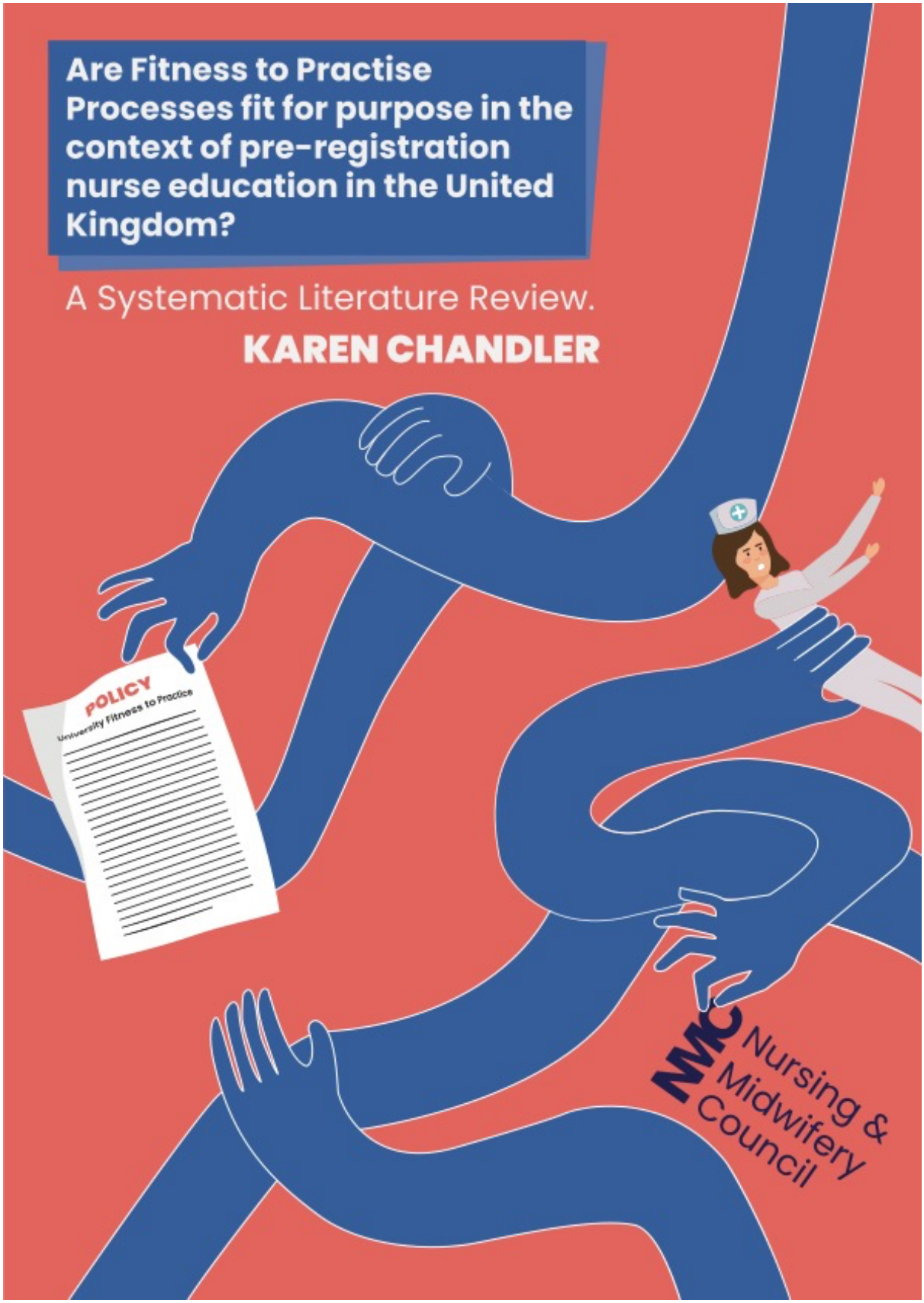
Are Fitness to Practise Processes fit for purpose in the context of pre-registration nurse education in the United Kingdom?

A Systematic Literature Review.

KAREN CHANDLER



NMC Nursing & Midwifery Council

Are Fitness to Practise Processes Consistent in Pre-Registration Nursing in the United Kingdom?

A Systematic Review of the Literature.

Submitted by Karen Chandler to the University of Exeter as a thesis for the degree of

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Abstract

Background: The Nursing and Midwifery Council (NMC) are regulators for the professions of nursing and midwifery in the United Kingdom (UK) and nursing associates in England. Their role is to set professional and educational standards, maintain a register of practitioners and investigate concerns about registrants' fitness to practise (FtP). FtP is defined as having the skills, knowledge, health, and character to deliver safe and effective care" (NMC, 2015). Responsibility for the operationalisation of FtP is devolved into Approved Education Institute which in the UK is generally a Higher Educational Institute (HEI).

Aims of Study: This study aims to identify and synthesise current research to establish what is known about the consistency and fairness of FtP processes in pre-registration nursing in the UK. Identifying the factors contributing to the consistency and fairness (or lack thereof) of FtP for pre-registration nursing students can guide regulatory and educational policy on FtP processes for nursing students. This study will also inform future research by identifying any gaps in knowledge.

Method: A systematic review was conducted based on a search of nine databases: Medline Complete, CINAHL Complete, Emcare, EMBASE, Sociology Source Ultimate, APA PsycINFO, British Education Index and Scopus. The search terms used included 'pre-registration nursing student, fitness to practise, and policy/process.' A forwards and backwards and hand search was conducted, and professional and governmental websites and thesis databases were also searched. All papers were quality assessed using a modified Weight of Evidence tool (Gough, 2007) and the results were recorded on Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA).

Results: 1356 papers were identified in the electronic search, and after the removal of duplicates and the application of a two-stage screening process a total of 11 papers met the inclusion criteria from the database search. A further 7 papers were identified in the supplementary search resulting in 18 included papers. Following data extraction, the thematic analysis identified three themes: conceptualisation of FtP, inconsistent implementation of FtP processes, and conflicting roles for nurse

educators in FtP due to tensions in differences in professional expectations of novice and experienced nursing students.

Conclusion: The systematic review shows that while there is limited high-quality research focusing specifically on nursing students conceptualisation of FtP and good health and character vary between the different stakeholders. Inconsistency can occur at multiple points in the FtP process which can result in unfairness for the nursing student. There is a need to review the mechanisms for reporting and auditing FtP referrals and outcomes in nursing students as this will help inform changes to policy and practice and inform the need for future research.

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Acknowledgements

"When are you going to finish your Doctorate?"

If I had a pound for every time I heard this statement…..! Yet, what I wouldn't do to hear these words from my dear Mum and Dad, who sadly couldn't wait any longer, departing from this world within two weeks of each other, just as I embarked on the final stage of my final journey!

Thank you to my husband who has supported me in my career, education, and parenting for some 30 years (no doubt he could author a thesis of his own now on the same subject!).

To my two sons, who spent many long-haul flights surrounded by papers etc. but also gave me the much-needed time and space to write up my findings. I only hope my commitment to ensuring fairness and justice for others will inform decisions in your own lives.

To my cousins, Georgina Beaumont, and Margaret Henderson, and my parent's lifelong friend, Jean Sheedy, and her family, for supporting me after the loss of my parents. To my friends, Karen Hunt and Louise Misselke-Evans who knew how to pick me back up when I fell, and to my friend of 40 years, who unexpectedly provided first-hand experience of fitness to practise after a long unblemished career, I give you courage and support.

To my two brave and patient doctoral supervisors, Karen Mattick and Vivienne Baumfield, I thank you for your kindness and patience, especially when things didn't quite go to plan. I will be eternally grateful!

However, I dedicate this thesis to my Mum and Dad, for the brave decision to adopt me, for forgiving my many mistakes along the way, and for instilling the morals of fairness and justice within me that underpin this thesis.

Glossary of Acronyms and Terminology

Within this study, several abbreviations are used in the context of Fitness to practise in health and social care professions. To reduce any misunderstanding, the table below provides explanations of the acronyms employed within this research study.

Acronyms	Title
FtP	Fitness to Practise
NMC	Nursing and Midwifery Council
UKCAT	UK Clinical Aptitude Test
PSA	Personal Qualities Assessment
RSQ	Resilience Scales Questionnaire

Terminology	Meaning
Higher Education Institute	Regulatory bodies are responsible for the approval and quality assurance of educational programmes which lead to registration with the relevant regulatory body. Organisations which are approved to offer such programmes are referred to as Approved Education Institutes (AEIs). These programmes are usually delivered in Higher Educational Institutes (HEIs) in the United Kingdom which are also referred to as universities.
Fitness to Practise	Fitness to practise used to regulate registrants or those intending on joining the register. The overarching objectives of fitness to practise are to: (a) protect, promote, and maintain the health, safety, and well-being of the public. (b) promote and maintain public confidence in the nursing and midwifery professions. (c) promote and maintain proper professional standards and conduct for members of the nursing and midwifery professions.
Good Health and Character	Good health and character is described as having the 'skills, knowledge, character, and health to provide safe and effective care.'
Equality Act 2010	The Equality Act (2010) was introduced in April 2011. Its purpose is to protect individuals with 'protected characteristics,' such as age disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation from discrimination. The Equality Act applies in England, Scotland, and Wales, but not Northern Ireland and the Islands.

Motivation for this study

My motivation for this topic has been influenced by my early desire for social justice. I believe this transpired from my beginnings, as an illegitimate and adopted child, who knew what it felt like to be different and to be judged. However, these emotions did not become real until I was in secondary school. I went to an all-girl-grammar school where I felt I did not fit in, my disruptive behaviour eventually led to exclusion and with minimal qualifications, I realised my career options were limited. Although my resilience taught me that I would not allow myself to be judged and be hindered in my career choices, I went back to college achieved the necessary qualifications and entered my nurse training. It was during my nurse training when I failed a clinical placement that I realised that one's dream can suddenly be taken away from you. I therefore found my voice and challenged the decision which was retracted due to a procedural error that allowed me to continue on my journey. I learnt from this experience that not everyone has a voice to speak out against injustice. I therefore entered into higher education and took on the role of supporting students, being their voice and fighting for fairness and justice.

It was in 2014 when my colleague, Liz West, was commissioned to undertake some research on behalf of the NMC exploring the prevalence of FtP in registered nurses and midwives that spurred my interest in this topic. The findings indicated that nurses from Black, Asian, and Minority Ethnic backgrounds and men were disproportionately represented at FtP proceedings. This got me questioning if this was a similar pattern in nursing students. Unfortunately, the data was not available for me to take a similar approach but rather than give up I looked at alternative ways of finding assurance that nursing students are managed fairly. Sadly, my colleague Liz West died before the NMC introduced the Ambitious Change in 2019 but I assured Liz that I would continue to explore this topic with students so we can offer assurance that students are treated consistently and fairly in FtP proceedings.

Chapter 1.0. Introduction

Fitness to Practise (FtP) is the process used by which complaints or concerns in health and care professions are dealt with. The Health Professions Order (2001) grants powers to the council to (i) establish and keep under review the standards of conduct, performance and ethics expected of registrants and prospective registrants and give them such guidance on these matters as it sees fit; and (ii) establish and keep under review effective arrangements to protect the public from persons whose fitness to practise is impaired.

The Nursing and Midwifery Order (2001) Article 5(21) gives power to the Nursing and Midwifery Council to establish and keep under review:

(a) the standards of conduct, performance and ethics expected of registrants and prospective registrants and give them such guidance on these matters as it sees fit; and

(b) effective arrangements to protect the public from persons whose fitness to practise is impaired.

The Health Professions Order (2001) states that any applicant wishing to join the professional register must meet the relevant standards of education, training, conduct and performance set by the relevant profession to be fit to practise. The NMC devolves responsibility for operationalising student fitness to practise to the Approved Education Institute (AEI). In the UK AEIs are generally Higher Education Institutes (HEIs) otherwise known as universities.

In August 2004, the NMC sought approval from the House of Lords to permit them to review the entry requirements for pre-registration nursing and midwifery education. It was agreed that applicants must provide evidence of literacy and numeracy skills, good health and good character to confirm they have met the entry requirements set by the HEI (Parliament UK, 2004).

Based on Article 3(4) and (4A) Nursing and Midwifery Order 2001 the Nursing and Midwifery Council (updated 2021) describe the aims and principles for Fitness to Practise are to:

(a) protect, promote, and maintain the public's health, safety, and well-being.
(b) promote and maintain public confidence in the nursing and midwifery professions.
(c) promote and maintain proper professional standards and conduct for members of the nursing and midwifery professions.

Students seeking registration with the NMC have to satisfy the council that they have met the standards for education and training, and that they are of good health and character. The NMC describe good health and character as having the necessary ‘skills, knowledge, health, and character to deliver safe and effective care’ (NMC, 2015).

In recent years, concerns have arisen regarding the protection of the public. This has led to questions as to how healthcare professions are regulated (Clothier Report, 1994, Bristol Inquiry, 2003, Shipman Inquiry, 2005, Francis Report, 2013, Winterbourne Report, 2013, Ockenden Report, 2022). While some serious events are not exclusive to the nursing profession and have occurred in fields like medicine (Bristol Inquiry, 2003, Shipman Inquiry, 2005) and midwifery (Ockenden Report, 2022), the greatest proportion of concerns have been in the nursing profession.

These concerns in nursing have been underscored by the significant number of nursing registrants referred to NMC FtP proceedings each year. In 2021, the NMC reported that 95% of all FtP referrals involved registered nurses, with only 5% of cases concerning registered midwives, and less than 1% relating to registered nursing associates (NMC, 2021). Although there is no data available comparing the prevalence of FtP referral in nursing students, Fordham-Barnes (2019) noted that a substantial number of FtP referrals received by the NMC were in registered nurses who had been qualified for less than 5 years. While there is limited data available to understand the reasons behind these findings, it raises questions about the consistency of FtP processes in pre-registration nurse education, justifying the need for a more detailed exploration of this phenomenon.

1.1. Aims of this study

This study aims to identify and synthesise current research to establish what is known about the consistency and fairness of FtP processes in pre-registration nursing programmes in the UK. Identifying the factors that contribute to the consistency and fairness (or lack thereof) of FtP for pre-registration nursing students can guide regulatory and educational policy on FtP processes for nursing students. The study will also inform future research by identifying any gaps in knowledge.

1.2. Structure of the thesis

This doctoral thesis is divided into five chapters. This first chapter defines the concepts of professional regulation, how the process of FtP is challenged in light of growing concerns about public safety and the aims of this doctoral study. Chapter 2 offers a critique of the literature in the context of FtP in the wider health and social care students. This will provide a broader understanding of the problems associated with the concept of FtP in pre-registration nursing programmes.

Chapter 3 demonstrates how the structured approaches of a systematic review can be used to answer a research question. Transparency of these processes is especially important when assessing the consistency and fairness of FtP processes (or lack thereof) in UK pre-registration nurse education programmes.

Chapter 4 presents the findings of the study based on a thematic analysis of the data extracted from the included papers. These are presented as three themes: (1) the conceptualisation of FtP in pre-registration nursing students, (2) inconsistent FtP processes, and (3) conflicting roles for nurse educators in fitness to practise due to tensions in professional expectations of nursing students.

Lastly, Chapter 5 compares these findings with that of the wider literature, identifying the strengths and limitations of this study it makes recommendations for possible changes in policy and practice and identifies potential future research in this subject.

2.0. Literature Review

This systematic review aims to explore the consistency and fairness of FtP processes in pre-registration nurse education in the UK. In this chapter, a critical review of the research and scholarly articles related to FtP within the broader context of pre-registration health and social care students will be included. This decision is driven by multiple factors. Firstly, all health and social care regulatory bodies operate within a shared conceptual framework, designing policies and processes that address the concerns in students across various professional groups. Additionally, Boak et al (2012) note that FtP research has primarily focused on medical students and findings have been applied to other health and social care students. To ensure a comprehensive exploration of the topic and not to exclude valuable insights data from all health and social care students will be incorporated into this literature review.

The content of the literature review will start by briefly exploring (i) the challenges with professional and self-regulation, and (ii) predicting potential FtP in health and social care students. This will be followed by a more detailed examination of the literature exploring the (iii) variations in regulatory bodies' FtP guidance for students and HEIs; (iv) conceptualisation of good character and health (v) variations in HEI policies and processes; (vi) prevalence of FtP concerns in health and social care students; (vii) reasons for referral to FtP processes in health and social care students; (viii) the context in which FtP concerns occur in health and social care students, including academic, digital, clinical practice and health concerns; (ix) determining the seriousness of FtP concerns in health and social care students; (x) representation and support of health and social care students at FtP proceedings; (xi) factors influencing FtP decision-making and the application of sanctions in health and social care students.

2.1. The Challenges with Professional and Self-Regulation in Healthcare Professions

Regulation is the process by which a statutory body sets the rules and holds others to account (Davies, 2004). Self-regulation, however, has long been considered the core of what it means to be a professional (Freidson, 2001, Evetts, 2002). While

medicine and law were among the first professions to practise self-regulation, it is reported that by the mid-twentieth century, many others had followed suit (McDonald, 1995, Law and Kim, 2005, Adams, 2009, UK NARIC, 2015). A self-regulating profession generally strikes a bargain with the state, exchanging increased autonomy and regulatory powers for the promise that they will use their powers responsibly in the name of public interest (Flood, 2011, Gorman, 2014). The state ultimately delegates the responsibility for professional regulation to a body composed of professional practitioners (Brazier, 1993). The regulatory powers delegated to these professional bodies predominately fall into two categories: (i) the power to establish criteria about entry to practice (or access to a restricted title), and to ensure practitioner competence and service quality; (2) the power to govern practitioner behaviour to ensure the practice is conducted ethically and responsibly (Rubin 1980; Allsop and Saks 2002). While these powers should be exercised in the name of public interest, it has been suggested in the past that public and professional interests have not always been viewed the same (Adams, 2016). This led to the establishment of rigorous criteria for entry to practice and professional conduct. However, this is considered to be restrictive, and particularly problematic at times when there is a global workforce crisis (Macdonald 1995; Freidson 2001).

Criticisms of professional self-regulation have increased since the 1990s. Self-regulated professions have reportedly struggled to regulate practitioner competence and misconduct and concerns have been raised about the impact they have on regulating global professional work (Brazier et al. 1993; Abel 2003; Moran 2004; Rhode and Woolley 2012). The Professional Standards Authority (PSA) is accountable to the government, and its role is to oversee all healthcare regulators in the UK (PSA 2015). As mentioned in the introduction the Nursing and Midwifery Order (2001) devolves responsibility for the regulation of pre-registration nursing students to the HEI which must satisfy the registrar that the student is capable of safe and effective practise as a nurse or midwife at the end of their programme.
In 2004 the NMC indicated that applicants wishing to join or re-join the register must make a self-declaration of good health and character (NMC circular, 6/2004). This self-declaration of good health and character was applied to students studying an NMC-approved programme. In 2008, the NMC notified HEIs that they must establish processes where a FtP panel consider the student's fitness to practise (NMC, 2008).

In 2015 the NMC introduced a process of revalidation which requires registered nurses to self-declare that they are of good health and character and demonstrate that remain fit to practise, in that they meet the necessary standards and have the 'knowledge, skill, character and health to deliver safe and effective care' (NMC, 2015). Registrants must complete this process every three years to remain registered with the NMC and students are prepared for this process as part of their education programme. Adam (2017) suggests that these processes undermine self-regulation, which according to Kleiner (2006) can also reduce practitioner supply as it limits organisational flexibility (Nancarrow 2015). These issues are of national and international significance, especially at a time when the NHS in the UK is facing a global workforce shortage (NHS, 2019, NHS England, 2023, Adhikari and Smith, 2023). It is, therefore, critical that healthcare strikes a balance between public protection and professional autonomy.

2.2. Predicting Potential Fitness to Practise in Health and Social Care Students

In 2004 it was approved by Parliament that applicants to pre-registration nursing and midwifery programmes must provide evidence of literacy and numeracy skills, good health and character (Parliament UK, 2004). In 2006, the Department of Health announced that patient and public safety and regulation of non-medical professions had become a critical issue. Regulators were instructed to review their regulatory processes. Recommendations from the DoH (2006) included that regulatory bodies should be more consistent when establishing standards for applicants joining the register for the first time, with employers and regulators agreeing on common standards including a single definition of good character (DoH, 2006).

The NMC under Article 21 (1) of the Nursing and Midwifery Order (2001) reviewed its standards where HEIs were instructed to monitor student progress and hold FtP panels to consider concerns relating to student's fitness to practise (Tee and Jowett, 2009). HEIs created a framework based on four stages:

1. Applicants to pre-registration programmes
2. Students on programme
3. Students applying for registration.
4. Registrants

While each is worthy of discussion, this doctoral study intends to focus on Stage 2 of the FtP process, where concerns are addressed which determine if the student meets the regulatory requirements for registration. With this in mind, Stage 1 of this framework will be explored briefly.

2.2.1. Assessing Potential Fitness to Practise at Selection.

For the past 70 years medicine has attempted to identify how best to predict potential fitness to practise in applicants (Adam et al., 2015, McManus 2013, Smythe, 1946). Much of the research has explored a correlation between prior academic achievement and performance as a medical student (Ferguson et al, 2002, McManus (2013). UK medical schools introduced a UK-wide cognitive assessment, the UK Clinical Aptitude Test (UKCAT) to assess potential applicants and some research suggested there was a correlation between poor academic performance, unsatisfactory clinical performance (Arnold 2002) and future misconduct (Papadakis et al. 2004, 2005, 2008). This theory, however, has been challenged, with many arguing that the majority of medical students go on to graduate and become capable doctors (Campbell, 1974; Lockhart, 1981; Anonymous, 1984; Best, 1989; Barr, 2010).

In 2005 Stern et al conducted a retrospective cohort study on medical students in the USA and measured students' completion of admissions applications, course evaluations and students' self-reporting of immunisation compliance. The intention was to identify if there was any correlation between selection processes and professional behaviour. Stern's study reported there was no consistent, significant correlation between any of the assessments used at admission and the outcomes of professional behaviour in Year 3 of medical school. Univariate correlation models identified that students' missing immunisations or evaluations were significant predictors of professional behaviour, although they made no correlation as to whether this led to a referral to FtP proceedings.

Yates and James (2014) examined 59 registered doctors who had graduated from any one of eight medical schools in the United Kingdom between 1958-1997 and had a proven finding of serious professional misconduct with the GMC between

1999-2004. Univariate conditional logistic regression analysis found that medical students who were male students, from a lower estimated social class, and experienced academic difficulties, especially early in their programme, were more likely to be referred to GMC FtP proceedings. While the authors expressed caution in the interpretation of the findings due to the small sample, they highlighted the potential risks, and the need to consider additional support for this group.

Using the UK Medical Education Database (UKMED) Paton (2018) analysed the data of 14,379 medical students who started medical school in 2007 and 2008. Paton reported that the Managing Emotions and Resilience Scales (MEARS) test which comprises five domains: 'control,' 'faking,' 'emotional non-defensiveness,' 'self-discipline' and 'self-esteem' indicated that male students were 2.78 times higher than female students, and mature students 1.57 more likely than younger students to make a conduct-related declaration. Higher (standardised) verbal reasoning scores (OR 1.08), and higher (standardised) scores on the 'self-esteem' component of the MEARS (OR 1.40) had higher odds of a conduct-related declaration. In the latter case, this observation can be interpreted as follows; for every standard deviation above the mean scored on the self-esteem scale, an entrant had 40% higher odds of declaring a conduct-related issue. There was reportedly a strong univariable relationship between 'self-esteem' (as measured by the MEARS test) and declaring at least one conduct-related issue.

Adam et al (2015) conducted a longitudinal study evaluating the cognitive and non-cognitive selection tests, clinical performance, tutors' scores of professional behaviour, and severe and minor lapses of professional conduct of 146 medical students in one cohort in the UK. Findings concluded that none of the HEI tests designed by Hull York Medical School (HYMS) predicted incidents or behaviours of concern to the Fitness-to-Practise committee. Neither UKCAT sub-scores nor total scores predicted a greater risk of FtP referral but the Personal Qualities Assessment (PQA) "aloofness' and Resilience Scales Questionnaire (RSQ) 'managing image' were predictors of the likelihood of FtP referral. Male students and those who underperformed in year 1 or 2 examinations were more likely to be referred to FtP proceedings as a student. Adam et al (2015) explored 45 medical students who had been referred to FtP proceedings in more detail, identifying that 26 students had

been referred on more than one occasion. This group reportedly scored higher in verbal reasoning, lower in PQA conscientiousness and self-discipline, and higher in impulsiveness and confidence, the RSQ control scores were also lower. Adam reported that 22 students left the course prematurely or gained three or more FtP referrals and compared them to the rest of the cohort to identify significant predictors of undesirable outcomes. This group were older at entry and scored higher on the PQA anti-social tendencies measure, and all had scored lower on the summed Year 1 and 2 tutor ratings and performed less well in components of the Year 2 examination (Adam et al., 2015).

In 2007 Dillon examined the selection processes for recruiting social work students and reported that while selection processes might reveal more about an applicant's suitability they are unlikely to determine their emotional and psychological readiness. Boak et al's (2012) systematic review examined the selection processes for students applying to undertake a range of professional programmes approved by the Health and Care Professions Council (HCPC). The review concluded that there is a general lack of agreement as to what characteristics are being assessed and what applicants should possess for entry to professional programmes, making it difficult to predict whether applicants are suitable at the point of admission or any potential to predict future FtP referral.

In 1992 the Further and Higher Education Act (1992) saw pre-registration nurse education programmes be transferred into higher education. Nursing programmes were increasingly implemented at diploma and degree level study until the NMC announced in 2010 that nurse education programmes should be delivered at a minimum level of a bachelor's degree (NMC. 2010). In 2006 the Higher Education Funding Council for England introduced the Widening Access to Higher Education Policy which saw a greater proportion of students access higher education from under-represented groups. At the same time, the Department of Health (DoH) (2006) called for an integrated and consistent framework for regulation across the professions. While medicine already had the UKCAT test, nursing schools increasingly introduced their selection of tests to predict potential success and suitability. A lack of evaluation of selection tests made it difficult to determine their success, recommendations from the Francis Report (2013) called for a review of

selection tests in healthcare. Medicine introduced a non-cognitive situational judgement test (SJT) (CASPer) (Tiffin et al., 2019), whereas Health Education England (HEE) (2015) introduced a national values-based recruitment framework which included a UK-wide assessment tool for registered applicants applying for posts in the NHS.

Unfortunately, nursing schools were largely left to design their selection tests. With nurse educators creating a range of assessments, from multiple mini-interviews (MMIs) and situational judgement tests (SJT), this reportedly led to a “values tsunami” (Gallagher, 2013:4). While Callwood et al’s (2019) study included both nursing and midwifery students its findings offered some insight into the accuracy of predicting suitability at recruitment to professional programmes., Students reported that applying their values was more complex than thought as they often do not fit with the reality of practice. Although students acknowledged that their values developed throughout the programme they also indicated that it took courage to challenge others and adhere to their values.

This analysis of the literature has proven informative, providing an overview of how HEIs attempt to predict the potential FtP of future practitioners. Although the literature could not offer any conclusive evidence as to how best to predict practitioners who will be fit to practise it opens up the debate which will help to direct future research and challenge bias which Petticrew and Roberts (2012) suggest can be a benefit of systematic reviews in social sciences.

2.3. Variations in Regulatory Bodies Fitness to Practise Guidance for Students and Higher Education Institutes

Although HEIs are responsible for operationalising FtP processes in health and social care students, Boak et al’s (2012) systematic review, which included over 400 peer-reviewed publications and 100 items of grey literature, found that there were considerable similarities between student FtP documents of regulators who produced specific guidance (i.e., GMC, General Dental Council (GDC), General Osteopathic Council (GOsC), and the General Pharmaceutic Council (GPhC), while

there were similarities in the guidance provided by the NMC and HCPC their guidance was more general and covered fewer areas. It has, however, been some ten years since Boak et al (2012) compared regulatory body guidance. Therefore, a comparison of regulatory guidance has been conducted as part of this doctoral and a summary of key points and inconsistencies can be found below.

2.3.1. General Medical Council Guidance for Students and Education Providers

The GMC and the Medical Schools Council (MSC) collaborate to produce the FtP guidance for medical students. It should be read together with Achieving Good Medical Practice: guidance for medical students, which outlines the standards of professional behaviour expected of medical students (GMC, 2016). The guidance aligns with the requirements of Good Medical Practice and the GMC test of fitness to practise for doctors who apply to join the register where possible (GMC, 2016). It sets out what students "must" and "should" do, where 'must' is an overriding principle and 'should' is used to explain how an overriding principle must be met" (2016:6). It provides a "consistent framework for addressing health and behaviour issues" (2016:6) which HEIs can use to develop their local policies. The guidance offers medical students examples of professional expectations stating:

> "*to practise safely, doctors must be competent in what they do. They must establish and maintain effective relationships with patients, respect patients' autonomy and act responsibly and appropriately if they or a colleague fall ill and their performance suffers*" (GMC, 2016:33, updated December 2022).

> "*These attributes, while essential, are not enough. Doctors have a respected position in society and their work gives them privileged access to patients, some of whom may be very vulnerable. A doctor whose conduct has shown that they cannot justify the trust placed in them should not continue in unrestricted practice while that remains the case."*

It offers expectations of medical schools in student FtP stating:

> *"medical schools should not let a student continue their medical studies unrestricted or let them graduate for medical school if their conduct suggests they may be a risk to patients or the public*" (GMC, 2016:33).

When deciding if the student warrants referral to FtP proceedings the guidance states that medical schools should consider whether the student's behaviour:

> "indicates they may be a risk to patients or the public or may undermine public trust in the medical profession" (GMC, 2016: 32).

2.3.2 General Pharmaceutical Council Guidance for Students and Education Providers

The General Pharmaceutical Council (GPhC) provides specific FtP guidance for trainees or pharmacy students (GPhC, 2020), which must be read in collaboration with the standards for pharmacy regulation (GPhC, 2017). Their guidance emphasises dishonesty, stating that while "some acts, including dishonesty, do not directly put patients at harm, they are still considered very serious as they undermine public confidence in the profession. Acts that put patients at harm are more likely to get a more severe penalty" (GPhC, 2017:6.8). In 2020 the GPhC issued guidance for education providers, this is to help them manage concerns about students and trainees and put in place robust and effective fitness to practise procedures (GPhC, 2020). The guidance offers details stating that "a student or trainee's fitness to practise is called into question when their conduct or health raises a serious or persistent cause for concern about their ability or suitability to continue on a course or complete their training (see section 2 for what constitutes a serious concern). This includes but is not limited to, the possibility that they could put students, trainees, health and care professionals, patients, and members of the public at risk, and the need to maintain trust in the profession" (GPhC, 2020:5). Unlike most other regulators the GPhC states that "where a concern is sufficiently serious to affect a student or trainee's suitability for initial registration this must be *reported to the GPhC once a hearing has concluded*" (GPhC, 2020:7).

2.3.3. General Optical Council Guidance for Students and Education Providers

The General Optical Council (GOC) sets out the eighteen professional standards that 'students must meet while completing their training as an optical professional' (GOC, 2016:2). These standards measure behaviour and performance throughout the student's programme and are used when concerns are raised about them. The guidance states that students are responsible for what 'they do and do not do' (GOC, 2016:2). It is a requirement for all students enrolled on a General Optical Council-accredited course in optometry or dispensing optics to be registered throughout their period of training and to follow the standards outlined in this document (GOC, 2016:3).

2.3.4. Social Work Guidance for Students and Education Providers

The social work profession has changed regulators several times in recent years. Until 2012 social work was regulated by the General Social Care Council (GSCC), and social work students were required to register with the GSCC upon commencement of the programme. The GSCC determined the students' 'professional suitability' for the profession, although this term was considered problematic for social workers who said it conflicted with their desire for 'social justice' (Currer, 2009). Between 2012 and 2019 the Health and Professions Council (HCPC) took on the regulatory role for social work. Social work students were no longer required to register with the regulatory body, and responsibility for their FtP was devolved to the HEI.

Since 2019 Social Work England (SWE) has regulated the social work profession. While HEIs retained responsibility for operationalising FtP concerns in students the British Associate for Social Work and Social Workers (BASW) published the Professional Capabilities Framework (BASW England, 2019) sets out nine levels of professionalism, 4 levels for students which include from point of entry to training to readiness for practice, end of first placement, end of last placement. There are a further 5 levels for registered social workers. The framework intends to help support students' progress to become a professional. The guidance acknowledges the responsibility for individual conduct and development and "its role in safeguarding its

reputation and being accountable to the people using the services, the public employers and the regulator" (BASW England, 2018:1).

2.3.5. Health and Care Professions Council Guidance for Students and Education Providers

The Health and Care Professions Council (HCPC) established in 2003 currently regulates 15 healthcare professions. It updated its guidance in July 2023 and states that students should use the standards of proficiency and standards of conduct, performance, and ethics to support their learning. These standards embed the values and behaviours expected of a healthcare professional and make specific statements relating to expectations of student conduct and behaviour outside of their programme (HCPC, 2016). Although the guidance does not define the meaning of "very serious" it states that:

> "in very serious circumstances, the student's conduct may affect their ability to complete their programme, gain the qualification, and register with the regulatory body" (HCPC, 2016:9).

2.3.6. Nursing and Midwifery Council Guidance for Students and Education Providers

The NMC has had several variations of FtP guidance since the implementation of the Nursing and Midwifery Order in 2001. In 2010 the NMC introduced the Guidance on Professional Conduct for Nursing and Midwifery Students (NMC, 2010). While this reportedly offered nurse educators clarity on what warranted referral to FtP proceedings in nursing students (Karstadt, 2009), the NMC opted to withdraw the guidance and instruct students to comply with the same professional standards as registrants (NMC, 2015). The NMC published the Guidance on Health and Conduct (NMC, 2019) while this offers limited guidance specific to students statements tend to use instructional and regulatory language rather than supportive, for example:

“We require all student nurses, midwives and nursing associates seeking registration to be of good health and good character to satisfy to us that they are capable of safe and effective practise” (NMC, 2019:5).

“*If necessary a local fitness to practise panel will meet to decide your suitability to remain on the programme. This would apply if your attitude or behaviour is such that it calls into question your good character” (NMC, 2019:16).*

“Local fitness to practise panels should only be used if a student’s health or disability is likely to compromise or has compromised their ability to meet the required competencies and practise safely” ”(NMC, 2019:13).

“completing an approved programme doesn’t guarantee that someone will be able to register with us. Sometimes a student who has completed an education programme declares information which may mean that we reject their application for registration” (NMC, 2019:5).

These statements demonstrate some of the nuances within the NMC’s current guidance which raises some questions as to how the different terminology may be applied and understood in student FtP processes. There is a need to explore this further as this may suggest that different professions vary in their interpretation of FtP which could influence decisions to refer or progress a student in FtP processes.

2.4. Defining Good Health and Character in Fitness to Practise Guidance

In 2006 the Department of Health (DoH) (2006) recommended that regulators should be more consistent with each other about the standards they require of a person entering the register for the first time, and employers and regulators should agree on common standards as far as possible. All regulators should adopt a single definition of “good character,” one of the legal requirements for getting registration. This should be based on objective tests (DoH, 2006:6). While the Council for Healthcare Regulatory Excellence (CHRE) (2008) suggested that this should offer students intending to join the profession greater clarity of the meaning of good health and character, it acknowledged that while the concept has some underlying principles it

lacks definition, is dynamic and influenced by changing social norms. The CHRE (2008) indicated that the concept of good character is based on the principles of FtP, to protect the public and uphold public confidence by ensuring its members act within the standards of the profession and demonstrate honesty and trustworthiness (CHRE, 2008:10-11). However, despite many attempts to define its meaning (Catlett and Lovan, 2011) it is said to lack transferability outside of English-speaking countries which leaves people questioning what good character means, and how it is being assessed (Jomeen, 2008, CHRE, 2008, PSA, 2017).

Sellman (2007) suggested there is a consensus that character consists of a relatively permanent set of dispositions or tendencies reflected in individual behaviour. Harman (1999) argued that we often attribute behaviour to character dispositions rather than consider the context in which behaviour occurs, largely because of our pre-existing beliefs about the relationship between character and action. Sellman (2007) challenged the idea that good actions must come from good character and questioned the NMC's requirement for 'good character' for entry into pre-registration nursing programmes. He proposed that a 'good nurse' might simply be defined as one with sufficient technical competence, meeting the NMC's threshold for a 'safe and effective practitioner' (NMC, 2015). 'David et al (2009) shared this view, suggesting that having a 'good character' does not necessarily equate to being a 'good nurse. Slettmyr and Schandl (2019) suggested that the NMC retained the concept of good character to counter negative associations with subservience and obedience, which hinder their pursuit of autonomy and professional status. This study's analysis of regulatory standards and guidance aligns with Boak et al's (2012) systematic review, indicating that other health and social care professions tend to rely on the term professionalism.

While a systematic review and qualitative meta-analysis of 26 high-quality reports revealed no universal definition of the term professionalism in medicine (Birden et al., 2014), Hilton and Slotnick (2005:59) identified six domains of professionalism which considered professionalism to be an acquired state rather than an inherent trait. Several authors have emphasised the context-dependent nature of professionalism (Verkerk et al. 2007; van Mook et al. 2009, Hafferty,2008) which may explain findings by Hana et al. (2017) showing that 98.2% of final-year

pharmacy students self-reported understanding of the term professionalism, with 83.9% indicating they knew how to apply it to their personal and professional lives.

The concept of good health is equally challenged in the context of FtP. While the NMC states the concept of good health does not mean the absence of "*disability or health condition*s" (Nursing and Midwifery Council, 2010: 8), it has been questioned if its use complies with disability legislation (Disability Rights Commission, 2007). According to Sin and Fong (2008), the concept of good health is based on a biomedical model of health, where the diagnosis is assumed to predict risk which fails to judge if the individual is fit to practise in the specific environment. This, however, is problematic in students who are required to demonstrate they are fit to practise in a range of clinical environments. The Equality Act (2010) was introduced to protect individuals with protected characteristics from discrimination, although there remains uncertainty in how this is applied to the concept of good health and determining FtP in health and social care professions and students intending on joining the professional register (Tee and Jowett, 2009).

2.5. Higher Education Institute Fitness to Practise Policies and Processes

Tee and Jowett (2009) reported that the detail in the regulatory body standards and guidance can influence how HEIs create equitable FtP policies and processes. To offer some analysis 5 HEI policies were compared as part of this doctoral study. Table A below provides a comparison of the differences, and the narrative below offers a more detailed explanation of such variations.

Table A- A Comparison of Higher Education Institute Fitness to Practise Policies

HEI	Number of policies available to respond to issue	Concern investigated under one policy only	Responsibility for referral to FtP	Academic Misconduct considered a FtP issue	Options of sanctions at Stage 1 FtP (Cause for Concern)	Identification of serious concern and action/responsibility	External Panel expertise	Mitigation/Fit/ Unfit	Potential Sanctions	Representation
A	Four	Yes	Head of School	No clarity	1.no case to answer 2. record on file/action plan 3. Refer to FtP hearing 4.Immediate Suspension	Immediate withdrawal If imprisoned for 1 year/more. Immediate suspension from HEI or clinical practice. Approved by VC.	Senior practitioner	Panel considers mitigation. And if fit/currently fit/unfit	1.Continue with or without conditions, close supervision, or formal warning 2. Suspend until conditions met fully. 3.Retake part of programme. 4.Undertake Occupational health (OH) or psychological assessment. 5.Withdraw from professional programme 6.Permanent exclusion with Vice chancellors' approval	Student union
B	Four	no	Quality Team	Yes	1.cause for concern action plan 2.Refer to FtP hearing 3.immediate suspension in serious cases..	Immediate Suspension from HEI or clinical practice. Approved by the Dean.	Senior practitioner and Mental Health/OH/ safeguarding expert if appropriate	Panel considers mitigation. And if fit/currently fit/unfit	1.No case to answer. 2.Written warning and conditions applied, ratified by Assessment Board 3.Withdraw from programme, ratified by Assessment Board.	Student union

HEI	Number of policies available	Concern investigated under one policy only	Responsibility for referral to FtP	Academic Misconduct considered a FtP issue	Options of sanctions at Stage 1 FtP (Cause for Concern)	Identification of serious concern and action	External Panel expertise	Mitigation	Potential Sanctions at Full Hearing (Stage 2)	Represent ation
C	One Nursing /midwifery specific.	Not indicated.	Not specified	No	1.Suspension or conditions of Practice. 2.Refer to FtP hearing	Immediate withdrawal if imprisoned for more than 21 days. Consider past behaviour and frequency of offences.	Senior practitioner	Panel considers mitigation if /fit or unfit. FtP temporarily halted in event of bullying or placement concerns.	1.no case to answer 2. Action Plan with agreed review date 3.Refer to College FtP policy if recommendation to discontinue.	Student union
D	Four	no	Head of school	No	1.No case to answer 2. No FtP but record on file and: a. written warning b. written reflection c. pays costs for damages. d. written apology 3.Refer to FtP panel. 4. Interim suspension for identified period.	Consider period of suspension may go beyond period permitted maximum years of study, or unacceptability of convictions to profession/placement provider.	No previous involvement in case	Process separated for health and character. **Health sanctions include:** monitoring health with OH for period of time or if serious suspend from placement/ HEI for specified period.	1.No case to answer 2. No Sanction but: a. Warning record on file for duration of programme b. written reflection c. pays costs for damage. d. written apology. 3. Conditions 4. Suspension 5.Discontinuation. **if panel not unanimous goes to simple vote.**	Student Union and **legal Represen tation permitted .**

HEI	Number of policies available	Concern investigated under one policy only	Responsibility for referral to FtP	Academic Misconduct considered a FtP issue	Options of sanctions at Stage 1 FtP (Cause for Concern)	Identification of serious concern and action	External Panel expertise	Mitigation	Potential Sanctions	Represent ation
E	Four	no	Programme Director and Investigating officer from same profession	Not initially but if considered breach of professiona l standards.	**Health Issues:** 1.No action 2. Refer to OH and reasonable adjustments. 3. Interruption, or withdrawal. **Professional conduct issues:** 1.No further action 2.Continue with conditions include: a. action plan b. repeat assessment c. written apology 3.Refer to FtP stage 3.	Unresolved cases referred to stage 3 FtP process where case is considered by a FtP panel. The seriousness is determined on the proportion to the breach of the professional standards.	Lay person.	Health and profession conduct are managed separately. Involvement with HEI solicitor if wider public concern indicated.	**Sanctions must give primacy to the protection of the public and upholding public confidence in the profession.** These can include: 1.written apology 2.written warning and reflection. 3. Conditions imposed and action plan 4. Retake part of programme 5.Interruption from programme and required to meet conditions prior to return. 6.withdrawn from programme. Sanctioned by VC.	Another student at the HEI or Student union. Not permitted to bring legal represent ation.

There were noticeable differences in the five policies explored in Table X above, which are discussed in more detail below.

2.5.1. Policy Detail and Application

The first inconsistency identified was the level of detail within each HEI's FtP policy and the ability to apply more than one policy for the same concern. Four of the five policies (A, B, D, E) were generic to all health and social care students, and policy C was specific to pre-registration nursing and midwifery students.

Three of the five policies (B, D, E) indicated that more than one policy could be used to investigate the same concern; this is regarded as "double jeopardy" (McLaughlin, 2010). Policy (A) indicated that one policy would be used whereas policy (C) made no stipulation.

2.5.2. Responsibility for Referral in HEI Policies

All five policies indicated who was responsible for the student's referral to FtP investigation, although this differed. Two policies (A, and D) identified this was the Head of the School, whereas policy (B) it was a member of the quality team, policy (C) made no specification as to who could refer the student to FtP proceedings, where policy (E) stipulated it was the responsibility of the programme director.

2.5.3. Reasons for Referral in HEI Policies

Conduct or character issues were identified as possible reasons for referral to FtP proceedings in HEI policies. Only policy (B) provided a list of the types of concerns which may warrant a referral to FtP proceedings, which included '*unsafe practice, lack of competence, unprofessional behaviour/professional misconduct, poor timekeeping, rudeness, aggression, dress code, and frequent interruptions from the programme.'*

The falsification of student competency documents was viewed inconsistently concerning academic misconduct, with policy (B) indicating it would be considered an FtP issue, whereas policy (C) and (D) did not, and policy (A) made no stipulation. All five policies identified health issues as a reason for referral to FtP proceedings. All five policies referred to '*fit or unfit'* for practice, with one policy (A) including an additional term '*currently unfit,'* which considered temporary impairment and possible suspension from studies.

All five policies referred to access to specialist support, such as occupational health, mental health, or safeguarding services, although only policy (B) suggested their expertise could be included in the composition of the FtP panel.

2.5.4. Stages and Thresholds in HEI Policies

Although all policies demonstrated three stages to the FtP process, there was a lack of detail regarding determining when concerns crossed the threshold. For example. Policy (A) indicated that imprisonment of more than one year would lead to 'immediate withdrawal from any programme leading to a professional award,' whereas policy (E) indicated that seriousness should be determined '*on the proportion the concern breached the professional standards*'. Policy (D) lacked detail regarding assessing the seriousness of the concern or strategies for its management.

2.5.5. Representation at Fitness to Practise in HEI Policies

While all five policies advised students to obtain representation from the student union, they also varied in the level of representation students could access. Policy (D) indicated that pre-registration nursing students could also access legal representation, whereas policy (E) recommended that students seek the support of another student on the programme.

2.5.6. Applying Sanctions in HEI Policies

Before applying a sanction, all five policies indicated they would determine if the student was fit or not fit, although they did not specify how this assessment would be made. All five policies said that sanctions could then be applied at each of the three stages of the FtP process although the detail of the sanctions varied. For example, the policies indicated that an embargo for a minor offence could include a written warning, a written reflection, a charge for damages or retaking the assessment. More severe penalties included suspension, interruption, or withdrawal of the programme. The suspension was found to vary in length, and conditions for returning to the programme differed.

2.5.7. Responsibility for the Exclusion of Students in HEI Policies

Mechanisms for the exclusion of students from the programme varied. Policy (C) indicated the 'College' was responsible for approving the exclusion of a student, whereas guidelines (A) and (E) stated this was the responsibility of the Vice-Chancellor, and policy (D) indicated in the absence of a unanimous vote it would go to a single majority vote.

2.5.8. Ratification of Outcome and Appeals Process in HEI Policies

Policy (B) indicated that an assessment board would ratify all outcomes, whereas the other policies did not clarify the process. Notification of the outcome varied across the policies, with policy (C) indicating the student would usually be notified on the same day, policy (D) 21 days, policy (A) 90 days, and policies (B) and (E) offered no period. All five policies advised of the HEI appeal process and their right to complain to the Office of the Independent Adjudicator (OIA) if they felt they had been treated unfairly.

This brief review of five HEI FtP policies highlighted the inconsistencies. The next section of this review will explore the prevalence of FtP referrals in health and social care students from the available literature.

2.6. Prevalence of Referral to Fitness to Practise in Health and Social Care Students

Understanding the prevalence of FtP in health and social care students serves as a fundamental starting point for comprehending the complexity of this topic. David et al's (2009) study, though small, is worth exploring as it delves into the prevalence of FtP in health and social care students. In Table B, data from one UK HEI highlights that 62% of all referrals were related to nursing, midwifery, and social work students, while medical students accounted for 44%. In contrast, only 2% of referrals were related to pharmacy and psychology students, with no dentistry students being referred. This data provides an intriguing glimpse into the variations in the prevalence among different student professions, but it does not offer a specific breakdown to focus specifically on nursing students, separate from midwifery and social work students.

Table B- Professional Group of Students referred to Fitness to Practise

Professional Group	Total Number (%) of registered students in faculty	No of FtP % cases referred
Medicine	2056 (28.8%)	22 (44%)
Dentistry	450 (6.3%)	0
Nursing, Midwifery & Social Work	2985 (41.9%)	26 (62%)
Psychological sciences	947 (13.3%)	1 (2%)
Pharmacy and Pharmaceutical Sciences	692 (9.7%)	1 (2%)
Total	7130 (100%)	50 (100%)

David and Ellson (2015) examined the exclusion of medical students in one UK medical school and concluded that 0.1-0.2% of medical students were excluded over three years.

Table C- Prevalence of Medical Students Referred to FtP in One HEI in the UK per annum.

Academic year	Total number of students	Students attended fitness to practise committee
2011	41,268	102 (0.2%)

2012	41,422	48 (0.1%)
2013	40,625	65 (0.1%)

While this study offers some insight into the prevalence of exclusions in medical students at FtP it also highlights the lack of reporting mechanisms in health and social care students to regulatory bodies. With no regulatory data on nursing students, one paper by Keogh (2013) highlighted that there were 805 referrals to FtP proceedings in nursing students across 25 HEIs in England, Scotland, and Wales. While the number of cases varied between HEIs, the data did not explain the total number of students in each HEI making it difficult to make any detailed comparison. The only profession to retain responsibility for investigating complaints about a student's fitness to practise is the General Optical Council (GOC). In 2021 the GOC reported that 6% of student optometrists and 6% of student dispensing opticians were referred to the GOC's FtP proceedings an increase from 3% in 2020. Understanding the prevalence of FtP referral and outcome is critical to considering if FtP processes are consistent and fair and while this data is not available the robust processes of a systematic review might help to eliminate some subjectivity and bias in answering the research question (Petticrew and Roberts, 2012).

2.7. Reasons for Referral and Progression in Fitness to Practise Proceedings in Health and Social Care Students

Arnold (2002) pointed out the difficulty in determining which student concerns should be referred to FtP proceedings, mainly due to a lack of shared understanding and different terminology, leading to confusion. Barlow and Coleman (2003) reported that terminology, such as 'persistent, serious, and severe' were used interchangeably, without clear explanations, making it challenging for individuals to assess whether concerns warranted referral to FtP proceedings or progressing to a full hearing. While all students are required to undergo Disclosure and Barring checks as part of the selection process, variations in opinions exist regarding what is considered acceptable for enrolment in a professional programme. Additionally, what one employer considers acceptable may differ from another which may affect decisions relating to students accessing clinical placements or being offered employment at the end of the programme (David and Lee-Woolf, 2010). While criminal offences

including acts of violence, dishonesty, drug, or sex offences were likely to raise questions about student nurses' suitability to the profession, motoring offences would be less likely to be considered a risk to public safety, although depending on the offence it could challenge professional reputation (David and Lee-Woolf, 2010). The term 'unprofessional behaviour' in students has been suggested as a potential reason for referral to FtP proceedings by several authors (David et al, 2009, David and Lee-Woolf, 2010, Cullen, 2017, Goodyear et al, 2010). Such concerns encompass persistent rudeness, failure to follow advice, neglect of administrative tasks, repeated failure to attend appointments, breach of patient confidentiality, inappropriate conduct with patients, and sexual, racial, or other forms of harassment (David and Lee-Woolf, 2010). David et al (2009) explored the reasons for the referral of 50 health and social care students to FtP proceedings. Their findings presented in Table D indicate that plagiarism was the most common reason for referral, followed by other dishonest behaviours and criminal convictions. In terms of health-related concerns, student mental health accounted for 14% of all referrals, with other health problems making up just 4%. While the exact reasons for these statistics remain unclear, they warrant the need for further exploration.

Table D - Types of Concern referred to Fitness to Practise

Type of Concern	No (%) of Cases
Plagiarism	15 (30%)
Dishonesty	9 (18%)
Criminal Conviction	8 (16%)
Mental Health problems	7 (14%)
Other health problems	2 (4%)
Other problems	9 (18%)
Total	50 (100%)

Brockbank et al (2011) conducted a study using ten hypothetical examples of misconduct in medical students. They administered a pilot cross-sectional survey to the public, medical students and doctors, inquiring about their acceptability of the behaviour and the sanctions they would apply for each offence. The findings

indicated that ‘non-attendance, examination dishonesty, neglect of administrative tasks’ could lead to a referral to FtP proceedings. However, Brockbank et al (2011) listed criminal conviction, misrepresentation of qualifications, and alcohol/drug misuse’ as more serious concerns. Anselmi et al (2014) referred to a presentation by Goodyear et al (2010), which categorised various behaviours as serious concerns. These included plagiarism, falsification of clinical documentation, illegal drug possession, diversion of prescription drugs, stalking, forging a signature, incivility, aggression in clinical practice or class, and medication errors. Nishiyama et al (2011) reported that diverse cultural attitudes and government policies can influence what is determined as serious. In Japanese nursing students, a breach of confidentiality was deemed the most serious offence. Less serious concerns included failure to follow advice, unexplained non-attendance, lack of commitment to work/study, and neglect of administrative tasks. This exploration reveals the lack of clear consensus on what is ‘serious’ and merits progression across FtP thresholds.

Mak-Van der Vossen et al (2017) conducted a systematic review that identified a total of 205 descriptors of unprofessional behaviour from 46 papers, involving 107 FtP referrals in medical students. These behaviours were coded into four themes- failure to engage, dishonest behaviour, disrespectful behaviour, and poor self-awareness. The systematic review suggested a tool be created to help educators determine when concerns cross the threshold to be considered serious. Yates and James (2014) analysed 189 cases where a tool had been used to evaluate attitudinal or behavioural concerns in 143 medical students. They observed that concerns ranged from minor infringements of regulations to more serious fitness to practise issues. Notably, most concerns were addressed by the faculty or pastoral care team, with only a small number of concerns requiring progression to a formal FtP hearing. Similarly, David and Ellson (2015) found that the introduction of a Health and Conduct Committee as part of the FtP in one medical school led to fewer cases progressing to a full hearing.

Table E below demonstrates the small number of cases which progressed medical students from referral to full hearing between 2010-2014 in David and Ellson’s study. While this single HEI study has a small sample it highlights how different HEI structures can potentially influence FtP decision-making which supports the need to

conduct a similar larger-scale study in nursing students to see if HEI FtP structures influence consistency in FtP decisions which can alter the outcome for students.

Table E – Prevalence of Referral of Medical Students to Health and Conduct and Fitness to Practise Committees in One HEI in the UK (2010-2014)

Academic year	Total Number of Students	Number of Cases Reviewed by Health and Conduct Committee	Number of Cases Progressed to Fitness to Practise Hearing
2010/11	2154	25	2
2011/12	2154	24	5
2012/13	2158	35	5
2013/14	2123	23	8

2.8. Plagiarism and Academic Misconduct in Health and Social Care Students

The literature indicates that specific contexts are more likely to result in a referral to FtP proceedings. Among these, plagiarism stands out as one of the most common reasons (David et al, 2009; Goodyear et al., 2010; Birks et al., 2018). Plagiarism encompasses various acts of academic dishonestly, including cheating in examinations, misrepresenting qualifications and experience on a curriculum vitae or job application, falsifying research data, forging a practitioner's assessment or signature in a clinical document, or fraudulently signing the attendance for another student (David and Lee-Woolf, 2010). Interestingly, David et al (2009) also suggested that students and staff may not realise that this kind of dishonesty is potentially a criminal offence. In 2016, Jones-Berry reported there were 2,752 cases of academic misconduct among nursing students in 52 HEIs in the UK between 2012-2016. An overwhelming majority of these cases (79%) were related to plagiarism. Glasper (2016) also highlighted a report that indicated that 1700 student nurses, over three years, were found guilty of cheating or dishonesty, which included actions like purchasing essays, (Bodkin, 2016). While this data raised serious concerns within the profession, Glasper (2016) suggested that it reflected HEIs having appropriate policies and processes in place to ensure that students meet the requirements of good character set out by the NMC. However, an examination of 5 HEI FtP policies

conducted as part of this literature review revealed differences in how plagiarism is managed. Notably, in the limited sample of policies reviewed none made any reference to determining if students had used essay course-writing services in their plagiarism-related offences.

2.9. Digital Misconduct in Health and Social Care Students

Recent changes in the digital landscape, further accelerated by the global pandemic in 2020, have had a significant influence on how students communicate and learn. Daigle et al (2019) noted that these changes have led to a blurring of professional boundaries, raising concerns about student conduct online. A study by Booth (2015) analysed 498 Tweets posted by nursing students in Canada and reported an increase in the use of vulgarity and derogative messaging targeted towards nurse educators, students and other faculty members. Medical students in Garner and O'Sullivan's (2010) study admitted to posting embarrassing photos on social media, with over half of the respondents acknowledging that they had also witnessed unprofessional behaviour by their peers on social media. These students indicated that although they were aware of the GMC's guidance on social media compliance with the guidance was an issue. Similarly, Zhu et al (2021) identified that 58.2% of nursing students in China were unaware of professional standards of conduct online. Additionally,15% of the students reported accepting '*friend requests'* from patients, while 22.9% of students had witnessed improper posts from class friends or teachers. Furthermore, 22.2% had made comments about teachers/friends online, and 11.1% of students had used foul language. A smaller percentage, 3.9% suggested acts of violence, 2.6% posted sexually suggestive photos, and 0.7% breached patient confidentiality. While this literature provides valuable insights into the issues surrounding student professional conduct online it does not fully explore the extent to which these issues may lead to referrals to FtP proceedings. Moreover, there is a reliance on limited literature conducted primarily with non-nursing students (Petticrew and Roberts, 2012).

2.10. Health Issues in Health and Social Care Students

It is well-documented that health issues account for approximately a 1/3rd of all student FtP cases (David et al, 2009b). However, David and Ellson (2015) point out that the severity of the illness is not always the primary concern. They noted that student cooperation with assessment and treatment can significantly impact their ability to demonstrate they are fit to practise. Gallagher and Timmins (2022) suggested that in cases involving health issues, FtP becomes a delicate balance between the rights of the student and the need for public protection. Concerns have been raised in the past about the NMC's regulatory guidance and its potential to not comply with disability legislation (Sin and Fong, 2008, CHRE, 2008). Brothers et al (2002) found that students with disabilities often fail to disclose conditions, either because they do not consider themselves as having a disability or because they are fearful of rejection. Tee and Jowett (2009) conducted a study that introduced an online self-declaration tool, resulting in a 3% in student disclosure of health issues. However, this tool reportedly made no significant difference to FtP decision-making. Additionally, medical students have reported they fear discrimination in response to disclosure of mental health problems (Lo et al, 2017). Some students indicated that they experienced threats of immediate referral to FtP or potential exclusion for disclosing an underlying mental health condition (Awad et al., 2019). In 2023 the GMC introduced a new self-declaration tool which was designed based on student feedback. This has reportedly resulted in a reduction in the number of low-level fitness practise declarations that have required further action (GMC, 2023). It is, however, too early to tell what impact this will have on FtP outcomes in students but indicates the need to explore further the experiences of students who disclose health conditions and disabilities.

2.11. Clinical Practice Concerns in Health and Social Care Students

While there has been a substantial body of research over the past two decades addressing the issues surrounding inaccurate assessment of students (Whiteford 2007, Cleland et al, 2008, Luhanga et al, 2008, David, 2023), what Duffy (2003) refers to as 'failing to fail', there remains a dearth of data exploring the specific criteria for referring concerns in clinical practice to FtP processes. Hunt et al (2012) reported that student nurses are 4 times more likely to fail a theoretical module compared to a practice module. A subsequent study by Hunt et al (2016) indicated

manipulative behaviour displayed by student nurses in clinical practice could lead to a student failing a placement but neither of Hunt's studies explored when a 'fail' in practice warranted a referral to FtP proceedings.

As David (2023) contends, practitioners might be failing in their role as gatekeepers by allowing unsuitable or unsafe students to enter the profession. This not only creates future problems for the student, including potential referral to FtP proceedings but also places patients at risk. Yet, the literature remains notably silent on the critical question of when concerns in students' performance cross the threshold into an FtP issue. This paucity of research suggests a concerning inconsistency in how such matters are perceived and addressed.

2.12. Sanctions at Fitness to Practise Proceedings in Health and Social Care Students.

Callagher et al (2022) suggest that the application of sanctions should reflect the severity of the concern, with FtP panels starting by applying the lowest sanction and increasing it until patient safety and public confidence can be maintained. However, there is limited data available that examines the decision-making process surrounding the application of sanctions in health and social care students. The existing data tends to focus on the exclusion of students, which is the harshest sanction that can be applied. For example, one study by Rubin (2002) reported that 2 of 1000 (0.2%) medical students in one HEI were excluded from their programme in a three-year period. Morrison (2008) reported that just 1 medical student was excluded out of a total of 1250 students (0.08%) over the same duration in another medical school. David and Bray's (2009) study reported that 2 students from a total of 50 (2%) health and social care students were excluded (1 student was withdrawn at the FtP hearing and 1 by the Student Disciplinary Committee). Although David and Bray's (2009) study was a small sample, it provides a more detailed snapshot of the various sanctions applied to the 50 health and social care students in the study, as shown in Table F below. It is evident from examining this data that the majority of students were either permitted to remain on the programme, opted to leave voluntarily, or faced minor or no penalties.

Table F- Fitness to Practise Sanctions in Health and Social Care Students

Sanctions	Number
Advice only, no further action	13
Reprimanded for alleged cheating, but exonerated on appeal	1
Still under investigation	10
Voluntary Withdrawal due to examination failure	1
Voluntary withdrawal for personal reasons	1
Voluntarily left course before fitness to practise hearing	6
Expelled by Student Discipline Committee	1
Excluded because of repeated examination failure	2
Suspended by Fitness to Panel	1
Excluded by Fitness to Practise Panel	1
Permission to continue on programme by Fitness to Practise Panel	15
Total Outcomes	50

A later paper by David and Ellson's (2015) suggested that it is rare for medical students to be excluded at FtP. Table G presents the number of exclusions each year in one medical school in the UK between 2009-2013.

Table G- Medical student exclusions per academic year in one medical school

Academic year	number of students excluded
2009	9
2010	14
2011	17
2012	6
2013	3

Unfortunately, there is limited data available that compares how sanctions are applied and how decisions related to exclusion are made in health and care students. Keogh's discussion paper, mentioned earlier, compared the outcomes of two nursing students: one who failed to disclose a criminal conviction on their application to the programme and was consequently excluded, and the other student who was charged with assault while on the programme and received a written warning. Keogh explained that it is difficult to judge the reasons for these incongruent sanctions, whether decisions were influenced by the HEI policies, contextual circumstances, professional judgement, or a combination of all three. However, she offered another example of potential inconsistency in FtP decision-making, describing how a student may be assessed differently when falsifying clinical documentation. Keogh reported that while one may view this as a 'silly mistake', another might see it as much more serious, suggesting the student could commit a similar offence in a different setting, which could put patients at risk and damage professional reputation (Keogh, 2013).

The findings from Brockbank et al (2011) that opinions on sanctions vary between registered doctors, medical students, and the public highlight the complex nature of FtP decision-making. Brockbank et al (2011) found that doctors applied harsher sanctions than students, whereas the public applied harsher sanctions than doctors. The public applied the most punitive sanction for cases relating to forgery, criminal conviction, misrepresentation of qualifications, alcohol and drug misuse and lack of insight. The most lenient outcomes were selected by students for deception in an examination, dishonesty, and non-attendance. The observations made by Yates and James (2014) regarding potential gender and racial disparities in FtP referrals among medical students are significant and call for further investigation. While their study was conducted in the context of medical education, they are parallel with the findings of West et al (2016) who identified a disproportionate number of nurses from Black, Asian, and Minority Ethnic or unknown ethnic backgrounds were referred to NMC FtP proceedings. Although there is no comparable FtP data in nursing students, research shows that black students are more likely to drop out from higher education than other ethnic groups and least likely to achieve a first or upper second-class degree (House of Commons, 2023) These findings indicate there is a

potential pattern of inequality which need further exploration if nursing is to have confidence in its FtP processes.

2.13. Representation and Support in Fitness to Practise Proceedings in Health and Social Care Students

The influence of regulatory body guidance and level of detail in HEI policies of student representation and support during FtP proceedings is an essential aspect of ensuring fairness and consistency in the process (David and Bray, 2009, David and Ellson, 2015). Exploration of 5 HEI policies in this review supported earlier findings that HEIs vary in the support and representation offered to students in FtP proceedings (Tee and Jowett, 2009). David and Ellson (2015) highlighted that the entitlement to legal representation can be influenced by HEI policies and processes, creating potential disparities between students. Ellis et al (2011) suggested that HEI policies can suggest the student's personal tutor can provide support to their students at FtP proceedings. This may, however, prove challenging, as their prior knowledge of the student's conduct may lead to questions of bias or inconsistency in the process. This emphasises the need for clear, consistent guidelines and standards regarding the involvement of the personal tutor in such cases.

Lo et al. (2017) suggested that friends and family can also serve as a support mechanism for medical students in FtP investigations, and specialist services like occupational health and other mental health support may offer expertise in FtP proceedings. However, it is crucial to explore how these specialist services inform decision-making during FtP hearings to ensure their consistent and effective use. This becomes increasingly important as more students enter higher education with complex mental health conditions (Kandiko and Mawer, 2013).

2.14. Fairness and Consistency in Fitness to Practise in Health and Social Care Students

The principles of FtP are designed to protect the public and uphold professional reputation. In the context of English law, under Article 6(1) of the European Convention of Human Rights Act (1998) the rules of natural justice must be applied.

In the context of FtP, this means that fundamentally students have the right to a fair and impartial hearing (Human Rights Act, 1998). The “duty to act fairly” is an important aspect of this principle, it means the person who is the subject of a complaint or disciplinary process is entitled to a procedurally fair and unbiased hearing.

The Office of Independent Adjudicators’ (OIA) Good Practice Framework (2022) states that this means the individual is entitled to:

a. Be judged by a person who is impartial.
b. have fair notice of the case being made against him or her; and
c. have a fair opportunity to answer the complaint.

The OIA set out ten key principles which should be applied to FtP processes to ensure they are:

1. Accessible and clear.
2. Fair, independent, and confidential
3. Inclusive
4. Flexible, proportionate, and timely
5. Improve the student experience.

These principles are essential to ensure fairness in decision-making processes, especially in educational or professional regulatory contexts such as FtP proceedings. The OIA states the following principles should be applied to each case:

- Decision-making staff are properly trained, resourced, and supported, and come to each decision afresh.
- There is an equal opportunity for those involved to present their case.
- Information used by decision-makers is usually shared with the student. Where information can’t be shared, this is explained.
- Clear reasons are given for decisions reached.
- Decisions are taken by people who are seen to be free of bias and without a conflict of interest at every stage of the process.

- Information about the student and provided by the student is kept confidential as far as possible.

The OIA plays a crucial role in ensuring that HEIs respond fairly to student appeals or complaints. They can investigate student complaints after they have exhausted the internal procedures of their respective HEIs. This provides students with an external avenue to address concerns. Once the OIA has concluded its investigation it can make recommendations to the HEI which can encompass various aspects of institutional operations, including policies, record-keeping practices, or decision-making processes. The OIA's 'bias and the perception of bias guidance' is aimed at addressing issues of unfairness related to bias. Bias can result from the influence of a particular person, group, or perspective, which may lead to individuals or groups being treated more or less favourably than others. The guidance helps ensure that institutions operate fairly and impartially.

2.15. Inconsistency and Unfairness in Fitness to Practise in Health and Social Care Students

The literature in this chapter indicates that inconsistencies can occur at multiple points in the FtP processes. Legomsky (2019) suggests that inconsistencies tend to occur for four main reasons:

I. incorrect application of legislation
II. inaccurate interpretation of factual material
III. inappropriate use of discretionary powers
IV. a combination of the above.

These inconsistencies occur at three different levels; the macro (the organisation); meso (the regulatory body); and micro (the registrant/student) (Griffin et al, 2019). While there is the potential for cross-over, inconsistency and unfairness will be explored at each level.

2.15.1. Inconsistency and Unfairness at a Macro Level in Fitness to Practise in Health and Social Care Students

Inconsistency can occur at the macro level can occur at an organisational as a result of all three reasons identified by Griffin et al (2019). Organisational responsibility for student FtP is devolved to HEIs by regulatory bodies. In line with UK Parliament, Part 2 Chapter 11 (2013). Fair procedures follow the principles of natural justice. HEIs should follow the principles of procedural fairness set out in the disciplinary procedures section set out in the Good Practice Framework when deciding whether the student has done what they are accused of doing. The HEIs FtP processes should ensure that:

- students understand any allegations and/or concerns, and how they relate to the relevant professional standards and the student's fitness to practise.
- reasons should be given for decisions reached about the student's health or behaviour, and what to do about it.
- there should be a route of appeal; and
- the investigation, any hearing and any appeal should be carried out as quickly as possible, consistent with fairness.

HEI Processes must ensure that students are afforded procedural fairness where the person complained against receives natural justice and fairness, in that they:

a. shall be judged by a person who is both independent and impartial and who hears all sides of the argument,
b. shall have fair notice of the case being made against him or her; and
c. shall have a fair opportunity to answer the complaint.

Section 112 of the Health and Social Care Act (2008) says that the civil standard of proof must be used in FtP processes for healthcare students. The standard of proof in civil cases is that of "the balance of probabilities," which means it is more likely than not something happened. Although the 'balance of probabilities' is lesser than the criminal standard of 'beyond reasonable doubt' the HEI must still provide sufficient evidence on the balance of probabilities that something more than likely

happened than not. This standard is higher than simply believing that something is likely to have happened The OIA states if the HEI sets the criminal standard of 'beyond reasonable doubt' in their FtP processes then they must ensure this standard is applied in practice (www.oiahe.org.uk). This suggests that HEI policies may differ or potentially the difference between civil and criminal standards of proof may be understood and applied inconsistently which justifies the need for further exploration.

2.15.2. Inconsistency and Unfairness at a Meso Level in Fitness to Practise in Health and Social Care Students

It is the regulatory body's responsibility at a meso level to offer assurance for the quality of the education provided to the student. While HEIs must assure regulators that they have processes in which to afford the student's procedural fairness and natural justice the literature in this review questions how this is applied consistently. The Office of Independent Adjudicator (OIA) plays a key role in ensuring students are treated fairly by dealing with their complaints after HEI appeal processes are exhausted (Higher Education Act, 2004). The OIA website (https://www.oiahe.org.uk) and the British and Irish Legal Information Institute (BAILII) (2018) (https://www.bailii.org) provide examples of where decisions have not been consistent or fair either for any of the three reasons identified by Griffin et al (2019).

One example provided by the BAILII below describes a case where a Master of Pharmacy degree student failed to disclose two criminal convictions obtained as a minor on their course application form. Although the student reportedly attempted to share this information with a member of staff the student was referred to an FtP panel. The case was investigated and concluded that the student's fitness to practise was impaired. The student complained to the Office of the Independent Adjudicator (OIA) who upheld the HEI's decision. A judicial review proceeded to test the case for proportionality. Their outcome indicated that the FtP panel's decision-making was flawed. The first reason was that the HEI had failed to adhere to their policies and procedures which stated:

> "*Any mitigating factors must be considered by the panel when it is deciding on the appropriate outcome. The civil standard of proof should*

be applied, i.e., the facts must be found proven on the balance of probabilities."

The second issue was the HEI had not followed the GPhC's student guidance which stated:

"When a panel decides to impose a sanction, it should make it clear in its determination that it has considered all the options. The panel should also give clear reasons, including any mitigating or aggravating factors that influenced its decision, for imposing a particular sanction. In addition, the determination should include a separate explanation as to why a particular length of sanction was considered necessary."

BAILII concluded in point 169 of this judicial review that it is the purpose of the panel to consider formally whether a student is fit to practise, and what sanctions, if any, should be imposed on a student. The panel is responsible for acting proportionately by weighing the interests of patients/clients and the public against those of the student. The panel must ensure that any warning or sanction is proportionate to the behaviour found proved and that it will be dealt with effectively with the fitness to practise concerns. They concluded in this case that there was little or no indication that the panel took into account the mitigating circumstances under the policy and procedure it was bound to follow which states:

"*Any mitigating factors must be considered by the panel when it is deciding on the appropriate outcome. The civil standard of proof should be applied, i.e., the facts must be found proven on the balance of probabilities*." (https://www.bailii.org/ew/cases/EWHC/Admin/2018/144.html).

2.15.3. Inconsistency and Unfairness at a Micro Level in Fitness to Practise in Health and Social Care Students

At a micro level, individual characteristics can influence the consistency of FtP. These include (i) professional group (ii) personal characteristics (iii) the nature of the case, including legal representation and multiple allegations (Griffin et al., 2019). The

literature in this review chapter has identified potential inconsistencies between different professional groups of health and social care students. However, Krasnostein and Freiberg (2013) argue that inconsistency in FtP is less about individual characteristics and more about cultural ambivalence.

Yates et al.'s (2014) study highlights examples of potential cultural ambivalence in the context of FtP, indicating that factors like gender or ethnicity could influence the prevalence of medical students being referred to FtP proceedings. Although Yates expressed caution to these early suggestions, it is important to understand how the process of FtP is perceived or applied, as this knowledge can help uncover and address any biases or inappropriate use of power in these proceedings. While Table H below offers a summary of the potential inconsistencies and unfairness that health and social care students might experience in FtP processes and the wider societal impact these might have on healthcare, this exploration highlights the need for a more detailed exploration of the inconsistencies and unfairness experienced in nursing students as the literature indicates this might differ between professional groups.

2.16. Overview of Inconsistencies, Unfairness and Impact on Health and Social Care Students.

Table H- Inconsistencies, unfairness, and impact on Health and Social Care Students

Type of Inconsistency	Unfairness to Student	Potential Impact
Inconsistent selection processes.	Suitable applicants potentially excluded on the basis of unvalidated or inconsistent tests.	• Rejection/acceptance of potentially suitable/unsuitable applicants. • Failure to meet the political agenda of an increased workforce.
Inconsistent interpretations of the definition of FtP.	Unfair referral or outcome for health and social students.	• Inconsistent referral to FtP • Risk to patient safety, professional or HEI reputation • Emotional distress for students
Inconsistent regulatory guidance	Unfair referral or outcome for health and social students.	• Inconsistent referral and outcomes at FtP proceedings

and HEI FtP policies/processes.		resulting in loss of potential practitioners. • Risk to patient safety, professional or HEI reputation • Breach of disability legislation
Inconsistent prevalence of Fitness to Practise referrals.	Unfair referral or outcome for health and social students.	• Inconsistent Referral of Students to FtP proceedings. • Risk to patient safety, professional or HEI reputation
Inconsistent interpretation of seriousness in Fitness to Practise concerns.	Unfair referral or outcome for health and social students.	• Inconsistent sanctions/outcomes for students • Risk to patient safety, professional or HEI reputation
Inconsistency in Academic Misconduct in Fitness to Practise	Unfair referral or outcome for health and social students.	• Inconsistent sanctions/outcomes for students • Risk to patient safety, professional or HEI reputation
Inconsistency in Digital Professional Misconduct in Fitness to Practise	Unfair referral or outcome for health and social students.	• Inconsistent sanctions/outcomes for students • Risk to patient safety, professional or HEI reputation
Inconsistency in Health Issues in Fitness to Practise	Unfair referral or outcome for health and social students.	• Inconsistent sanctions/outcomes for students • Breach of disability legislation • Risk to patient safety, professional or HEI reputation
Inconsistent Management of Concerns in Clinical Practice	Unfair or inconsistent referral of health and social students to FtP.	• Inconsistent sanctions/outcomes for students • Risk to patient safety, professional or HEI reputation
Inconsistent Outcome of Fitness to Practise	Unfair outcome for health and social students.	• Inconsistent sanctions/outcomes for students • Risk to patient safety, professional or HEI reputation Failure to meet the political agenda of an increased workforce
Inconsistent Support and Representation at FtP	Unfair outcome and/or emotional distress for students.	• Inconsistent sanctions/outcomes for students • Risk to professional or HEI reputation

		• Risk to well-being of the student.

2.17. The Problem

While this literature review provides a detailed insight into the problems associated with FtP in health and social students, it highlights that the majority of research is conducted on medical students and generalised to all health and social care students. There is currently no study which brings together all published data, assesses its quality and synthesises it in a way to offers a detailed understanding of the extent of inconsistency and unfairness in FtP processes in pre-registration nursing students specifically. The structured processes of a systematic review allow a research question to be answered by critically appraising the data in a way which reduces bias and reveals what is known about FtP in pre-registration nursing students (Davies, 1999, Gough and Thomas, 2016, Petticrew and Roberts, 2012).

Chapter 3.0. Methods

3.1. Study Aims

The aims of this study are:

i. to establish from analysing the current literature what is known about the consistency and fairness of FtP processes in pre-registration nursing students in the UK.
ii. to identify the factors contributing to the consistency and fairness (or lack thereof) of fitness to practise processes for pre-registration nursing students.
iii. to inform regulatory and educational policy changes to address any inconsistencies in fitness to practise processes for pre-registration nursing students.
iv. to identify gaps in the literature which will inform future research.

3.2. Research Question

The research question guiding the systematic review of literature is ***"To what extent are Fitness to Practise processes in pre-registration nursing consistent and fair in the UK, and in what ways?"***

The research question was devised in conversation with students, practitioners, academics, and specialist librarians. A Population, Evaluation, Outcome (PEO) model was used to help formulate the research question, identifying alternative synonyms which were used for the searches (Khan et al, 2003). It was important to ensure that all available literature was obtained as this would help to limit bias (Munn et al., 2018) and offer rigour in answering the research (Pati and Lorusso, 2018).

Table I: The Population, Evaluation, Outcome Model

Population		Evaluation		Outcome
Student nurse		Fitness to practise		Process
OR		**OR**		**OR**
nursing student	**AND**	professionalism	**AND**	Procedure
OR		**OR**		OR
pre-registration nursing student		Professional misconduct		Framework

3.3. Rationale for Study Design

Choosing the most appropriate design for this study was not only fundamental to answering the research question accurately but was also underpinned by my motivation to ensure student nurses are treated consistently and fairly. Equally, the failure to source all relevant data could result in unintentional bias and unreliable conclusions which would affect the ability to answer this type of research question (Gough and Thomas, 2016). Whereas the scientific methods used in a systematic review offer greater assurance that all available data is sourced, quality assessed, analysed, and synthesised in a way which avoids drawing wrong or misleading conclusions (Petticrew and Roberts, 2012). Healthcare has relied on systemic reviews for the past 25 years, the reasons being that they have been used to measure the effectiveness of a treatment or intervention (Gough et al, 2012). The realist philosophical stance is to test a hypothesis using homogenous studies and aggregation of findings (Gough et al, 2012). In contrast, an idealist philosophical stance aims to understand people's perspectives or experiences to generate theory through the configuration of study findings (Gough et al, 2012). Configuration is where the study findings are placed alongside one another to build up a picture of how they relate to one another, explaining why a situation pertains in one context and not in another (Sandelowski et al, 2012). Policymakers are increasingly relying on systematic reviews to make decisions as they allow for large amounts of data to be systematically analysed and synthesised in a way which can inform change (Petticrew and Roberts, 2012). While this study is unlikely to produce large amounts of data, all heterogeneous data will be included which will generate theory by challenging existing assumptions, building on existing knowledge and identifying new areas for investigation (Gough et al, 2012).

3.4. Method of Synthesis

This systematic review is structured and reported using the Preferred Reporting Items for Systematic Reviews (PRISMA) (Moher et al. & The PRISMA Group., 2009) as described in the Cochrane Handbook for Systematic Review of Interventions (Higgins et al., 2019). All empirical studies using qualitative, quantitative, and

mixed methods were included in this systematic review and data was extracted and synthesised using Braun and Clarke's (2006) 6-stage process of thematic analysis. Braun and Clarke's model not only allowed flexibility as it is not tied to any particular epistemological or theoretical perspective (Clarke & Braun, 2013) accommodating heterogeneous studies to be brought together to address the research question:

> ***"To what extent are Fitness to Practise processes in pre-registration nursing consistent and fair in the UK, and in what ways?"***

3.5. Search Strategy

The first stage of the search strategy was to ensure a systematic review had not already been completed, and if so, there was sufficient new evidence to indicate it needed repeating (Petticrew and Roberts, 2012). A search of the Cochrane Database of Systematic Review, Campbell Collaboration, and the Database of Abstracts of Views of Effects (DARE) indicated a proposal for a systematic review had been submitted to PROSPERO (the International Prospective Register of Systematic Reviews) in January 2022. This systematic review intends to review the FtP processes for students registered on a Health and Care Professions Council (HCPC) and NMC programme, so while this would differ from this systematic review there was no evidence of its completion and publication when this review was conducted in December 2022.

3.6. Electronic Data Sources

To source the relevant literature a search of a range of databases was conducted in December 2022. The databases selected were based on those commonly used in similar health-related publications (Lam and McDiarmid, 2016).

Table J below provides a detailed description of the chosen databases and a rationale for their choice.

Table J– Descriptive Summary and Rationale of Electronic Databases

Database	Rationale
Medline Complete	Includes more than 22 million references from more than 5600 journals worldwide on medicine, nursing, and other health care systems.
CINAHL Complete (Cumulative Index to Nursing and Allied Health Literature)	Includes more than 50 million articles covering a range of topics in nursing and other allied health professions.
Education Research Complete	Has an extensive number of full-text non-open access journals and includes more than 4,100 full-text education-related conference papers.
Emcare	Emcare is a nursing and allied health database which includes full text and dedicated search terms which may offer information not identified on other databases.
EMBASE	Embase is a biomedical and pharmacological database, it covers some unique content not indexed by Medline Complete including data relating to health policy and management.
Sociology Source Ultimate (Previously SocIndex)	Contains sociological studies on race, gender, and other social structures. This database was selected as it may identify data relevant to fairness and inconsistency of specific groups.
APA PsycINFO	Includes peer-reviewed literature in behavioural science, mental health, and other psychological aspects, including medicine, nursing, and education.
British Education Index	covers all aspects of educational policy and administration, evaluation and assessment, technology, and special educational needs. Indexing British education journals, theses and more, this resource is searchable by educational level and age group.
Scopus	Is Elsevier's abstract and citation database which contains peer-reviewed journals in top-level subject fields of life sciences, social sciences, physical sciences, and health sciences.

3.7. Supplementary Search

While the search of electronic databases is critical, there is a compelling argument that it relies on the indexing of relevant evidence (National Institute for Health and Care Excellence (NICE), 2014). Supplementary techniques for searching the literature searching are therefore considered good practice (Cooper et al., 2018). To source data that has evaded indexing on electronic databases and produce a maximum yield of relevant information (Bramer et al., 2017) a supplementary search was conducted. This included a forward and a backward search and a hand search of specialist journals, the choice of journals was identified from the studies identified in the database search, for example, Nurse Education in Practice and Nurse Education Today.

An examination of Government and professional websites, which included the Royal College of Nursing and Nursing and Midwifery Council and NMCWatch were explored. Specific doctoral databases, such as ProQuest, DART, Ethos EBSCO Open Dissertations and EthOs were explored for any published doctoral thesis on this topic. Experts with recent publications were contacted and sent a copy of the search results and asked to review and highlight any potential publications missed. Two experienced researchers responded confirming they were not aware of any excluded studies.

3.8. Search Terms

Expanders were applied in subject heading searches as this offered a broader search for alternative vocabulary (Atkinson and Cipriani, 2018). Terms including ‘Professionalism,” “Pre-registration nursing student” and “Policy” which helped to frame the research question in the PEO in section 3.2 were initially used to formulate the terms for the searches. However, it became evident from reading literature related to the topic of FtP and from conducting a pilot search that these terms needed to be extended for the keyword searches. Discussions with specialist librarians were particularly helpful as they explained how various databases index terms differently (Pettigrew and Roberts, 2006). A broader range of search terms such as health, criminality, and dishonesty was identified which were used in the

keyword search which helped ensure that no data was accidentally excluded (Purssell and McCrae, 2020).

The Boolean operator “OR” was used in the search of each concept as this allowed for the searches to look for data using similar terms identified (Atkinson and Cipriani, 2018). Truncation and wildcards were also used to help improve the performance of the search (Salvador-Olivian et al., 2000). Truncation included in the searches included ‘**practi#e’** for terms, ***practice and practise, and the*** wildcard, ***student nurs*,*** was used to allow for variations, such as ***nursing student or student nurse.***

Speech marks were considered for use although it was decided not to include them as this would exclude synonyms and could affect the quality of the data retrieved. Boolean operator “OR” and the Boolean operator **AND**” were applied to merge the combined searches which allowed for all relevant data to be sourced (Purssell and McCrae, 2020).

Table K below demonstrates the extensive list of terms used in the keyword searches.

Table K: Keyword Search Terms and Boolean Operators
fitness to practi#e **OR** unprofessional behaviour **OR** dishonesty **OR** failure to comply with instructions **OR** criminal behaviour **OR** Disability **OR** mental health **OR** lack of insight **OR** remediation
AND
pre-registration nursing student **OR** student nurs*
AND
policy **OR** process **OR** procedure

3.9. Record of Electronic Search

A search of the 9 databases (listed in Table X- Medline (Medical Literature Analysis and Retrieval System), CINAHL (Cumulative Index to Nursing and Allied Health Literature), EMCARE, EMBASE, Education Research Complete, Sociology Source

Ultimate, APA PsycINFO, British Education Index and Scopus), was conducted in December 2022 to identify all empirical studies of qualitative, quantitative, and mixed methods methodology. Detailed records of the search were recorded on a separate Word document, this was scrutinised by an expert librarian at the beginning of the search to confirm it was being conducted correctly and again at the end when all searches were complete. The findings recorded were compared with those extracted into RefWorks by the expert librarian and discussed with two doctoral supervisors.

3.10. Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were established for this study which are outlined in Table L below.

Table L: Inclusion/Exclusion Criteria-

Inclusion Criteria	Exclusion Criteria	Rationale
Empirical research of quantitative, qualitative, and mixed methods studies published in peer-reviewed journals that explored fitness to practise in pre-registration nursing students.	opinion pieces and discussion papers	Empirical research studies of all methodologies will be included as this allows the research question to be answered thoroughly taking into consideration the strengths and limitations of different approaches (Bartlett et al., 2019).
Empirical studies conducted and published between September 2010 and December 2022.	Studies conducted and published before 2010.	studies conducted that reflect the changes in pre-registration nurse education in the UK.
Empirical studies published in English and conducted in the UK.	Studies not conducted in the United Kingdom or published in English.	The focus of this study is the United Kingdom and there was no capacity to translate any studies not published in English.

Time limiters of September 2010- December 2022 were applied to coincide with the changes to educational and regulatory standards in pre-registration nurse education. In 2010 educational standards stipulated that pre-registration nursing programmes must be offered at a minimum level of a Bachelor's Degree (NMC, 2010) and in 2009 the NMC made it a requirement that HEIs implement FtP panels to consider concerns relating to student's fitness to practise (NMC, 2008).

Studies were limited to those conducted in the United Kingdom and published in English as the regulatory process of fitness to practise must comply with UK regulatory standards and definitions stipulated by the Nursing and Midwifery Council.

3.11. Record of Supplementary Search

A supplementary search of the grey literature was conducted. Details were extracted from the reference list of the papers in the electronic search meeting the inclusion criteria were inputted into Google Scholar in December 2022. A backward citation search of the reference lists of all included papers was also conducted.

A hand search of two journals, Nurse Education Today and Nursing in Practice, was conducted. These journals were identified as they produced the greatest number of results from the electronic database search.

The government and professional websites, Health Education England, the Royal College of Nursing, Nursing and Midwifery Council, were scrutinised. These were selected as they are either commissioners, trade unions or the regulatory body for nurses and midwives and can support or publish relevant literature or guidance.

Education and nursing research networks, for example, Think Tanks, Health and Public Interest and The Kings Fund were also examined as they can offer data, for example, projects which may not be indexed on traditional databases. Finally, search-specific thesis or dissertation websites were explored, including ProQuest, DART, Ethos EBSCO Open Dissertations and EthOs as this combination offered a comprehensive range of theses and dissertations.

Two researchers considered experts in this field were contacted, they were provided with the inclusion criteria for this study and a list of papers identified from the electronic database and supplementary search and asked to consider if any papers had been accidentally omitted from the author's search. Both responded to confirm that they were not aware of any papers being excluded.

3.12. Study Screening Methods

For purposes of rigour and transparency, a step-by-step record of the subject heading and keyword searches was collated, searches were stored on the HEI library database, and both were checked by a specialist librarian for accuracy. All papers were exported to RefWorks and cross-referenced with the record of the search. Duplicates were removed on RefWorks, and a two-stage screening process was applied. To aid rigour and accuracy three folders were created, one titled "excluded at title/abstract," another "excluded at full-text" and the third "included in the study." This helped ensure that no papers were accidentally excluded based on the inclusion criteria.

3.12.1. Title and Abstract Screening

The two-stage process commenced with the screening of the title and abstract. The inclusion criteria were made visible when making decisions and papers which met the inclusion criteria were moved to the "included in study" folder, those which did not meet were placed in the "excluded at title/abstract folder." The full text of those which were unclear were downloaded and scrutinised further.

3.12.2. Full-Text Screening

The full text of all papers that met the inclusion criteria, or were unclear, were downloaded and read in full. The papers that met the inclusion criteria were moved to a folder titled "included folder" on RefWorks, and a copy was stored in a folder on a personal PC titled "Papers included in Systematic Review." Each paper was identified by a study number and author's name, and these correlating details for each paper were populated on a table using the heading reflected in the Methodological Expectations of Cochrane Intervention Reviews (MECIR) and the

Cochrane Handbook of Systematic Reviews of Interventions (Higgins, Green and Cochrane Collaboration, 2008) identified in Table M below.

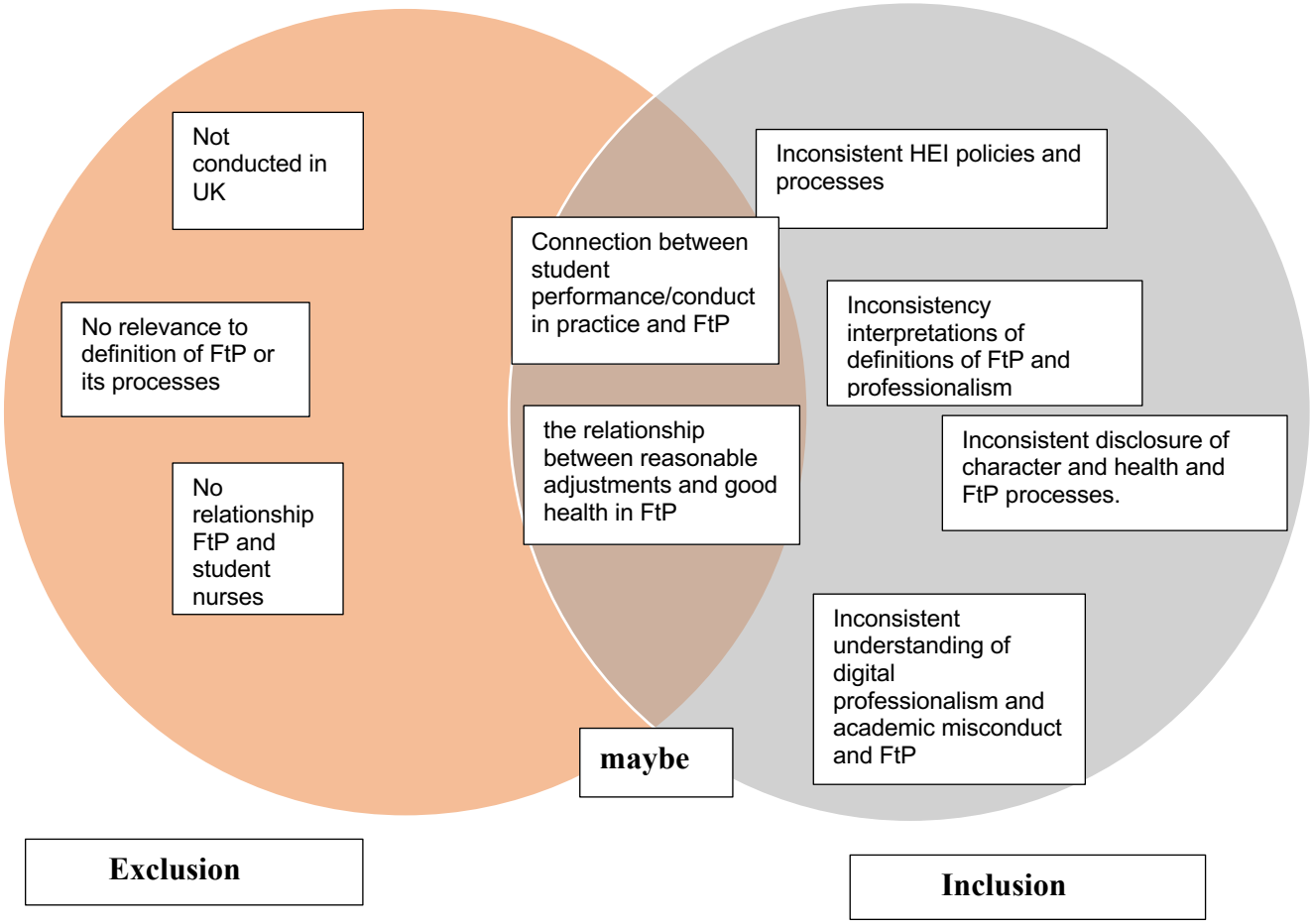
Table M: Modified Table of Methodological Expectations of Cochrane Intervention Reviews (MECIR)

General information on the study:	Author Report title Date of publication (year) Publication type (empirical study)
Study characteristics:	aims, participants, methods, data collection/design
Decision:	Exclude or include, and quality assessment.

3.12.3. Study Selection Results

The selection process was conducted solely by the researcher and discussed with two doctoral supervisors. There were 3 papers which were difficult to determine if they fulfilled the study's inclusion criteria or not. To aid decision making a Venn diagram (Figure 1) was created. Placing the papers with shared commonalities of inclusion and exclusion in two separate circles helped to identify the studies which fitted into neither circle. These 3 papers were examined closer with the inclusion/exclusion criteria, concluding that none of the papers met the inclusion criteria. The reasons for excluding these papers were that 2 papers (Hunt et al., 2012, Hunt et al., 2016) focused on student nurses' attitudes towards assessors in clinical practice but made no reference that their conduct questioned their fitness to practise, and the 3rd paper by Tee and Cowen (2012) explored how reasonable adjustments in the presence of disability might help support the students in clinical practice but it did not relate to how this might question the student's fitness to practise or referral to FtP processes.

Figure 1- Venn Diagram of Selection of Papers



3.13. Study Selection Results - Preferred reporting items for systematic reviews (PRISMA)

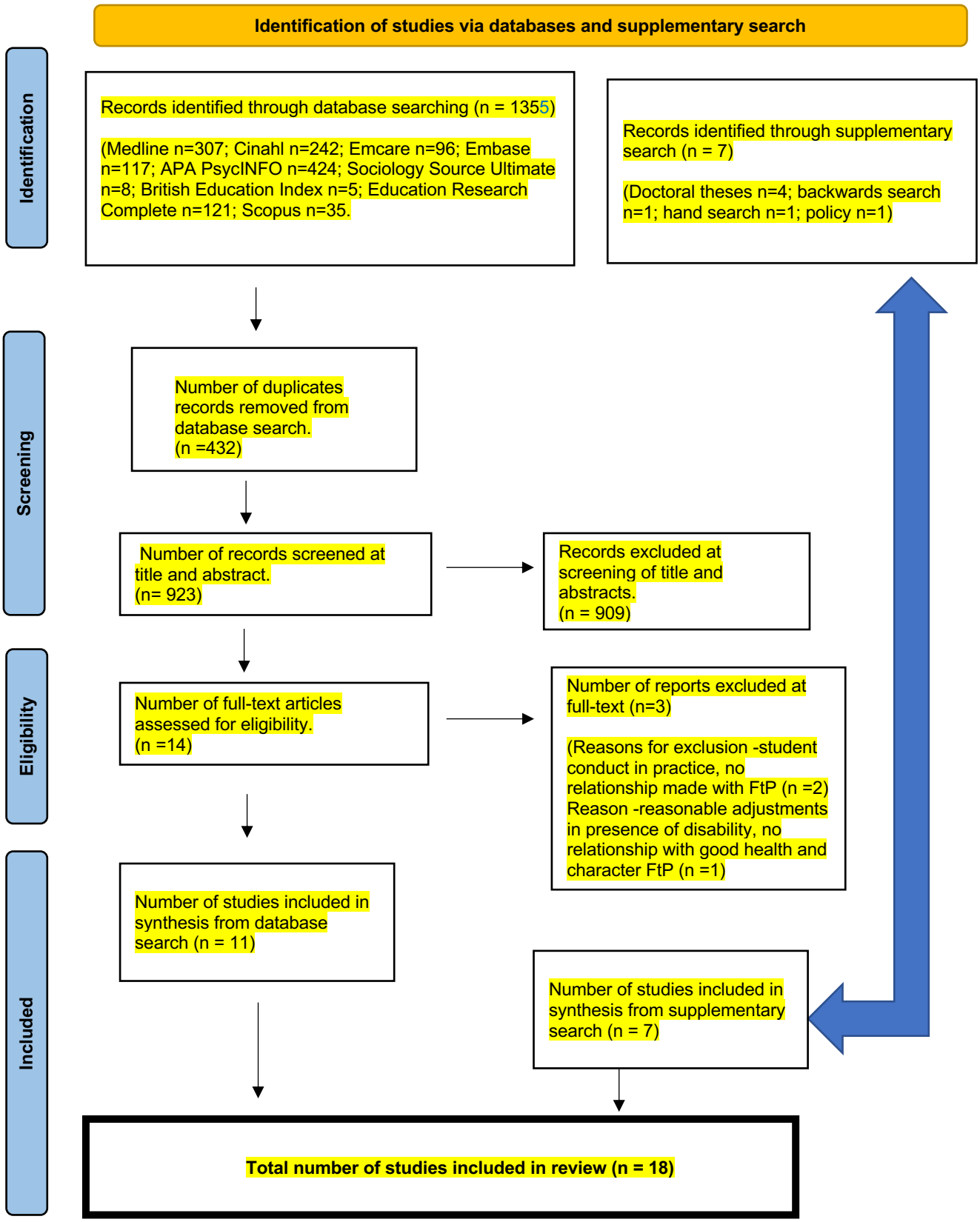


Figure 2 From- Moher et al (2009) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. BMJ 2009;339:b2535 doi: 10.1136/bmj.b2535 (Published 21 July 2009).

3.14. Quality Assessment

A modified assessment tool based on Gough's (2007) 'Weight of Evidence' Framework (WoE) was used to assess the risk of bias in each study included. The researcher independently assessed each study, and examples were discussed as part of the supervision process.

The Weight of Evidence tool measures a) the relevance (WoE A), b) the appropriateness (WoE B) and c) the execution (WoE C). This tool also offers an overall Weight of Evidence D (WoE D), although, for this study, it was decided that given the heterogeneity and limited data for transparency and risk of potential methodological bias, not to calculate an overall WoE D. A description for each Weight of Evidence category and Table N below offers detailed information as to how each paper was scored.

Category WoE A and B offered a score of "High, Medium, or Low" based on the responses to the questions and WoE C is assessed based on the evidence as "no evidence, some evidence and strong evidence."

WoE A: Assessment of the relevance to this study. This first component assesses the study's characteristics and data collection methods to measure the evidence's coherence and integrity. Although all studies included fulfilled the inclusion criteria, some papers demonstrate more relevance than others, which was reflected in the characteristics of the sample, the nature of the intervention, or the way that data were collected. A score of high, medium, or low is calculated based on the number of criteria demonstrated.

WoE B: Assessment of the appropriateness of the research design and relevance to the review question. This component judges the extent to which the research design and methods used in a study were appropriate for addressing the review question. This is not a critique of the study but an assessment of the appropriateness of its design to answer the research question. A high, medium, or low score is calculated based on the number of criteria demonstrated.

WoE C: Assessment of the execution of the review. This includes information related to the study sample and the type of evidence gathering or analysis, which is central to the review question. It also considers the appropriateness of the context in which results can be generalised to answer the review question or how the research was undertaken, such as the ethics of the research, which could impact its inclusion and interpretation in a review.

WoE D: This is an overall weight of evidence. Weight of Evidence D is the extent to which a study contributes evidence to answer the research question. This overall score is calculated by combining the three judgements performed in Weight of Evidence A, B and C.

To offer greater transparency of the quality of each study an overall score was not calculated for each study. Scores A, B and C are recorded in the table of included studies presented in Table N below.

Table N- Weight of Evidence Quality Appraisal

	Weight of Evidence A- Relevance of Study How relevant is the study to answering the reviewer's research question?	**Weight of Evidence B – Appropriateness of Study** Is the research appropriate in answering the review's research question	**Weight of Evidence C- Execution of Study** Does the focus of the research answer the review's research question?	**Weight of Evidence D- Overall Weight of Evidence**
	Criteria • How relevant is this study to the researcher question? • How relevant are the characteristics of the study in answering the question? • How relevant is the data collection?	Criteria • Does the aim of the research complement the review's research question? • Is the participant selection appropriate with regards to the research's aim? • Is the method of data collection appropriate with regards to the research's aim?	Criteria • Do the research's findings contribute to the overall engagement and impact of fitness to practise in undergraduate nurse education, rather than simply answering the individual study's research question without any transferability?	Criteria This would normally provide an overall score based on quality, relevance, and execution of a study. It was decided for transparency reasons not to calculate an overall score in this systematic review.
High	Met all 3 criteria	Met all 3 criteria	Strong evidence	
Medium	Met 2 criteria	Met 2 criteria	Some evidence	
Low	Met 0 or 1 criteria	Met 0 or 1 criteria	No evidence	

Modified Assessment Tool (Gough, 2007)

3.15. Data Extraction

Starting with familiarising oneself with the data, as identified in **Stage 1** of Braun and Clarke's (2006) 6 stages of thematic analysis (Figure 3) the researcher printed the full text of 14 of the 18 papers and read the aims of the study in mind, the aims, participants, methods, results, and findings sections for the remaining 4 theses.

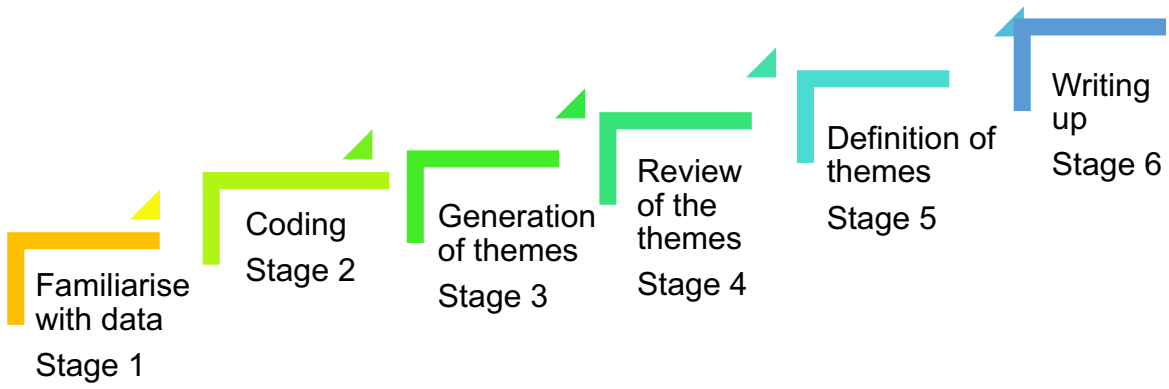


Figure 3: Braun and Clarke (2006) Six Stages of Thematic Analysis.

The descriptive data, which included author, year of the study, study aims, design, data participants, and country of study, was populated in tabular form, and each study was given a number for transparency in coding and synthesis. As suggested by Braun and Clarke (2006) each paper, or section of the 4 theses, was read in a participatory way, making notes, highlighting text, and populating keywords, phrases, and direct quotes onto a table. All papers or sections were read several times, re-examining the notes, and identifying interesting facts, as these first impressions can often generate initial codes which can inform the development of potential themes (Braun and Clarke, 2006). Coding data at **Stage 2** not only allows for large amounts of data to be broken down into smaller meaningful chunks (Maguire and Delahunt, 2017), but it also prevents the researchers from jumping to conclusions, which is particularly important when coding data that has previously been coded and analysed using different aims/research questions (Braun and Clarke, 2006).

3.16. Data Synthesis

When synthesising the data, the researcher noted that while Braun and Clarke's 6-stage framework offers a linear approach, it also allows the researcher to take a non-linear system, going backwards and forwards until all data is appropriately coded and themes are identified. A theoretical top-down approach was used as this study primarily aims to address the research question (Maguire and Delahunt, 2017). The initial codes identified in data extraction were examined further in Stage 2, looking for patterns relating to consistencies in FtP and factors which might contribute to any inconsistencies. An inductive method of open coding was used as an iterative process it allowed for repeated analysis, modifying codes, and identifying new ones (Maguire and Delahunt, 2017). Codes were populated onto a table devised using Microsoft Word (appendix 2). The codes were colour-coded, this helped ensure all codes were appropriately allocated to the right place. Codes were moved around the table, where their colour changed, until such a time that it was apparent that the codes were in the right place It is anticipated that this process of coding takes a little longer than deductive coding it was considered to be more thorough and exploratory (Byrne, 2021). Codes were given descriptive labels related to the research question; these semantic codes offered surface-level meaning. Once the researcher was confident that all the codes were refined a deeper level of synthesis was able to take place where themes were generated.

In **Stage 3** the researcher looked across and within the coded data to see how codes could be combined according to their shared meaning (Clarke and Braun, 2013). Multiple codes were collapsed into single codes, and single codes represented overarching narratives that became the themes (Byrne, 2021). These latent codes went beyond a descriptive level and more analysis offered a picture of interesting facts that reflect the dataset and the research question (Byrne, 2021).

The themes were reviewed in **Stage 4** to make sure that the data within them reflects the entire dataset (Clarke and Braun 2013). Some codes were revised, and some themes were reviewed after the researcher checked if a code was a code or if it offered something more valuable in the dataset relevant to the research question to become a theme.

In **Stage 5,** the themes were defined and named to represent what was in the dataset in relation to the research question. The analysis of the underlying data at this stage goes beyond reporting and interpreting the theme and research question.

The narrative was chosen to help inform the reader what was previously known and what interesting data was identified from synthesising the data (Braun and Clarke, 2012). Extracts of data were presented to illustrate surface-level description and provide a vivid and compelling argument, they were also used to analytically interrogate what has been interpreted in the literature (Byrne, 2021). Multiple extracts were used from the entire data set which offered a diverse range of expressions providing a narrative relevant to the research question. Finally, these themes were named to reflect the content of the data, this was a very important part of synthesising the data as it offers the reader the first impression of what the theme will contain. Clarke and Braun (2013) advocated catchy names for themes as they are informative and memorable and offer more than just theme descriptors (Byrne, 2021).

Stage 6 was where the findings were written up presenting a coherent narrative of the data that has been synthesised and contextualised in the themes, providing new knowledge, and demonstrating how it built on previous knowledge, making recommendations for practice. It was also an opportunity to identify gaps which can be used in future research (Braun and Clarke, 2012).

Table O- A Descriptive Summary of Included Studies

Study Number	Authors	Year	Study Aims	Data/Participants	Study design	Country of Study	Quality Assessment (Weight of Evidence Score)	Summary of findings
1.	Haycock-Stuart, McLaren, McLachlan, James.	2016	To explore students and qualified nurses understanding of FtP in pre-registration nursing programmes	17 pre-registration nursing students and 18 registered nurses (mentors	Qualitative; focus groups and face to face semi-structured interviews (n=4).	Scotland	A High B High C Strong	Uncertainty surrounding the concept of fitness to practise contributed to practitioners' decisions to raise concerns about student's fitness to practise.
2	Jackson	2020	To identify 'differentness' expressed in students how nursing students become professionally socialised through language.	8 nurse educators and 8 first-year pre-registration nursing students (all fields).	Quantitative Discourse analysis. Students were interviewed 17 times over 3 years. Lecturers interviewed once.	Scotland	A High B High C Some	Student nurses and nurse educators differed in their expectations of professional behaviour. Nurse educators used specific language to uphold professional standards, students did not align themselves with these standards until after they had experienced clinical practice.
3.	Maclaren, Haycock-Stuart, McLachlan, James.	2016	To examine FtP processes in pre-registration nursing programmes.	Documentary evidence of policies/processes and interviews with 11 nurse educators with specific FtP roles from 9 HEIs.	Qualitative; Thematic analysis of secondary Data and semi-structured qualitative interviews.	Scotland	A High B High C Strong	Fitness to practise policies and processes varied between HEIs. The terminology in HEI policies differed which made it difficult to create consistent, equitable policies. Processes for decision-making varied and lacked consistent reporting processes. Student support and representation was dependent on HEI policy which differed between HEIs.

4.	Stanley	2011	To explore experiences of disability disclosure amongst professionals and students.	60 participants with unseen disabilities (10 registered social workers, 10 social worker students, 11 registered teachers and 8 student teachers, 17 registered nurses and 4 student nurses)	Qualitative, thematic analysis of semi-structured interviews.	England, Scotland, and Wales	A Medium B Medium C Some	Disclosure of disability varied. Participants perceived disclosure of health conditions as an opportunity to be excluded from the profession. There was a call for the abolishment of health standards in FtP as this would help reduce stigma and increase disclosure.
5.	Unsworth	2011	To examine how HEI FtP policies differ to those of regulatory bodies.	A total of 44 policies from the 56 HEIs (78%) offering pre-registration nursing programmes in the UK. The 44 policies consisted of 28 specific fitness to practise policies and 16 General Student Discipline policies. The specific FtP policies ranged from full stand-alone policies (n=25) to supplementary policies (n=3), which were designed to be read in conjunction with the General Student Discipline policy.	Mixed Methods. Descriptive content analysis and qualitative notes .	United Kingdom	A High B High C Strong	HEI policies were lacking in detail and definition. This led to inconsistent, inequitable policies and processes which informed application of FtP processes and decision-making.
6.	Arkell	2019	To explore the discourse of good character and how risk is determined in undergraduate nurse education	29 HEI academics (25 nurse educators and 4 midwifery educators) and four registered nurses.	Qualitative. Modified Delphi-three rounds of data collection e-survey using vignettes to determine Good Character.	England and Wales	A High B High C Strong	Good character identified as complex concept which is difficult to assess and heavily influenced by contextual factors for example individual moral beliefs, student compliance with the Code and the stage of students' learning. Decision-making processes was influenced by

								interpretation of seriousness, the potential for repetition of behaviour and student's self-awareness, reflection and remorse, and demonstration of honesty and integrity.
7.	Jackson, Steven, Clarke, McAnelly	2021	to explore the processes of socialization through discourses in the language of professionalism used by student nurses and their lecturers and the factors which influence this.	7 pre-registration student nurses (pre-attending placement) and 8 nurse educators:	Qualitative Small group or individual interviews	United Kingdom	A Low B Low C Some	Nursing students and nurse educators perceive expectations of professional conduct differently.
8	Welsh	2017	To explore nurse educators' opinions of plagiarism in Scottish HEIs	Retrospective quantitative documentary analysis of plagiarism policies in 11 HEIs and online survey with 187 nurse educators	Mixed Methods retrospective data analysis and survey	Scotland	A High B Medium C Some	HEIs vary in how they manage plagiarism. Nurse educators can play a key role in making distinctions between intentional and non-intentional plagiarism.
9.	Holland	2010	To report findings on evaluation of Fitness to practice curriculum in Scotland	78 pre-registration nursing students, 78 registered nurses (mentors), 24 practice educators, 59 non-nursing academics, 46 senior clinicians, 16 education managers, and 10 carers/service users.	Mixed Methods Phase 1-OSCE and curriculum evaluation. Phase 2- semi-structured interview and focus groups	Scotland	A Low B Low C Some	The imbalance between knowledge and skill identified by the UKCC was evaluated and reportedly addressed in the revised fitness to practice curriculum.
10.	Roff, Chandratilake, Mcaleer, Gibson.	2011	To identify how healthcare professional students' poor behaviour and attitudes are viewed in seriousness by staff and students.	57 HEI faculty staff (49% medicine, 28% dentistry and 23% nursing/midwifery), 689 pre-registration students, (50% medicine, 26% dental, 27% midwifery and 22% nursing from one HEI.	Quantitative; analysis of the allocation of poor conduct into 3 categories of an inventory; ignore, challenge, and discuss.	Scotland	A High B Medium C Some	Opinions on the appropriateness of sanctions varied between doctors, dentists and nurses and students varied. Registered nurses were found to apply harsher sanctions than doctors and dentists.

11.	Harrison	2013	to explore stakeholder perceptions of academic dishonesty and approaches used to promote academic integrity.	A single case study design capturing views of expert witnesses, including 5 pre-registration nursing students, 6 academic staff, 5 practice mentors and 4 administrative and support staff.	Qualitative Case study individual and group interviews and examination of documentary evidence.	England	A High B High C Strong	An integrated definition of academic and practice misconduct specific to nursing was developed. This identified a hierarchy of academic and practice misconduct which measured severity and degrees of deliberateness.
12.	Hayes	2016	To examine the decision-making process and composition of FtP Panels	4 focus groups (12 in total) made up of experienced educators, public and pre-registration students from nursing, paramedic, and social work professions.	Qualitative; focus groups examining decision-making processes from filmed FtP case studies using actors.	England	A High B High C Some	FtP decision-making was found to be influenced by the personalities and roles within FtP panels. The experience of FtP panel members also influenced approaches to decision-making.
13.	Hargan	2017	to explore how discourses of mental health, reasonable adjustments and fitness standards influence education for students.	10 key written texts and 23 semi structured interviews with a total of 17 participants (8 pre-registration nursing students and 1 midwifery student, 7 nurse educators and 4 midwifery educators, 2 registered nurses (mentors) and 1 registered midwife (mentor).	Qualitative. documentary analysis and semi-structured interviews.	England	A Medium B High C Some	Students reported discriminatory barriers in the presence of a mental health diagnosis with a dominant discourse attributed to blame, stigma and criminality. Legislative and regulatory requirements of equality were not always adhered to.
14.	Chambers	2021	to investigate the sense of ownership and responsibility of fitness to practise between the partnerships of HEIs, NMC, and practice learning partners, the NHS.	11 participants Consisting of 4 nurse educators (as personal tutors), 4 academic education champions" (who offer a link between the HEI and clinical practice), and 3 registered nurses (mentors).	Qualitative single exploratory case study using 3 focus group interviews	England	A- Medium B- Low C- Some	Practitioners failed to understand their role and responsibility in addressing FtP issues in student nurses. Practitioners struggled to make a connection between assessing the student's competence and maintaining professional standards.

15.	Haycock-Stuart, James, McLachlan, Maclaren.	2014	To identify good practice in Fitness to Practise processes.	Retrospective quantitative documentary analysis of Fitness to Practise policies and interviews with 11 key personnel from nine of the eleven HEIs.	Mixed Methods Secondary data analysis and semi-structured interviews	Scotland	A High B Medium C Some	FtP processes were found to vary across Scottish HEIs. HEIs need to review FtP processes to create consistent, equitable and auditable FtP processes. Collaborative working and student support was also identified as an inconsistency.
16.	Devereux, Hosgood, Kirton, Jack, Jinks.	2012	To develop web-based information programme to assist HEIs in dealing with fitness to Practise issues.	75 pre-registration students (69 nursing, 4 Operating Department Practitioners and 3 midwifery students).	Mixed Methods: Three phase study electronic survey, in-depth interviews and	Scotland	A High B High C Strong	Inconsistent understanding of the meaning of FtP in students. Some students were not aware that FtP was more than knowledge and skills. Students were surprised when they were asked about previous illnesses and the need to be assessed by occupational health.
17.	O'Connor	2022	To examine the nursing students' views on digital professionalism on social media	112 undergraduate adult nursing students	Quantitative. Descriptive cross-sectional study	Scotland	A High B High C Some	Student nurses' understanding of appropriate conduct on social media differed. There was some understanding relating to the inappropriateness of posting alcohol or sexually explicit content on social media, although a minority of first year student nurses thought it was acceptable to post content referring to illegal substance use.

18.	Jones, Chudleigh, Baines, Jones	2021	To explore if the introduction of an assessed social media module affected the incidence of related FtP referrals in pre-registration nursing students.	Comparison of nine cohorts of pre-registration nursing and midwifery students pre and post introduction of use of twitter in a module in the nursing curriculum in one HEI in the UK.	Quantitative. retrospective analysis of all FtP cases over 11 academic years (2008–2019).	England	A- Medium B- High C- Medium	There was no increased incidence of FtP referral in student nurses after Twitter was introduced as a formal assessment in the pre-registration nursing curriculum.

Chapter 4.0. Results

A total of 18 papers were identified in this search. A summary of the paper identification process can be found in Figure 2 in **section 3.12**. Table O above provides a descriptive summary of all included papers.

All papers were published in the UK between 2010 and 2022, 9 of the 18 studies were conducted in Scotland. There were 9 qualitative, 4 quantitative and 5 mixed methods studies which were exploratory, descriptive, cross-sectional, sequential transformative and mixed method designs.

Participants in the included papers ranged from nurse educators and other health-related academics, clinical registered nurses, pre-registration nursing, health, and social care students and members of the public as users of healthcare services.

The number of participants varied significantly between studies. Roff et al.'s (2011) study offered the largest sample of participants with 689 pre-registration medical, dentistry, midwifery and nursing students, and Chambers' (2021) study was the smallest, consisting of 11 participants, 4 nurse educators, 4 practice educators, and 3 registered clinical nurses.

Data was collected using various methodologies including retrospective secondary data analysis, case studies, simulations, scenarios, surveys, individual/group interviews, and focus groups. The findings from all 18 papers were coded and synthesised using Braun and Clarke's 6-stage model of thematic analysis.

4.1. Themes

A total of three themes were identified from analysing the data which included, (i) conceptualisation of Fitness to Practise in pre-registration nursing students; (ii) implementation of Fitness to Practise processes; and (iii) conflicting roles for nurse educators in fitness to practise due to tensions in professional expectations of nursing students.

A detailed description and the correlating numbers for each study included in each theme can be identified in Table P below.

Table P- Description of Themes and Correlating Studies included.

Themes	Description of Theme	Correlating study number
Theme 1 Conceptualisation of Fitness to Practise in pre-registration nursing students	This theme presents how FtP in pre-registration nursing students is conceptualised differently by various stakeholders.	1,3,4,6,9,11,13,15,16,17, 18
Theme 2 Implementation of FtP processes in pre-registration nursing students	This theme highlights the challenges faced with implementing FtP procedures in pre-registration nursing students.	1,3,4,5,6,8,10,12,13, 15,16,17.
Theme 3- Conflicting Roles for Nurse Educators in Fitness to Practise due to Tensions in Professional Expectations of Nursing Students	This theme presents the conflict in nurse educator roles due to tensions in the professional expectations of nursing students.	2,7,13,14

4.1.1. Theme 1 – Conceptualisation of Fitness to Practise in pre-registration nursing students (1,3,4,5,6,8,10,12,13,15,16,17).

The Nursing and Midwifery Order (2001) states that to be fit to practise one must have the necessary '*knowledge, skills, health, and character to provide safe, effective care'.* Maclaren et al (2016) however pointed out that there is a lack of shared understanding of its meaning stating that:

> "*HEIs draw on the same conceptual framework and address similar issues among student populations, but the processes through which students are monitored, assessed, and disciplined varied considerably between HEIs. Much of this variation appears to be due to differences in context."*

According to Haycock-Stuart et al (2016), this was partly due to how FtP was conceptualised. While there was found to be some consensus between students and mentors who agreed that FtP:

> *"Readily associated health, conduct, personality, knowledge, and competence with FtP, but to different degrees. Students gave greater emphasis to health and conduct, while mentors placed greater importance on competence" (identified by only one student focus group).*

Students and mentors expressed ambiguity and uncertainty surrounding the concept stating:

> "*It is hard to know what fitness to practise means, and it means different things to different people, and my idea of fitness to practise is going to be very different to someone else's." (Student)*

> **"***I suppose fitness to practise is a funny one because it depends. Fitness to practise for what? Because maybe there are some people who aren't so good in a ward like I've had students who don't cope in a high-pressure area, but they are very good... they're fit to practise, but in certain areas.... When it's fitness to practise you're only assessing them in that one area." (Mentor)*

An earlier study by Haycock-Stuart (2014) reviewed regulatory processes and interviewed 11 key personnel at nine HEIs in Scotland. While the study did not demonstrate the professions or roles of the participants, a sample within the study commented on the:

> *"non-directive nature of the NMC's guidance on FtP makes it difficult to determine whether HEI processes are meeting the NMC requirements."*

Arkell (2019) reported when comparing the NMC's FtP guidance with that of other regulatory bodies that the:

> *"lack of recognition of student status within the NMC FtP guidance may also contribute to inconsistent HEI FtP decision-making and is in contrast to other*

professional bodies who readily acknowledge the student status in their FtP guidance (GPhC, 2020; GDC, 2016; GMC, 2016; HCPC, 2016)".

Haycock-Stuart et al (2014), however, acknowledged that good health and character is a multi-faceted concept, where 'knowledge, skill, character, and health' have to be applied to a range of contexts. An analysis of how each element is conceptualised will be explored individually below.

Fitness to Practise as Knowledge

There is a lack of reference to knowledge in the context of FtP in the literature. Holland (2010) and Unsworth (2011) instead refer to the term competence which is used by the NMC to confirm students have achieved the knowledge, skills, attitudes and values set out in the pre-registration standards (NMC, 2010). Previous concerns had been reported a perceived lack of competence in nursing students on completion of their programme (UKCC, 2001). Holland's study evaluated the changes to the nursing curricula in Scotland and found it offered a greater balance of knowledge and skills which meant students were competent on completion of their programme and were otherwise "*fit for purpose"* and capable of *"doing the job*".

Unsworth's (2011) study compared 44 policies in 56 HEIs offering pre-registration nursing programmes in the UK and compared the content of these policies to how the NMC responds to FtP concerns in the registered profession. Unsworth found that the NMC produced a definition of impaired fitness to practise which relates to their suitability to remain on the register (NMC, 2004b). This definition which is set out in Article 22 (1) of the Nursing and Midwifery Order (2001) allows the NMC to judge whether the registrants' FtP is impaired by reason of misconduct, competence or health problem. Unsworth found that less than half (n=12) of the specific FtP policies reviewed included a definition of impaired FtP. In respect of knowledge, Unsworth reported that these types of concerns were generally addressed using other HEI processes, for example, academic regulations which could lead to the removal of students from the programme outside of the FtP processes.

Fitness to Practise as Skill

There were some different practices or views in the context of skills in pre-registration nursing students and FtP. Maclaren et al's (2016) found that:

> "Most *universities do not consider minor drug errors as a reason for referral to FtP*."

Although the use of the term "most" suggests some inconsistency, Maclaren continues by saying:

> "Making an error is not *necessarily incompatible with the code, that's just a human failure."*

Fitness to Practise as Character

Confusion was found to present itself in conceptualising the meaning of character in FtP in pre-registration nursing students. The NMC definition states that "*an individual's conduct, behaviour and attitude and this incorporates conduct in personal life"* (2010:8). Students and nurse educators in Maclaren et al (2016) struggled to understand its meaning in the context of student nurses. Maclaren suggested that the notion of good character introduced a normalising dimension to FtP, in that a nurse must essentially be a "*good person,"* she concluded that:

> *"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)."*

And while the NMC (2019) attempted to offer some clarity in its FtP guidance stating that good character means:

> *"your character is such that you are capable of safe and effective practise as a nurse, midwife, or nursing associate*" (NMC, 2019:14).

Arkell (2019) found there was a lack of reference to the student's status in the regulatory guidance which Arkell suggested could result in individuals relying on their

own “moralistic beliefs” to conceptualise the meaning of good character. Arkell indicated that this:

> *“may have implications for HEIs in the prevention of FtP issues because students may not recognise when their conduct is questionable or when to self-report FtP issues.’’*

Haycock-Stuart et al’s (2014) study also highlighted how students struggled with conceptualising the meaning of FtP, one nurse educator described this by stating:

> *“There have been a couple of cases recently where I've thought even though we've explained and been through this, you don't really get it.”*

Participants in Maclaren’s study expressed:

> “*What I think would be good character might not be the same as what everyone else thinks*.”

Harrison (2013) questioned how students’ character was brought into question when they fraudulently claimed ownership of knowledge or skill through plagiarism or falsification in clinical documentation. Synthesising the findings of 12 participants Harrison reported that:

> “*a nursing student who has engaged in academic dishonesty will have done so either intentionally or unintentionally, using someone else’s work, without acknowledgement of the source and true authorship. This includes plagiarism, cheating, collusion, and falsification and is a breach of HEI academic regulations and guidelines provided by the Nursing and Midwifery Council. This may occur in a range of theoretical and/or practice-based assessments, which contribute towards academic credit within a taught or research-focused course. The student will have compromised their own level of individual effort and personal/professional development achieved, with moral and ethical implications. If undetected there are potential risks to patients, carers, and other healthcare professionals, due to the student’s limitations in knowledge and skills. Consequences include unfair advantage over other students and award of unearned academic credit. When detected an academic penalty is*

applied. Severe cases may question the student's fitness to practise and result in discontinuation from the course."

Harrison's (2013) study developed a definition of academic and practice misconduct specific to nursing students and created a tool which identified a hierarchy of academic and practice misconduct influenced by the severity and degrees of deliberateness of the behaviour.

Welsh (2017) explored intentional and unintentional plagiarism and identified the key role of the nurse educator is to assist the student in making sense of the difficult concepts of plagiarism. Comments however indicated it was more than this, for example:

"Although I agree it should be our primary role, we probably also have a role in ensuring future vigilance with intentional acts of plagiarism as this may be an indicator of other professional concerns."

"It is an important role of the nurse educator to assist the learner to make sense of these difficult concepts [plagiarism], highlighting how they interface and the implications for their professional practice and personal integrity of intentional academic misconduct."

O'Connor (2022) also reported that pre-registration student nurses struggle to conceptualise the concept of good character and apply it to how they conduct themselves on social media. The author concluded that:

"Half the students reported they knew alcohol/sexually explicit material was unacceptable, a minority of first-year students thought it was ok to post content referring to illegal substances on social media."

Jones et al. (2021) retrospectively analysed the incidence of FtP referrals in nursing and midwifery students in one HEI in the UK before and after introducing a module where the formal assessment is the use of Twitter. Findings confirmed there was no significant difference (Fisher exact p=0.14) between the percentage of nursing students referred to FtP proceedings pre- or post-the introduction of Twitter in the curriculum.

In the 11-year period of referrals analysed Jones et al. (2021) reported there were 17 FtP referrals in nursing and midwifery students due to inappropriate misconduct on social media. This accounted for 15% (33/222) of all FtP referrals. Most of these incidents occurred via Facebook and included posting inappropriate comments and/or images, bullying; breach of confidentiality, over-familiarity, and/or inappropriate and unprofessional language (swearing).

While Jones et al.'s (2021) study made no direct link with the NMC's definition of good character it did indicate that concerns related to unprofessional behaviour referred to FtP proceedings included:

> "a breach of confidentiality or data protection, aggressive, threatening or dishonest behaviour, including fraudulently claiming of unworked clinical hour, forging signatures in clinical documentation or sickness/absence certificates and non-disclosure of driving/ criminal offences."

Fitness to Practise as Health

Good health and character are said to be "fundamental to fitness to practise as a nurse or midwife (Nursing and Midwifery Council, 2010:5), and while the NMC states that *good health does not mean the absence of disability or health condition*" (NMC, 2010:8). The NMC (2019) guidance states that students must:

> "must *tell your education institution about any health conditions and/or disability when you apply to study to be a nurse, midwife or nursing associate which could affect your ability to practise safely and effectively" (NMC, 2019:14).*

Students are required to sign a declaration of good health when they apply to join the register which confirms they are not aware of any health condition and/or disability which could affect their ability to practise safely and effectively. The NMC states that when they assess the students' health condition and/or disability they will check they have disclosed this with their HEI (NMC,2019).

However, students in Devereux's (2012) study reported that they struggled to know what they should and should not report, indicating that the concept of good health

was unclear. During the interviews, Devereux explained that it became clear that not all students understood that being fit to practise did not just relate to knowledge and skills. For example, when one was asked her thoughts about the implications of "fitness to practise" she said:

> *"I didn't even know it* [my previous illness] *was an issue. It just didn't enter my head. When they* [the programme lecturers] *said I had to go* [to occupational health], *I was shocked."*

Stanley (2010) interviewed registrants and students, from the professions of teaching, nursing, and social work, and while the study only included four pre-registration nursing students, participants from all three professional groups expressed that:

"*Disclosure of disability was likely to have the effect of excluding them from a professional training programme or post*."

While only one narrative in Stanley's study was from a student nurse, the participant expressed how the nurse educator's knowledge of her health condition made her feel:

> *"it is just that every time she (tutor) sees me she puts her head on one side 'How are you ...?' and it is just unbelievable, I think she thinks I am just going to keel over and die there and then and ... she treats me like I am like this little special friend who needs to be ... I don't know."* (Student nurse)

Five participants in Devereux's (2013) study reported fear of stigma and discrimination, with one participant reporting that they did not report a pre-existing medical condition for entry to the programme because they were fearful of not being accepted. The same participant also indicated there was a stigma associated with some conditions, such as mental health problems.

Another participant in Devereux's study reported confusion about disclosure of pre-existing medical conditions such as asthma, stating:

“I thought the HEI would reject me because of my asthma, but in the end it was fine.”

Haycock-Stuart et al (2014) reported that students tended to think of FtP in a theoretical or abstract way”, One nurse educator suggested:

"They do know about fitness to practise, but I think they know about it in a kind of theoretical way, or an abstract way as something that's there, but they don't understand as much as they might do. So, I think there's some work for us to do as a team in terms of getting that across. There have been a couple of cases recently where I've thought 'even though we've explained and been through this, you don't really get it”.

Haycock-Stuart et al (2014) suggested that “real cases” might help students understand the meaning of FtP which may help to reduce their fear. Fear can prevent students from reporting health issues early as one nurse educator indicated:

"*You don't want them to be fearful of you, and fearful of the process, because that's how things end up going underground."*

“*They're frightened... either they're worried about the consequences, they don't see the potential importance because they're inexperienced, some think they only have to report it after a conviction... so they misunderstand.”*

According to Hargan (2013), some nurse educators also struggled to articulate the meaning of good health. She demonstrated this with an example of when a nurse educator was asked to explain the meaning of good health and she responded by stating she was unable to articulate its meaning but stated:

“It’s *a good question*.”

Nurse educators’ narratives in Hargan’s (2017) study demonstrated a dominant association between mental health concerns in student nurses, unsafe practices, criminality, and danger to patients. Nurse educators made statements such as:

"*...nursing is full of people that get through, we can list them by the Beverley Allitt's of this world that clearly get through nursing, erm that we don't see you know....*"

"*...if nothing gets done about it [mental health], if they do something stupid, like kill someone or steal something....*"

Although Hargan reported that in their narratives nurse educators tended to distance themselves from any association with the discriminatory discourse by referring to the statement in the view of others, for example:

"*I think there is, at least in some people's minds, the stereotype that mental ill health automatically creates a question about competence or safety to be in practice....*"

4.1.2. Theme 2- Implementation of Fitness to Practise Processes in Pre-Registration Nursing Students (1,3,5,6,8,10,12,13,15,16,17)

There were two main aspects of the implementation of FtP processes where problems arose from analysing the data that are critical to this research question. Firstly, what informs referral of concerns in student nurses to FtP proceedings, and secondly the factors that influence decision-making in FtP processes in pre-registration nursing students.

4.1.2.1. Factors Influencing Referral to Fitness to Practise in Pre-Registration Nursing Students.

While HEIs draw on the same conceptual framework and deal with similar student issues in FtP, Maclaren et al (2016) recognised that:

"*Fitness to practise 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.*"

Maclaren et al (2016) identified that HEIs varied in how they "*monitor, assess, and discipline*" pre-registration nursing students.

Although the NMC's Guidance (2010) suggested that *"Students should only be referred to an FtP hearing if there is a public protection issue, and that outside of this other source of support should be accessed".* Maclaren et al (2016) highlighted that HEIs varied in how they "*monitored, assessed and disciplined*" nursing students.

Unsworth's (2011) study reported that 16 of the 44 HEIs indicated they would use the General Student Disciplinary policy to address FtP concerns in student nurses, and 3 HEIs reported that they had supplementary policies which they could use in conjunction with the organisation's general policy. However, Unsworth suggested that:

> *"By their very nature, general policies will lack specific detail about how professional suitability and fitness to practise issues should be addressed."*

Unsworth (2011) also stated that:

> *"Without exception, the policies had no definition of professional suitability or impaired fitness to practise. Without such a definition it is difficult for a disciplinary committee to make a decision about whether the student is professionally unsuitable. It also makes it difficult to determine the threshold for referral to a full hearing when the initial allegations are made against the student.*

When determining if a case should progress to a full hearing, Unsworth (2011) indicated that the 'real prospect test' (Glynn and Gomez, 2005) should be used which states:

> *"If the allegations were found proven, there is a real or reasonable prospect that the substantive committee would find the registrant's fitness to practise to be impaired."*

In the case of the student, this 'burden of proof' lies with HEIs, it is their responsibility to prove that the student's fitness to practise is impaired. According to Unsworth:

> *"Having an explicit test for referral for a full hearing for student professional suitability issues would enable a robust and defensible decision-making*

process and avoid the unnecessary stress associated with a full hearing where the allegations are unlikely to result in a sanction."

Haycock-Stuart et al (2016) acknowledged the lack of shared understanding of FtP:

"*Makes it difficult for universities to create consistent and equitable processes."*

Unsworth's study examined 44 policies, 28 specific FtP policies and 16 general student discipline policies. While all 28 FtP policies outlined how concerns relating to the conduct of criminal conviction may lead to a referral of a student nurse to FtP proceedings, Unsworth identified that:

"*Less than half (n=12) of the specific fitness to practise policies reviewed included a definition of impaired fitness to practise and the majority included no detail about the threshold for referral for a full hearing".*

Unsworth reported that 22 of the 28 FtP policies cited "health problems as a potential area which may result in *questions being raised about the student's fitness to practise".*

Although Unsworth indicated that individuals could choose whether to manage the concern using the FtP policy or choose to refer to another policy. The reason for this, Unsworth suggested was because:

"student's health concerns would be grounds for disciplinary actions. For example, outside of professional courses most students with health problems, including those with drugs, alcohol dependency or mental health problems, would either complete their studies without this being an issue or would step off the programme until they had obtained professional assistance. Obviously, for nursing and health students, such health problems may pose a significant risk to the health, safety and well-being of patients or members of the public if the health issue affected the student's performance whilst on placement."

Although Unsworth found that choice of policy can vary, with 16 HEIs indicating they could use the General Student Disciplinary policy to respond to concerns relating to a student's FtP, 3 HEIs stated that supplementary policies could also be used in conjunction with the general disciplinary policies.

These general policies lacked specific detail about how professional suitability and fitness to practise issues should be addressed, indicating that:

> "General policies, for example, would deal with issues relating to conduct but not health."

Unsworth (2011) identified that all HEI FtP policies had two or more stages, an investigatory/preliminary stage, and a substantive stage which involved a full hearing.

Maclaren et al (2016) highlighted that Stage 1 offered:

> "Preventative and supportive function, allowing for cases to be investigated and action plans formulated."

> *"By addressing FtP issues at an early stage, the process can be developmental rather than punitive."*

As one nurse educator expressed:

> "*I want to encourage a learning environment. . . I always say to the students in [Stage 1 type] meetings 'I don't expect perfection, I expect you to learn from what you are doing'. Yes, it's about us keeping some level of control, but it's also about learning and putting things in place*."

Participants in Maclaren's study also expressed how Stage 1 of the FtP process should be used to support students with health issues. By identifying and implementing reasonable adjustments students could be supported, Maclaren indicated that FtP formal processes should only be used when health conditions contribute to "impaired FtP," as the extract demonstrates:

> "[*students are referred to FtP] where there's concerns about the implementation of adjustments, concerns about the safety of the student or others where consent to share recommendations has not been given."*

Maclaren et al (2016) highlighted how student nurses could be referred to more than one process. As nurse educators in Maclaren's study highlighted:

> "[*a student who] goes to the student disciplinary panel . . . whether they're found guilty or not guilty, they're still referred to us for us to then make a decision as to whether there's an issue around the student's honesty*."

Another nurse educator challenged the fairness of this approach with:

> "*If somebody has been punished in the HEI academic misconduct process ..., are we going to do a double whammy and say, 'we're going to take you to a fitness to practise panel'? . . . If it's the first-time plagiarising and they've been punished, that wouldn't be an automatic fitness to practise*."

Students referred to more than one process is considered a "*double whammy*," this can vary within and between HEIs (Haycock-Stuart et al, 2014, Maclaren et al, 2016) and Harrison (2011) reported this inconsistency can bring a "*degree of unfairness for the student*".

4.1.2.2. Factors influencing Progression and Outcome of FtP Proceedings in pre-registration nursing students.

According to Maclaren et al (2016), concerns about the student's FtP are usually escalated because the threshold has been crossed, either due to:

> "*The complexity or seriousness of the case, disagreement over a case, the repetition of a problem, or the failure of a Stage 1 action plan*".

While most cases tend to proceed through the stages of FtP, Maclaren et al (2016) highlighted that:

> "*A very serious or reoccurring case is usually referred straight to Stage 2, (although one HEI reported that professional unions had challenged this, insisting that cases be first evaluated at Stage 1)*".

Unsworth (2011), however, highlighted that without a definition of impaired FtP, it was difficult to determine where concerns crossed the threshold to full hearing, which according to Arkell (2019) left individuals to make decisions based on their own morals, beliefs, or students' compliance with the NMC Code.

> *"The NMC's failure to acknowledge the status of the student in FtP policy and process makes it difficult for FtP decision-makers to consider the unready rather than the unsuitable student."*

The lack of clear guidance was found to lead to confusion which the statement below from one participant demonstrates:

> *"Students should follow The Code at all times, and this is continuously reinforced in theory and practice*. *However*, *they are not registrants and must be noted that they are still learning and may make mistakes*."

Arkell (2019) called for the NMC to:

> "*give permission and guidance to universities to make decisions based on the student's stage on the programmes it may help to reduce inconsistencies between HEIs in FtP decision-making and offers the opportunity for alternative outcomes, such as a suspension from studies rather than exclusion."*

The experience and conduct of FtP panel members were identified as influential factors in decision-making in FtP. Although Maclaren et al (2016) highlighted the small number of referrals to FtP each year limits staff experience, even in HEIs with large cohorts. Maclaren recommended that every HEI should have a FtP lead as she indicated that:

> "*even in HEIs with large cohorts there are very FtP cases per annum so it can be difficult to develop knowledge and experience around FtP processes*".

Hayes (2017) found that the experience of the FtP panel can have a positive and negative influence on the decision-making process.

Strong personalities and emotive language were cited as influential factors in decision-making, with some participants noting that:

> "*Some panel members were more vocal and more confident in their contribution*."
>
> *'Some were possibly overshadowed by the stronger personalities in the panel.'*
>
> *"Sometimes being passive can be dominant, panel member 4 was very passive. She said very little, but her body language spoke volumes."*

Inexperienced focus groups a*cross all three cases were found to be:*

> *"Less uniformed approach to decision-making and consideration of the student's behaviour. Within each of the case studies, several judgements on the student's conduct and what had led to this FtP during the focus group were made. These judgements initially consisted of personal values or judgements and were not factually based or driven by the NMC/HCPC code."*

Hayes (2012) concluded there needs to be meaningful training for all staff involved in FtP proceedings, and work needs to be done to bracket bias which can influence panel members. While Haycock-Stuart (2015) reported that some HEIs tried to *"reduce discrimination and help students feel more comfortable*" by ensuring that gender and ethnicity were represented in FtP panels, Maclaren et al (2016) found that the quality of practitioner's statements demonstrated a lack of experience, with one academic stating:

> "*One of the things that really surprises me is how poor many practitioners' [FtP] reports are, badly written, full of ambiguity and vagueness*."

Participants in Arkell's study measured the seriousness of the concern on:

> "*Any actual or potential harm caused; any detrimental effect upon the reputation of the profession; consideration of the student's stage on the*

course; and the potential for repetition of behaviour and future harm if the misconduct were repeated."

Hayes (2017) reported the conduct of the students, and their ability to demonstrate learning and remorse, influenced how they responded to decision-making. For example:

"He was kind of... jovial, *you know at times it was even a smirk."*

"He was very lackadaisical... he was grinning and everything."

"He wasn't remorseful about what he'd done."

Arkell (2019), however, highlighted that the NMC (2019) guidance did not state that remorse is a factor for consideration in FtP proceedings. Yet, participants in Arkell's study referred to students displaying a change in their behaviours evidenced by:

"*self-awareness, insight, remorse, reflection, honesty, and integrity, particularly in relation to a duty of candour, and how this may influence how the seriousness of the concern is determined*."

There was insufficient data to compare if sanctions were applied consistently, which was a consequence of how HEIs record data. Haycock-Stuart et al (2014) reported that data was not readily accessible or comparable making it difficult to make a comparison of consistency of referral or sanctions in nursing students, the reason for this was:

"Not *all universities keep a database of cases."*

"*Some HEIs counted all cases in which there was involvement of the FtP lead or the identification of an FtP concern, while others only counted those cases which went to a formal FtP hearing.*

"Furthermore, the different terms used to describe FtP processes mean that levels of cases cannot be compared across HEIs."

"Currently, therefore, it is not possible to provide a meaningful or accurate representation of the numbers of FtP cases in Scottish HEIs. What the number of cases given in this report does show is that while numbers in

individual HEIs may be small, there are significant numbers of FtP cases across Scotland as a whole."

One study by Roff (2010) compared the views of 57 faculty and 689 students, from medicine, dentistry, and nursing (of which 22% were pre-registration nursing students) on the appropriateness of sanctions applied. While Roff concluded there was a broad consensus on sanctions applied to individual cases, there were also some differences of opinion. Students were marginally stricter for offences relating to taking unauthorised material into an examination, coercion of faculty members to share past papers or physical assault of an HEI employee or student; and applied more lenient sanctions for falsifying student attendance, sharing/copying answers from other students, or attempting to use personal relationships, bribes, or threats to gain academic advantages. However, students applied much higher sanctions than faculty staff for sexually harassing, threatening, or abusing staff or students or engaging in substance misuse (e.g., drugs).

While Roff's study found few statistically significant differences between the different professional groups it did conclude that:

"*Nursing faculty were stricter than Medical and Dental faculty at a statistically significant level on completing work for another student, paying a fellow student, or being paid by a fellow student, for completion of coursework*."

Although analysis of Roff's sample showed that just 23% of faculty participants were from a nursing or midwifery profession, and only 22% of the student sample were nursing students.

Mitigation surrounding student conduct was said to influence decision-making although to what extent was difficult to quantify. One participant in Arkell's (2019) study for example stated:

"*Mitigating factors are appropriate to sometimes consider."*

"*It is actually the action/behaviour that is being investigated regardless of what led to that behaviour*."

According to Maclaren et al (2016) the inability to provide a rationale for the imposition of sanctions rendered decisions, leaving them open to challenge, especially based on technicalities. Unsworth (2011) reported that this lack of consistency led students to rely on the HEI's appeals process, which they reported was stressful for the student and created dilemmas for nurse educators as an appeals committee could reinstate the student based on a technicality, but they may not be eligible to complete an NMC approved programme and register with the regulatory body.

Maclaren et al (2016) reported that decision-making could be influenced by a range of contextual factors including:

> *"Student population, HEI structures, and the influence of stakeholders (e.g., professional unions, local health services). Student populations had different demographic and cultural profiles, cohort sizes varied considerably, and some programmes operated across several campuses. One programme required students to be in part-time employment; in another, final-year students were already on the nursing register."*

Several participants in Maclaren et al's (2016) study reported that students were usually invited to bring a representative or supporter with them to the hearing but not all students make use of this opportunity. Interviewees identified the emotional burden placed on students at FtP hearings and indicated how they try to support the students as much as possible. One nurse educator stated:

> *"What we try to do is ultimately support the student as much as possible . . . because if the student is upset, they're often not so clear about what they're trying to say, so it makes sense that we support them as much as possible so that they can convey their situation more clearly".*

Students reported that they immediately assumed the worst when FtP was mentioned (Haycock-Stuart et al, 2016). There was a failure to see FtP as a learning process, suggesting it was viewed more as a:

"*deficit, rather than a positive quality possessed by most students most of the time."*

One student who had been referred to FtP proceedings at an early-stage FtP meeting described how perceptions of FtP processes had changed for them. The initial fear of assuming the worst had changed as they understood the process recognising it was about learning from a mistake. Although the same student witnessed another student experience FtP proceedings and described the emotional trauma the process had on the student stating:

"*I can see that the other student who was going through the process was feeling exactly like I felt that they were going to be kicked off the course and it's awful. And a lot of the time looking at that I can see well, perhaps there's not much reason to feel that way, but I think in the student's mind you do come to the worst conclusion... And so, it's very traumatic for students."*

Students in Devereux et al (2012) and Haycock-Stuart et al's (2016) studies expressed how FtP was associated with fear and anxiety. One student in Haycock-Stuart et al's (2016) study *described FtP as:*

"These terrifying three words that put the fear of God into any of us."

The majority of students were worried that FtP proceedings would lead to exclusion with one student Haycock-Stuart et al's (2016) study suggesting students were fearful of:

"*having their livelihoods removed from them before they had managed to qualify and register*".

Haycock-Stuart et al's (2016) study there was a general lack of understanding of FtP. HEI participants in Haycock-Stuart et al's (2014) study saw FtP as a learning process, whereas Haycock-Stuart et al (2016) reported it was seen more as a process which underpinned the safety of practice and supported student learning. According to Haycock-Stuart et al (2014), this lack of clarity and fear was likely to:

> "*prevent the honest disclosure of issues, and the findings of the present study suggest that the fear, anxiety, and shame associated with FtP not only places a considerable burden on students but also inhibits students from identifying, acknowledging, pro-actively managing, and gaining support with issues which may develop into FtP concerns, or even more serious issues which may compromise public safety*.

4.3. Theme 3- Conflicting Roles for Nurse Educators in Fitness to Practise Due to Tensions in Professional Expectations of Nursing Students (2,7,13,14)

Nurse educators have a dual role in the context of FtP. Firstly, nurse educators report that they see themselves as "gatekeepers" to the profession, where, they have a duty as registrants to protect the public from students who are not fit to practise. They also have a second role as an educator where they are responsible for teaching and assessing students to become competent professionals. Although unexplored is their role in meeting HEI quality metrics ensuring the students have a positive experience and the HEI's reputation is maintained. One participant in Jackson et al.'s (2020) study expressed the tension this role brings stating:

> "*We're registrants and we've got to protect the public and maintain professionalism and sometimes, the two don't sit comfortably. We've also got the 'business end' of the HEI, where we enhance the student experience. We're always conscious of the NSS [National Student Survey]. On the other hand, we've also got an obligation to 'deal with' inappropriate behaviour and sometimes that causes tension, it's what hat do you wear?"*

Hargan (2017) reported in the context of students with mental health conditions that nurse educators have a role as '*gatekeeper*s' to the profession.

One nurse educator used the term *"policing"* the students" to describe their role, suggesting they must take on this responsibility to ensure they fulfil their legislative responsibilities of "safeguarding the health and wellbeing of people who use or need the services of nurses or midwives" (NMC, 2010:7).

Chambers (2021) also acknowledged the role that nurse educators play in supporting clinical practitioners in assessing that students are fit to practise. Chambers reported that practitioners struggle to make a connection between their role in assessing the student and upholding the regulatory standards.

Practitioners reported they were confused as to their responsibility when they were concerned about the student's fitness to practise and their role in protecting the public. One participant questioned who has "authority" to remove the student from practice stating:

> *"I took action out of safety for the patient, but the Trust wanted the student removed immediately from the area. We also have a duty of care to the students*."

Nurse educators in Chambers' (2021) study indicated that they felt they have an extra level of responsibility for the student's FtP in clinical practice, one nurse educator stated:

> *"We are accountable for them from the HEI's perspective and from the Trust's perspective*."

Jackson et al (2020) and Jackson et al (2021) highlighted the tension which nurse educators experience resulting from the different professional expectations. In both Jackson et al's studies (2020) and (2021) they used the metaphors below to support the different language used for student nurses relative to other university students:

> "*Clash of cultures, 'split personality and split role."*

One participant in Jackson et al's (2021) study suggested the tension was a consequence of nursing education being placed in a university; he used the metaphors below to describe the tension:

> *"they've got two cultures. Uni and then practice, and it's trying to marry the two together and make some sense of it."*

Nurse educators in Jackson et al.'s (2021) study explain to the students:

"*You're a university student, you can't behave like other university students, because this is what we expect of you. We don't only expect that of you in clinical practice; we expect you to behave like that all of the time. In your own life as well as in university. …. It's your whole identity, your whole being a professional, like a police officer is NEVER really off duty.*

Extracts from Jackson et al's (2020) study demonstrate the tensions which nurse educators experience:

"we've got that tension. They are student nurses, and the first part of that title is 'student.' The second is 'nurse' and that's where all of the vocational weight comes in. There is a fundamental tension: "I behave 'well' in practice". 'I can be less fastidious with my behaviour on campus because this is just uni and I'm a student' ... they've got a split personality, a split role.

"*They want to be a student...the HEI itself sells itself on being a great student experience, a party city, and then there's the professional expectations... So, there are tensions between student acceptable behaviours and the kind of professional set of behaviours. It's a clash of cultures."*

Nurse educators in Jackson et al's (2021) study reported that the language used to communicate the professional expectations of student nurses differed from that of other university students. Nurse educators expressed they have a key role to play in addressing issues relating to student conduct, statements included:

"We are obliged' to 'deal with' unprofessional students."

"Students are reprimanded "if they do not adhere to lecturers' *warnings."*

Student nurses' understanding of professional expectations in Jackson et al.'s (2021) study differed, where one stated:

" … it *was drummed in that you are professional when you are out, you never get drunk, you never do this, you never do that*.

Another student expressed:

> "*If I behave well in practice, I can be less fastidious with my behaviour on campus because this is just uni and I'm a student.'*

Although some students in Jackson et al's (2021) study reportedly struggled to "marry the two cultures together", however, nurse educators reported:

> "This appears most evident before students' first clinical placement. By six weeks, a change or demarcation is heard".

Nurse educators in Jackson et al's (2020) study, however, reported that there remained a tension between consumerism and professionalism. Students' expectations differed from those of nurse educators with one nurse educator stating it is a:

> "*Me culture*….. I *want, I need. ...I can't do the shifts, I want to move placement, ... What you're saying is: it's a very personal journey for you, but this is a collective endeavour."*

> *"I, I, I, means, my training, my education, my experience, further compounded by the National Student Survey."*

Nurse educators, however, reported that they are responsible for determining if the student is fit to practise, and yet they are equally aware of the expectations placed upon them to fulfil:

> *"the business of the university*" by ensuring students have a "positive experience" and that the HEI achieves a "*good National Student Survey".*

5.0 Discussion

This study aimed to identify and synthesise current research to establish what is known about the consistency and fairness of FtP processes in pre-registration nursing students in the UK. Identifying the factors contributing to the consistency and fairness (or lack thereof) of FtP for pre-registration nursing students can guide regulatory and educational policy on FtP processes for nursing students. The study will also inform future research by identifying any gaps in knowledge. This chapter will start with summarising the findings which will be explored in the wider context of the literature. As a professional doctorate, this thesis intended to generate new knowledge by synthesising the findings of this study, comparing it to previous knowledge, and identifying practical ways of applying the new knowledge to practice (Kirkham et al, 2007).

5.1 Summary of Findings

The three key findings identified from synthesising the data were (i) the inconsistency in conceptualising FtP in pre-registration nursing students, (ii) the inconsistent implementation of FtP processes in pre-registration nursing students, and (iii) conflicting roles for nurse educators in FtP due to tensions in professional expectations of nursing students.

5.2. Context of Wider Literature

The key findings described in section 5.1 are explored in the context of the wider literature below. The following subheadings were derived from mapping the wider literature to the outcomes of this systematic review which were analysed in the context of the research aims and presented in order of significance.

5.2.1. Does the Choice and Use of Terminology Influence the Consistency of Fitness to Practise Decision-Making?

As with previous literature, the findings in this systematic review identified that the terminology used in regulatory standards and FtP guidance varied between the

different regulators (Jomeen, 2008, CHRE, 2008, PSA, 2017). Unlike other health and social care regulators, the NMC opted to retain the term good health and character to describe FtP. This systematic review reinforced previous findings in that the term good health and character is difficult to define and assess. In contrast, students reported that the term professionalism is easier to understand and apply to their personal and professional lives (Hana et al, 2017). While this doctoral study was unable to determine if the different use of terminology influenced how FtP was conceptualised or applied, Unsworth (2011) found that 28 of the HEI policies he examined lacked detail and definition. Haycock et al (2014) reported that the lack of a shared definition of FtP made it difficult for HEIs to create equitable policies and processes. Similarly, examination of the 5 HEI FtP policies examined in Chapter 2 reinforced that HEIs policies lack consistency which influences what is referred to FtP proceedings. For example, findings in this systematic review suggested that concerns relating to a lack of skill could be addressed using other HEI processes.

Similarly, 1 in 5 of the HEI policies examined reported that concerns relating to a 'lack of competence or unsafe practice' could be a reason for the student to be referred to FtP proceedings. This inconsistency was extended to students being referred to more than one process for the same offence (Maclaren et al, 2016). This case of 'double jeopardy' (McLaughlin, 2010), was a finding in 3 of the 5 HEI policies which suggested that student nurses could be investigated for the same offence more than once. While the lack of reporting processes makes it difficult to make a comparison of the prevalence of FtP in nursing students, the limited low-quality data suggests that the prevalence of the referral of medical students is small (Rubin, 2002, Morrison, 2008, David and Bray, 2009) and potentially higher in non-medical students (David and Ellson, 2015). While there is only one opinion paper reporting on the prevalence of FtP referral and outcome in nursing students (Keogh, 2013), its findings along with those of Ellis et al (2011) suggest that sanctions are inconsistent.

Similarly, Roff et al (2010) identified in this systematic review that opinions relating to the appropriateness of sanctions can differ between students and registrants of different professional groups. Brockbank et al (2011) reported similar findings in medical students who expressed different sanctions to registered doctors and the general public. Roff's findings reported that registered nurses were found to apply

harsher sanctions than doctors and dentists, although it is important to note that while it was a large quantitative study of over 600 participants, only 23% of the registrants included were registered nurses, and 22% were nursing students. While it is not possible to make any substantial conclusions as to whether the use or conceptualisation of terminology used in FtP influences the consistency of decision-making it indicates the need to develop better reporting and auditing processes so this can be explored in more detail.

5.2.2. Are Processes for Assessing Good Health Consistent and Fair?

While health issues reportedly account for approximately a third of all student FtP cases, David and Ellson (2015) suggest the problem is not the severity of the illness but the student's lack of cooperation with assessment and treatment. This systematic review highlighted that fear of discrimination or bias prevented reporting and early access to intervention (Devereux, 2013) but also identified that the lack of reporting and auditing FtP cases made it difficult to understand the full extent of the problem. Unsworth (2011) also found similar to the 5 HEI policies examined in Chapter 2 in that inconsistencies occurred in how health issues were addressed. 22 of the 28 FtP policies which Unsworth (2011) examined cited health issues as a reason for referral and only 1 in 5 of the policies explored in Chapter 2 suggested that specialist occupational health or mental health services might be called upon in FtP proceedings to help with decision-making. David and Ellson (2015) reported in their study on medical students that fewer students progressed from the initial referral stage to a full hearing when a Health and Conduct Committee was introduced in one HEI. This may indicate that students with health issues were referred to specialist services or that individuals with key roles were more experienced and therefore made more consistent decisions. While this is unknown, it suggests this is something which needs further exploration in the future.

This may be particularly pertinent for students with mental health conditions as findings indicate that students experience discrimination and bias (Hargan, 2017). This is of significant importance as the number of students commencing higher education reportedly have complex mental health problems (Kandiko and Mawer, 2013) and almost half of students in higher education have learning difficulties

(Higher Education Funding Council for England (HEFCE), 2015). Higher education is not only responsible for ensuring that students are treated per the Equality Act (2010) but also for acknowledging the challenges that students experience. Previous literature supported the findings in this study which cited alcohol and substance use as a reason for referral to FtP proceedings, although the extent of the problem and how it is managed is unexplored.

One study which reported the extent of the problem in medical and law students by Bogowicz et al. (2018) used an Alcohol Use Disorders Identification Test (AUDIT) and found that 53.1% of the first year, 59.7% of second year and 35.9% of the final-year medical students scored an alcohol use disorder (AUDIT≥8). First-year law students scored 67.2%, where second years scored 47.3% and final years 69.5%. With substance use, 26.4% of first-year, 28.4% of second-year and 23.7% of medical students admitted to using recreational substances in the past year, where 39.1% of year one, 42.4% of year two, and 18.9% of final year law students reported similar use. Bogowicz et al. (2018) reported that 34.4% of first-year, 35.6% of second year, and 46.3% of final-year medical students reported levels of anxiety on a Hospital Anxiety and Depression Scale which was suggestive of an anxiety disorder, where 47.2% of first-year, 52.7% of second year, and 59.5% of final year law students scored much higher. While there is no comparable study on nursing students in the UK, Anselmi et al's (2014) study found that nursing students in the USA were offered a more structured rehabilitation programme where they received counselling and a formal period of suspension which required them to demonstrate recovery/sobriety of 12–24 months before they could return to the programme (Smith-Glasgow, 2012). While there is a lack of literature available in the UK the small amount of non-empirical research available suggests that student nurses would not be offered such structured programmes and would be withdrawn or suspended from their studies as they would be unable to demonstrate they were of good health or character.

Anxiety and distress in FtP processes is a finding identified within this systematic review. However, there is a lack of literature examining the type of support students are offered and how it meets their needs. In 2019 the NMC acknowledged the inequalities in its FtP processes with a disproportionate representation of registrants who are black, men, disabled, and of unknown sexual orientation (NMC, 2019).

While they introduced the Ambitious for Change programme (NMC, 2019) the programme failed to consider the challenges which student nurses may experience. While Arday et al.'s (2018) study was conducted on the general student population it raises some interesting findings which should be considered in response to West et al.'s (2016) findings and the NMC's programme for registered nurses. Arday et al examined the experiences of 32 Black, Asian, and Minority Ethnic (BAME) students in 14 HEIs and found that students expressed that it is "socially unacceptable in some cultures to discuss issues relating to mental health" (Arday 2018:14). One student in Arday's study expressed, *"If I ever told my parents that I was struggling to get mental health support at university, they would possibly disown me. This is not the kind of thing we openly discuss in my culture, particularly as a black, female Muslim'* (Arday 2018:14).

Students also expressed distrust that some cultures experience in the context of mental health services, with one student stating, *'Within African and West Indian communities . . . people do not trust psychiatrists in particular. They believe in the power of prayer as the only viable intervention and this is often mapped against a relative talking about experiences of bad mental healthcare or diagnosis, re-emphasizing their need to solely place their faith or trust in religious intervention'* (Arday, 2018:13). There is a need to explore further the experiences of nursing students in the context of health issues and FtP proceedings so HEIs can ensure there is greater understanding and support for students.

5.3. Strengths and Limitations of this Study

This study has several strengths, the most significant being that to the best of my knowledge, this was the first systematic review of its kind where all available literature was sourced and critically examined to identify if FtP processes are consistent and fair for pre-registration nursing students. Secondly, this study was conducted by an experienced nurse educator and supervised by two expert doctoral supervisors. The supervisors offered detailed feedback which ensured the study adhered to the rigorous processes of a systematic review but also coming from different professional backgrounds they challenged the researchers' perspectives.

The timing of the study was also time-critical. A decline of student nurse applicants of 16% in England and Scotland and 27% in Wales in 2023 (RCN, 2023) is likely to compound the problem of an ageing population (NHS, 2023). It is predicted that the growth in the workforce is unlikely to meet the anticipated 55% increase in people over 85 years in the next 15 years (NHS, 2023). It is, therefore, essential that we have confidence in FtP processes in student nurses so all students who have the potential to be fit to practise are supported to become future practitioners.

As with any study, it is important to highlight explicitly the limitations that may weaken the quality of the study (Locke et al., 2000, Rossman and Rallis, 2011). Perhaps inevitably some search terms (e.g., fitness to practi#e, OR unprofessional behaviour, OR, dishonesty, OR failure to comply with instructions, OR criminal behaviour, OR Disability, OR mental health, OR, lack of insight, OR remediation) were more productive than others (e.g., processes/framework/procedures). However, the most notable limitation of this doctoral study was the limited high-quality research available to this distinct group of nursing students. It is important to note that 9 of the 18 studies were conducted in Scotland and while programmes are validated and quality assured by the same regulatory body, the NMC, there may be variations in the legislative and education systems in Scotland which need to be considered when interpreting the results. Identified in the individual studies were details which questioned the quality of the data or analysis, for example, Haycock-Stuart et al (2014) stated the study included 11 ‘key personnel’ from the HEI but it was not possible to determine who these individuals might be, and while Roff et al (2011) conducted a large study examining the consistency of opinion on the appropriateness of sanctions only 22% of the study’s sample were nurse educators and 23% were nursing students.

Another weakness of this study was that while the study parameters were identified there may have been a time lag between when the study was conducted and published. During this period, there were changes to regulatory and educational standards. For example, studies published in 2010 may have been conducted in 2009 before the regulatory change of nurse education programmes being a minimum of a graduate level and at a time when HEIs were implementing FtP panels. Additionally, some studies in this doctoral study were conducted before 2015 when

the NMC Student Conduct Guidance (2010) was in place, After 2015, student nurses were advised they should comply with the same regulatory standards as registrants, the NMC Code (2015).

Finally, while this study has been worthy of exploration as it not only identifies how policy and practices can change to ensure greater consistency and fairness for student nurses, it also offers a basis for future research to ask specific questions about FtP in pre-registration nursing students. It is, however, worth noting that conceptually this was an extremely complex topic and rather ambitious study to take on as a part-time, single researcher.

5.4. Implications and Recommendations as a result of this study

The methodological structure of a systematic review used in this study identified inconsistencies in the way good health and character are conceptualised and how FtP processes are implemented inconsistently. These findings point to three recommendations for the regulatory body, and four recommendations for higher education.

5.4.1. Implications and Recommendations for the Regulatory Body

1. Unlike other regulatory bodies which use the concept of professionalism to describe FtP, the NMC continues to use the terms good health and character. This study identified that good health and character are conceptualised differently by the various stakeholders. This would be an ideal time for the NMC to review its choice of terminology used in FtP to come in line with other regulatory bodies.

2. Findings in this review identified that the detail in FtP policies and processes can vary between HEIs and individuals can choose to apply FtP and other HEI policies inconsistently. Findings suggest that this is partly a response to the lack of detail in regulatory guidance, this is problematic as some HEIs opt to have a single FtP policy to address student issues from different professional groups. It would be advisable that all regulatory bodies create a shared definition of FtP and

create a framework so guidance to HEIs is comparable which will help to reduce variations in HEI FtP policies.

3. This study highlighted a lack of understanding as to the prevalence of referral, progression and sanctions applied to nursing students. There is increasing pressure on the workforce and a need to increase the recruitment and retention of nursing students. It would, therefore, be advisable that the NMC reviews its quality assurance processes for HEIs, so they collate and report this FtP data annually in their NMC annual report. This will help to identify where inconsistencies might occur which can be mapped against the NMC's Ambitious for Change (NMC, 2019) which aims to address the disproportionate representation of registrants with protected characteristics.

5.4.2. Implications and Recommendations for Higher Education

1. A lack of clarity surrounding the referral and progression of nursing students to FtP proceedings was a finding in this systematic review. It would be advisable that HEIs create a policy framework which would help to reduce inconsistencies in HEI policies and processes but also create an online tool which will help decision-making in referral and progression of FtP cases. These cases can be logged on a digital database which will help internal and external review and address inconsistencies.

2. Decision-making was found to be influenced by a range of factors, including nurse educators' moralistic attitudes and students' compliance with the Code. A designated FtP lead was said to improve consistency in FtP decision-making although findings suggest that this could influence outcomes positively or negatively. This is an opportunity to create a collaborative working party where HEIs compare anonymised FtP data and identify inconsistencies. Although acknowledging the sensitivity of this data an alternative approach may be that an external examiner scrutinises the HEIs FtP cases, and the HEI includes this in their annual monitoring report to the NMC. This, however, loses the cross-HEI comparison.

3. As inconsistency was a theme which presented itself at various stages throughout this study it would be advisable for an independent body, such as the OIA to create a training module for relevant staff to undertake as part of their mandatory training.

4. Health issues were a key finding in this systematic review. While the lack of reporting made it difficult to understand the extent of referral and outcome due to health reasons, findings highlighted the inconsistent understanding and application of the concept of good health and the stigma and discrimination students experienced. This is an opportunity for HEIs to review their processes and consider the introduction of a Health and Conduct Committee where expert services, such as occupational health or specialist mental health services are involved early in FtP. This may result in students feeling less stigmatised and greater understanding and more consistent application of equality legislation by nurse educators.

5.5. Future Research

This study highlighted there is limited high-quality research on the topic of FtP in pre-registration nursing students. This identified an array of possibilities for future research. A priority would be to conduct a large-scale cross-HEI comparison of the prevalence, outcome and sanctions applied to pre-registration nursing students in the UK, although this may require HEIs to improve their data reporting processes first.

Another noticeable finding identified in this study is that 9 of the studies included were conducted in Scotland. The significance of this is two-fold; firstly, while all pre-registration programmes are regulated by the NMC, students in Scotland receive a bursary, and while the research has not explored if this influences decision-making in FtP, there is a possibility that this may be an influential factor for some HEIs. Secondly, registered nurses in England represent most referrals to the NMC FtP proceedings. It is critical if we are going to understand the reasons behind these statistics that we have greater knowledge and the prevalence of FtP in nursing students in all parts of the UK.

Lastly, findings in this systematic review highlighted the misconceptions surrounding the concept of good health and the inconsistency in the processes for addressing the health issues of student nurses. While some progress has been made to raise awareness of registrants who are disproportionately referred to FtP proceedings based on their ethnicity and gender, little is known about students with these characteristics, and even less is known about students with disabilities. Although this study demonstrated the bias and stigma students with mental health experience, little is known about students with alcohol or substance issues or students with physical disabilities. There needs to be more research into how students are supported and what influences decisions to use occupational health or mental health services to support FtP processes, or if FtP processes are used as a punitive rather than supportive mechanism as was suggested in this study.

5.6 Novel Contribution

There comes a stage in every doctoral thesis when the researcher stops and reflects on their contribution to knowledge. I am no different to other researchers I am sure in that I wanted to find something ground-breaking (Locke et al, 2007). However, my reflection taught me that not everything has to be ground-breaking: new, and existing knowledge are inextricably related (Dolan, 2015). It can, therefore, be new knowledge that adds to, or challenges existing knowledge, which can change current attitudes or practices. The methodological approach of this systematic review allowed me to source and critically synthesise the data on FtP in nursing students in the UK. The findings have enabled me to not only build on existing knowledge but also identify inconsistencies that challenge current practices and identify new ways of doing things. It is anticipated that these findings will open conversations, allowing for processes to be redesigned which will improve consistency and offer students greater fairness. The rigour of this systematic review will also formulate a basis which will help identify future research questions that need to be asked.

5.7 Conclusion

This systematic review's findings indicate that inconsistency can manifest at various stages of the FtP process. Existing literature suggests that FtP is a complex phenomenon, conceptualised differently by various stakeholders. Terms like 'good health and character' commonly used in nursing to describe FtP are poorly defined, lack universality beyond English-speaking countries and pose challenges in assessment. This lack of shared understanding creates difficulties for HEIs in establishing equitable and comprehensive FtP policies and processes, leading to varying interpretations.

Furthermore, inconsistencies in the recording and reporting processes within HEIs complicate the evaluation of the consistency of referrals and outcomes involving student nurses. This study highlights the need for improved reporting and auditing procedures, which can facilitate a review of current practices and guide future research. By shedding light on these issues, we encourage regulators and nurse educators to re-evaluate their processes, providing greater assurance to the public and the profession that nursing students are fit to practise upon completion of their programmes.

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Appendix 1- Agreement from Ethics Committee

FACULTY OF HEALTH, SOCIAL CARE AND EDUCATION
Kingston HEI & St George's, HEI of London
St George's Campus
Cranmer Terrace
LONDON SW17 0RE

Dr Xenya Kantaris
Faculty Research Ethics Committee Interim Chair

Tel: 020 8725 4213
Email: x.kantaris@sgul.kingston.ac.uk
Web: www.healthcare.ac.uk

15th October 2018

To whom it may concern

Let it be known that Mrs Karen Chandler is an employee of Kingston HEI and St George's, HEI of London within the Joint Faculty of Health, Social Care and Education (FHSCE). She is currently undertaking an Educational Doctorate at the HEI of Exeter within the Graduate School of Education which is being funded by Kingston HEI.

The FHSCE Research Ethics Committee is aware that Mrs. Chandler's Doctorate encompasses a literature/documentary analysis examining fitness to practise in nurse education.

Yours faithfully

Dr Xenya Kantaris
FHSCE Interim FREC Cha

Appendix 2- Working Document of Coding and Potential Identification of Themes

Data	codes
Papers discussed the ambiguity surrounding the definition of FtP (1) Students, practitioners, and HEIs conceptualise FtP differently (15). Students place greater emphasis on health and conduct; mentors on competence (1). Concerns about knowledge or skill are usually managed using HEI academic regulations. Minor drug errors or plagiarism are not usually dealt with through FtP processes. However, If there are questions about the honesty of how this knowledge is obtained it raises questions about students' character and patient safety and can lead to a referral to an FtP panel (11). Making an error is not necessarily incompatible with the code; that's just a human failure (5). The NMC fails to recognise the student status in its FtP documentation (2019) which contributes to the lack of understanding of the concept good character for students and HEIs (6). The NMC fail to explain if character is a fixed or dynamic entity (6). This has implications when the students' is questionable or when to self-report FtP issues (6). An important determinant of good character is the individual's commitment to and compliance with The Code (6) The Code was the main point of reference for determining good character, although students and practice mentors do not have the same understanding (1). Students struggle to understand the concept of good health stating "Students were really confused when they have a health issue" what they should declare (1). Some students identify an overlap with good health and character suggesting how a student manages their health issues can question their ability to be of good character (1).	1. variations in conceptualising FtP 2. Inconsistent interpretation of good health and character. 3. Failure to acknowledge student status in good health and character 4. what is good character 5. what is good health
The non-directive nature of the NMC's regulatory guidance makes it difficult for HEI's to create consistent and equitable FtP policies and processes (15). This makes it difficult for decide if students are unready rather than the unsuitable (6). HEI policies were found to be lacking in detail and vary depending upon location of policy i.e., within HEI or school structures (5).	1. Inconsistent Regulatory and HEI FtP policies. 2. . Inconsistent choice and application of policy

Some HEIs would use the same policy for investigating student concerns, others would use a separate policy for nursing students" (1). None of the 28 policies included a definition of professional suitability, and less than half (n=12) included a definition of impaired fitness to practise (5). All policies (n=28) outlined that the student's conduct, or criminal conviction may result in their fitness to practise being called into question (5). 22 of the 28 policies cited health problems as a possible reason for student referral to fitness to practise (5). None of the policies included a lack of competence as grounds for referral (5). 16 of the 28 HEIs would manage student concerns with general disciplinary policy; 3 HEIs said they had other supplementary policies they could use (5). The duty to give reasons was poorly articulated in the policies (5). The most commonly cited reason for referral was the protection of the public (n=16) (5). Very few policies (n=4) make explicit that the public interest, in terms of maintaining the public's confidence in the profession, was a legitimate ground for action (5). Such action may be particularly relevant where the student has a conviction which may not be directly related to practise but could undermine the public's confidence in the profession if they were allowed to register (5). 11 of 28 policies make explicit reference to a professional code of conduct or a student code when deciding whether the allegations amount to impairment of the student's fitness to practise (5). The majority of policies included no detail about the threshold for referral for a full hearing (5). Some HEI policies consider the stage of the student's programme in FtP (15) What's ok for a first year, might not be ok for a third year" (15). One HEI FtP policy referred to students as "quasi-professionals (8)	3. Lack of rationale for referral
HEIs generally had three stages of FtP policy (5). Stage 1, also referred to as Pre-FtP or Cause for Concern was where academic misconduct and health issues were considered, and reasonable adjustments were actioned (15). This Pre-FtP stage helped to monitor a gradual build-up of minor issues and indicate the need to escalate to formal FtP panel" (15). There were variations in the number of Causes for Concerns that indicated the need to escalate to FtP hearing (15). Even in HEIs with large cohorts, there are very few FtP cases per annum so it can be difficult to develop knowledge and experience around FtP processes (3)	1.Inconsistent Implementation of FtP policies 2. Inconsistent application of Pre-FtP/Cause for Concern.

The FtP lead is a key source of expert knowledge about FtP; it helps to ensure that processes are robust and provides a resource for other members of staff to discuss potential cases, ensuring that students only cross the Pre-FtP/Stage 1 threshold appropriately (3)	3. small number of cases per annum meant limited expertise reducing consistency.
Students reported confusion around conduct on social media with half the students reporting that they knew alcohol/sexually explicit material was unacceptable but were unclear about posts including photos at work (17). A minority of first year students reported that they thought it was ok to post content referring to illegal substances on social media (17). Students were found to post inappropriate photographs and use offensive language on social media and were unaware that comments could potentially damage the reputation of the HEI or placement area (18). Social media misconduct accounted for 15% of FtP referrals (18). The introduction of Twitter as a formal assessment made no difference to incidence of FtP referral in nursing students (18). Academic misconduct is managed differently between and within HEIs (3,8). Some HEIs opted to use a specific Academic misconduct policy (3), others a general student disciplinary policy (8). In some HEIs students who go through academic disciplinary processes also go through FtP processes (3), this was considered “double whammy” (3) . [a student who] goes to the student disciplinary panel . . . whether they're found guilty or not guilty, they're still referred to us for us to then make a decision as to whether there's an issue around the student's honesty. (3) Some perceive academic dishonesty as deviant behaviour, a failure to demonstrate honesty, integrity or uphold professional reputation and breach of NMC Code (11). This was inconsistent and can be considered unfair for students (11). The Code was inconsistently applied in academic misconduct and FtP (6,15). Maintaining the professional reputation extracted from the NMC Code was applied inconsistently when considering student concerns of academic misconduct (8).	1. Context of FtP- 2.Social Media misconduct and FtP referral 3. Academic misconduct and FtP referral.
Good Health is interpreted inconsistently in the context of fitness to practise (1,13). A lecturer was asked to explain what good health was but unable to answer:” (13). Students are expected to complete placements in a wide variety of areas which means those with a health condition may be evaluated as not fit for practise even if fit to practice in a different clinical area (1).	1. Context of FtP- Good health and FtP 2. fear and discrimination lead to non-disclosure

Students reported anxiety and fear and discriminatory attitudes which prevented them from reporting health issues (1). This led to non-disclosure of health problems (1,4,13). Non-disclosure challenged students' ability to demonstrate they were of "good character" (4, 13). Academic staff were found to be "punitive when students fail to disclose health issues" (13). Failure to disclose mental or physical health issues was influenced by "fear of rejection" (16), "discrimination" (15) or "negative attitudes" (3,13). There is a lack of understanding of mental health and learning disabilities in student nurses (13) and an inconsistent understanding of disability legislation and application of reasonable adjustments (4). There was a "dominant discourse attributed to students experiencing mental ill health, difference, blame, association with unsafe practice and criminality, reinforces stigma, discrimination, and inconsistent use of equality legislation" (13)	3. mental health associated with criminality.
There was found to be a lack of agreement in what concerns were considered serious and how this informed if this crossed the threshold to the next stage of the FtP process (10). Seriousness appeared to be measured using a risk-based approach to consider: any actual or potential harm caused; any detrimental effect upon the reputation of the profession; consideration of the student's stage on the course; and the potential for repetition of behaviour and for future harm if the misconduct were repeated (6). The seriousness of concerns was found to vary between registrants, students, and the public (10). Repetition, confusion, and disagreement" were used to determine if concerns were progressed in FtP processes (15). "Risk the student poses to public safety, or persistence of a problem after measure put in place" were reasons for progression (15).	1. Influential Factors in Decision-making in determining seriousness and progression of FtP.
"The communication style of FtP panel members was found to vary; those who used informal communication were said to encourage an openness from students" (12). Strong personalities influenced the way in which the panel was conducted and the outcome" (12). 21 of 28 policies were explicit in the need for a registrant on FtP committee but very few policies addressed the need for a registrant panel member who could pay "due regard" to the matters being considered e.g., an individual from the same part of the register or field of practise where the allegations relate directly to patient care (5)	1 .Influence of FtP panel members
Students recommended harsher penalties for coercing faculty members into providing copies of papers prior to exam through bribery, or intimidation; students recommended expulsion with no readmission, where faculty indicated student can be readmitted after 1 year" (10).	1.FtP processes in applying sanctions

“Student preferred lower sanctions than faculty staff for signing in absent students, copying answers from classmates/allowing them to copy from student/exchanging answers by use of mobile phone during an exam, or attempting to use personal relationships, bribes or threats to gain academic advantage” (10). Students indicated “higher sanction for sexual harassment, threatening or verbally abusing a student or HEI employee, or engaging in substance misuse; where academics suggested counselling for substance misuse, students indicated reporting the student to the regulatory body” (10). Nursing faculty were statistically found to be stricter than medicine and dentistry faculty when considering concerns such as completing work for another student ($p \angle 0.05$), paying a fellow student, or being paid by a fellow student for the completion of coursework ($p \angle 0.05$)” (10). Nurses, non-clinical teachers, and practice panel representatives found to be more punitive than medicine and dentistry” (10). Female teachers found to be harshest of all groups (10).	
The NMC's failure to acknowledge the status of the student in FtP policy and process makes it difficult for FtP decision-makers to consider the unready rather than the unsuitable student” (6) very few policies (n=1) set out a duty to give reasons for decisions at either the preliminary or the substantive stage, means that it would be difficult to judge how the decision to refer, or not refer, had been arrived at should a student appeal to the Office of the Independent Adjudicator (OIA) (5). Clearer regulatory guidance surrounding the stage of the student stage on the programme might enable HEIs to offer alternative outcomes such as suspension rather than exclusion from the programme (6). The findings seem to suggest that even though the seriousness of the misconduct was deemed as more important than contextual and mitigating circumstances by the participants when asked directly, determining the level of seriousness was not straightforward. Decision making was found to be influenced by other contextual factors, including moral beliefs regarding what is right or wrong, the student's stage on the course and the potential for behaviour change, adding further complexity to the decision-making process (6). Cultural profiles, cohort sizes and programme structures were found to differ between HEIs; some programmes required students to be in part time employment, and final year students were registered with the NMC in Scotland (3). The “context of the situation is important; situations are not black and white” (8). In some circumstances such as dishonesty/falsifying documents/theft then this is not relevant as potentially may impact upon patients” (6)	1.Rationale for decision making. 2.Contextual Factors influencing decision making.

Honesty and integrity were initially considered a measurement of good character, although when presented with two scenarios where dishonesty was the main factor the participants appeared to be significantly influenced by the context of the situation rather than the conduct itself" (6) Overall, the majority of participants in this study felt that, although it was appropriate to use the registrant code, concessions should be made for the student's stage on the course with more leniencies shown towards junior students who were deemed to be still learning (6). Students are reminded they should follow the code at all times, but they are not registrants and must be noted that they are still learning and may mistakes" (6). The majority of participants felt it was appropriate to use the Code when considering student concerns (6). Although felt "Concessions should be made for students' stage on their programme, with more lenience for junior students who are still learning" (6). Having permission and guidance from the NMC to consider the student's stage on the course may reduce inconsistencies between HEIs in FtP decision-making and offers the opportunity for alternative outcomes, such as a suspension from studies rather than exclusion (6) "Good character was to a large extent determined by the student's compliance with the Code" (6) Honesty and integrity appeared to be measures of good character amongst some participants, but this was not always evident in their decision-making when presented with scenarios (6). The context of the situation, rather than the conduct itself, was found to be a significant factor when dishonesty was the main factor in the scenario (6). Potential impact upon the public and evidence of the student demonstrating a duty of candour in self-reporting were considered important in decision-making (6)	
Mitigation would have little influence on decision making if concern was considered serious" (5, 6). Suggesting "It is the action or behaviour being investigated regardless of what actually led to that behaviour" (5). If the misconduct were deemed too serious, participants stated that other contextual or mitigating factors would have little influence upon the decision to refer the student to the FtP panel, which has previously been identified (15). "a panel were less willing to consider mitigation if students failed to seek support as this was deemed a lack of self-awareness in terms of insight" (6)."Mitigating factors are appropriate to consider sometimes. (6)	1.Mitigation or contextual influence on decision making
Some policies allowed the Head of Department to determinate whether referral to a full hearing should be made (n=5). This places a considerable amount of responsibility in a single person who may or may not be a registrant and, therefore, not in an ideal position to judge whether some of the alleged matters could amount to impaired fitness to practice. Other policies gave sanction awarding powers to FtP Panel Chair or Vice Chancellor (VC), there was no requirement for this person to be a registrant in some policies (5). Professional judgement should be exercised but there should be consistency" (8)	1.Responsibility for awarding sanctions

Ability to demonstrate “remorse, reflection, self-awareness, honesty and integrity” informs FtP decision-making (6). “Some participants found it difficult to know whether the student was just saying what is expected of them: “*it is not necessarily about just saying the right thing - doing the right thing is also important*, *but even more difficult to make a judgement about whether what is said is meant/felt*” (6) When determining seriousness, the potential for behaviour change was an important consideration and was influenced by a number of factors: the student's ability to demonstrate self-awareness and honesty and integrity in relation to a duty of candour (6). “Demonstration of insight and learning was frequently associated with the ability to show remorse” (6). “Students’ ability to be reflective and implement actions to safeguard and prevent similar situations occurring is a dominant feature” (6). Self-awareness is seen as a predictor of future behaviour with those demonstrating this deemed less likely to repeat misconduct (6). It is not just “saying the right thing but doing the right thing” it is even more difficult to make a judgement on what is meant/felt” (6). Students reported they are socialised to the profession, seeing themselves as different from a “HEI student” (7). This socialisation generally occurs through exposure to placements (2). “ The student’s ability to demonstrate compliance with the Code or provide assurance that the behaviour reoccurring informs FtP decision-making (6). the potential for behaviour change was the student's ability to demonstrate honesty and integrity through a duty of candour: “*she has failed to own up to a breach when confronted*, *this compounds the worry about honesty*” (6) The student “*attended HEI straight away to report the situation which demonstrates honesty and integrity*”(6) A lack of formal follow-up could impact upon whether there is any lasting change in a student's behaviour, which may result in future FtP concerns, either as a student or registrant (6)	1.Influence of remorse and reflection on decision-making.
While many general policies detail the sanctions available to a disciplinary committee, there is no guidance to detail when a particular sanction might be imposed in preference to a higher or lower sanction (5). This, together with the lack of detailed guidance on giving reasons and taking a “step wise” approach to making findings of fact in relation to the allegations, deciding upon impairment and any sanction, would make it impossible for anyone reviewing the case to determine how a decision was arrived at (5)	1.lack of reporting and auditing processes.

"Statistical variations in the professional and organisational governance of FtP were found to result in inconsistent, inequitable, and inauditable decisions" (8). "Not all HEI's were found to keep a database, some record all cases referred to FtP, others only recorded cases progressed to a "formal hearing (15). "Decisions were found to be inequitable both within and between HEIs" (15). A lack of auditing of FtP suggests there is inconsistency in approaches taken (11,14). A lack of follow up after FtP investigation" was highlighted (5, 14,16). This failed to determine if there was any lasting change to students' behaviour post FtP" (6).	
All of the general policies refer to a standard appeals procedure which usually involves the original case/issue being reconsidered by a different committee chaired by the Vice Chancellor or equivalent. This type of appeals procedure means that there could be significant potential for conflict if the Vice Chancellor reinstates a student on appeal who an earlier committee felt was not fit to practice or was professionally unsuitable (5) The case law related to the Courts' considering appeals against the regulatory bodies' decisions suggests that the Courts are reluctant to overturn decisions of Fitness to Practise Committees, as it is for the professional judgement of that Committee to decide whether there is impairment. Where there are concerns about process or law in relation to a decision, the Court will normally refer the case back to the Fitness to Practise Committee so the case can be re-determined (5). While the Vice Chancellor could reinstate a student on appeal, the decision as to whether the registrant has a sufficiently good character and good health to be admitted to the register rests with the NMC Registrar, having taken advice from other registrants via a signed or not signed declaration of good health and character from the HEI. A Vice Chancellor would not be able to direct a programme manager or any other registrant to sign such a declaration if the registrant (the programme manager) was of the opinion that the student was not professionally suitable or fit to practice (5). "A student who successfully wins their appeal may still be considered "unsuitable for the programme' (15).	1.inconsistent appeal processes.
Nurse Educators have a dual role, as an educator, teaching students about FtP (1) and as a registrant protecting the public and maintaining professionalism (2). This creates role conflict (8). Nurse educators appear to belong to two discursive positions, that of the HEI lecturer and the NMC registrant. Their communication positions themselves as gatekeepers of the nursing profession as well as providers of a good HEI experience. The NMCs mission is to safeguard the health and wellbeing of the public (NMC, 2015). This position presents some challenges for the lecturers' role (2). We have an obligation to deal with inappropriate behaviour in students" (2). To teach the students the expectations of the professions "warning student nurses away from nights out and engagement in excesses of alcohol." (2).	1.Conflict for nurse educators in dual role. 2.tension between nurse educator and student nurse's opinions of professional conduct and

The conceptualisation of good character as fixed and inherent meant that it was not framed in terms of development or learning" (1) This creates a problem for nursing educators, because if character is fixed, then it's not possible for students to develop a "good character" during their professional programme" (1). This way of thinking does not fit with the approach adopted by HEIs, who seek to support their students to develop the character traits required as a professional nurse (1) "FtP, good health and character are contested concepts for many students and mentors." (1) Nurse educators struggled with dual roles and variations in professional expectations of student nurses which differed from other HEI students and the opinions of student nurses throughout their 3-year programme. Third year student nurses acknowledged they went on a professional journey (7) Students report "it's been drummed into us the way we're expected to be at HEI with regards to professionalism…. it's definitely affected who you are in your personal life and HEI social life (2). "Students are not like other HEI students and must not get drunk when out, they are never off duty" (7). " They are student nurses, and the first part of that title is 'student.' The second is 'nurse' and that's where all of the vocational weight comes in. There is a fundamental tension: "I behave 'well' in practice".. 'I can be less fastidious with my behaviour on campus because this is just uni and I'm a student' … they've got a split personality; a split role [2). The "clash of cultures,' ' split personality' and ' split role' creates difficulties for student nurses as the HEI sells itself on being "a great student experience, a party city, and then there's the professional expectations…. So, there are tensions between student acceptable behaviours and the kind of professional set of behaviours. It's a clash of cultures. (2). In this one study the word 'tension' appears in lecturer talk eight times (2). Sometimes we ask ourselves "what hat do they wear today?" (2). "we're registrants and we've got to protect the public and maintain professionalism and sometimes, the two don't sit comfortably. We've also got the 'business end' of the HEI, where we enhance the student experience. We're always conscious of the NSS [National Student Survey]. On the other hand, we've also got an obligation to 'deal with' inappropriate behaviour and sometimes that causes tension, it's what hat do you wear? [2]. There's this tension between consumerism and professionalism. I, I, I, means, my training, my education, my experience, further compounded by the National Student Survey. [2].There is uncertainty if "FtP decisions are influenced by own moral beliefs or compliance with the Code or likelihood of reoccurrence" (6), or if individual moralistic attitudes influence interpretations of FtP" (8).	

Appendix 3- Coded Extracts in Themes

Conceptualisation of Fitness to Practise in pre-registration nursing student	Implementation of Fitness to Practise Processes in Pre-Registration Nursing Students	Conflicting Roles for Nurse Educators in Fitness to Practise Due to Tensions in Professional Expectations of Pre-Registration Nursing Students
"The non-directive nature of the NMC's guidance on FtP makes it difficult to determine whether HEI processes are meeting the NMC requirements" (15). "HEIs draw on the same conceptual framework and address similar issues among student populations, but the processes through which students are monitored, assessed, and disciplined vary considerably between HEIs. Much of this variation appears to be due to differences in context" (3). Mentors and students readily associated health, conduct, personality, knowledge, and competence with FtP, but to different degrees. Students gave greater emphasis to health and conduct, while mentors placed greater importance on competence (identified by only one student focus group), and on motivation (students discussed the related concept of "vocation") (1).	Fitness to practice 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" (3). "Less than half (n=12) of the specific fitness to practise policies reviewed included a definition of impaired fitness to practise and the majority included no detail about the threshold for referral for a full hearing" (5) "this study has also identified some areas of FtP which pose challenges for HEIs and may benefit from further development. These include ….the creation of consistent, equitable and auditable FtP processes" (15). "a student who goes to the student disciplinary panel . . . whether they're found guilty or not guilty, they're still	nurse educators' saw their role as "gatekeepers to the profession" (13). "We're registrants and we've got to protect the public and maintain professionalism and sometimes, the two don't sit comfortably. We've also got the 'business end' of the HEI, where we enhance the student experience. We're always conscious of the NSS [National Student Survey]. On the other hand, we've also got an obligation to 'deal with' inappropriate behaviour and sometimes that causes tension, its what hat do you wear? (2). one nurse educator used the term "policing" to describe how they meet the "legislative responsibilities of

“It was clear that although the mentors and students engaged with the complexity of FtP, there was also ambiguity and uncertainty about the concept (1). “What I think would be good character might not be the same as what everyone else thinks” (3). “None of the policies mentioned that the student's lack of competence being regarded as grounds for action. The main reason for this is that lack of competence would be addressed via academic regulations and may lead to the student being removed from the course as a result of a failure to attain the required academic level” (5). “All of the policies (n=28) outlined how the student's conduct, or any criminal conviction may result in their fitness to practice being called into question. 22 of 28 FtP cited health problems as a potential area raise questions about the student's fitness to practise” (5) “Most HEIs do not consider minor drug errors as a reason for referral to FtP. Making an error is not necessarily incompatible with the code, that's just a human failure” (3) “It is hard to know what fitness to practise means, and it means different things to different people, and my idea of fitness to practise is going to be very different to someone else's” (1)	referred to us for us to then make a decision as to whether there's an issue around the student's honesty. (3) “Students should follow The Code at all times, and this is continuously reinforced in theory and practice. However, they are not registrants and must be noted that they are still learning and may make mistakes” (6). “mitigating factors are appropriate to sometimes consider. In some circumstances such as dishonesty/falsifying documents/theft then this is not relevant as potentially may impact upon patients” (6) “it is not necessarily about just saying the right thing - doing the right thing is also important, but even more difficult to make a judgement about whether what is said is meant/felt” (6) At present there is no requirement for HEIs to tell the NMC about FtP processes which occur during a student’s education. This contrasts with guidance from the General Chiropractic Council (2012: 4) (GCC) which stipulates that HEIs “must tell the GCC about any sanctions that have been imposed on a student by a student fitness-to- practise panel at any level in the institution” (15).	safeguarding the health and wellbeing of people using or needing the services of nurses or midwives.” (13). *“I took action out of safety for the patient, but the Trust wanted the student removed immediately from the area. We also have a duty of care to the students*” (13). *“We are accountable for them from the HEI’s perspective and from the Trust’s perspective*” (14) *“ you can’t behave like other HEI students because this is what we expect of you. We don’t only expect that of you in clinical practice; we expect you to behave like that all of the time. In your own life as well as in HEI. .... It’s your whole identity, your whole being a professional, like a police officer is NEVER really off duty” (7).* *Me culture….. I want, I need. ...I can't do the shifts, I want to move*

“I suppose fitness to practise is a funny one because it depends. Fitness to practise for what? Because maybe there are some people who aren't so good in a ward, like I've had students who don't cope in a high-pressure area, but they are very good... they're fit to practise, but in certain areas.... When it's fitness to practise you're only assessing them in that one area.” (1). “I was totally unaware that FtP was more than just knowledge and skills” (16). “I didn’t even know it [my previous illness] was an issue. It just didn’t enter my head. When they [the programme lecturers] said I had to go [to occupational health], I was shocked” (16). “Participants from all three professional groups considered that disclosure of disability was likely to have the effect of excluding them from a professional training programme or post” (4). " they had not disclosed a pre-existing medical condition on their HEI application form; the main reason they gave was fear of not being accepted on the course. They also highlighted the perceived stigma attached to some conditions, such as mental health problems” (16) *“*there have been a couple of cases recently where I've thought even though we've explained and been through this, you don't really get it” (15).	“student population, HEI structures, and the influence of stakeholders (e.g., professional unions, local health services). Student populations had different demographic and cultural profiles, cohort sizes varied considerably, and some programmes operated across several one campuses. One programme required students to be in part-time employment; in another, final-year students were already on the nursing register” (3) “student’s health concerns would be grounds for disciplinary actions. For example, outside of professional courses most students with health problems, including those with drugs, alcohol dependency or mental health problems, would either complete their studies without this being an issue or would step off the programme until they had obtained professional assistance. Obviously, for nursing and health students, such health problems may pose a significant risk to the health, safety and well-being of patients or members of the public if the health issue affected the student's performance whilst on placement” (5) *“*Students should only be referred to an FtP hearing if there is a public protection issue, and that outside of this other sources of support should be accessed” (3).	*placement, ... What you're saying is: it's a very personal journey for you, but this is a collective endeavour.” (2)* *“I, I, I, means, my training, my education, my experience, further compounded by the National Student Survey”.(2)* *“if I behave well in practice, I can be less fastidious with my behaviour on campus because this is just uni and I'm a student’(2)* *“ it was drummed in that you are professional when you are out, you never get drunk, you never do this, you never do that” (2)*

"...nursing is full of people that clearly get through, we can list them by the Beverley Allitt's of this world that clearly get through nursing, erm that we don't see you know...".(13) "half the students reported they knew alcohol/sexually explicit material was unacceptable, a minority of first-year students thought it was ok to post content referring to illegal substances on social media" (17) "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)" (3)	"preventative and supportive function, allowing for cases to be investigated and action plans formulated" (3). "By addressing FtP issues at an early stage, the process can be developmental rather than punitive" (3) " they had not disclosed a pre-existing medical condition on their HEI application form; the main reason they gave was fear of not being accepted on the course. They also highlighted the perceived stigma attached to some conditions, such as mental health problems" (16). "you don't want them to be fearful of you, and fearful of the process, because that's how things end up going underground." (1). a large extent of disclosure of health issues in pre-registration nursing students was found to rely on student's understanding of FtP. students tended to think about FtP in more of a theoretical or abstract way (1). "A very serious or reoccurring case is usually referred straight to Stage 2, (although one HEI reported that professional unions had challenged this, insisting that cases be first evaluated at Stage 1)" (3).	

	"The NMC's failure to acknowledge the status of the student in FtP policy and process makes it difficult for FtP decision-makers to consider the unready rather than the unsuitable student" (6) "Students should follow The Code at all times, and this is continuously reinforced in theory and practice. However, they are not registrants and must be noted that they are still learning and may make mistakes" (6). "Strong personalities" and "emotive language" were cited as influential factors in decision-making (12). "Some panel members were more vocal and more confident in their contribution" (12). "self-awareness, insight, remorse, reflection, honesty, and integrity, particularly in relation to a duty of candour, and how this may influence how the seriousness of the concern is determined" (6). "Women teachers were stricter than men at a statistically significant level on getting or giving help for course work, against a teacher's rules (e.g., lending work to another	

	student to look at), missing lectures frequently and engaging in substance misuse" (10) "Nursing faculty were stricter than Medical and Dental faculty at a statistically significant level on completing work for another student, paying a fellow student, or being paid by a fellow student, for completion of coursework" (10) "mitigating factors are appropriate to sometimes consider" (6) "It is actually the action/behaviour that is being investigated regardless of what led to that behaviour" (6) "the inability to provide a rationale for the imposition of sanctions is said to render decisions which are open to challenge (especially on technicalities) (3) "nurse educators are advised when making decisions to use their professional judgement and respond proportionately" (8) "not all HEIs keep a database of cases, so numbers are not readily accessible. Some HEIs count all cases in which there was involvement of the FtP lead or the identification of an FtP concern, while others only counted those cases which went to a formal FtP hearing" (15).	