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### These terrifying three words

A qualitative, mixed methods study of students' and mentors' understandings of 'fitness to practise'

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## These terrifying three words: A qualitative, mixed methods study of students' and mentors' understandings of 'fitness to practise'

### Highlights

- The first multicentre study to examine fitness to practise concerns of both mentors and students during pre-registration nursing programmes.
- Students find developing an understanding of FtP challenging.
- Students perceive FtP as primarily punitive rather than a developmental process.
- Some students and mentors experience fear or anxiety about FtP.
- Mentors report communication about FtP can be difficult with some HEIs.

### Key words

Fitness to practise

Student nurses

Mentors

Assessment

Patient safety

Qualitative mixed methods

Interviews

Focus groups

### Abstract

**Background:** There is little empirical published research pertaining to fitness to practise and pre-registration nursing students. Much of the existing fitness to practise literature focusses on medical students and there is a preponderance of literature reviews and descriptive or discursive papers.

**Objectives:** The multicentre study aimed to explore students' and mentor's understandings of fitness to practise processes in pre-registration nursing programmes.

**Design:** A qualitative study in the interpretive paradigm with interpretive analysis involving 6 focus groups and 4 face to face interviews with nursing students and mentors.

**Setting:** Eleven Higher Education Institutions providing pre-registration nursing education in the UK. Data were collected January 2014-March 2015 following ethical approval.

**Participants:** Purposive sampling was used to recruit mentors and nursing (but not midwifery) students from pre-registration nursing programmes at different stages of educational preparation.

**Methods:** Qualitatively driven semi-structured focus groups (n = 6) and interviews (n = 4) were conducted with a total of 35 participants (17 pre-registration nursing students and 18 nursing mentors).

**Results:** Three themes identified from the student and mentor data are considered: *Conceptualising Fitness to Practise; Good Health and Character; and Fear and Anxiety surrounding Fitness to Practise Processes.*

**Conclusions:** Uncertainty about understandings of fitness to practise contributed to a pervasive fear among students and reluctance among mentors to raise concerns about a student's fitness to practise. Both students and mentors expressed considerable anxiety and engaged in catastrophic thinking about fitness to practise processes. Higher Education Institutes should reinforce to students that they are fit to practise the majority of the time and

reduce the negative emotional loading of fitness to practise processes and highlight learning opportunities.

## INTRODUCTION

Protection of the public is a key objective of pre-registration nursing education, meeting Nursing and Midwifery Council (NMC) standards and risk monitoring requirements (NMC 2010). How pre-registration nursing students and nursing mentors conceptualise and understand fitness to practise (FtP) for nursing students during educational preparation is explored in this paper. The findings are discussed in terms of three themes: *Conceptualising Fitness to Practise; Good Health and Character; and Fear and Anxiety surrounding FtP Processes*, and we identify ways for improving students' understandings of FtP.

## BACKGROUND

In 2009 the NMC set standards requiring UK Higher Education Institutes (HEI) to establish processes to monitor the FtP of pre-registration nursing students. FtP is defined by the NMC (2015) as nurses possessing “the skills, knowledge, good health and good character to do their job safely and effectively”. Subsequently, UK HEIs have developed various strategies to meet these requirements (Unsworth 2011). A study of Scottish HEIs' FtP processes identified examples of good practice in the monitoring of FtP (Haycock-Stuart et al. 2014, MacLaren et al. 2016), but also revealed that HEIs have encountered significant challenges around FtP, and that there are gaps in current knowledge about FtP and pre-registration nursing students, including how students and mentors understand and experience FtP processes.

There is a large policy literature relating to FtP and the regulation of health and social care practitioners, although standards, advice, and guidance on FtP for health and social care students vary as to detail and devolution to HEIs (Haycock-Stuart et al. 2014, MacLaren et al. 2016). In contrast, there is little empirical published research pertaining to FtP and pre-registration nursing students, and literature reviews by Jomeen et al. (2008) and Boak et al. (2012) identify that much of the existing FtP literature consists of literature reviews and descriptive or discursive papers.

Empirical papers address two major themes around FtP and pre-registration nursing students: *Conceptualising FtP*, and *Describing and developing FtP processes* (see Table 1). The concept of FtP and its underpinning constructs of good health and good character have been problematised (Jomeen et al. 2008, Sellman 2007), and it has been argued that ambiguity around these central concepts may lead to disability discrimination and poor quality FtP processes (Sin and Fong 2008).

Pre-registration nursing students face many similar FtP-related issues to registered nurses, e.g. using social networking websites (Griffith 2012), but there are also unique aspects to student FtP, most notably students' developmental position as learners (including learning about FtP). Devereux et al. (2012) found widespread misunderstanding amongst pre-registration students about FtP, which was connected to a fear of stigma and failure to disclose health conditions to the HEI. MacLaren et al. (2016) identified that while HEIs had processes for informing students about FtP, some HEI representatives reported that students' understanding of FtP was inadequate. Anxiety surrounding FtP processes is acknowledged in

the literature (Devereux et al. 2012, Disability Rights Commission 2007, Ellis et al. 2011), but there is little empirical data about students' understandings and experiences of FtP. At the same time the role of mentors in student FtP is largely absent from the literature. There is therefore a clear need to create a more robust evidence base around FtP for pre-registration nursing students.

## METHODS

The study explored students' and mentor's understandings of FtP processes in pre-registration nursing programmes in Scotland. This research builds on an earlier study elucidating FtP processes in Scottish HEIs (Haycock-Stuart et al. 2014, MacLaren et al. 2016). The study design is located in the interpretive paradigm and uses qualitative mixed methods: focus groups and semi structured interviews (Brannen 2005). The qualitatively driven mixed-methods approach focuses on complexities of context, experience, and meaning, enhancing depth of understanding without excluding other ways of knowing (Creswell et al. 2006, Hall and Ryan 2011, Hesse-Biber 2010). We argue that this approach elucidates the complexities of FtP through macro-level practices (e.g. implementing NMC FtP guidance across the 11 HEIs within a specific geopolitical region), and micro-program-level practices (e.g. student and mentor evaluating the student's FtP).

Mixed methods promote a more comprehensive understanding of the relationship across national and local processes for ascertaining and ensuring FtP. The focus groups produced interesting discussions among the participants, and highlighted areas of ambiguity, and differences of opinion, while interviews offered participants the opportunity to share more personal information about their experiences of FtP processes.

### *Ethical Approval*

Ethical approval was obtained from the principal investigator's HEI Research Ethics Committee, and evidence of this supplied to all the HEIs involved. Further internal approval was required by three HEIs to conduct research with their students. Approval to conduct the study with mentors was obtained from local NHS Research and Development departments.

### *Access, Recruitment and Sample*

Access to recruit nursing students to the study was sought from the eleven HEIs that provide pre-registration nursing programmes in Scotland during October 2014-January 2015. From December 2014-February 2015, the study information sheet was widely distributed through nine HEI contacts to pre-registration nursing students across Scotland.

The study was advertised to nursing mentors through HEI contacts in four health boards in different parts of Scotland. Purposive sampling was used to recruit nursing students and mentors to 4 and 2 focus groups respectively. Semi-structured focus groups (n=6) and interviews (n=4) were conducted with a total of 35 participants (17 pre-registration nursing students and 18 nursing mentors). Demographic characteristics of the sample are presented in Tables 2 and 3. Pre-registration students from various specialities and different stages of their education participated. There was no requirement for students to have personal experience of FtP processes, but some students were recruited who had been through their HEI's processes.

Limitations to the recruitment process included the following factors: Information was cascaded by teaching staff, which may have affected students' decisions to take part; Students experiencing a high research demand (e.g. National Student Survey); Competing teaching and placement schedules; Recruitment coincided with the Christmas vacation. FtP can be a sensitive issue and this might have affected decisions not to participate, despite confidentiality being assured. The timing of the project limited opportunities for some mentors to take part within the timescale of the project. Despite these recruitment limitations purposive sampling was achieved (Haycock-Stuart et al. 2015).

### *Data Collection and Analysis*

Data collection was conducted between January and March 2015 subsequent to ethical approval. Focus group and interview topic guides (See Figure 1) were developed using the reviewed literature and Haycock-Stuart et al.'s (2014) findings. After obtaining written consent from each participant, face to face interviews and focus groups lasting around 60 minutes were conducted. Data were digitally recorded and transcribed.

Initial thematic analysis of the focus group and interview data was conducted by the Research Assistant (author 2), data management was facilitated by NVivo 10. Thematic analysis is commonly used in qualitative research to identify, report, and analyse data for the meanings produced in, and by people, situations, and events (Braun and Clarke 2006, Patton 2002). Data gathered from students and mentors were analysed separately, and the analytic themes were then compared and contrasted between the two groups. See Table 4 for a comparison of mentor and student themes. The research team (all authors) cross referenced emergent themes from both mentors and student nurses, identifying similar and divergent views in the data.

A limitation of the findings is the study's short timescale such that new themes emerged continuously throughout the period of data collection, and some themes were unique to particular groups of participants. The findings should be considered within these limitations, but with the recognition that this research promotes the development of future research (Alvesson and Skoldberg 2009).

In the findings and discussion three themes identified from the student and mentor data are compared and contrasted: *Conceptualising Fitness to Practise; Good Health and Character; and Fear and Anxiety surrounding FtP Processes.*

## FINDINGS AND DISCUSSION

### Conceptualising Fitness to Practise

Students and mentors showed an understanding of FtP as a multi-faceted concept. For example, in this extract from a mentors'<sup>1</sup> focus group, participants associated various factors with FtP:

- M8: *Physical health came to mind at first, physical ability, that's the first thing that came to mind.*
- M9: *Safety for me. Feeling safe leaving the student helping somebody.*
- M10: *And I think knowledge and practice, knowledge of practice*

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<sup>1</sup> Mentor participants are identified using "M" plus a number. Student participants are identified using "S" plus a number.

M11: *And competence I suppose.*

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, whilst mentors placed greater importance on competence (identified by only one student focus group), and on motivation (students discussed the related concept of 'vocation'). It was clear that although the mentors and students engaged with the complexity of FtP, there was also ambiguity and uncertainty about the concept. Here the focus group discussions revealed differences in the ways mentors and students conceptualised FtP and its supporting constructs, because they allowed participants to challenge one another's understandings, as in the extract below:

*"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" (S1)*

*"What I think would be good character might not be the same as what everyone else thinks" (S13)*

The perceived subjective nature of FtP was evident in both student and mentor data, and while students expressed greater uncertainty around what FtP is and how to articulate it, mentors were also concerned with FtP as an ambiguous and context-dependent concept. Mentors and students questioned how perceptions of FtP may depend upon the student's affinity for a particular clinical area:

*"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" (M1)*

This mentor argues, a student may struggle with the demands of practice in a one area, but be competent to work in a different environment. Both mentors and students identified that there was a key difference here between pre and post registration practice. While a registered nurse's FtP is likely to be evaluated in the context of his/her clinical area, students' FtP is evaluated in a variety of placement contexts.

#### Declaring Good Health and Good Character

For the students, their formal declaration of good health and good character made a key contribution to their awareness and understanding of FtP, and several of the students identified the first time of making this declaration as being important:

*"It brought it to the front of my mind that I have certain values and certain standards I have to uphold" (S7)*

This substantiates Haycock-Stuart et al.'s (2014) finding that HEIs regarded the making of the declaration as a useful opportunity to inform and remind students about FtP. However, signing the declaration could also be confusing and worrying for new students, who didn't properly understand the parameters of FtP.

*"When I was 16 I didn't pay a phone bill, and I remember signing it and saying to someone beside me 'I'm in debt, does that matter?'... It was really scary" (S5)*

HEIs' approaches to explaining the declaration to the students varied, as the participants below describe. For S3 below the declaration was a bureaucratic exercise, associated with 'doing something wrong', while for S2 there was the opportunity for a one-to-one discussion which not only allowed complex personal circumstances to be addressed, but also reinforced the significance of making the declaration.

*S3 (from HEI 1): I can't remember it being made a big deal of. They just basically said 'you need to sign this that you're of good health and good character. You need to tell us if you get a speeding fine, or you get pulled in by the police'. I just signed it, not thinking much of it. It wasn't till I'd gone further through the course, and you have to sign it every year that I thought more about it, what the implications of it were.*

*S2 (from HEI 2): I think ours was said in a lecture, at the very beginning it was introduced that this would be happening. But then you signed it with your personal tutor, you had time to go over it, and personally go into it all. Which I think was quite good, because you didn't really understand what it was... To all of us it made it seem important.*

For students, signing the declaration of good health and good character raised the question of how to define these qualities:

*"Good character, as a term I think it's quite good, but I remember with the good health one I remember we all got really confused, because someone's got asthma, and someone's got this... I think the good health needs more explaining, from when you're first introduced to it... because I do remember a lot of extremely stressed people.... If you've got diabetes and you refuse to control it, that could have implications for your practise. If first thing in the morning you're not eating, you're not controlling your own body, you can't really look after patients properly. But that's more your character than your health" (S2)*

Several students identified that good health and good character are overlapping qualities, and that health is not only about the existence of a condition, but also about how an individual manages their condition. For example, being 'self-aware' and 'responsible' was closely connected to being of 'good character' (as the student above argues in relation to the safe management of diabetes while responsible for patient care.)

Constructing managing one's health as a 'character' issue raises questions about how to influence a student's approach to their health. Sellman (2007) argues that 'character' is

commonly conceptualised as composed of fixed traits and therefore not amenable to change or development. This approach was widely articulated by the students.

If character is understood as an internal, dispositional quality, Sellman (2007) argues that its evaluation is highly complex, and both mentors and students problematised the evaluation of character. Character was described in terms of: personal values, core beliefs and personality traits. According to mentors and students, desirable qualities included kindness and compassion, motivation, vocation, and 'wanting to be there'. There was some discussion around which character traits could be developed, and which were fundamental, but generally good character was seen as fixed:

*S10: You have to come in with confidence [as a core value].*

*S14: I think that's one of the values you can develop... I do think confidence can be built upon.*

*S16 "Some people just aren't caring."*

The conceptualisation of good character as fixed and inherent meant that it was not framed in terms of development or learning. This creates a problem for nursing educators, because if character is fixed, then it is not possible for students to develop a 'good character' during their professional programme. 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.

Our findings indicate that FtP, good health and good character are contested concepts for many students and mentors. An important question is raised around the distinctive meaning of FtP for pre-registration students. A registered nurse chooses to take a post in a specific practice environment. A nurse with, for example, limited mobility, can choose to work in an area of practice which does not involve a lot of physical exertion. In contrast, students are expected to complete placements in a wide variety of clinical areas, and usually have little choice about where they are placed. This means that a student nurse with a health condition might be evaluated as not fit to practise, even though s/he would be fit to practise in a different clinical area. This requirement on students to practise in a variety of areas can give rise to fear and anxiety about FtP. Arguably this approach is less about considering what students have to contribute to nursing and more about what is wrong with them as has been raised by the Disability Rights Commission (2007).

### Fear and Anxiety surrounding FtP processes

Existing literature on pre-registration nursing FtP identifies that students may experience anxiety associated with FtP (Devereux et al. 2012, Ellis et al. 2011), but the present study uncovered an unexpected degree of fear and anxiety surrounding FtP processes.

*"These terrifying three words that put the fear of God into any of us" (S15)*

While FtP processes arguably should not be anxiety-free, because protection of the public and the FtP of nurses is a serious matter, students in this study expressed an intensity of anxiety which seems counterproductive when addressing FtP for individuals who are in the process of professional development. At the same time, mentors also expressed negative associations



with FtP. For example, as the mentor below describes, there was anxiety about instigating FtP processes.

*“I think it's such a daunting prospect. Nobody wants to be the one to go to somebody's university and say 'I have concerns about one of your students'. Nobody wants to be that person.” (M13)*

For students, FtP and HEI processes were consistently associated with blame and punishment, and students described experiencing intense anxiety and fear in connection with FtP processes, with catastrophic thinking around any FtP problems.

*“I remember [the lecturer] walking into the ward for a cause for concern, and the first thing that they said was ‘who's done something wrong?’ So, it's like if someone's walking in from the uni, someone's done something. And everyone was so nervous, it was like ‘is it me? Is it me? What have I done?’” (S11)*

*At the time [going to fitness to practise meeting] was terrifying. I felt like it was the end of the world, I was going to be kicked off the course” (S7)*

*“I think if someone had said to me at that point ‘do you think you're fit to practise?’ ... I think it would have crushed me” (S8)*

As the students below describe, these negative perceptions of FtP can be reinforced if the HEI emphasises the punitive aspects of FtP processes and neglects the formative facets when teaching about FtP:

*“It was presented to us as 'you do not want this to happen' scary business kind of thing.” (S17)*

*“At our first lecture about our [placement assessment] we were told ‘you'd better not be coming to me about a cause for concern’ by the lecturer who we go to for a cause for concern.” (S14)*

It seems likely that this negative loading of FtP, and HEI processes, will discourage the honest and open acknowledgement of issues. One student describes how a colleague didn't tell her HEI about difficulties in her personal life because she was afraid of being seen as not fit to practise:

*“I know someone who had someone close die and wasn't given an extension, [the student] didn't ask for one, but felt that they couldn't ask... [the student] didn't want to be seen to be struggling, because [they were] worried about the implications of fitness to practise” (S1)*

Students not only described anxiety about engaging in FtP processes, but also expressed experiencing shame around the idea that they might not be fit to practise. A student who had been through a formal FtP process described how, even though the process had been positive overall, and the student recognised its learning value, the student continues to experience shame around what happened:

*"[I went to counselling] because I didn't feel comfortable talking about it with anyone, and I still don't like to talk about it. I don't talk to any of my friends about it" (S7)*

The students' comments illustrate that the emotional aspect of FtP processes should not be underestimated, and that there may be a greater degree of widespread anxiety and fear about FtP processes than is recognised by HEIs or in the current literature. Some of the anxiety which students report experiencing around FtP may be unwarranted, and as two of the students who experienced FtP problems reflected, after actually going through such a process they realised that it wasn't as catastrophic as they had expected. The HEI representatives interviewed by Haycock-Stuart et al. (2014) argued that when students were fearful of FtP processes this prevented 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.

### Personal Experiences of FtP as a learning opportunity?

Within the sample there were three students who told us about FtP-related issues they had experienced. One had attended an early-stage FtP meeting after an isolated incident of misconduct, another had withdrawn from their nursing programme due to health concerns, while the third had experienced health problems, but remained on the nursing programme. Each of these students had given considerable thought to FtP, and their experiences had made FtP 'real' to them in a way it had not been before.

*"I always thought of it as just a routine kind of thing until I actually had to use the process... as long as you're fine then it's fine essentially. Until I wasn't fine, and then I thought actually what does this mean?" (S9)*

Experiencing an FtP related problem led the students to engage more with the idea of FtP, but it seemed that this did not mean that the students necessarily had a better understanding of FtP processes. The two students with health conditions had not been through a formal FtP process, although for the student who withdrew from the programme the personal tutor had discussed fitness to practise with the student.

The student (S7) who had been to an early-stage FtP meeting described how perceptions of FtP processes had changed for them personally, from initial fear and assuming the worst, to understanding that the process could be about learning from a mistake. However, this participant reflected that another student who was going through FtP processes was having a similar experience and described the perceived emotional strain of the process for that student:

*"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" (S7)*

There was a reoccurring fear in the students' accounts of having their livelihoods removed from them before they had managed to qualify and register. Almost all the students worried that FtP processes would result in them being removed from the programme rather than the process supporting them to work towards professionalism, and there was a general lack of understanding of FtP as something which can underpin the safety of practice and support students' learning. Instead, as this student observes, there is a tendency to focus on fitness to practise in terms of deficit, rather than as a positive quality possessed by most students most of the time.

*"You never hear someone 'oh you're really fit for practice, well done'." (S8)*

These data from the students contrast to those previously gathered from the HEIs (Haycock-Stuart et al.2014) where HEI representatives described FtP as a learning process. These findings suggest that there is a need for HEIs to better inform students about the developmental aspects of FtP processes.

### The role of the HEIs in raising awareness of FtP

HEIs have a dual role in teaching students about FtP, and communicating with mentors. The way in which the HEI frames FtP (both in formal and informal teaching) is integral to the student's understanding of FtP. HEIs need to teach the theoretical underpinnings of professionalism for FtP, but should also model good FtP processes and practices for students. The three students in this study who had personal experience of FtP issues each reported learning about FtP through this process to some extent, and one student suggested that it might be helpful for HEIs to use students' own experiences in teaching, in order to raise awareness about FtP and FtP processes:

*"Some examples of fitness to practise meetings that students have been through could be anonymised, and the students' thoughts on fitness to practise could be shared with the wider body of students. So you could see how it could happen to you... And then students would be a bit more conscious of their behaviour and the risks" (P7)*

This suggestion is similar approach to that taken by Devereux et al. (2012), who developed an online information resource on FtP, which included personal accounts by students who had experienced FtP processes. However, some students in the present study argued that they would find it most useful to learn about FtP in a workshop format, as this would allow them to explore the complexity of FtP through discussions with their peers.

Some students reported that their HEIs educated them about FtP from early in the programme, whilst others had developed understanding through their own research and experience, with limited formal discussion or teaching. Students also identified that while some support systems work well, HEIs could provide more support for students who are experiencing FtP concerns and provide students with opportunities to talk to an experienced member of academic staff about problems or concerns. This finding concurs with previous findings when it was identified that a designated academic member of staff other than the personal tutor or academic advisor should be available to support students experiencing FtP concerns (Haycock-Stuart et al. (2014).

For mentors, good communication was vital and being able to communicate easily and openly with the HEI was an essential component of managing concerns about a students' FtP, particularly when mentors are time pressured. Mentors reported that the quality of communication and HEI support could vary considerably:

*“At [HEI] because it's a much smaller intake, it's a more supportive institution, and they're easier to speak to, and they deal with things promptly. Whereas with other [HEIs] it can be more difficult to find the right person, and get it dealt with efficiently” (M13)*

*“[the HEI] ensured that the next placement was a strong mentor, who would address the cause for concern. So they changed the next placement, to make it an experienced mentor that would be able to address it, who had been identified as able to work with [students with FtP issues]” (M4)*

Both students and mentors identified communication with academic staff as key to the process of managing FtP concerns in a supportive manner, both in terms of educating and raising awareness about FtP, and giving individuals the opportunity to discuss FtP concerns in an informal context.

### Conclusion

Analyses suggest there is some work for HEIs to raise awareness and understanding of FtP and FtP processes among both pre-registration nursing students and mentors. It could be helpful to students particularly, if HEIs re-frame the meaning of FtP from the perceived punitive process to a more supportive and developmental process with learning opportunities for nursing students. HEIs can reinforce to students that they are fit to practise the majority of the time, and reduce the negative emotional loading of FtP. Both students and mentors expressed considerable anxiety and engaged in catastrophic thinking about FtP processes. Uncertainty about understandings of FtP contributed to a pervasive fear among students, and reluctance among mentors to raise concerns about a student's FtP perhaps leading some mentors to fail in failing students. It seems that the high levels of fear and anxiety not only place a considerable emotional burden on all those involved, but are also likely to inhibit the identification and management of FtP concerns in a productive way. More guidance from the NMC could be helpful in reframing FtP requirements in students which is necessarily different when compared with registrants. The formal process of monitoring FtP in the HEIs in the UK has been established for almost a decade now; it would seem timely for the NMC to use some of the evidence base from monitoring HEIs to advance guidance and processes for HEIs in the UK. Given the nursing shortage and the need to recruit nurses internationally, it seems pertinent for regulators to consider the nature of FtP health requirements for nursing and whether competence in a variety of learning contexts is still the best way to ensure that nurses can contribute to caring for people in a changing health and social care context. Nurses have the opportunity to work in healthcare contexts requiring very different physical capabilities-is it time to rethink the health requirements of student nurses for contributing to nursing?

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