

Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students

Professional behaviour expected of osteopathic students

Introduction

1. Welcome to the profession of osteopathy. Osteopathy is one of the health professions regulated by law in the United Kingdom (UK). The General Osteopathic Council's role is to safeguard the health and wellbeing of the public as well as to promote the highest standards of osteopathic education.
2. The purpose of this booklet is to outline the professional behaviours expected of students of osteopathy and to provide you with an outline of the role of the Osteopathic Educational Institution in relation to fitness to practise and the ensuring of patient¹ safety. This booklet should be read in conjunction with the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions* and our specific guidance about the management of health impairments and disability available on our website at www.osteopathy.org.uk, as well as the detailed local guidance in place at your educational institution and other educational and clinical settings that you may work in during your training. When we refer to someone as being 'fit to practise', we mean they have the knowledge, skills, attitudes and health required to practice osteopathy safely and effectively.
3. Patients and the public place trust in health professionals. In order to maintain this trust it is important for students of the health professions to behave in a way which will continue to promote the best care for patients and uphold the reputation of the profession.
4. Professional behaviour means demonstrating appropriate values, 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. Regulation begins with personal responsibility. As part of your education and training as a healthcare professional, you will continue to learn about professional behaviour and personal responsibility.
5. Your conduct in both your personal and professional life counts when considering professional behaviour, even as a student. Throughout your course, the importance of conduct and approaching ethical issues in an appropriate way will be emphasised to you. You will be supported to learn effective professional behaviours throughout your 'Recognised Qualification' (RQ) course.
6. If there are concerns about fitness to practise, a fair and transparent process is followed. This process will comply with the guidance in the General Osteopathic

¹ Throughout this guidance, the term patient includes patient, carer, parent, fellow students and staff, where appropriate.

Council's [*Student Fitness to Practise Guidance for Osteopathic Educational Institutions*](#)².

7. You will be expected to meet all the requirements set out in the [*Osteopathic Practice Standards*](#)³, and in the GOsC [*Guidance for Pre-Registration Osteopathic Education*](#)⁴ prior to the award of your recognised qualification. These documents are available on the General Osteopathic Council website (www.osteopathy.org.uk).

Health professional regulation

8. There are nine health professional regulators established by law in the UK. These are:
 - a. The General Chiropractic Council, which regulates chiropractors.
 - b. The General Dental Council, which regulates dentists and dental care professionals.
 - c. The General Medical Council, which regulates doctors.
 - d. The General Optical Council, which regulates optometrists, dispensing opticians, student optometrists and certain premises.
 - e. The General Osteopathic Council, which regulates osteopaths.
 - f. The General Pharmaceutical Council, which regulates pharmacists, pharmacy technicians and pharmacy premises.
 - g. The Health Professions Council, which regulates arts therapists; biomedical scientists; chiropodists; podiatrists; clinical scientists; dieticians; hearing aid dispensers; practitioner psychologists; occupational therapists; operating department practitioners; orthoptists; paramedics; physiotherapists; prosthetists; radiographers; and speech and language therapists.
 - h. The Nursing and Midwifery Council, which regulates nurses and midwives.
 - i. The Pharmaceutical Society of Northern Ireland, which regulates pharmacists, pharmacy technicians and pharmacy premises in Northern Ireland.

² Available at: <http://www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance/>

³ The Osteopathic Practice Standards are available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards/>

⁴ Guidance for Preregistration Osteopathic Education is available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/training/guidance-for-osteopathic-pre-registration-education/>

9. The primary purpose of the regulation of these health professions by law is to ensure the safety and wellbeing of patients and the general public.

What does the General Osteopathic Council do?

10. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the UK. We do this by:
 - Keeping the [Register](#) of all those permitted to practise osteopathy in the UK.
 - Working with the public and osteopathic profession to promote patient safety by:
 - Setting and monitoring the maintenance and development of [standards](#) of osteopathic training, practice and conduct.
 - Assuring the quality of osteopathic education and ensuring that osteopaths undertake [continuing professional development](#).
 - Helping patients with any [concerns or complaints](#) about an osteopath, with the power to remove from the Register any osteopaths who are unfit to practise.
11. By law osteopaths must be registered with the GOsC in order to practise in the UK.
12. In order to ensure that only those students who meet the required standards of competence, conduct and ethics are registered once they graduate, the GOsC has published a suite of guidance relating to student fitness to practise and the management of health impairments and disability to support the effective development of policies and processes in osteopathic educational institutions. The GOsC has a statutory role in registering osteopaths but does not provide a route of appeal in relation to osteopathic educational institution decisions about student fitness to practise. Students seeking to appeal against fitness to practise decisions made by educational institutions, should follow that institutions own appeal processes.

What is the role of the Osteopathic Educational Institution in relation to student fitness to practise?

13. The role of the Osteopathic Educational Institution is to ensure that only students who meet the required competence, conduct and ethical standards set out in the *Osteopathic Practice Standards* are awarded a recognised qualification.
14. Osteopathic educational institutions should encourage conversations about the management of health impairment and disability and suitable reasonable adjustments at the earliest opportunity to support students in achieving the

required standards or in making decisions swiftly and fairly if reasonable adjustments cannot be made. Further guidance about this is available in our publications *Students with a Disability or Health Impairment: Guidance for Osteopathic Educational Institutions* and *Osteopathic Education and Training: Guidance for Applicants and Students with a Disability or Health Impairment*, both available on our website at www.osteopathy.org.uk

15. The osteopathic educational institutions are responsible for developing and implementing how student fitness to practise policies and procedures are managed and incorporated into their courses. These policies will include the management of criminal convictions as well as other behaviour that may affect patient safety.
16. This GOsC guidance is designed to be an overarching framework to support this process – not a mechanism for appeal. Each osteopathic educational institution's policy about student fitness to practise should be regularly reviewed to ensure that it is consistent with the procedures actually in place at that institution, any validating university, and the clinical setting within which osteopathic care is delivered. These local institutional policies should be made clear to students at the outset of the course.
17. All osteopathic educational institutions are expected to have published information about the importance of professional behaviours, how these are taught and how learning opportunities are facilitated throughout the course.

Why do healthcare students have to meet high standards of professional behaviour?

18. The public, including relatives and friends, colleagues and staff, have certain expectations of healthcare professionals. This is because, as a patient, most people will be vulnerable. Patients expect that healthcare professionals will treat them properly and will behave ethically. Trust is critically important to this therapeutic relationship.
19. The patient will often have the same expectations of, and will put the same level of trust in a student, as they would a fully-qualified health professional. This means that healthcare students are different to students of other disciplines. Professional behaviour in all aspects of life is important.
20. Regulation takes place at a number of different levels. The first level of regulation is the individual. It is crucial that individuals are aware of and abide by principles of regulation themselves. Healthcare professionals are in day-to-day contact with patients and this requires students to take responsibility to behave in a way that is in accordance with professional obligations and the expectations that the public have of healthcare professionals.

21. As you progress through your course, you will develop the knowledge, skills and attitudes to support your practice alongside appropriate values, behaviours and relationships.
22. There is no comprehensive list of activities which lead to student fitness to practise procedures. This guidance attempts to set out positive principles which help students understand how to identify the 'right' behaviours in any given situation.
23. When considering your own behaviour and that of others, ask yourself will it:
 - a. Impact on the perception of patient safety (including that of fellow students and staff)?
 - b. Impact on the trust that the public places in the osteopathic profession that you wish to be a part of?
24. Your knowledge and understanding of professional behaviours will change and develop over time, and as you progress through your programme. The situations and experiences which you encounter during your studies will help to inform this process, and contribute to your fitness to practise. As a result, the expectations placed upon your fitness to practise will increase as your course progresses, particularly when you start to see patients in the clinical phase of your education. This should not be seen, however, as an excuse to behave unprofessionally in the earlier years of your osteopathic education. At any time, it is possible for a student's fitness to practise to be called into question.

Standards

25. The standards expected of osteopathic students are set out in the [*Osteopathic Practice Standards*](#) as published on the GOsC website⁵. As you progress through a 'recognised qualification' course, you will gradually achieve the knowledge, skills, attitudes and behaviours to demonstrate these standards to the appropriate level.

Common values of healthcare professionals

26. All healthcare regulators have subscribed to the following values⁶:
 - a. Be open with patients and clients and show respect for their dignity:
 - Listen to patients and clients.
 - Keep information about patients and clients confidential.

⁵ Available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards/>

⁶ Common Values Statement by the Chief Executives Group of the Health Care Regulators on professional values (as agreed by the Chief Executives of the Regulatory Bodies in 2006), available at: <https://www.professionalstandards.org.uk/docs/scrutiny-quality/common-values-statement-.pdf?sfvrsn=0>

- Make sure your beliefs and values do not prejudice your patients' or clients' care.
- b. Respect patients' and clients' rights to be involved in decisions about their treatment and healthcare:
- Provide information about patients' and clients' conditions and treatment options in a way they can understand.
 - Obtain appropriate consent before investigating conditions and providing treatment.
 - Ensure that patients have easy access to their health records.
- c. Justify public trust and confidence by being honest and trustworthy:
- Act with integrity and never abuse your professional standing.
 - Never ask for, nor accept any inducement, gift, hospitality or referral which may affect, or could be seen to affect, your judgement.
 - Recommend the use of particular products or services only on the basis of clinical judgement and not commercial gain.
 - Declare any personal interests to those who may be affected.
- d. Provide a good standard of practice and care:
- Recognise and work within the limits of your knowledge, skills and experience.
 - Maintain and improve your professional knowledge, skills and performance.
 - Make records promptly and include all relevant information in a clear and legible form.
- e. Act quickly to protect patients, clients and colleagues from risk of harm:
- If either your own, or another healthcare professional's conduct, health or performance may place patients, clients or colleagues at risk.
 - If there are risks of infection or other dangers in the environment.
- f. Co-operate with colleagues from your own and other professions:
- Respect and encourage the skills and contributions which others bring to the care of patients and clients.
 - Within your work environment, support professional colleagues in developing professional knowledge, skills and performance.
 - Do not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

27. These values are represented in the GOSc's [*Osteopathic Practice Standards*](#).

The Osteopathic Practice Standards

28. The GOsC’s Osteopathic Practice Standards⁷ set out the standards and principles of conduct required of registered osteopaths. Osteopathic students should be introduced to these at the earliest opportunity within their RQ course. All osteopathic educational institutions’ curricula will be mapped to the Osteopathic Practice Standards, enabling you to demonstrate your ability to meet their requirements, and ultimately, to register with the GOsC.

29. There are four themes covered in the *Osteopathic Practice Standards*:

- *Communication and patient partnership*
- *Knowledge, skills and performance*
- *Safety and quality in practice*
- *Professionalism*

The standards are set out under each theme, alongside extensive guidance, which helps to meaningfully interpret these. The *Osteopathic Practice Standards* create an environment whereby expectations will exist as to a student’s knowledge, skills, attitudes and behaviours throughout their osteopathic education. As you progress through the course, you will start to demonstrate the *Osteopathic Practice Standards*, appropriate to your level of study. In the table below, the practice standards are shown in the left column, and on the right, we have indicated the types of behaviours that might give rise to a cause for concern. This is not an exhaustive list, but should help to demonstrate the types of issues and behaviours that may lead to problems.

Table 1

Osteopathic Practice Standards	Behaviour that might give rise to concern
Communication and patient partnership	
<p>The therapeutic relationship between osteopath and patient is built on trust and confidence. Osteopaths must communicate effectively with patients in order to establish and maintain an ethical relationship.</p> <ul style="list-style-type: none"> • You must have well-developed interpersonal communication skills and 	<p>There would be concerns if you:</p> <ul style="list-style-type: none"> • Had poor communication skills, which might manifest with patients, fellow students or staff • Failed to gain consent from a patient before treating them, or carried out osteopathic techniques on colleagues without their consent

⁷ Available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards/>

<p>the ability to adapt communication strategies to suit the specific needs of a patient.</p> <ul style="list-style-type: none"> • Listen to patients and respect their concerns and preferences. • Give patients the information they need in a way that they can understand. • You must receive valid consent before treatment. • Work in partnership with patients to find the best treatment for them. • Support patients in caring for themselves to improve and maintain their own health. 	
<p>Knowledge, skills and performance</p>	
<p>Ethically an osteopath must possess the relevant knowledge and skills required to function as a primary healthcare professional.</p> <ul style="list-style-type: none"> • You must understand osteopathic concepts and principles and apply them critically to patient care. • You must have sufficient knowledge and skills to support your work as an osteopath. • Recognise and work within the limits of your competence. • Keep your professional knowledge and skills up to date. 	<p>There would be concerns if you:</p> <ul style="list-style-type: none"> • Demonstrated a poor commitment to your academic progress and engagement with your programme of study. • Showed a lack of insight and awareness as to the extent of your own knowledge and competence
<p>Safety and quality in practice</p>	
<p>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.</p> <ul style="list-style-type: none"> • You must be able to conduct an 	<p>There would be concerns if you:</p> <ul style="list-style-type: none"> • Were persistently rude to patients, colleagues or staff • Failed to follow tutors' instructions in practical classes, or in the treatment of patients • Demonstrated a consistently poor attitude to patient care, or a disregard to the welfare of your colleagues

<p>osteopathic patient evaluation sufficient to make a working diagnosis and formulate a treatment plan.</p> <ul style="list-style-type: none"> • You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action. • Care for your patients and do your best to understand their condition and improve their health. • Be polite and considerate with patients. • Acknowledge your patients’ individuality in how you treat them. • Respect your patients’ dignity and modesty. • Provide appropriate treatment and care. • Ensure that your patient records are full, accurate and completed promptly. • Act quickly to help patients and keep them from harm. 	<ul style="list-style-type: none"> • Consistently failed to respect your patients’ dignity and modesty • Made inappropriate comments about patients or colleagues • Did not keep full and complete patient records in accordance with your institution’s requirements, or falsified records in any way • Provided treatment for colleagues or others in an unsupervised capacity • Failed to comply with a duty of candour in the event that something went wrong with the osteopathic care of a patient – this would mean hiding issues from a patient as well as teaching staff.
---	---

Professionalism

<p>Osteopaths must deliver safe and ethical healthcare by interacting with professional colleagues in a respectful and timely manner.</p> <ul style="list-style-type: none"> • You must consider the contributions of other healthcare professionals to ensure best patient care. • You must respond effectively to requirements for the production of high-quality written material and data. • You must be capable of retrieving, processing and analysing information as necessary. • Make sure your beliefs and values do not prejudice your patients’ care. • You must comply with equality and anti-discrimination laws. • Respect your patients’ right to privacy and confidentiality. 	<p>There would be concerns if you:</p> <ul style="list-style-type: none"> • Showed a lack of insight as to how your own health might impact on patient care • Were dismissive of a patient’s values, or tried to impose your own values or beliefs on them • Failed to respect a patient’s confidentiality • Spoke unprofessionally about the contribution of colleagues and other healthcare providers • Acted dishonestly, for example, making dishonest claims about qualifications, experience, criminal records etc. • Failed to maintain appropriate boundaries with patients and tutors • Cheated in an assessment, including
---	---

<ul style="list-style-type: none"> • Be open and honest when dealing with patients and colleagues and respond quickly to complaints. • Support colleagues and co-operate with them to enhance patient care. • Keep comments about colleagues or other healthcare professionals honest, accurate and valid. • Ensure that any problems with your own health do not affect your patients. • Be aware of your role as a healthcare provider to promote public health. • Take all necessary steps to control the spread of communicable diseases. • Comply with health and safety legislation. • Act with integrity in your professional practice. • Be honest and trustworthy in your financial dealings, whether personal or professional. • Do not abuse your professional standing • Uphold the reputation of the profession through your conduct. You must provide to the GOsC any important information about your conduct and competence. 	<p>the plagiarising of academic work</p> <ul style="list-style-type: none"> • Behaved in such a way that would be likely to bring the reputation of the profession into disrepute
---	--

Case examples – minor concerns

A first year student repeatedly arrived late for lectures, and often failed to attend at all. He failed to hand in his first piece of coursework at the end of term 1. At a meeting with his personal tutor and the student welfare officer, it was explained why this was a serious issue, and the implications that poor attendance is likely to have on his end of year outcomes. He said that this was his first time living away from home, and he had got into the habit of staying up late with the consequence that he was struggling to get up in the mornings. He had now completed the essay, and was sure that he wanted to stay on the programme and become an osteopath. His attendance was monitored over the next month, and a meeting scheduled for the end of this period to review his progress. His attendance improved significantly.

An examiner reported a student for inappropriate behaviour during an assessment. The student had been very defensive during questioning, and made an aggressive and sarcastic comment at the end, implying the examiner had been biased, didn't like the student, and was going to fail her anyway. In fact, the student had passed the assessment. A meeting was held with the student at which her inappropriate behaviour and attitude were discussed with her. She apologised, and said that it was just a case of extreme exam nerves that had prompted her response. No further action was taken.

A fourth year student repeatedly arrived late for clinic, and on two occasions missed treating a patient. His colleagues were fed up with covering for him. Having been spoken to about this, he subsequently took a long weekend in France, and failed to show up for clinic on the following Monday at all, blaming a ferry strike. The Head of Clinical practice met with the student, and gave a formal written warning. His behaviour was monitored over the next three months, and a marked improvement was noticed.

Personal lives count too

30. As you have chosen to join a regulated healthcare profession, you must behave in an honest and trustworthy way from the start, taking into account the effects of your actions on others. As well as professional competence and behaviours referred to above, personal lives will count too. Issues in a student's private life may also impact on their fitness to practise. In the table below, we have set out potential areas of concern which might arise in a student's personal life, with examples of the types of issues that might relate to each category. There may be a crossover between these and some of the professional issues mentioned above in table 1

Table 2

Potential areas of concern	Examples of issues
Criminal convictions	Theft Fraud Sexual offences, including child pornography
Aggressive, violent or threatening behaviour	Assault Abuse Bullying or intimidatory behaviour Violent behaviour
Dishonesty	Falsifying CVs or other documents

Unprofessional behaviours or attitudes	Placing inappropriate postings or photos on social media
Health concerns, including mental health issues	<p>A lack of awareness about one’s own health issues and how these might impact on patient care</p> <p>Failure to seek appropriate medical help, or to engage with treatment or medical care</p>

Again, the examples given are not exhaustive, and are just provided to illustrate the types of issues which may lead to a query as to a student’s fitness to practise.

Case examples

It came to light that a second year student had recently received a year’s driving ban, having been caught driving over the legal alcohol limit. The student had failed to disclose this to the osteopathic educational institution. When a clinic tutor heard some students discussing it, the student in question had tried to persuade her not to inform the educational institution’s management team. A fitness to practise investigation was instigated, and the case referred to a panel. The panel found that fitness to practise was impaired. Although the driving ban was clearly an issue in itself, a major concern was his failure to disclose this, and his attempts at concealment. The panel recommended that remedial action be taken to ensure that the student understood the implications of failing to disclose criminal acts, and that additional coursework be produced to this effect. He was allowed to remain on the programme. The GOsC were informed.

A fourth year student was reported to the management team for turning up to clinic looking dishevelled, and smelling of alcohol. He had clearly been drinking at lunchtime. He was immediately suspended from clinic. Other students came forward and said that they were concerned about him, as he has been drinking excessively recently, and seemed disengaged from his studies following a recent break up with his girlfriend. A fitness to practise investigation was held, and the case referred to a panel. The student admitted that he did have an alcohol problem, and that this had been exacerbated by his recent relationship problems. He was trying to sort things out, however, and had been receiving counselling, as well as attending Alcoholics Anonymous meetings. He had been sober for three weeks prior to the hearing. In view of the student’s awareness of his issues and the positive steps that he was taking, the panel recommended he return to the course, but that he be monitored closely, and attend weekly meetings with the student welfare officer to ensure that he was progressing well. The GOsC was informed.

A third year student works in a gym as a qualified massage therapist. A lecturer at the osteopathic educational institution also uses the same gym, and is chatting to someone in an exercise class, who mentions that she has seen the student for a massage. She commented that 'she was very good, as she also practiced some osteopathic techniques on me'. The lecturer asks what types of techniques, and is told that the student 'made my back click a couple of times'. The lecturer refers this to the Head of Clinic, and a fitness to practise investigation is carried out. The student admits that she performed two high velocity thrust techniques on the patient, but had told her that this was only by way of 'practice', as she wasn't yet qualified as an osteopath. The case is referred to a panel, who find that the student's fitness to practise is impaired, but recommend that she be able to continue on the programme, undertaking additional work by way of remediation. The student demonstrates appropriate awareness of the issues involved, and does not carry out any further osteopathic techniques outside of the teaching environment.

Boundaries

31. You will be introduced to the concept of professional boundaries, and what this means for you as a student of osteopathy. It is important that any healthcare practitioner maintains appropriate professional boundaries with patients. Even as a student, there is likely to be a power difference between the 'authority' figure of the practitioner and that of a vulnerable patient, and any breaching of this professional boundary may give rise to concern as indicated in the table 1 above. It is not just in relation to patients that boundary issues might arise. Personal relationships with teaching staff, for example, may lead to difficulties. Each osteopathic educational institution will have their own policy on this, and on how any such relationships should be managed, if they are permitted at all. 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.
32. Similarly, you should consider boundaries in relation to other students. There is a degree of intimacy generated by the physical nature of an osteopathy programme which is unusual within higher education. Students are usually keen to practice techniques on each other, and sometimes this may take place away from the educational institution, perhaps in the student's own accommodation. This is an environment where boundaries are easily crossed, and which may lead to concerns and complaints. Again, your educational institution will have policies and guidance regarding the practice of techniques, and you should comply with these.

Case studies

Two first year students share a house with two third year students. The first years (a male and female) have the house to themselves one morning and agree to run through some techniques covered the previous week in a technique class. The male student comments on his colleague's underwear, whilst he is practicing some soft tissue techniques around her low back and pelvis. She feels that he's spending too much time working on her pelvic area. He then undoes her bra, without asking, so that he can work on the muscles in her thoracic area. She feels very uncomfortable with this, and asks him what he is doing. He apologises, and they carry on working for a while, though she still feels uncomfortable. She later mentions this to a friend, who said that she had had a similar experience with this particular student when he had come round to her house to practice. She had felt very uncomfortable by the way he had handled her, and some of the comments he had made about how she looked, but wasn't sure whether she was just being sensitive. Both students speak to the student welfare officer, who arranges to speak to the male student together with the course leader. They emphasise the need for clear boundaries and professional behaviour, not just with patients, but with colleagues, and discuss the issues raised. He accepts that his behaviour was inappropriate, and confirms that he will behave differently in future. He has regular meetings with the welfare officer to discuss his progress, and no further incidents occur.

A fourth year student gets on very well with one of his patients, a 75 year old lady with various chronic health issues. She mentions that she is struggling to cope with her garden, and, without the tutor's knowledge, the student offers to call round and do a few jobs for her. He does so, and this becomes a regular event over a three month period. The student does not seek any financial reward for his actions, but at Christmas, the patient gives him a cheque for £500. When the patient's daughter finds out about this, she complains to the osteopathic educational institution, and an investigation is undertaken, and a referral made to a fitness to practise panel. The student realises that he has placed himself in a very vulnerable position by transgressing boundaries with the patient, albeit with kind intentions. His acceptance of the £500, although not sought by him, again, raises questions as to his professional judgement and personal integrity. The panel feels that the student has, indeed shown poor judgement, but accepts he did not enter into the arrangement looking for personal gain. He shows self-awareness as to the issues raised, and by the time the panel meets, has already returned the £500 to the patient. He is allowed to continue on the programme with the requirement that he undertakes some additional work on professional boundaries, and meets regularly with a personal tutor.

Raising concerns

33. Students should be aware of their obligations to patients from an early stage in their course. If you have concerns about the behaviour of a student colleague or member of the teaching staff you should bring your concerns to the attention of a responsible person at the osteopathic educational institution at the earliest opportunity, to ensure that the concerns may be addressed at an early stage. This can be a challenging situation, and you may be reluctant to report a concern for a number of reasons; you may feel that raising a concern will cause problems for you or your colleagues, or even impair your own progress on the programme. You should bear in mind, though, that you have a duty to put the interests of patients first. Your educational institution may have a policy on raising concerns or 'speaking up', which will provide you with further guidance in this respect.

Case Study

A male student drunk an excessive amount of alcohol at a student party, and was seen harassing a fellow student, following her into the toilets and grabbing her. Other students intervened, and complained to the osteopathic educational institution management team. The student was suspended and a fitness to practise investigation held. During the investigation, two other students came forward to say that the student had acted in a similar way to them in the past, and they felt lucky that their friends had been around to intervene at the time. They had been reluctant to make a formal complaint before, but now felt that they should do so. The case was referred to a panel, who felt that the student's fitness to practise was impaired, and recommended that the student be removed from the course.

Duty of candour

34. In 2014, the GOsC and other regulators issued a joint statement regarding a duty of candour to patients when something goes wrong with their treatment or care, or which has the potential to cause harm or distress⁸. This will apply to all healthcare professionals, although it is recognised that the context of various professions will differ considerably. For students, there will be a duty of candour, but this will involve being open and honest with teaching staff, as well as with patients, when something goes wrong. Your osteopathic educational institution should have guidelines in this respect, and the concepts will be introduced to you as part of your programme.

⁸ Available at: <http://www.osteopathy.org.uk/standards/osteopathic-practice/duty-of-candour/>

Health and disability

35. If you have a particular disability or health impairment which means that reasonable adjustments may need to be made to the assessment of the standards in your case, you should discuss this with the appropriate person at your osteopathic educational institution. Guidance and assistance about making reasonable adjustments to reach required standards is set out in our publications [*Students with a disability or health impairment: Guidance for Osteopathic Educational Institutions*](#) and [*Osteopathic Education and Training: Guidance for Applicants and Students with a Disability or Health Impairment*](#), both available on our website at www.osteopathy.org.uk. You should refer to these documents for detailed information regarding the support of students with disabilities and health impairments.

What support will I get to be fit to practise?

36. There should be a continual dialogue about professionalism which runs throughout your osteopathic pre-registration course. You should be taught and supported to learn professional behaviours. The teaching you receive should also emphasise the importance of being aware of patient expectations, the impact of behaviours on patients and colleagues and should focus on delivering to meet the requirements of the Osteopathic Practice Standards⁹.
37. It is also important for you to confide in the appropriate person at your osteopathic educational institution if you have concerns about your own fitness to practise. This will help the osteopathic educational institution provide you with the right support and guidance to help you qualify as an osteopath.
38. When an osteopathic educational institution awards a recognised qualification to you, they are confirming that you are capable of practising in accordance with the published ethical standards of the osteopathic profession.
39. Further detailed guidance about how students might access support and reasonable adjustments is available in the guidance documents referred to in paragraph 34 above.

Fitness to practise proceedings

40. Osteopathic educational institutions must investigate and consider formal student fitness to practise proceedings if matters affecting student fitness to practise are brought to their attention. Our guidance [*Student Fitness to Practise: Guidance for*](#)

⁹ Available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards/>

*Osteopathic Educational Institutions*¹⁰ sets out detailed information about student fitness to practise proceedings. Any investigation should be carried out by a neutral member of staff, who will meet with the student concerned and any other relevant people to gather a broad range of evidence. If no evidence is found to substantiate the question as to a student's fitness to practise, then the matter may be dismissed, and the student would be able to carry on as before. Where there are minor issues which arise, and which need addressing, these may be resolved by agreeing additional support and supervision processes for a defined period. Serious or persistent issues may be referred to a fitness to practise panel, which will comprise a number of people unconnected with the case. This may include osteopathic and educational representatives, as well as lay involvement.

41. A formal hearing may be held, which you would normally be required to attend. The panel will reach a decision based upon all of the evidence, which may include a range of outcomes. These may include:

Warnings: Warnings allow the osteopathic educational institution to indicate to a student that their behaviour represents a departure from the standards expected of osteopathic students and should not be repeated. They are a formal response in the interests of maintaining professional values and underlining the importance of patient safety. There should be adequate support for the student to address any underlying problems that may have contributed to their poor behaviour.

Undertakings: In particular circumstances, the fitness to practise panel may agree an undertaking with the student concerned and to halt further proceedings whilst the undertaking is in place. Undertakings can be helpful where both the osteopathic educational institution and the student agree that fitness to practise is impaired and how patient safety can be assured moving forward.

Conditions: Conditions are 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 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.

Suspension: Suspension prevents a student from continuing with their course for a specified period, and, potentially, from graduating at the expected time. Suspension is appropriate for patient safety concerns that are serious enough to require suspension whilst remediation is undertaken. It should be imposed where

¹⁰ Available at: <http://www.osteopathy.org.uk/news-and-resources/publications/student-fitness-to-practise-guidance/>

conditions are not workable, and the opportunity to remediate deficiencies or recover from illness, for example, is best achieved outside the course environment.

Exclusion from the course: The panel can make a recommendation to the Principal of the osteopathic educational institution to expel a student, if they consider that this is the only way to protect patients (including fellow students and staff), carers, relatives, colleagues or the public. The student should be helped to transfer to another course if appropriate. However, the nature of the student's behaviour may mean that they should not be accepted on clinically-related courses, or on any other course. In most situations, the Principal will need to liaise with the validating university concerning expulsion.

42. The purpose of student fitness to practise policies and procedures is to ensure patient safety and that the trust placed by the public in the profession is upheld. They are not meant to be a punishment for particular behaviours. Insight into unprofessional behaviour is normally a pre-requisite to remaining a healthcare professional student. Whilst recommendation for expulsion is a possible outcome from student fitness to practise procedures, normally the emphasis would be on supporting students to be fit to practise.
43. The GOsC's Student Fitness to Practise Guidance for Osteopathic Educational Institutions provides more detailed information on admissions processes, the threshold of student fitness to practise and the student fitness to practise process, including questions to consider when making findings and sanctions.

Registration with the General Osteopathic Council

44. When you successfully complete your training, you will be awarded a recognised qualification. Having a recognised qualification entitles the holder to apply for registration with the GOsC. As well as having a recognised qualification you will need to demonstrate the following requirements:
 - a. Good health – this is necessary to practise as an osteopath. Good health means that a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice. We require a health reference from a doctor. If the applicant is unable to obtain a reference from a doctor they should seek advice from the GOsC.
 - b. Good character – this is important as all healthcare professionals must be honest and trustworthy. Good character is based on a person's conduct, behaviour and attitude. It also takes account of any convictions and cautions that are not considered compatible with professional registration and that might bring the profession into disrepute. A person's character must be sufficiently

good for them to be capable of safe and effective practice without supervision. We require a character reference from a professional person (for example an accountant, teacher, dentist or similar) who has known you for four years (and is not a relative) on first registration.

- c. Fitness to practise means having the skills, knowledge, good health and good character to do your job safely and effectively. Your fitness to practise as a student will be assessed throughout your pre-registration programme, and if there are ever concerns, these will be investigated and addressed by your Osteopathic Educational Institution (in conjunction with the validating university where appropriate).
45. Once registration is granted, you will be required to provide evidence of having obtained professional indemnity insurance before commencing practice.
46. All GOsC registrants are required to practice in accordance with the osteopathic practice standards. The award of the recognised qualification means that you have been assessed as being capable of meeting these standards.
47. Once registered, you will be expected to familiarise yourself with the Continuing Professional Development Guidelines¹¹ and to retain suitable evidence to support the submission of a CPD Annual Summary Form each year before your re-registration, and to meet the requirements of any continuing fitness to practise scheme in force at the time.
48. Further information about student fitness to practise, registration, CPD or any other matter relating to registration and regulation is available from the General Osteopathic Council by emailing: standards@osteopathy.org.uk or calling 020 7357 6655 x235.

¹¹ Available at: <http://www.osteopathy.org.uk/standards/continuing-professional-development/>