

FACULTY OF BIOLOGY, MEDICINE AND HEALTH

Support to Study (formerly Fitness to Study), Fitness for Practice and Fitness to Practise

Guidance on the Meaning and Implications of these Terms

Introduction

There is the potential for confusion between three apparently similar terms, “*fitness to study*”, “*fitness for practice*” and “*fitness to practise*”. This guidance explains the meaning and the implications of these terms.

Fitness and support to study means “*medically well enough to participate and engage in a programme of study*”. It is a **medical judgment**. In theory, this is a judgment that might lie within the capacity of any **treating doctor**, whether a general practitioner or a specialist, provided the doctor concerned has sufficient knowledge of the patient, the condition that is being treated, the response to that treatment, the degree of co-operation and adherence to treatment by the patient, and the prognosis. In some situations, for example a student recovering from tonsillitis, or a student recovering from the removal of an appendix, these are simple judgments that (in these two examples) will probably lie within the ambit and expertise of the student’s general practitioner and the surgeon respectively.

There are two unstated but inherent assumptions in these two simple illustrations. One is that the student is generally healthy and does not suffer from a pre-existing health problem or disability. The other is an assumption that the programme of study involves straightforward conventional study tasks such as participating in tutorials, attending lectures, using the library, using a computer, reading books and journals, writing essays and dissertations, and attending practical classes.

The situation becomes considerably more complex when there is a pre-existing health problem, whether a physical problem or a mental health problem. It also becomes more complex when the programme of study involves **exposure to patients, clients, service users or the general public**, as is the case, for example, in those studying medicine, dentistry, nursing, midwifery, social work, pharmacy, clinical psychology, audiology, speech therapy, optometry or teaching. In these situations, a medical assessment as to whether a student is medically well enough to participate in a programme of study is likely to be made by a doctor who has specialist training and experience in providing such assessments, namely an occupational health specialist. The assessment is more complex when a student is working with patients, clients or service users because it requires the occupational health doctor to consider not only the health of the student, but also the welfare of the public, patients, clients and service users. Ultimately the University has a responsibility to the public, patients, clients and service users when its students come into contact with these individuals as part of their education programme. The public interest has three components, protecting individuals and maintaining safety, maintaining public confidence in the relevant profession and in the University’s capacity to provide adequate supervision, and upholding and maintaining professional standards. Thus it is that the Schools within the Faculty of Biology, Medicine and Health rely heavily upon the input, expertise and medical advice of the University of Manchester’s Occupational Health Department when it comes to assessing whether or not a registered student is medically well enough to participate in a programme of study.

When decisions about fitness and support to study are being made, the University has a legal responsibility (Equality Act 2010) to consider and provide reasonable adjustments for any student qualifying as disabled under the act. Such adjustments are aimed at providing help for such a student to fulfil the core competencies of the course (as defined by the School, based on the requirements of the professional regulatory body). The legislation makes it clear that there is no legal requirement to make adjustments to the required core competency standards themselves.

If the University's Occupational Health Department has concluded that a student whose programme of study involves exposure to patients, clients or service users, is not fit to study, it follows that the

student's studies must be interrupted. Such students can only return to the programme once the Occupational Health Department is able to certify that the student is fit to study.

Fitness for practice, a term which has sometimes been used, is taken to mean "*medically well enough for a student to participate in a placement involving patients, clients or service users*". In the case of a medical student or student nurse, for example, this refers to being medically well enough to go on hospital or community based placements. As with "*fitness and support to study*", this is a **medical judgement**. The difference between the terms is that the word "*study*" does not differentiate between working in a classroom and going out on a placement, whereas "*fitness for practice*" plainly refers to a clinical situation rather than a classroom situation.

'Unfit to study' and 'unfit for practice'

For most of our programmes, these two terms will have the same implications, namely that the student's studies, which involve exposure to patients, clients or service users, will have to be interrupted. The main exception could be a programme in which there is a separate "theory" classroom component. Thus one could envisage a situation in which it would be unsafe for a student to go on placements involving patients, clients or service users, but the student could nevertheless participate in classroom study or work on a dissertation.

Fitness to practise is less easy to define. This is partly because of the range and complexity of the different tasks undertaken by different health and social care professionals, and partly because one is applying the term to students who are still in training rather than to qualified and registered professionals. A purist might say that by definition, no student who has yet to complete a programme of study is fit to practise. The Faculty of Biology, Medicine and Health Fitness to Practise procedure, which is the set of regulations governing the work of the Fitness to Practise Committee, does not define the term "*fitness to practise*". The procedure explains in its opening paragraph that it has been established to deal with student-related fitness to practise issues and to comply with the requirements of professional/regulatory bodies. It is therefore (as set out in section 3 of the procedure) a framework that has been established to enable the University to deal with conduct and health problems that "*may render a student not fit to be admitted to and practise that profession or calling*".

Clearly there is a potential for overlap, in that a health problem might have the dual effect of making a student **both** unfit to participate in a programme of study and also unfit to be admitted to that profession.

Whilst qualified health and/or social care professionals may well have contributory observations, comments and concerns about a student's fitness to practise, information that no doubt will be shared with the relevant School, unlike support to study, the process whereby the fitness to practise of a student is decided is **not a medical decision** but is a matter that can only be determined by the Fitness to Practise Committee. The Faculty's Fitness to Practise procedure sets out the methodology to be employed by the Fitness to Practise Committee when a student's fitness to practise has been called into question, and the procedure carefully defines the powers of the Committee.

This guidance refers to **current students**; there is separate University guidance for **applicants** who are subject to differing processes and assessments.

The Faculty of Biology, Medicine and Health has produced separate guidance on "Student Fitness to Practise: Co-operation with Medical Assessments and Disclosure of Specialist Reports". This explains that because of the need to protect patients, clients and service users, failure to co-operate with assessment of health is likely to lead to interruption of studies.

Faculty of Biology, Medicine and Health
University of Manchester