



Fitness to Practise Policy for Students

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Part I: Fitness to Practise - What is it?

1. Introduction

- 1.1 Health professionals and students who work with clients, service users and patients (hereafter called patients when referring to the General Osteopathic Council (GOsC)¹ and service users otherwise) must have the knowledge, skills, attitudes and health required to practise within their profession safely and effectively. Clearly as a student those expectations will be different compared to a practitioner who is fully trained and graduated. Indeed, as students progress through their course of study, those expectations become greater. Fundamentally however those expectations are similar whether as a student practitioner or a graduated practitioner. As a healthcare student, they are tomorrow's practitioner.
- 1.2 The standards against which any practitioner's knowledge, skills and attitudes are judged are the practice standards. These are produced by the professional statutory regulators and in some cases the professional associations. In the case of osteopathy this is the Osteopathic Practice Standards (OPS), published by the statutory regulator, the General Osteopathic Council (GOsC) and, for example, the Health and Care Professions Council regulates a range of health and care professions and publishes practice standards for the professions it regulates.
- 1.3 Service users and the public place their trust in health professionals. To maintain this trust, it is important for healthcare students (and health professionals) to behave in a way which promotes the best care for their service users and uphold the reputation of the profession to which they belong. Further in maintaining these standards, the individual also upholds the reputation of the UCO.
- 1.4 Professional behaviour means demonstrating appropriate values, norms (behaviours) and relationships using appropriate knowledge, skills, and attitudes. It manifests itself as doing the right thing and behaving appropriately, even when no one is checking. Taking personal responsibility is key.
- 1.5 As a student professional, students' conduct extends beyond clinical practice and the classroom into all aspects of their personal life when considering professional behaviour, in the same way it does for a registered professional. Throughout a student's healthcare course, the expectations concerning their conduct become higher as they learn and develop their professional behaviours and identity.
- 1.6 If there are concerns about a student's fitness to practise, the stages within this policy will be followed. As a healthcare or osteopathic student, they will be expected to meet the requirements set out in the relevant practice standards or GOsC OPS, consistent with their stage of progression through their course.

¹ This policy draws upon GOsC Student Fitness to Practise: Guidance for Osteopathic Educational Institutions (05/2017); Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students (05/2017); Students with a Disability or Health Condition: Guidance for Osteopathic Educational Institutions.

- 1.7 It will normally be appropriate for those supervising students to be aware of any student fitness to practise sanctions, for the purpose of protecting service users, colleagues, or staff.

2. General Considerations Concerning a Student's Fitness to Practise

- 2.1 The nature of the situations that give cause for concern as to fitness to practise are complex. What might at first appear to be a clear fitness to practise case may in fact be due to for example a student's poor health (or a Managed Support Plan case as described in the [Managed Support Plan](#)) and vice versa or may be disciplinary in nature.
- 2.2 The UCO will take account of relevant legislation such as the Data Protection Act 2018 and UK GDPR, the Mental Health Act 2007, the Human Rights Act 1998, the Equality Act 2010 and the general rights and expectations of a student with respect to confidentiality. In cases where formal Fitness to Practise procedures have been invoked, consideration needs to be given to which members of staff need to be aware of the decision reached, and the student should be told who will be informed. Where appropriate, the Chair of the Case Management Group (CMG) will make a decision about whether the student's emergency contact should be informed and discuss with the student whether any statutory services should be contacted.
- 2.3 In complex cases that involve both fitness to practise and the Managed Support Plan policies, the UCO may act to manage behaviour arising from the student's health problems or where their health or behaviour poses a risk to themselves or others or where they fail to positively respond to supportive interventions. These measures shall include the use of the Vice-Chancellor's powers to immediately and temporarily suspend a student from access to all UCO facilities where the evidence of risk indicates that this is appropriate.
- 2.4 The Head of Student Services shall maintain a register of all Managed Support Plan cases dealt with at the formal level which are deemed to require continued attention. They will work with relevant staff to ensure a well informed and coordinated response to each case and the needs of each student. The appropriateness of sharing information with other members of staff and with practice education and placement providers will be considered where this is relevant.

3. Scope of Fitness to Practise

- 3.1 Student fitness to practise only concerns matters that may affect either service user safety or the trust that the public places in the profession.
- 3.2 A student's behaviours in both their professional and personal lives are relevant.
- 3.3 It concerns students prior to joining their course and both pre-clinical and clinical stages on their course. Students at all stages of their healthcare training are therefore subject to this policy and its procedures.
- 3.4 In respect of the GOsC, the award of a recognised qualification infers that the student is capable of practising to the competence, conduct and ethical standards set out in the OPS.

4. Professional Expectations of Students

- 4.1 The public in the widest sense expect practitioners and by extension student practitioners to treat them properly and that they will behave ethically. Those expectations apply as much to the student as they do to the graduated practitioner. Those expectations apply every bit to the student's life outside the clinic, extend to all aspects of their educational life and outside UCO, whether in student accommodation, during social activities or on social media.
- 4.2 Regulation takes place at several different levels. The first level is that of the individual. This applies to healthcare students as well as to graduated practitioners. In the case of osteopathy students, the student is expected to meet all the requirements set out in the OPS and in the GOsC Guidance for Pre-Registration Osteopathic Education² prior to the award of students' recognised qualification.
- 4.3 As students progress through their course, so their ethical knowledge, understanding and professional values and behaviours develop, that is their professional identity. Alongside this, the expectations of students' professional behaviours grow, particularly when entering the clinical phase of their course. However, a student's fitness to practise can be called into question at any stage of their course.
- 4.4 A range of professional values expectations are common to the regulated healthcare professions including GOsC:
- Be open with patients and clients and show respect for their dignity.
 - Respect patients' and clients' rights to be involved in decisions about their treatment and healthcare.
 - Justify public trust and confidence by being honest and trustworthy.
 - Provide a good standard of practice and care.
 - Act quickly to protect patients, clients and colleagues from risk of harm.
 - Co-operate with colleagues from your own and other professions.

5. GOsC Osteopathic Practice Standards (OPS)

- 5.1 The GOsC's OPS set out the standards and principles of conduct required of registered osteopaths. Osteopathic students are expected to model these from the start of their course and subsequently with increasing scope and complexity as they progress, when at graduation they are expected to be fully compliant. The award of recognised qualification conferred upon the student confirms that this is the case.
- 5.2 The OPS is divided into four themes:
- Communication and patient partnership.
 - Knowledge, skills, and performance.

² <https://www.osteopathy.org.uk/training-and-registering/becoming-an-osteopath/guidance-osteopathic-pre-registration-education/>

c) Safety and quality in practice.

d) Professionalism.

5.3 Below are some examples of behaviours that may call into question an osteopathy student's fitness to practise. These lists are not exhaustive and merely provide guidance for the different OPS themes.

a) Examples of Behaviours - Communication and Patient Partnership

5.4 The therapeutic relationship between osteopath and patient is built on trust and confidence. Osteopaths must communicate effectively with patients to establish and maintain an ethical relationship.

5.5 Behaviours that might call a student's fitness to practise into question include:

- a. Poor communication skills, which might manifest with patients, fellow students, or staff.
- b. Failed to gain consent from a patient before treating them or carried out osteopathic techniques on colleagues without gaining their informed consent.

b) Examples of Behaviours - Knowledge, Skills and Performance

5.6 Ethically an osteopath must possess the relevant knowledge and skills required to function as a primary healthcare professional. This means managing patients who may not have been referred by another healthcare professional.

5.7 Behaviours that might call a student's fitness to practise into question include:

- a. The student demonstrated a poor commitment to their academic progress and engagement with their course.
- b. They showed a lack of insight and awareness as to the extent of their own knowledge and competence.

c) Examples of Behaviours - Safety and Quality in Practice

5.8 Osteopaths must deliver high-quality, safe, ethical and effective healthcare through evaluation and considered treatment approaches, which are clearly explained to the patient and respect patient dignity. Osteopaths are committed to maintaining and enhancing their practice to continuously deliver high-quality patient care.

5.9 Behaviours that might call a student's fitness to practise into question include:

- a. Was persistently rude to patients, colleagues or staff.
- b. Failed to follow educators' instructions in practical classes, or in the treatment of patients.
- c. Demonstrated a consistently poor attitude to patient care, or a disregard to the welfare of their colleagues.
- d. Consistently failed to respect their patients' dignity and modesty and that of their colleagues in practical classes and elsewhere.
- e. Made inappropriate comments about patients or colleagues.

- f. Did not keep full and complete patient records in accordance with your institution's requirements, or falsified records in any way.
- g. Provided treatment for colleagues or others in an unsupervised capacity.
- h. Failed to comply with a duty of candour if something went wrong with the osteopathic care of a patient – this would mean hiding issues from a patient as well as teaching staff or colleagues.

d) Examples of Behaviours - Professionalism

- 5.10 Osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues in a respectful and timely manner.
- 5.11 Behaviours that might call a student's fitness to practise into question include:
 - a. Showed a lack of insight as to how your own health might impact on patient care.
 - b. Were dismissive of a patient's values or tried to impose their own values or beliefs on them.
 - c. Failed to respect a patient's confidentiality.
 - d. Spoke unprofessionally about the contribution of colleagues and other healthcare providers.
 - e. Acted dishonestly, for example, making dishonest claims about qualifications, experience, criminal records etc.
 - f. Failed to maintain appropriate boundaries with patients and tutors.
 - g. Cheated in an assessment, including the plagiarising of academic work.
 - h. Behaved in such a way that would be likely to bring the reputation of the profession into disrepute.

6. Behaviours in the Student's Personal Life

- 6.1 Issues in a student's private life may also impact on their fitness to practise:
 - a. Criminal convictions - including theft, fraud, sexual offences, child pornography.
 - b. Aggressive, violent or threatening behaviour - including assault, abuse, bullying, intimidatory behaviour, violent behaviour.
 - c. Dishonesty - including falsifying cvs or other documents.
 - d. Unprofessional behaviours or attitudes - including placing inappropriate postings or photos on social media.
 - e. Health concerns, including mental health issues. Whilst health concerns, in themselves, are not usually sufficient to call a student's fitness to practise into question, a lack of awareness about these and how these might impact on patient care might raise concerns. This might include failure to seek appropriate medical help, or to engage with agreed or prescribed action plans, treatment or medical care.

7. Boundaries

- 7.1 It is important that students maintain appropriate professional boundaries with those that they come into contact with including:
- a. **Patients:** Even as student practitioners, there is likely to be a power difference between the 'authority' figure of the student and that of a vulnerable patient, and any breaching of this professional boundary may give rise to concern regarding the student's fitness to practice.
 - b. **Personal relationships with teaching staff:** Generally, it would be necessary to disclose any personal relationship with a member of staff at the educational institution, so that appropriate steps can be taken to ensure that the integrity of assessments is not compromised. This would relate to personal friendships, as well as to any sexual relationships.
 - c. **Personal relationships with other students:** Students usually practice techniques on each other, away from tutor supervision. This is an environment where boundaries are easily crossed, and which may lead to concerns regarding a student's fitness to practise.

8. Raising Concerns

- 8.1 Students have obligations to patients from an early stage in their course. Where they have a concern about the behaviour of a student colleague or member of the teaching staff, they should raise this formally with a responsible person at the earliest opportunity, to ensure that the concerns may be addressed at an early stage. Students have a duty to put the interests of patients first. Failure to raise such a concern may call into question the student's own fitness to practise.

9. Duty of Candour

- 9.1 Students have a duty of candour to patients when something goes wrong with their treatment or care, or which has the potential to cause harm or distress. This includes being open and honest with teaching staff, as well as with patients. They should support and encourage each other to be open and honest, and not stop someone from raising concerns.

10. Health and Disability

- 10.1 Students may have a particular disability or health impairment which means that reasonable adjustments may need to be made to the assessment of the standards in their case as set out in the [Managed Support Plan](#).

11. Referrals Arising from Managed Support Plan

- 11.1 Students being supported as part of the [Managed Support Plan](#) may be referred out where a concern is raised about their fitness to practise:

- a. A student may have received Managed Support Plan conditions as part of a remedial support package, but a wilful lack of compliance, may trigger a cause for concern about their fitness to practise.
- b. A student's Managed Support Plan case may be found to have a significant concern for public safety and fitness to practise then takes precedence.

12. Matters that are Outside the Scope of Fitness to Practise

- 12.1 Matters not relevant to student fitness to practise procedures are poor class attendance, late submission of coursework, and an inability to meet a particular practice standard by dint of their early stage in their course. A Level 4 student would not be expected to meet a particular standard expected of a Level 6 student.
- 12.2 A matter may on the face of the evidence appear to be a fitness to practise issues but on further analysis in fact be a fitness to study matter with health impairments or disability, requiring reasonable adjustments. By contrast, these problems may be symptomatic of another problem that may be a fitness to practise issue.
- 12.3 Disciplinary matters that do not impact on patient safety or the trust that the public places in the profession will be managed within the Student Disciplinary Policy.

13. Threshold of Student Fitness to Practise

- 13.1 The standards of acceptable behaviour required of a student prior to and at different stages on their course will be different from those required at the point of graduation. A fitness to practise matter arising at Level 4, may be treated differently from the same fitness to practise matter arising at Level 6. Students are under an obligation to adhere to the relevant practice standards (e.g., OPS), but at a standard appropriate to their level of training at the time.
- 13.2 Decision makers should make a judgment whether issues arising in a student's behaviour can be dealt with as part of remediation during the course, or whether formal fitness to practise proceedings should be started.
- 13.3 In determining whether any one-off event or pattern of conduct affects a student's fitness to practise, the following questions may be considered:
 - a. How serious is the behaviour?
 - b. Was this a one-off incident, or representative of a pattern of behaviour?
 - c. What is the level of maturity and insight demonstrated by the student?
 - d. What is the likelihood of repeat behaviour?
 - e. What stage of the course is the student undertaking?
 - f. Are they in the first year, for example, or in their final clinical year, approaching graduation?
 - g. How well might the student respond to support and remediation?
- 13.4 If particular behaviour or other issues are dealt with through remediation, a record should be made. This is to ensure that any patterns of behaviour are identified and addressed prior to

graduation. In certain circumstances, it may be appropriate to pass such information onto the healthcare regulator (e.g., the GOsC).

- 13.5 At the end of the course, the student will normally be awarded a recognised qualification. This means that they are able to practise in accordance with the PSRB standards in force at the time, e.g., the OPS. If the issue identified could affect this judgement, the formal student fitness to practise procedures should be invoked.

Part II: Calling into Question a Student's Fitness to Practise

14. Introduction

- 14.1 This policy sets out the general principles of investigation and adjudication. Please also refer to the [Managed Support Plan](#) to see how these two policies inter-relate.
- 14.2 The purpose of this part of the policy is to define the scope of the formal fitness to practise procedures of the UCO. These relate to students on all courses leading to eligibility to register as healthcare practitioners including as osteopaths and who are in contact with service users and other clients.

15. Stage 1: Reporting and Triage

- 15.1 Anyone who has reason to believe that there is a question as to a student's fitness to practise, as outlined in this policy, (hereinafter called the Complainant) should notify the relevant Course Leader by completing the 'Breach of Student Fitness to Practise Concern Form' ([Appendix 1](#)). Full details should be provided concerning the nature of the cause and any witnesses involved. This includes any member of staff or student. In the case of a student, they may wish to seek support and guidance from Student Services or a senior member of staff.
- 15.2 Completed forms should be addressed to the Course Leader care of Registry. Registry will acknowledge receipt of the form within five working days.
- 15.3 Referrals arising from Managed Support Plan student cases will be referred direct to the Case Management Group, rather than the relevant Course Leader.
- 15.4 The Course Leader will undertake a preliminary review the case to determine whether sufficient evidence has been provided to enable them to make a determination on:
- Whether the alleged concerns fall within the scope of the Fitness to Practise Policy and if not, direct the case elsewhere.
 - If the evidence provided is sufficiently comprehensive and if not request further information.
 - The level of severity of the allegations.
- 15.5 Where the Course Leader is satisfied that there is sufficient evidence to proceed within the Fitness to Practise Policy, they will make one of three determinations:
- Either refer the case to the Case Management Group for formal management within the Fitness to Practise Policy. This should be addressed to the Case Management Group Secretary at the Registry, delivered within ten working days. The Course Leader will notify the student at the same time, provide sources of advice and guidance, and ensure support is in place; or

- b. Where the alleged breach is sufficiently serious, recommend to the Vice-Chancellor or their deputy that an interim suspension order be imposed on the student, pending investigation. Where the Vice-Chancellor considers that the allegations justify the suspension of the student from the UCO or part of it, they must notify the student of their decision as soon as is reasonably practicable, stating the terms of the interim suspension order, providing sources of advice and guidance and ensuring support is in place. The Course Leader will refer the case to the Case Management Group for formal management within ten working days. This will be addressed to the Case Management Group Secretary at the Registry; or
- c. Informally manage the case locally at the course level, where the Course Leader justifies the allegations as minor. In this case the Course Leader will notify the student of their intention to manage the case locally within ten working days. The Course Leader retains the option to escalate the case to the Case Management Group and recommend an interim suspension order should the case subsequently justify this course of action.

16. Stage 2: Informal Resolution

- 16.1 The Course Leader will manage the case informally if they are satisfied that:
 - a. The alleged concerns fall within the scope of the Fitness to Practise Policy.
 - b. The evidence provided is sufficiently comprehensive.
 - c. The alleged concerns are sufficiently minor given the student's stage within their course.
- 16.2 Informal case management may include at the discretion of the Course Leader, meetings with individuals involved and issuing informal guidance if a case was found against the student or if they admitted the allegations. In addition, the Course Leader and student can agree undertakings that the student must then comply with.
- 16.3 At any stage within the informal stage, the Course Leader can refer the case for formal consideration. The accused student can also request that the case be referred for formal consideration if they are dissatisfied with the informal process or any findings made against them.

17. Stage 3: Formal Consideration and Management by the Case Management Group (CMG)

- 17.1 The CMG receives the case bundle from the Course Leader or direct from the Managed Support Plan Stage Two Panel.
- 17.2 The Secretary to the CMG will write to the student within fifteen working days of receipt of the referral to advise on its decision and the next stages.
- 17.3 The CMG will screen the case seeking further clarification or evidence where necessary from the Course Leader to inform its decision-making process then either:
 - a. Appoint an Investigator and secretarial support where it determines that there is a case to answer within the scope of fitness to practise; or

- b. Return the case back to the Course Leader where it determines that the allegations are outside the scope of this fitness to practise; or
- c. Return the case back to the Course Leader where it determines that the case is a fitness to practise case that should be informally resolved at Stage 2; or
- d. Dispose of the case only where there is justifiable evidence to do so, such as a miscarriage of justice and where such action would not pose a threat to public safety or bring the reputation of the profession or the UCO into disrepute.

17.4 The CMG will be mindful of the need to:

- a. Continuously monitor any need to impose an interim suspension order at any stage throughout the process, including the investigation stage, where one is not already in force.
- b. Consider suspending the student from service user contact or from the taught part of the course while the case is ongoing.

17.5 The CMG will comprise: a Deputy Vice-Chancellor as Chair, the Head of Student Services and the Registrar, supported by a member of the Registry Team as Secretary. Members must declare any conflicts of interest. Where these exist, a suitable senior staff member must be used as a replacement for the case under management.

17.6 As part of the CMG's wider terms of reference it will:

- a. Provide oversight and management of all Managed Support Plan and Fitness to Practise cases.
- b. Determine how cases should be managed.
- c. Recommend and review interim suspension orders by consulting with the Vice Chancellor or their deputy.
- d. Ensure that independent support is provided to students involved in Managed Support Plan and Fitness to Practise cases and their welfare is monitored and acted upon.
- e. Appoint Investigators and administrative support.
- f. Appoint panels and appeal panels.
- g. Update and review Managed Support Plan and Fitness to Practise policies, procedures and guidelines.
- h. Provide relevant statistical and reporting information as required to the Teaching Quality & Standards Committee.
- i. Review and update this policy.

18. Stage 4: The Investigation

18.1 The appointed Investigator will be suitably qualified and be completely independent of the case.

18.2 The investigator will be supported by a secretary.

18.3 The Investigator will be responsible for managing their investigation including:

- a. Maintaining regular contact with the student under investigation.
 - b. Organising and scheduling of interviews.
 - c. Collecting and marshalling evidence.
 - d. Drafting a report.
- 18.4 The Investigator will apply the Civil Standard of proof (balance of probabilities) when conducting their investigation.
- 18.5 At any stage through the investigation, the Investigator should advise the CMG that an Interim Suspension Order should be invoked if necessary to protect UCO and community public safety if required, where one is not already in force.
- 18.6 The investigation and drafting of the report should not normally take longer than twenty working days. Key stakeholders should be kept informed of progress and notified of any likely delays.
- 18.7 The role of the Investigator is to collate, evaluate and present the evidence, in order to inform a decision as to whether the student's fitness to practise is impaired. The Investigator should be independent of any subsequent fitness to practise panel that will make decisions and should not be the student's personal tutor, or otherwise involved in any way, or in supporting the student.
- 18.8 The Investigator should keep a full record of the investigation, which should be carried out in a proportionate manner, having regard to the interests of service users, the public and the student. Interviews may be recorded to aid notetaking. Summary notes will form the record of interviews. The student will be invited to make any corrections to the notes, and these will be via track changes. The student will be asked to sign a copy of the track-changed notes. The same applies to witnesses.
- 18.9 The Investigator should maintain records of the investigation, including records of complaints, notes of meetings held, interviews and statements. A written report should be produced which provides the results of the investigation, and which details all the evidence gathered.
- 18.10 The Investigator will, based on the evidence before them, determine what lines of enquiry they wish to follow and who they would like to interview. They will also determine what evidential material is relevant to the case.
- 18.11 They will be mindful of the need to either review any interim suspension order already imposed or recommend to the CMG the need for one at any time.
- 18.12 A copy of agreed summary notes of interviews should be made available to the witnesses interviewed.
- 18.13 In considering the presentation of evidence, the Investigator may consider the following questions:
- a. Has the student's behaviour harmed service users (including colleagues and staff) or put them at risk of harm?
 - b. Has the student shown a deliberate or reckless disregard of professional and clinical responsibilities towards service users or colleagues?

- c. Has the student abused a service user's trust or violated their autonomy or other fundamental rights including those of their colleagues?
- d. Has the student shown a deliberate and reckless disregard to the processes for the delivery of osteopathic care or put the reputation of the UCO, clinic or other setting at risk?
- e. Has the student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
- f. Is the student's health or disability, or their management of this, compromising service user or others' safety or are they failing to comply with managed support Plan conditions?

18.14 If the answer to any of the questions above is 'yes', the recommendation to the CMG would normally be to constitute and present the evidence to a Fitness to Practise Panel.

18.15 The Investigator may also consider the following questions:

- a. Has the student shown insight into their behaviour?
- b. When did the student show insight into the behaviour?
- c. Has the student considered appropriate actions or developmental behaviour to address the issues raised?
- d. Are there mitigating circumstances that contributed to the fitness to practise issue, and which have been recognised?
- e. Has the possibility been considered that a reasonable adjustment may be required?
- f. Have steps been taken to seek additional support in these circumstances?

19. Stage 5: Consideration of Investigator's Report by the CMG

19.1 The Investigator will present their findings to the CMG for its consideration.

19.2 The CMG will be mindful to ensure that its decisions are proportionate, fair and re-evaluated on a regular basis. However, it will also remind itself of its need to ensure that all serious matters reaching the threshold of student fitness to practise are considered through this fitness to practise policy, in the light of the implications for the safety of service users, colleagues, staff and the public.

19.3 The CMG in the light of the Investigator's report will find one of the following:

- a. Fitness to practise is not impaired and there is no case to answer. It will discharge the case. In these circumstances, it may resolve that additional measures are required to ensure the student is able to address the issues that prompted the investigation. The CMG will inform the student and all relevant teaching staff of these.
- b. Evidence of misconduct but fitness to practise is not currently impaired. It may refer the student to the student disciplinary procedure.
- c. There is sufficient evidence that the student's fitness to practise is more likely than not impaired. It can:

- i. Agree Undertakings with the student (see Paragraphs 19.5 – 19.10). In these circumstances it will monitor the student's compliance with the prescribed plan rather than referring them to the Fitness to Practise Panel; or
 - ii. Refer the student to a Fitness to Practise Panel.
- 19.4 The CMG will conclude its deliberations and write to the student within ten working days of receipt of the Investigator's report, setting out its findings and next steps.
- 19.5 In particular circumstances, the CMG may agree an undertaking with the student concerned and agree to halt further proceedings while the undertaking is in place. Undertakings can be helpful where both the CMG and the student agree that fitness to practise may be impaired and agree on how patient and community stability and safety can be assured moving forward.
- 19.6 An undertaking is an agreement between the student and the CMG, where there is an explicit acknowledgement that the student's fitness to practise may be impaired. This agreement can usually be taken forward before or instead of a formal fitness to practise hearing or determination. This can also be used by the CMG in Support to Study cases that have been referred to it where fitness to study compliance was unsuccessful.
- 19.7 Undertakings may include restrictions on the student's clinical practice or behaviour, or a commitment to undergo medical supervision or remedial teaching. As with conditions, they are likely to be appropriate if the concerns about the student's fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the best way to address them.
- 19.8 Undertakings will only be appropriate if there is reason to believe that the student will comply for example, because the student has shown genuine insight into their problems and the impact that their behaviour has had or could have had on service users, colleagues and staff. The student should also demonstrate potential for remediation. The CMG may wish to see evidence that the student has taken responsibility for their own actions, and where necessary taken steps to improve their behaviour.
- 19.9 When considering whether to invite the student to accept undertakings, the CMG should consider whether:
 - a. Undertakings appear to offer sufficient safeguards to protect service users, the public, other students, and staff.
 - b. The student has demonstrated sufficient insight, including an understanding of the impact of their behaviour.
- 19.10 The CMG should reconvene to review the student's compliance with the undertaking at their prescribed time.

20. Stage 6: Arranging the Adjudication Process

20.1 Preparing the Student to Attend the Panel Hearing

- 20.1.1 Where a Panel is to adjudicate the case, the CMG should ensure the student is:
 - a) Given adequate notice regarding the date, time and location of the fitness to practise hearing, typically no less than fifteen working days, checking and ensuring that this is sufficient.

- b) Provided with information about how proceedings will run.
- c) Given the opportunity to collect and marshal any necessary evidence, witnesses including medical evidence, where relevant.
- d) Given the opportunity to attend the hearing with an independent, knowledgeable and objective supporter.
- e) Has details of the allegations and a copy of all the evidence to be presented at the earliest opportunity and no later than fifteen working days before the hearing, so they can adequately prepare their case.
- f) Afforded any reasonable adjustments that may be required by the student to attend and prepare for the panel hearing.

20.2 Constituting a Fitness to Practise Panel

20.2.1 The CMG will constitute a Fitness to Practise Panel, comprising the following membership:

- a. Lay Chair drawn from the UCO Senior Management Team.
- b. Professional theoretical/ practical teaching staff member drawn from same field.
- c. Professional Practice Educator drawn from same field.
- d. Panel Adviser to advise the Panel on process (carrying no decision-making authority).
- e. Secretary drawn from Registry.

20.2.2 The CMG will:

- a. Aim to achieve gender representation within the Panel.
- b. Ensure there are no conflicts of interest within the Panel.

20.2.3 In the case of osteopathy panels:

- a. One professional panellist may be drawn from another Osteopathic Education Institution.
- b. All members of the panel should be familiar with up to date GOsC Student Fitness to Practise: Guidance for Osteopathic Educational Institutions (2017), this policy and procedure and the GOsC guidance on the management of students with disability and health conditions and equality and diversity issues.

21. The Adjudication Process: The Fitness to Practise Panel (Panel Hearing)

- 21.1 The Panel Chair will make introductions and check that all participants have received a complete evidence bundle beforehand in good time. They will also re-check any conflicts of interest.
- 21.2 The Panel Chair will read into the record the charges against the student.
- 21.3 The Investigator will present and sum up their evidence, calling any witnesses to support the outcome of their investigation.

- 21.4 The Panel may cross-examine the Investigator and any of the Investigator's witnesses in the order they gave their evidence.
- 21.5 The student may cross-examine the Investigator and any of the Investigator's witnesses in the order they gave their evidence directing any questions through the Panel Chair.
- 21.6 The student will present and sum up their case, calling any witnesses to support their case.
- 21.7 The Panel may cross-examine the student and any of the student's witnesses in the order they gave their evidence
- The Investigator may cross-examine the student and any of the student's witnesses in the order they gave their evidence directing questions through the Panel Chair.
- 21.8 The Panel will retire to make:
- Its findings of fact based upon the civil standard (balance of probabilities) as set out in Paragraph 23.1; and
 - Its findings on each of the charges as set out in Paragraph 23.2.
- 21.9 The Panel can find that:
- That the student's fitness to practise is not impaired, therefore there is no case to answer and the case is then concluded.
 - Evidence of misconduct but the student's fitness to practise is not currently impaired.
 - The student's fitness to practise is impaired and a formal sanction is to be imposed.
- 21.10 The Panel will return to announce its decision, citing its findings of fact that it has relied upon and its findings on each of the charges against the student.
- 21.11 The Panel will request previous history character of the student from the Investigator where impaired misconduct or fitness to practise has been found to inform what sanctions to impose.
- 21.12 The Panel will then request any mitigating evidence from the student where impaired misconduct or fitness to practise has been found. Either party may call character witnesses or adduce character statements which may be used to inform what sanctions to impose.
- 21.13 The Panel will close the hearing and then retire to consider what sanctions to impose.
- 21.14 The Panel Chair will write to the student within fifteen working days, setting out their findings and where relevant the sanctions. The Panel Chair will also ensure that any interim support is put in place for the student, while the Panel deliberates on sanctions. This will also be copied to the Chair of the CMG and Registrar.

22. The Panel's Deliberative Processes

22.1 Findings of Fact

- 22.1.1 Where some or all the facts alleged against the accused student are in dispute, the Panel will need to first consider whether they find those facts proved.

22.1.2 The Investigator bears the burden of proof, not the student. The standard of proof which applies is called the Civil Standard (balance of probabilities). This means that the Panel will only find the alleged fact proved if they consider that it is more likely than not that it happened. Evidential quality will be considered, whether the evidence is primary or secondary, including witness credibility.

22.1.3 The Panel Adviser may provide the Panel with technical advice in considering findings of fact.

22.1.4 If the Panel does not find any of the facts proved, it will ask parties to return to the hearing room and formally announce the decision and the case will be dismissed.

22.1.5 Where the Fitness to Practise Panel finds some or all of the facts proved, it will proceed to consider its findings on the charges(s).

22.2 Findings On Charges(s)

22.2.1 This is a matter for the Panel's judgment and is not a matter of proof.

22.2.2 The Panel Adviser may provide the Panel with technical advice.

22.2.3 A Fitness to Practise breach must be sufficiently 'serious' to reach the required threshold. However, the conduct in question does not need to be of such gravity (or so serious) that imposing an admonishment would be too lenient. This means that the student's fitness to practise is impaired in the Panel's judgment as to whether, to an ordinary intelligent person, such facts would convey an implication of moral blameworthiness and a degree of disgrace arising from exceedingly shameful conduct concerning a student at their stage of progression through their course.

22.2.4 After the Panel has reached a decision, the parties will be invited into the hearing room and the Chair of the Fitness to Practise Panel will announce the decision:

- a) A Fitness to Practise breach is found. The Panel will then hear aggravating evidence from the Investigator and mitigating evidence from the student to subsequently determine its findings on sanction.
- b) A Fitness to Practise breach is not found. The Fitness to Practise Panel may want to consider the following question when deciding whether it is appropriate to issue a Warning in this case. Does the student's behaviour raise concerns, but falls short of indicating that the student is currently not fit to practise (although they may have been in the immediate past)?

22.3 Findings on Sanction(s)

22.3.1 Where the Fitness to Practise Panel finds that the facts amount to a fitness to practise breach, they will then receive evidence as to the character and previous history of the student from the Investigator together with mitigation evidence from the student.

22.3.2 The Fitness to Practise Panel will take account of submissions made by each party on the sanction to impose.

22.3.3 Where the Fitness to Practise Panel finds that the facts amount to a fitness to practise breach, they must impose one of four sanctions:

- a. Formal warning.
- b. Undertakings.

- c. Conditions.
- d. Suspension from the student's course.
- e. Expulsion from the student's course.
- f. Discontinuation on health grounds.

22.4 Proportionality

- 22.4.1 In deciding what sanction to impose, the Panel must apply the principle of proportionality, weighing the protection of the public and the interests of the UCO and wider community in the widest sense with those of the student.
- 22.4.2 The Panel should consider the sanctions available starting with the lowest, admonishment and choose the least severe sanction that will adequately deal with the issues in the particular case, including the pattern, nature and severity of the facts found proved. The public interest also requires:
- a. That the student receives a fair and impartial hearing; and
 - b. In appropriate cases, to be given the opportunity to return to their role as a student to their course.

22.5 Insight and Remediation

- 22.5.1 Both insight and remediation should be given their everyday meaning. The Panel should focus on whether there is real evidence that the student has been able to look back at their conduct with a self-critical eye and that they have acknowledged fault, expressed contrition and/or apologised. In effect, they need to demonstrate to the Panel that there is a real reason to believe they have learned a lesson from their experience.
- 22.5.2 However, the Panel should be mindful of cultural and diversity differences as to how an individual expresses insight and apology, including nonverbal cues such as lack of eye contact and facial expressions.

22.6 Mitigating and Aggravating Features

- 22.6.1 The Panel will need to consider and carefully evaluate both the aggravating and mitigating features in each case, weighing them in the balance.
- 22.6.2 The Panel will be less able to take mitigating factors into account when the concern is about service user and public safety, or is of a more serious nature, than if the concern is about public confidence in the UCO.
- 22.6.3 Aggravating factors are likely to lead the Panel to consider that a more serious action is required.
- 22.6.4 Mitigating factors may include:
- a. Early stage of progression of the student through their course.
 - b. Evidence of the circumstances leading up to the incidents in question.
 - c. Evidence of good conduct following the incident in question, particularly any remedial action which addresses the concerns about their behaviour.

- d. Evidence of the individual's previous good character.
- e. Evidence of remorse shown/insight/apology given.
- f. Personal matters, such as work-related stress or extreme circumstances which no longer exist.
- g. No actual or potential harm to any person including students, service users or the public.
- h. Time elapsed since the incident and absence of any subsequent allegation.
- i. Evidence of steps taken to avoid a repetition.
- j. Relevant CPD and courses or other remedial actions completed by the student.

22.6.5 Aggravating features may include:

- a. Late stage of progression of the student through their course.
- b. An abuse of the student's position within the UCO.
- c. Bullying, predatory behaviour, especially where this involves vulnerable persons or where there is a power differential such with service users or younger peers.
- d. Discrimination against individuals including students, service users etc. And misconduct related to a person's protected characteristics.
- e. Sexual misconduct.
- f. Failure to raise concerns / lack of candour.
- g. Dishonesty.
- h. Previous disciplinary and fitness to practise findings.
- i. Refusal to apologise or accept mistakes.
- j. The student's attitude and behaviour at the hearing.

22.7 References and Testimonials

22.7.1 The student can present references and testimonials to support their character and standing. The weight to be given to such testimonials is a matter for the Panel. The absence of such references or testimonials should not count against the student. When considering such references, the Panel should consider factors such as how recent they are and whether the writers were aware of the allegations against the student and that their letters would be put to the Panel in mitigation.

23. Sanctions

23.1 Introduction

23.1.1 The outcomes of a student fitness to practise hearing are solely about patient safety, the wellbeing of the public and UCO community and the trust that the public places in the profession. The purpose of sanctions is not to be punitive. Rather, their purpose is to protect

service users, students, staff, and the wider UCO interest, declaring and upholding UCO standards of conduct and the good name of their profession.

- 23.1.2 The Panel must impose a sanction when it finds a breach of professional standards.
- 23.1.3 The sanction must be proportionate and address the particular areas highlighted by the case.
- 23.1.4 When determining an appropriate sanction, the Panel should consider each sanction in turn in ascending order of gravity. In doing so, it is essential that the Panel evaluate the mitigating features as well as the aggravating features and balance them against each other when determining a proportionate sanction.
- 23.1.5 The least severe sanction that deals adequately with the identified issues and concerns should be chosen.
- 23.1.6 The following sanctions in order of gravity permitted under this policy are:
 - a. Formal Warning (see Section 23.2)
 - b. Undertakings (see Section 23.3)
 - c. Conditions (see Section 23.4)
 - d. Suspension (see Section 23.5)
 - e. Expulsion (see Section 23.6)
 - f. Discontinuation on Health Grounds (see Section 23.7)

23.2 Formal Warning

- 23.2.1 A Formal Warning allows the Fitness to Practise Panel to indicate to a student that their behaviour represents a departure from the standards expected of osteopathic students and should not be repeated. It is a formal response in the interests of maintaining professional values and behaviours, underlining the importance of service user safety.
- 23.2.2 A Formal Warning is the lowest sanction that can be applied and may be appropriate where the breach is at the lower end of the spectrum. It has no direct effect on the student's designation or scope of their role and should only be taken if the student is fit to continue in their current designation/role without any restrictions. There must be no risk to service user or public safety or risk of damage to the good name of their profession. However, there should be adequate support for the student to address any underlying problems that may have contributed to their poor behaviour.
- 23.2.3 The formal recording of Formal Warnings on the student's file allows the UCO to identify any repeat behaviour and to take appropriate action. Any breach of a warning may be taken into account by a panel in relation to a future case against the student, as it may then demonstrate a pattern of behaviour with particular implications for their continued fitness to practise.
- 23.2.4 The Formal Warning should remain on the student's record, and the student must be told by the Fitness to Practise Panel of their responsibilities to disclose the warning when applying to the relevant PSRB, for example the GOsC, for registration. If the information is not disclosed, this in itself could raise concerns about registration which will need to be investigated further.

- 23.2.5 A Formal Warning may be appropriate when most of the following factors are present (this list is not exhaustive):
- a. There is no evidence to suggest that the student poses any danger to service users or the UCO community.
 - b. The student has not behaved unprofessionally.
 - c. The student has shown insight into their failings.
 - d. The behaviour was an isolated one-off incident and not a course of conduct.
 - e. The student has shown insight into their failings and impact caused.
 - f. The behaviour was not deliberate.
 - g. There has been no repetition of the behaviour since the incident.
 - h. The student had acted under duress.
 - i. The student has genuinely expressed remorse.
 - j. There is evidence that the student has taken rehabilitative/corrective steps.
 - k. The student has previous good history.

23.3 Undertakings

- 23.3.1 In particular circumstances, the Fitness to Practise Panel may agree an Undertaking with the student concerned and agree to halt further proceedings while the Undertaking is in place.
- 23.3.2 Undertakings can be helpful where both the Fitness to Practise Panel and the student agree that fitness to practise is impaired and agree on how patient and community safety can be assured moving forward.
- 23.3.3 An Undertaking is an agreement between the student and the Fitness to Practise Panel, where there is an explicit acknowledgement that the student's fitness to practise is impaired. This agreement can usually be taken forward before a finding on sanction.
- 23.3.4 Undertakings may include restrictions on the student's clinical practice or behaviour, or a commitment to undergo medical supervision or remedial teaching. As with conditions, they are likely to be appropriate if the concerns about the student's fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the best way to address them.
- 23.3.5 Undertakings will only be appropriate if there is reason to believe that the student will comply for example, because the student has shown genuine insight into their problems and the impact that their behaviour has had or could have had on service users, colleagues and staff. The student should also demonstrate potential for remediation. The Fitness to Practise Panel may wish to see evidence that the student has taken responsibility for their own actions, and where necessary taken steps to improve their behaviour.
- 23.3.6 When considering whether to invite the student to accept Undertakings, the Fitness to Practise Panel should consider whether:

- a. Undertakings appear to offer sufficient safeguards to protect service users, the public, other students and staff.
- b. The student has demonstrated sufficient insight, including an understanding of the impact of their behaviour.

23.4 Conditions

- 23.4.1 Placing Conditions on the student's continued participation in the course is appropriate when there is significant concern about the behaviour or health of the student, following a finding that their fitness to practise is impaired. This sanction should be applied only if the Fitness to Practise Panel is satisfied that the student might respond positively to remedial tuition and increased supervision and has displayed insight into their problems. The panel should consider any evidence such as reports on the student's performance, health, behaviour, and any other mitigating circumstances.
- 23.4.2 The objectives of any Conditions should be made clear so that the student knows what is expected of them, and so that a Fitness to Practise Panel at a future review can identify each of the original shortcomings and the proposals for their correction. The Fitness to Practise Panel should also explain any proposals or information that would assist at a future review hearing.
- 23.4.3 Imposition of Conditions allows the student to continue in their role whilst providing protection for service users and the UCO community.
- 23.4.4 Before imposing Conditions, the Fitness to Practise Panel should satisfy themselves that:
- a. The behaviour can be improved by setting Conditions as part of an action plan.
 - b. The objectives of the Conditions are clear.
 - c. Any future review of the action plan will be able to decide whether the objective has been achieved, and whether patients will still be at risk.
 - d. The additional resources required to supervise the student under Conditions are in place or will be made available.
- 23.4.5 This sanction may be appropriate when most of the following factors are apparent (this list is not exhaustive):
- a. It is possible to identify discrete aspects of the student's behaviour that are problematic.
 - b. Conditions are the most appropriate and proportionate way of addressing the panel's findings.
 - c. Any issue(s) found is not to such a degree that the UCO community will be put at risk directly or indirectly as a result of the student's continuation in role.
 - d. There are identifiable areas of the student's studies in need of further assessment or remedial action.
 - e. There is potential for remediation to be successful.
 - f. There is no evidence of harmful, deep-seated personality or attitudinal problems.
 - g. The student has shown sufficient insight into their failings.

- h. There is evidence of a willingness to respond positively to conditions that improve the issues found.
- i. There is no evidence that they are inherently incapable of following good practice and professional values.
- j. The student has shown willingness to be open and honest in all their dealings.
- k. The student is willing to be honest and open with patients, colleagues and supervisors if things go wrong.
- l. It is possible to formulate appropriate and practical conditions that can be easily verified and monitored.
- m. Patients (including colleagues and staff) will not be put in danger either directly or indirectly as a result of the conditions.

23.4.6 The Conditions may prevent the student from undertaking their usual role or part of it. They may be required to undergo additional training on specific areas and possibly be required to pass various tests or other requirements.

23.4.7 If, in relation to the management of health impairments or disability, reasonable adjustments have failed because of 'non-compliance' behaviour but there is genuine willingness to manage the health impairment and the student has agreed to abide by conditions relating to, for example, medical condition, treatment and supervision, it may be appropriate to agree further reasonable adjustments and impose Conditions regarding behaviour.

23.4.8 The Conditions should be:

- a. Necessary in order to protect the safety of the UCO community and the good name of their profession.
- b. Relevant to the shortcomings / issues.
- c. Proportionate to the shortcomings.
- d. Workable.
- e. Measurable.
- f. Capable of being monitored.
- g. Should be addressed to the student and not any third party.

23.4.9 The Panel must specify the period for which the Condition(s) are to have effect and/or specify whether any tests are required. Any set period should be the minimum that the Panel considers necessary for the protection of safety of the UCO community and the good name of their profession.

23.4.10 At any time while a Condition is in force, the Panel may:

- a. Extend the period for which the Condition has effect.
- b. Revoke or vary any of the Conditions.
- c. Require the student to pass a particular test and stipulate by when.

- d. Reduce the period for which the order has effect.

23.5 Suspension

23.5.1 Suspension prevents a student from continuing with their course for a specified period, and from graduating at the expected time. Suspension is appropriate for patient safety concerns that are serious enough to require suspension while remediation is undertaken. It should be imposed where conditions are not workable, and the opportunity to remediate deficiencies or recover from illness, for example, is best achieved outside the course environment.

23.5.2 Examples of conduct that might merit a suspension include students who are in the process of demonstrating that they have recovered from an addiction.

23.5.3 When students return from suspension, the Fitness to Practise Panel should ensure that an appropriate review is scheduled to enable progress to be considered. During the review, evidence of remedial action taken by the student, specific to their case, during the period of suspension should be written into its findings. This might include for example, further evidence of reflection and learning such as a reflective essay or other set work demonstrating understanding of why the suspension was necessary and why the student feels that they can return; it might also include medical and therapeutic reports if appropriate. In cases of substance misuse, a medical and therapeutic report will almost always be required before a student can return to clinical practice under supervision. If progress has been made and patient safety can be assured, further conditions for a period of time with an appropriate review may be prescribed.

23.5.4 Suspension will prevent the student from undertaking their role for the duration of the suspension.

23.5.5 This sanction is appropriate for more serious offences and when some or all of the following factors are apparent (this list is not exhaustive):

- a. The breach of professional values is serious but is not fundamentally incompatible with the student continuing on the course. Remediation is possible, but suspension is necessary for patient safety reasons.
- b. There is potential for remediation while the student is suspended.
- c. The student's judgement may be impaired and there is a risk to patient safety if the student is allowed to continue on the course, even with conditions.
- d. There is no evidence that the student is inherently incapable of following good practice and professional values.
- e. The student has shown insufficient insight to merit the imposition of conditions or conditions would be unworkable however they have insight and are unlikely to repeat the behaviour.
- f. Dismissal / expulsion of the student would not be in the UCO interest, but any sanction lower than a suspension would not be sufficient to protect members of the UCO community and maintain confidence in the UCO or their profession.
- g. Suspension can be used to send a message to the individual, and the UCO community that the serious nature of their conduct is deplorable.

- h. The student has demonstrated the potential for remediation or retraining.
- i. There will be appropriate support for the student when returning to the course.

23.5.6 The Panel should specify the duration of the Suspension. The Panel must provide reasons for the length of the Suspension it decides to impose, including the factors that it considered in determining the length.

23.5.7 The Panel may wish to consider the following factors when determining the length of the Suspension:

- a. The seriousness of the findings together with any [mitigating/aggravating features](#).
- b. Sufficient time is provided for the student to develop insight and/or remediate their conduct/health.
- c. The extent to which the student's behaviour put member(s) of the UCO community at risk and/or brought the reputation of the UCO and their profession into disrepute.

23.5.8 At any time while a Suspension is in force, the Panel may:

- a. Extend, or further extend, the period of suspension; or
- b. Make a conditions of practice order with which the student must comply if they resume their original roles after the end of their period of suspension.

23.5.9 Where the Panel has imposed a period of suspension it must also indicate that a Panel shall review the case at a review hearing before the end of that period, and what information the Panel shall require at the review hearing reconvened.

23.6 Expulsion

23.6.1 The Fitness to Practise Panel can make a finding to expel a student if they consider that this is the only way to protect patients, fellow students, staff, and others.

23.6.2 An expulsion is the most severe sanction that can be applied and should be used where there is no other means of protecting service users, the UCO community, and/or maintaining confidence in the UCO or their profession.

23.6.3 This sanction is likely to be appropriate when the behaviour is fundamentally incompatible with being a healthcare student and involves any of the following (this list is not exhaustive):

- a. Has seriously departed from the principles set out in the relevant practice standards, e.g., the GOsC's OPS.
- b. Has behaved in a way that is fundamentally incompatible with being a healthcare practitioner of the relevant profession.
- c. Has shown a reckless disregard for patient safety.
- d. Has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients / clients.
- e. Has abused their position of trust.

- f. A reckless or intentional disregard for their practice standards and the UCO regulations in the widest sense.
- g. A serious departure from the relevant professional standards governing students which is incompatible with their continued role as a student.
- h. The student poses a risk of harm to others within the UCO community.
- i. Serious abuse of position/trust (particularly involving vulnerable persons) or serious violation of the rights of individuals or abuse of power.
- j. Convictions or cautions for relevant offences, including protected characteristics, harassment, bullying sexual offences, involvement in any form of child pornography, or findings of sexual misconduct etc.
- k. Offences involving violence; a serious level of dishonesty (especially where persistent or covered up).
- l. Has put their own interests before those of patients.
- m. Shows no potential for remediation.
- n. Persistent lack of insight into seriousness of actions or consequences.
- o. A serious lack of competence and no evidence of improvement for their stage of progression.

23.7 Discontinuation on Health Grounds

23.7.1 Discontinuation on health grounds may be necessary where no reasonable adjustments can be made that would enable a student to meet or continue to meet the practice standards. However, this would only be following consultation with the student and once all reasonable adjustments had been considered.

Part III: Appeals

24. Appeal Procedure

- 24.1 The student has a right of appeal against the decision Fitness to Practise Panel.
- 24.2 The student should write to the Chair of the Case Management Group care of the Registrar, setting out the grounds for their appeal and appending any evidence to support their appeal.
- 24.3 The time frame within which an appeal can be lodged is four working weeks from the date of receipt of the Fitness to Practise Panel outcome letter.
- 24.4 Grounds for appeal are:
 - a. Breakdown in procedure / procedural error.
 - b. New evidence has come to light that was not available to the panel that materially impacts on the decision outcome.
 - c. Findings on sanctions were perverse given the findings of fact.
- 24.5 An Appeal Panel shall be constituted as two members from the Senior Management Team, Chaired by one member from the Vice-Chancellor's Group.
- 24.6 The Appeal Panel will organise its own agenda, calling evidence and witnesses as it directs.
- 24.7 The decision of the Appeal Panel is final and concludes UCO's internal processes.
- 24.8 The student will receive an outcome letter from the Chair of the Appeal Panel together with a Completion of Procedures Letter.

25. Office of the Independent Adjudicator (OIA)

- 25.1 Students who have exhausted the Fitness to Practise Policy procedures may bring their complaint to the Office of the Independent Adjudicator for Higher Education (<https://www.oiahe.org.uk/>) within one calendar year of receiving a Completion of Procedures Letter.

Appendix 1: Breach of Student Fitness to Practise Concern Form

This form should be used by any member of staff or student who has reason to believe that a student may be in breach the UCO's Student Fitness to Practise Policy. If there are two or more individuals raising the same concern, each person should complete a separate form from in their own words.



Breach of Student Fitness to Practise Concern Form

Information about the member of staff or student submitting the form:

Name in Full:	
UCO Email Address:	

Nature of the Fitness to Practise Concern:

Please set out as clearly as possible the nature of the concern. In particular, it is important to know the names of any other persons involved (staff, students, or others), when the event(s) or incident(s) occurred and the exact circumstances. Please use a continuation sheet if you need to.

Important Note:

You should be aware that some breaches of this Student Fitness to Practise Policy may give rise to disciplinary action against the student. Action will also be taken where cases are found to be vexatious.

Declaration:

I have read the UCO's Student Fitness to Practise Policy.

I declare that the information contained on this form is accurate to the best of my recollection.

Signature:.....Date:.....

Please address this form to the relevant Course Leader

Core Documentation Record Page

Fitness to Practise Policy for Students

Version Number	Dates produced and approved (include committee)	Reason for production/ revision	Author	Location(s)	Proposed next review date and approval required
V1.0	Sep 2010 Academic Council	To provide pre-registration students with clear guidance and policy on their expectations as osteopathic students	M.Ost Course Leader	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Sep 2011
V2.0	Nov 2011 Academic Council	Updated to reflect change in GOsC Standards	M.Ost Course Leader	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Nov 2012
V3.0	Aug 2015 Deputy-Vice-Chancellor (Education)	Minor Amend to reflect current course and policy terminology	PRPB Chair	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	Aug 2017
V4.0	Jun 2018 Academic Council	Major Amend to reflect current course and best practice for HE's	M. Ost Course Leader	All master versions will be held in: J:\0 Quality Team - Core Documentation Intranet	June 2020
V5.0	September 2019 PRAG Chair	Administrative Amendments to reflect new edition of GOsC OPS.	M.Ost Course Leader	All master versions will be held in: J:\0 Quality Team - Core Documentation Website	June 2020
V6.0	March 2022 Academic Council (Published July 2022 for implementation for the 2022-2023 academic year)	Major Amendment: Policy re-written in entirety to reflect broadening of provision and update Fitness to Practice processes and aligning these to Support to Study processes.	Dean of Academic Development	All master versions will be held in: J:\0 Quality Team - Core Documentation Website	Mar 2025

Equality Impact

Positive equality impact (i.e. the policy/procedure/guideline significantly reduces inequalities)

Neutral equality impact (i.e. no significant effect)	X
Negative equality impact (i.e. increasing inequalities)	
If you have any feedback or suggestions for enhancing this policy, please email your comments to: quality@uco.ac.uk	