Assessment of Fitness to Practice (FTP) within clinical psychology training programs requires balancing the individual's right to pursue their vocation of interest and the rights of others with whom that person comes in contact. The past decade has seen international growth in policies related to formal FTP assessment built into tertiary health care training programs leading to professional qualifications. Australian clinical psychology training programs are part of this movement; several programs have such policies in place, and others are constructing them or considering adopting them, but opinions on the matter vary. We draw data on FTP policies from a survey of 35 clinical psychology programs in Australia and provide discussion of the central issues raised by consideration of such a policy. Both clinical directors and clinical student trainees identified students who persist in wanting to pursue training despite grave difficulties coping with the non-academic aspects of learning to effectively treat clients as a major concern. There is a need for discussion and debate about FTP policies within the profession in order to determine the best way to move forward in this area.

Key words: clinical psychology; clinical training; Fitness to Practice.
professional behaviours expected of medical students; (b) areas of misconduct and sanctions available; and (c) the key elements in student fitness to practice arrangements. The guidelines were aimed specifically at medical schools and medical students and still continue to be updated and modified to reflect the findings of subsequent regulatory and governmental reports.

Although the focus of the research and guidelines provided by the General Medical Council was medical students, the meaning of Fitness to Practise is equally applicable to other professions including psychology. For example, many would agree that the following quotation applies as well to psychologists as it does to physicians:

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. But these attributes, whilst 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 he (or she) cannot justify the trust placed in him (or her) should not continue in unrestricted practice while that remains the case.

Many universities worldwide that offer medical training have a clearly defined FTP policy and a process that alerts incoming students to the policy, maintains both student and staff awareness of the policy, monitors student progress, and has clear guidelines for procedures when problems arise. The University of New South Wales Faculty of Medicine, for example, had such a policy approved in August 2006. Under the Medical Practice Act (1992), all medical students in New South Wales (NSW) must be registered with the NSW Medical Board as a prerequisite to undertaking medical training in the state. In amendments to the Medical Practice Act in 2000, the NSW Medical Board began assessing fitness to practise in a context broader than simply ensuring adequate qualifications, and began to use the term fitness to practise in a similar way to the UK General Medical Council. Once a medical student is registered with the Board, the Board’s jurisdiction applies with respect to the process of evaluating and assisting impaired registrants through the mechanism of the Impaired Registrants Panels, if required. Such policies as that in NSW, with their use of the term “impaired registrants”, imply that the primary reason to implement the policy is impairment of professional practice due to substance use or medical or psychiatric illness severe enough to impair adequate practice of medicine. Some very recent papers suggest that while most Australian medical schools use FTP policies, these policies are inconsistent and that there is a need to develop a national policy to detect and manage medical students who may not meet fitness to practice standards for their profession (McGurgan, Olsen-White, Holgate, & Carmody, 2010; Parker et al., 2010).

It is relatively well documented that students embarking on clinical placements need to be not only academically prepared but also emotionally, behaviourally, and ethically prepared for the demands of such placements (Hatcher & Lassiter, 2007; Wise, 2008). Behaviours such as inappropriate interactions with clients, failure to be conscientious about the timeliness or adequacy of work produced, or actions reflecting intolerance of diversity or prejudicial attitudes towards particular groups of individuals are cited in the literature (e.g., Wise, 2008).

Even within the domain of medical training there is a lack of clarity about how best to measure and evaluate fitness to practise (McGurgan, Olsen-White, Holgate, & Carmody, 2010; Parker et al., 2010). The University of New South Wales model, for example, relies on reporting a student who is suspected of being an impaired practitioner to the NSW Medical Board, although there is a nominated staff member whose role it is to manage any issues related to fitness to practise. In writing about medical ethics, Whiting (2007) suggested that medical educators should consider evaluating the attitudes that may underlie problematic behaviours in students. He makes the case that there are attitudes that would result in a student not being fit to practise the profession but goes on to suggest that currently there is no reliable means by which to accurately evaluate such constructs. The University of Queensland Medical School evaluates fitness to practise across every subject using graduate attributes and behavioural indicators including those non-academic indicators such as honesty and integrity in all professional interactions, understanding the special needs of minority groups and those with disability, ability to recognise and analyse the ethical content of clinical situations, understanding of and respect for the roles of all health care professionals, and so on. Interestingly in a survey conducted among Australian medical schools the most common reason for exclusion of a student was persistent inappropriate attitude or behaviour (McGurgan et al., 2010).

The Social Work Model

In Australia, the discipline of social work has also identified the problem of students who are deemed to be unsuited to the profession. Ryan, Habbris, and Craft (1997, 1998) suggested the concept of a “gatekeeping” responsibility in academic training settings, but also identified the problems inherent in defining the parameters of the concept. Some suggest gatekeeping must occur before entry to a program, some stipulate that it be handled through formal assessment only, while others suggest it can be done more informally (i.e., “counselling out” for non-academic reasons). A survey conducted by Ryan et al. (1997) found that in Australia 27% of social work programmes did have a formal policy for terminating students for non-academic reasons, while 73% did not have a formal policy and believed that it was not permitted to terminate students in training for non-academic reasons. Ryan et al. (1998) found that reasons for not instituting formal FTP policies mainly centred on fear of litigation and whether the constructs such as “suitability” contained in such a policy would be upheld in a court.

Legislation that Requires Evaluation of Suitability

The situation is completely different in the United Kingdom. In 2005, a register for social workers was established and registration of student social workers was included (General Social Care Council; GSCC, 2002). The term “suitability” is key in relation to...
the new Social Work Register (Currer & Atherton, 2008). Social work academics must now be formally accredited by the GSCC and there is a stated expectation that their role will include “gatekeeping.” As part of the role, universities in England are required to have a formal FTP policy and to “develop effective procedures for ending a student’s involvement in the social work degree, where appropriate, to make sure that unsuitable people do not have the qualification to allow them into the profession” (GSCC, 2002, p. 18, Section A10).

Difficulties in defining suitability or fitness for the profession are highlighted in several studies (Koerin & Miller, 1995; Miller & Koerin, 2001; Ryan et al., 1997, 1998). A Code of Ethics is available in many professions including social work and psychology, but interpretation of the Code is often not straightforward in a training setting. In an analysis of reasons for termination of training (in social work), Koerin and Miller (1995) identified five categories: (1) violations of the Code of Ethics, (2) mental health and substance use issues, (3) poor performance in clinical placements, (4) illegal activities, and (5) classroom behaviour, demeanour, and personal factors. Barlow and Coleman (2003) undertook a similar study in Canada and found consistent issues stated in “suitability policies” when they existed. The Canadian experience of developing “suitability policies” has grown from the requirement of the accreditation body (Canadian Association of Schools of Social Work) that such policies be implemented in programmes across the country.

Tam and Coleman (2009) describe the construction and validation of a scale to evaluate professional suitability for social work practice. Following factor analysis the scale is a 33-item, 7-point Likert scale that evaluates five dimensions: Overall suitability; Analytical suitability; Practice suitability; Personal suitability; and Ethical suitability. The authors outline possible uses of such a measure (e.g., at initial application to a programme, prior to field placement, and during/following field placement—all potential gatekeeping points) and also acknowledge the need for further studies to examine its validity and utility.

An FTP policy may raise concerns within University administration, irrespective of discipline or national context (Barlow & Coleman, 2003; Furness & Gilligan, 2004; Gizara & Forrest, 2004). Many clinical training programmes rely on general university rules as the basis for terminating a student who is unsuitable for practise of the profession. This leads to difficulties when the reason for termination is non-academic in nature, as in general university rules and policies regarding academic progression and the granting of degrees do not deal with issues of professional suitability or fitness to practise, but tend to be worded in terms of academic performance or behaviours that could compromise academic standards (Barlow & Coleman, 2003; Ryan et al., 1998).

One could suggest that the issue of FTP should be dealt with by reference to state or national registration boards, as appropriate. Internationally, disciplines such as medicine invariably have professional and often national Boards of Medical Practice. The situation with disciplines such as psychology and social work is more varied across national contexts. For example, in Australia social workers are not registered whereas psychologists are registered by a Board that just recently became national in scope and encompasses a variety of disciplines (e.g., occupational therapists). One reason for favouring a university-based FTP policy might be the lack of an official registration board to refer to; another might be to highlight cases in which the behaviours of note are not at a level where a formal charge of impaired practitioner may be mounted, and where coursework assessments are inadequate to capture the actions causing concern.

**Fitness to Practise in Clinical Psychology**

There is relatively little discussion in the psychology literature about evaluation of fitness to practise or suitability for the profession, from either a gatekeeper or a progression to degree perspective. There are a few papers that look at intern impairment and how best to identify, evaluate, and respond in such situations. Lamb, Cochran, and Jackson (1991) outline procedures for identifying and responding to student impairment in the context of a graduate training programme. They suggest that although specific evaluation criteria may differ, such criteria will generally include three specific areas of professional behaviour: (1) knowledge and application of professional standards; (2) competency; and (3) personal functioning. With the development of evaluation guidelines for a programme there is also need to provide a clear definition of impairment or fitness that relates directly to the guidelines. This can be extremely useful in alerting all academic and adjunct staff participating in the training programme that these areas must be assessed and concerns about any student’s functioning brought swiftly to the attention of the appropriate person, either the Director of Clinical Training or another named member of the faculty charged with dealing with such issues.

The authors go on to point out that within the process of creating evaluation and impairment (or fitness) guidelines, programmes must ensure that students are provided with appropriate training related to the criteria. Furthermore, there should be written procedures in place to ensure that due process can be followed; this can offer reassurance to students as to how difficulties with functioning are handled within the training programme. Feedback to students must occur early so that areas of concern are identified and remedial procedures can be implemented. The article then sets out four processes that are recommended. These are (1) reconnaissance and identification (information gathering as an ongoing process across all settings to which the intern is exposed); (2) discussion and consultation (reviewing the intern’s progress and responses to feedback and discussion of any suggested intervention); (3) implementation and review (outlining remediation plans, monitoring progress, and evaluating the intern’s ability to effect change); and (4) anticipation and response to the individual and organisational reactions associated with implementing major remediation procedures. These procedures are supplemented if a decision is taken to discontinue either the intern’s placement or their continuation in the training programme.

Oliver, Bernstein, Anderson, Blashfield, and Roberts (2004) conducted a survey of American student experiences and responses to “impaired” peers in clinical psychology training programmes. The authors reported that although dismissal of an impaired trainee is a last resort in clinical training programmes, findings demonstrate that programme directors do have
frequent dealings with impaired students, and most programmes have dismissed at least one student within a 3-year time frame. The major reasons reported for dismissal are inadequate clinical skills, deficits in interpersonal skills, supervision difficulties, unprofessional demeanour, personality disorder, emotional problems, and academic dishonesty (Vacha-Haase, 1996).

Oliver et al. (2004) conducted their survey through the Council of University Directors of Clinical Psychology, located in Gainesville, Florida. The responses came from 46 students from 65 participating programmes. The students described a broad range of problems observed, including depression and mood disorders, anxiety, personality disorders, eating disorders, substance abuse, burnout, and interpersonal concerns. The student responses to identification of problems in peers included a sense of confusion and also resentment. Resentment was described towards the impaired peer but also towards faculty if it seemed that little was being done. Comments were made to suggest that there was some disillusionment felt towards the profession if an impaired student were allowed to continue—the view “that pretty much anyone can be a psychologist.” There was also frustration expressed towards directors of clinical programmes who may be aware of a student with problems but lack the resources or formal procedures to do something effective about it. As in medical training (McGurgan et al., 2010), students were much more likely to report problems in interpersonal functioning than problems in either academic functioning or ethical behaviour.

Similarly, Rosenberg, Getzelman, Arcinue and Oren (2005) surveyed 129 students in masters and doctoral level professional psychology training programmes, 85% of which identified at least one “problematic” student in their programme. The students clearly felt that they were better able to identify such students than the academic staff, but were unclear as to what could be done about the situation. The most common problems (over 50%) in the Rosenberg et al. study were lack of awareness of the effects of one’s behaviours towards others, emotional problems, deficient clinical skills, and poor interpersonal skills. Six of the 10 most common problems related to emotional and interpersonal problems. These findings raise the question of whether clinical programmes should formally evaluate interpersonal functioning as a core requirement for entry. Deficits in interpersonal skills can have far reaching consequences for relationships with peers, with other professionals, and the ability to form therapeutic relationships.

**Barriers to Evaluating Student Impairment and Fitness to Practise**

The literature suggests that there is significant disagreement among clinical psychology teaching faculty and placement supervisors about what constitutes problematic performance in a professional training programme (Forrest, Elman, Gizara, & Vacha-Haase, 1999). In several studies, it is clear that supervisors are uncomfortable with what they perceive as dual roles, on the one hand nurturing and facilitating students’ training and on the other hand evaluating and "gatekeeping." Some studies suggest that supervisors do not have the requisite training to provide critical feedback to interns and to decide when reme-
comment that this was of great concern to them. Eight directors (25.8%) indicated that they would rely on the Psychologists Board of Australia (PBA) to take action with the student. A further seven directors (22.5%) indicated that the only pathway they had open to them was to “counsel” the student to exit the programme. Several directors commented that to exit a student on non-academic grounds was against university policy and that they would need to find a way to fail the student on academic grounds.

The results of the survey indicate that students who are deemed to be having difficulties acquiring the skills necessary to practice competently as clinical psychologists are dealt with in a wide variety of ways by directors of postgraduate clinical programmes in Australia. This seems to suggest that for some programs, better articulation of competencies and clearer policies with respect to dealing with non-academic student difficulties could prove useful.

**Survey of First Year Students in Clinical Training in Australia**

In the late second semester of 2009, Australian postgraduate clinical psychology students in their first year of training were surveyed as part of the data collection of an Australian Learning and Teaching Council Grant (see Scott, Pachana, & Sofronoff, 2011 for details of survey methods and broad results). Students were asked to rate various aspects of their clinical training programme and their experiences within it. One item asked for their agreement with the following statement: “The programme has effective procedures to manage problematic students.” A quarter of students (25%) felt that their universities had effective procedures in place to manage problematic students. However, just over half the students (57%) rated this item *neutral*, neither agreed nor disagreed, while a further 18% *disagreed* or *strongly disagreed*.

The fact that only 25% of students felt that their place of study had effective means of dealing with peers in trouble suggests a situation in need of some remediation, both in terms of all students being aware that their university recognises the potential for a student to experience non-academic issues during their training, and that the policies and procedures by which this might be dealt with are clear and transparent.

**Example of a Fitness to Practice Protocol**

James Cook University (JCU) in Townsville, Queensland has had a FTP policy in place since 2003 under the title Student’s Suitability to Continue a Course Involving a Placement (available at [http://www.jcu.edu.au/policy/allitoz/JCUDEV_005328.html](http://www.jcu.edu.au/policy/allitoz/JCUDEV_005328.html)). The policy is contained within a document available to all staff and students involved in a programme that includes a prescribed professional or clinical placement. The policy, therefore, like many international policies covers several programs within the university. Students are alerted to the fact, through the FTP document, that during their enrolment in the prescribed programme they may be required to participate in a review process to assess their suitability to continue in their course of study. This policy and the procedures contained within it were constructed by a multi-disciplinary panel and was reviewed by the university lawyers to ensure natural justice for any student.

**The Development of a Fitness to Practice Policy**

A fitness to practice policy has been drafted for the School of Psychology at the University of Queensland by a psychologist with a legal background and was further checked by a senior legal practitioner. The policy is currently under review and is based on those developed in the UK and similar to that used by the School of Medicine at the University of Queensland. The purpose of the policy is to establish an explicit and transparent procedure that allows for the deployment of a range of remedial and support mechanisms when an issue is identified that may impact upon a student’s fitness to practise in the profession of psychology. When finalised, all students will be made aware of the policy and of the procedures that occur as a result of the policy. Each student is evaluated on FTP criteria in each course and placement that she/he undertakes within the clinical programme. This procedure is based on that used by the School of Medicine and allows for early detection of problems and remediation. The policy is very similar to that in use at James Cook University. Details about the specifics of the policy, samples of forms used, and so forth may be obtained from the first author.

The FTP process currently in development at the University of Queensland’s School of Psychology commences with the receipt of a written report forwarded to the Director of Clinical Programs. This is most likely to occur via academic staff or placement supervisors but could also be used by clients or other staff in contact with the student in the course of their clinical work or study. Another student may not use this form but rather must make an appointment with the programme director or head of school to discuss the “cause for concern.” It is also possible for students to self refer in cases of impairment and this is consistent with the requirements of the PBA. The written report must state why this issue cannot be dealt with within the normal bounds of coursework, placement or thesis evaluation within the course. If the report raises an issue that falls within the scope of the official policies and procedures of The University of Queensland and does not substantially impact on FTP then it will be forwarded to the relevant university authority.

In most cases it is envisioned that the concern raised will be considered “non-critical” and will be dealt with by the programme director through discussion, counselling, and remedial assistance. Examples of non-critical concerns may include: poor attendance, inappropriate dress, or minor inappropriate behaviour. Examples of critical concerns include: dishonest or fraudulent behaviour; behaviours that could cause harm to others; inconsistencies in reporting the need for remediation or other actions that cannot be resolved informally. If the report is deemed to warrant an FTP investigation then an investigating officer will be appointed from outside of the School of Psychology and the student will have the right to legal representation throughout the process.

If the matter is deemed to be clearly within the province of the PBA’s jurisdiction, or the University’s ethics or disciplinary committees, the appropriate actions to refer the matter to these
bodies will occur. If the case is deemed to not fit clearly within one of these categories, is deemed “critical” based on clear criteria outlined in the FTP guidelines, is non-academic in nature and is of sufficient severity to warrant further action, an FTP investigation panel will proceed to investigate specifics of the case. The panel will be made up of the following members; the Chair (Head of School or nominated representative), one representative of the School of Psychology not previously involved in any aspect of the investigation, one member from outside the faculty, one member from outside the university but practising in the profession at a senior level, and a representative from the UQ student union. The policy outlines issues related to time limitations and attendance at the adjudication. The student may be accompanied by a legal representative or support person. The policy also outlines the procedures to be followed and the possible outcomes of the adjudication. The student is made fully aware of all steps of the procedure and is made fully aware of his or her rights in the process, including the formal right of appeal against any decision. The appeal procedure at UQ will follow the relevant University policies and procedures.

Given the costs in staff time and resources, the FTP policy is not lightly invoked. At JCU, since 2003 two students in nursing, four in social work, and three in physiotherapy have had FTP Review Panels convened, with one of the nursing cases not resolved at the time of writing. In general terms, these cases involved mental health problems, English language fluency, and failure to follow accepted professional standards of practice. In some cases, students have voluntarily withdrawn from a programme upon receiving notice of the establishment of the Review Panel. However most of the above cases have gone through the full procedure outlined.

The policy outlined above in the School of Psychology at the University of Queensland is still under discussion with university administration. The process of having such a policy considered by a university administration is one that requires careful consideration and knowledge of the university decision-making processes. It is likely that such a policy will be better accepted if several schools (e.g., social work, psychology, and nursing) work together to argue for the need of such a policy, why existing means are insufficient to deal with certain cases arising leading to questions of capacity to practice, and to clearly articulate how the policy will work in practice.

Discussion

Most clinical psychology programs in Australia have encountered students whose fitness to practise clinical psychology could be questioned. There are a variety of informal (e.g., informal counselling) to formal (e.g., referral of a student to the PBA on the grounds of impaired practitioner) ways to address such situations. Our data suggest that a minority of both clinical training directors and clinical training students feel that their programmes have a clear and effective means of dealing with students who are potentially lacking the capacity to practice effectively in a clinical role with clients.

There appears to be value in having a broad FTP policy that covers a number of health care disciplines, and that covers situations that may need to be dealt with more formally but may fail to be appropriate for referral to the PBA. FTP policies should be open and transparent, clearly articulated to all stakeholders, and include the right of the student to legal representation and the inclusion of an appeal procedure. There does need to be a transparency to the process that ensures that as a profession we are not “acting in an oppressive and discriminatory fashion towards our students” (McLaughlin, 2010).

Having a formal FTP policy offers students, educators and administrators involved in the training of future health care professionals guidelines on how to handle unexpected challenges that may arise for a student during the course of training. Students in the Rosenberg, Getzelman, Arcinue, and Oren (2005) study felt that an open acknowledgement of the problem and seeking guidance and support were essential aspects of dealing with problematic students. Similar comments were made by medical students who suggested that professional conduct should be evaluated and satisfactory progress be a requirement for graduation (Parker et al., 2010). Unfortunately, it is often the case that students who are perceived by others as having a problem do not recognise the need for dealing with the problem and do not acknowledge the problem or seek guidance of their own volition. In such cases, an FTP policy may be an effective means of addressing the matter. Ultimately, it is another piece within the larger framework of regulations and guidelines assuring quality of services and care to the general public.

The introduction of FTP policies is clearly not a panacea for all difficulties encountered with student trainees within clinical psychology programs. Furthermore, it is important to acknowledge that within the guidelines of the PBA clinicians do have obligations to identify and report impaired practitioners including those who are provisionally registered and in training. Broader discussion involving the university training programs, the PBA and the Australian Psychology Accreditation Council would be useful. It may be that a process conducted by the PBA would be a preferable solution to convening panels within a university setting.

The notion of evaluating fitness to practise is relatively new to psychology and we currently do not have adequate data on the use of such policies. We also do not have data from those schools that do have an FTP policy to compare outcomes with those that do not have such a policy in order to determine the effectiveness of formal FTP processes. In the medical setting there are studies to demonstrate that unprofessional student behaviour predicts disciplinary action as a medical practitioner (Papadakis, Arnold, & Blank, 2009) but in psychology we are still to collect data related to this. Further data should be gathered to inform future decision-making on assessment of FTP within clinical psychology training programmes.

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