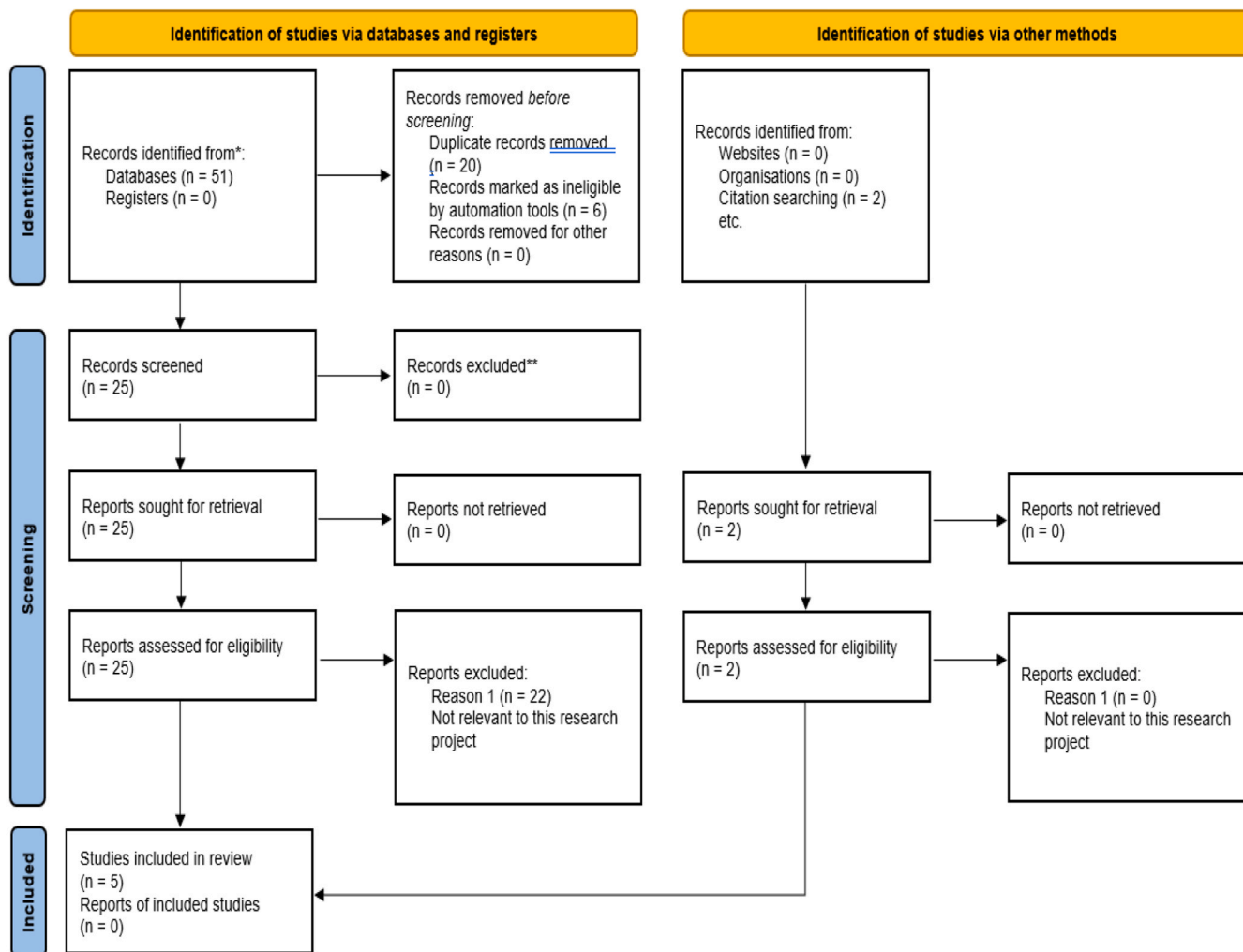


Fig. 1. PRISMA flow diagram of this process.

Key words	Search terms
University	"HEI" OR universit* OR higher educat* OR "AEI" OR "approved educational institution" OR college
Fitness to practise	"Fitness To Practice" OR "Fitness To Practise"
Applied	Application OR process
Health and Care Professions Council Nursing and Midwifery Council	"Health Care Profession Council" OR HCPC OR "Nursing and Midwifery Council" OR NMC

Fig. 2. Key words and search terms.

2.2. Search strategy

After formulating the systematic review question, key words and associated search terms were determined for conducting the search (Fig. 2).

A search strategy was developed using a range of Boolean operators

and wildcards which can be reviewed in Appendix A. During the months of October 2021 and April 2022, a review of the literature was conducted using ten databases: Medline, Cochrane Library, HealthProfessionals, PubMed, ScienceDirect, Academic Search Ultimate, Education Source, PsycInfo, SocIndex with Full text, Cumulative Index of Nursing and Allied Health Literature (CINAHL) Complete. A wide range of

suitable databases was selected due to the minimal amount of research completed in this field.

Exclusion and inclusion criteria were created to help define the results that would be relevant to this systematic review (Bettany-Saltikov and McSherry, 2016). For results to be included they had to be related to healthcare FtP and also, review HCPC and NMC validated courses and standards. Both primary and non-primary research was also included. In addition, only UK results were included as these would only be relevant to the question being posed. The exclusion criteria consisted of research being excluded that was published before 2001 if NMC related and 2003 if HCPC related. This was due to these regulatory bodies being established at this time. It is recognised that some research found could be over 20 years old but as stated above, it felt important to include this work due to the limited research that is available. Limiters for this review were also applied, which included: peer-reviewed only and English.

2.3. Study selection

In total, 25 results were identified in the first-hand search and screened, following the deletion of duplicates. This was conducted by the lead author (MJ). Due to the small number of results, the utilisation of expanders was included, to aid in broadening the scope of this research (EB Stevens Company, 2018). The expanders included in this search were: 'practice management', 'scope of practice' and 'professional practice'. This process produced no additional results to be considered.

22 articles were rejected due to them either being unrelated to HEI FtP, unrelated to healthcare or either editorials or doctorate theses. Three articles were deemed relevant to be considered for this systematic review.

To ensure that all relevant research had been captured, a second-hand search was completed, using the process of citation searching. For this search, the web search engine Google Scholar was utilised, where citations from the three articles were reviewed. Two additional results relevant to this research topic were identified at the time. Therefore, in total, five results were included (Fig. 1).

2.4. Study quality appraisal

The studies were appraised using the Critical Appraisal Skills Programme [CASP] checklist (Critical Appraisal Skills Programme, 2021). All studies had clear aims, with appropriate methodologies, addressing the objectives of the research effectively. It is noted that some of the studies were not primary research and were not necessarily associated to a clear CASP checklist. However, the closest and most relevant checklist was utilised to support the appraisal process. For example, for Chapple and Aston (2004), looking at the value of practice learning teams, an adapted version of the CASP systematic review checklist was used.

In total, the results consisted of a discussion piece, a case review, literature review and qualitative research. To reduce subjectivity, two authors (SW & DM) independently reviewed each finding to ensure similar points were identified. All results reported their findings using sound scientific rigour, which included the inclusion of a clear methodology, detailed account of analysis, and logical reporting of findings.

2.5. Data extraction

A data extraction template was created using Excel software with the principles of the Cochrane (2021). Key information extracted from the papers included: the type of study, aims, location of the research, design of the study, outcome, and recommendations (Appendix B). All results incorporated the nursing profession, with Jones et al. (2021) and Unsworth (2011) mentioning midwifery as well. Chapple and Aston (2004) and Jones et al. (2021) focus on supporting students being fit to practise, whilst MacLaren et al. (2016), Unsworth (2011) and Wells and

McLoughlin (2014) provide information on the FtP process and recognise that further explanation around what this term means would be beneficial. Both Unsworth (2011) and MacLaren et al. (2016) identify that there is a lack of consistency in the FtP process in HEIs.

As identified by the BU Research Ethics Code of Practice (2022), ethical approval for a systematic review is not required and this work has been completed in line with guidance from the International Committee of Medical Journal of Editors (2022).

3. Results

In total, five results were included in this systematic review, which were all completed in the UK.

Wells and McLoughlin (2014) narrative literature review, analysed the available research on how feedback between Practice Assessors and students is vital to ensure FtP. A clear search strategy was identified, where key search terms, for example, 'feedback', 'students' and 'failing', were included and a range of relevant databases (n = 6) were utilised. A strength of the Wells and McLoughlin (2014) review is they identified some key themes within the available research, including the benefits of effective feedback, the barriers to providing feedback and how this is associated with FtP for students, which is relevant to this systematic review. Wells and McLoughlin (2014) recognised a limitation to their review, identifying that their findings were restricted to UK research only, as they were scoping nursing courses which are regulated by the UK regulatory body, the NMC, as this review is likewise conducting.

Jones et al. (2021) is a retrospective analysis, reviewing the FtP data related to students (n = 178) completing a nursing or midwifery degree over an 11-year period (2008–2019). Their focus compared the number of FtP cases related to social media (n = 14), after an assessed element of online professionalism was incorporated into the curriculum. Case reviews are identified for the quality evidence and in-depth understanding that they can provide on a particular issue or outcome (Crowe et al., 2011). Jones et al.'s (2021) findings concluded that there was no significant difference between cohorts who received this assessment and the number of related FtP cases. A consideration of this work is this research was completed over a significant time frame which does add reliability of the results, but it is recognised that this study was completed before a review of standards. Limitations associated with this research were identified by the authors and included a similar identification to Wells and McLoughlin (2014), in that the findings only represented a discrete group of students in one HEI.

Unsworth's (2011) research was qualitative in nature and explored the FtP processes in place, for nursing and midwifery courses across HEIs (n = 44) in the UK, with a secondary phase of reviewing how FtP cases associated with students were managed compared to how regulators managed cases. A clear methods section is provided, indicating how the data were collected and analysed with an appropriate coding approach, followed by principles of descriptive content analysis being applied. This strengthened the quality of this research and also reduces the likelihood of bias, due to the rigorous process of analysis that was undertaken (Pannucci and Wilkins, 2010). Unsworth (2011) acknowledges that at the time of this research, many HEIs commented on how they were in the process of reviewing their FtP processes. This recognises that the findings are only a snapshot of what was in place at the time this research was conducted. However, MacLaren et al. (2016) comment on similar FtP process issues in UK HEIs, which demonstrates that either the review of these processes had not taken place, or that minimal changes were made during this 5-year period.

MacLaren et al.'s (2016) original qualitative research piece, reviewed FtP processes in HEI settings (n = 11) which deliver nursing programmes in Scotland and is work which was created from Unsworth's (2011) research. This consisted of semi-structured interviews with key academics in each institution and also a review of their FtP documentation. It is recognised that a small sample was included in this work which needs to be considered as it can increase the subjectivity of

the findings, however, this sample was across multiple institutions and therefore does add validity to the results. The findings recognised the differences that were in place across these HEIs when managing FtP concerns.

Chapple and Aston (2004) reviewed how practice learning teams (whose members are registered professionals who link between HEIs and placement) can provide a supportive structure for students in the practice area, because of collaborative working. This is a discussion piece, which does meet the criteria for this review, but caution should be taken when interpreting the findings. The authors of this study also acknowledge that at this time only an informal evaluation of the teams had taken place. This limitation reduces the quality of the findings, as the outcomes identified are through the authors' experiences, observations and informal feedback they had received. However, the conclusions drawn were first-hand and recognised that the partnership working between the placement area and the HEI is vital in ensuring that students are fit to practise.

4. Discussion

Three themes were identified (Table 2): i) looking at the lack of identification of what FtP expectations are, ii) collaborative working between HEIs and practice and iii) the HEI process when managing FtP concerns relating to students.

Theme 1. : - Lack of identification of what FtP expectations are.

Many regulators, and in particular the NMC and HCPC, use similar terms when explaining what FtP means (Chambers et al., 2016). These terms include having the knowledge, skills and professional conduct to be upheld in order to practise in these roles (Health and Care Professions Council, 2018; NMC 2018). Holland et al. (2010) recognise when reviewing FtP nursing and midwifery education in Scotland that it is documented that FtP expectations are often not clear and cause newly qualified professionals to enter the healthcare system without being prepared. It is recognised that HEIs are often blamed for the inadequately prepared professionals, due to issues with the education system (Holland et al., 2010).

Unsworth's (2011) research identified that some universities (n = 16) would use a general policy to manage FtP concerns rather than a specific policy. The limitation to this approach is that the policy contained no details on what FtP means and how issues associated with this should be addressed. This then raised concerns about how the committee reviewing FtP concerns could make a fair decision when the term or expectation around FtP for students was not explained (Unsworth, 2011). In Bullock et al. (2020) review of the research which explored health and care professional regulation, they identified that the understanding of what FtP means is essential. They recognised that across professional regulators there was consistency in the words associated with FtP and what this term means but that more collaborative work was needed between these organisations to ensure consistency when explaining this term. This is corroborated by the findings in Chambers et al. (2016) review, identifying that the FtP understanding should be developed in a student capacity, ensuring that HEIs support students with their understanding around FtP expectations and also manage FtP concerns effectively.

Unsworth (2011) acknowledges that if FtP expectations are not

clarified for students and therefore not necessarily understood, then it is challenging to have a clear and fair threshold for referral and outcomes of FtP concerns. Moriarty et al. (2011) acknowledge that students should have an opportunity to continually develop their FtP and therefore, without a clear definition within relevant HEI documentation, it can be challenging to identify what the expectation is. Jones et al. (2021) endorse this and identify that it is the HEIs' responsibility, and an expectation by healthcare regulators (such as the NMC) to prepare and support students to develop their behaviours to meet the requirements to join the professional register. However, the students' professionalism should be in line with the regulatory guidance for the profession that the student wishes to join and therefore, they should make the understanding of what FtP means and the expectations a little clearer for both HEIs and students.

Theme 2. : - Collaborative working between HEIs and practice.

The evidence identified in this review concluded that collaborative working between HEIs and practice was essential. A student is expected to complete their programme by spending time in both the academic setting completing theory work, including simulation, and in the practice setting, allowing them the opportunity to put their knowledge into practice (Wells and McLoughlin, 2014). In the case of NMC approved courses, a set number of hours that a student must spend in practice is provided, whilst the HCPC do not set a number but recognise that course providers should be able to provide a clear rationale for the placement hours that are programmed (Health and Care Professions Council, 2021; Royal College of Nursing, 2021).

During the students' time in practice, they will be allocated a Practice Assessor, who will complete their assessment of their clinical competencies (Tee and Jowett, 2009). When a Practice Assessor, or a team member in practice, raises concerns about a student's FtP this should then be referred to the HEI for their input and also, for support for both the student and practice area (Chapple and Aston, 2004).

Chapple and Aston (2004) identified that in order for students to be effectively supported to develop their skills, knowledge and behaviours to be fit to practise, a collaborative approach between practice partners, such as an NHS ward, and the HEI is required. Holland et al. (2010) endorse this and recognise that in order for the future workforce to be effective, practice and HEIs need to ensure that the right skills and knowledge is being delivered as part of the educational programme. Chambers (2021) in their thesis, which explores who is responsible for FtP within pre-registration nursing, concurs and concludes that there needs to be a shared sense of responsibility and ownership in ensuring that students are meeting the requirements for practice. The informal evaluation by Chapple and Aston (2004) identified that practice learning teams had a positive impact on bridging the gap between practice and HEIs when supporting students to develop the FtP requirements. An example of this would be allowing students to demonstrate their professionalism when caring for a patient.

Findings in Wells and McLoughlin (2014) literature review, which analysed the role of feedback in ensuring students are fit to practise, recognised that supporting students to develop the required elements to be able to practise correctly, was a collaborative approach between the HEI and practice partners. However, challenges associated with this collaborative approach were identified and included the Practice Assessors' perception of HEIs supporting students to proceed through their

Table 2
Identified themes.

Theme 1: Lack of identification of what FtP expectations are	Theme 2: Collaborative working between HEIs and practice	Theme 3: HEI processes for managing FtP concerns
Unsworth (2011) Jones et al. (2021)	Chapple and Aston (2004) Wells and McLoughlin (2014)	Unsworth (2011) Wells and McLoughlin (2014) MacLaren et al. (2016) Jones et al. (2021)

course and register, regardless of concerns raised about their practice in the placement setting (Wells and McLoughlin, 2014). These findings are supported by Hunt (2014) who reviewed Practice Assessors' perceptions of failing students in practice, by concluding that Practice Assessors sometimes felt undermined by the HEI and that support mechanisms to address and manage any FtP concerns in placement, were either lacking or the process was ineffective. Duffy (2003) recognised that 'failing to fail' students in the practice setting was an ongoing issue, with multiple factors associated with why this may be happening, including a lack of support for Practice Assessors and also, the lack of understanding of the process required to fail students. However, Chapple and Aston (2004) acknowledge that if a more collaborative approach between HEI and placements takes place and the investment in a role such as practice learning teams is supported, then a greater understanding of roles, responsibilities and processes can be obtained for all parties involved (Wells and McLoughlin, 2014).

Theme 3. - HEI processes for managing FtP concerns.

The third theme identified related to HEIs having processes for managing FtP concerns. Unsworth (2011) acknowledges that healthcare approved programmes, are required to have a process in place to manage FtP concerns relating to pre-registration students. This is endorsed by Jones et al. (2021) who state that all regulators expect HEIs to have a mechanism in place to support concerns regarding students and take overall responsibility for managing these. It has been identified that although an FtP process is a requirement for course approval, the regulatory bodies provide limited guidance on the process, meaning that there is no standard approach for healthcare courses in HEI settings (Tee and Jowett, 2009). Consequently, there is considerable variation in policies and processes across HEIs in the UK (Annetts and Day, 2019). This is concerning, as identified by Archibong et al. (2013) who recognise that policies need to be relevant and meaningful, in particular within the healthcare setting, as this can have a significant impact on patient experience, treatment and outcome.

Within this theme, other areas for further exploration were identified, and therefore, they have been sub-categorised into the following headings, 1) Inconsistencies in the FtP process and 2) Learning experience and assessment.

4.1. Inconsistencies in the FtP process

Jones et al. (2021) identify that many universities in the UK manage students who do not demonstrate the professional behaviour expected. Regulatory bodies such as the NMC set standards which outline the expected health, behaviours and attitudes of a registrant (Tee and Jowett, 2009; NMC 2018).

Unsworth (2011), when reviewing HEI (n = 44) FtP policies in the UK for NMC approved programmes, acknowledged that there were significant gaps in policies due to limited guidance from professional bodies. Similar results were identified by MacLaren et al. (2016), who recognised that there were inconsistencies, for example, in terminology and the structure of the process, across HEIs (n = 9) in NMC validated programmes in Scotland when reviewing their FtP processes. These findings were also noted in Snow et al. (2014) research, which reviewed FtP concerns associated with undergraduate medics in Australia, identifying the complexity of the process with limited information as a further concern raised about managing FtP concerns and highlighting that these concerns are not just UK based. Similarly, Gallagher et al. (2019) acknowledge in their research looking at FtP in pharmacists across several countries, that there are consistencies in the types of concerns being raised about healthcare professionals.

It is noted that MacLaren et al.'s (2016) research is a development of

the work completed by Unsworth (2011). During the five-year gap between these two pieces of research the same concerns were raised and therefore, no changes occurred during this time. Unsworth (2011) based his research on a review of policies across the UK compared to MacLaren et al. (2016) who focused just on Scottish HEIs. However, this does identify that this is also a national issue.

Improvements to the FtP process, have been included in Jones et al.'s (2021) research, and include a clear inclusion criterion for a student to be referred to FtP, with further details on the stages of the FtP process and also further explanation on the FtP outcomes. Unsworth (2011) identified that further clarity on the terms used and a more robust process for managing FtP concerns would be effective. Archibong et al. (2013) recognise in their policy review of FtP processes in the healthcare system, that it is important that roles, responsibilities, expectations, and acceptable behaviour should be made clear.

Haycock-Stuart et al. (2014) recognise in their review of good practice in managing FtP concerns, that the responsibilities of the HEI, professional body and placement should be clearer and that an audit process, reviewing FtP cases and the management of these across HEIs should be conducted on a regular basis to ensure consistency. Without these suggested improvements being addressed, significant differences in managing concerns are in place across HEIs delivering healthcare programmes in the UK (Unsworth, 2011).

4.2. Learning experience and assessment

Wells and McLoughlin (2014) identify that it is important for Practice Assessors to also take responsibility for ensuring students are FtP as part of the practice assessment process; however, they do recognise that when concerns are raised, the HEI FtP process should come into effect. Due to the number of FtP investigations and also frequent cases identifying poor nursing care, it is suggested that there may still be ongoing issues around FtP and also, Practice Assessors 'failing to fail' (Wells and McLoughlin, 2014). This is endorsed by Tee and Jewett (2009) and MacLaren et al. (2016) who recognise that further research into the role of placement assessment and the difference between this and the FtP process needs to be completed.

5. Conclusion

The aim of this systematic review was to highlight research that looked at how FtP processes are applied in UK HEIs, in relation to both HCPC and NMC approved healthcare programmes. A detailed account of the available research into managing FtP concerns has been provided.

Three themes have been included in this review. These were the lack of identification of what FtP expectations are, the importance of collaborative working between HEIs and practice and finally, reviewing HEI FtP processes. It was recognised that the principles of these policies were similar but that inconsistencies have been identified, including what initiates an FtP process and the stages that are included.

5.1. Limitations

It is recognised that this systematic review was based on only two regulatory bodies, the NMC and HCPC, and therefore, this review only provides a representation of these healthcare regulators. More research looking at other regulators, such as the General Medical Council (GMC) and General Dental Council (GDC), would be of benefit to aid in recognising whether all validated healthcare programmes have similar outcomes and inconsistencies.

It is recognised that this review is based on UK regulators and HEIs. Although it has been identified that there are many similarities with the

regulation of healthcare professionals in other countries, some areas including the training of healthcare students may be different and therefore, this does restrict the ability to compare this to international institutions.

5.2. Implications of the study

The impact of FtP process being inconsistent across HEIs is significant. It is recognised that the disparity in managing concerns could have implications for multiple sectors. Ultimately, patient safety and care could be compromised if a concern relating to healthcare students' FtP is not managed correctly. Other implications that have been highlighted in this review could also impact upon, for example, national guidance from regulatory bodies, such as the HCPC and NMC, initiating a review and potential changes being considered. This could then have an impact on both trust and private organisations' policies that relate to supporting students and managing concerns, identifying changes that are required to these documents.

The outcome of this review is not only highly relevant to policies and guidance but also has implications for practice. This study recognises that inconsistencies in managing FtP concerns relating to healthcare students could result in concerns not being reviewed, managed and addressed appropriately. This could then cause newly qualified registrants to enter the register for their profession who may not be fit to practise in their chosen occupation.

5.3. Recommendations

It is recognised that further research into how FtP policies are created, implemented, and utilised is required within the HEI setting. There are multiple avenues associated with this topic where further research would be of benefit. This includes research exploring how HEIs

manage FtP cases relating to healthcare students and the similarities and differences within cases across UK HEIs. Comparing FtP processes across an international landscape would also be beneficial, allowing for learning to take place from colleagues across the world who are likely to be managing similar concerns and situations.

Authors statement

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Topic and type of paper

A systematic review which looks at the way Fitness to Practise processes are applied in UK Higher Education Institutions.

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CRediT authorship contribution statement

Megan Jadzinski: Conceptualization, Methodology, Validation, Formal analysis, Writing – original draft. **Sara White:** Methodology, Validation, Formal analysis, Writing – review & editing, Supervision. **Sue Way:** Methodology, Validation, Writing – review & editing, Supervision. **Dominique Mylod:** Methodology, Validation, Formal analysis, Writing – review & editing, Supervision.

Declaration of Competing Interest

No conflict of interest.

Appendix A. Search Strategy

Filters	Search term	Field	MySearch results (July 2021) (only including the databases identified above)
Truncation included and phrase searching.	"HEI" OR universit*	Title/	2641
Boolean operator OR used	"Fitness to Practice" OR "Fitness to Practise"	Abstract	
Phrase searching added.	"HEI" OR universit*	Title/	953
	"Fitness to Practice" OR "Fitness to Practise" OR FtP	Abstract	
Additional terms used. Boolean operator OR used.	"HEI" OR universit* OR higher educat* OR AEI OR college	Title/	1161
	"Fitness to Practice" OR "Fitness to Practise" OR FtP	Abstract	
Additional terms added. Boolean operator OR used.	"HEI" OR universit* OR higher educat* OR AEI OR college	Title/	371
	"Fitness to Practice" OR "Fitness to Practise" OR FtP	Abstract	
	Application OR process		
Additional terms added. Boolean operator OR used.	"HEI" OR universit* OR higher educat* OR AEI OR college	Title/	51
	"Fitness to Practice" OR "Fitness to Practise" OR FtP	Abstract	
	Application OR process		
	"Health Care Profession Council" OR HCPC OR "Nursing and Midwifery Council" OR NMC		
Peer-reviewed			45
English Language only			45
Duplications deleted			25

Appendix B. Data extraction tool here

Number	Author	Title	Type of study e.g literature review	Methodology	Aim (s) of the study	Professions included	Location of research	Outcomes from this study	Limitations/ Considerations	Recommendations	Standard of the publication
1	Chapple and Aston (2003)	Practice learning teams: a partnership approach to supporting students' clinical learning.	Innovation discussion paper	N/A	To review the benefits of practice learning teams	Nursing	UK	Informal evaluation completed shows beneficial role	No formal evaluation has taken place to review the effectiveness of this role	Formal evaluation needs to be completed	Good
2	Jones et al. (2021)	Did introducing Twitter and digital professionalism as an assessed element of the nursing curriculum impact social media related incidence of 'Fitness To Practise': 12-year case review.	Case review	Retrospective analysis	To compare FtP cases following the implementation of digital professionalism as an element of the curriculum	Nursing and Midwifery	UK	There was no differences in the number of FtP cases between cohorts who had completed the digital professionalism in their curriculum to those who didn't	N/A	N/A	Good
3	MacLaren et al. (2016)	Understanding pre-registration nursing Fitness To Practise processes.	Interviews	Qualitative	To examine FtP processes in pre-registration nursing programmes in Scotland	Nursing	UK	Different Fitness To Practise policies are in place across universities in Scotland. Differences include, terminology and consistent in the process.	N/A	Collaborative working between HEIs is essential	Good
4	Unsworth (2011)	Student professional suitability: Lessons from how the regulator handles Fitness To Practise cases.	Case report	Qualitative	Review FtP HEI policies, compare approaches taken by HEIs and consider how these policies could be developed to ensure they are more robust.	Nursing and Midwifery	UK	All policies reviewed could be strengthened and significant gaps were noted	N/A	N/A	Good
5	Wells and McLoughlin (2014)	Fitness to practice and feedback to students: A literature review.	Literature review	N/A	To analyse literature on how effective feedback from mentors can help to ensure fitness to practice.	Nursing	UK	Highlights importance of mentor feedback to aid in eliminating bad practice in the profession.	N/A	N/A	Good

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