

Student Fitness to Practise Guidance for Osteopathic Educational Institutions

Please note that much of the text has been drawn from student fitness to practice guidance and other documentation of health professional regulators – particularly the GMC, NMC, GPhC and GDC. A formal acknowledgement will appear in the final document.

Introduction

1. The primary purpose of the regulation of healthcare professionals is to promote the safety and wellbeing of patients¹ and the public and to protect the health of patients and the general public.
2. There are nine statutory regulators regulating healthcare professionals. The General Osteopathic Council regulates osteopaths.

The General Osteopathic Council

3. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. By law osteopaths must be registered with the GOsC in order to practise in the UK.
 - The GOsC keeps the public [Register](#) of all those permitted to practise osteopathy in the UK.
 - The GOsC works with the public and osteopathic profession to promote patient safety. The GOsC sets standards and monitors the maintenance and development of high [standards](#) of osteopathic practice and conduct.
 - The GOsC also assures the quality of osteopathic education and ensures that osteopaths undertake [continuing professional development](#).
 - The GOsC help patients with any [concerns or complaints](#) about an osteopath and has the power to remove from the Register osteopaths who are unfit to practise.

The award of a Recognised Qualification

4. The award of the 'Recognised Qualification' (RQ) in osteopath, by an Osteopathic Educational Institution (OEI), means that the holder is capable of practising, without supervision, to the standards expected in the GOsC *Osteopathic Practice Standards*². The RQ means that the student is 'fit to practise'. The standards are available on our website: <http://www.osteopathy.org.uk/practice/standards-of-practice/>.
5. Once the RQ has been awarded, a student may apply for registration and entry to the GOsC Register, subject to satisfying character and health requirements³. If no additional information is available to the GOsC, it would not normally expect to refuse registration to a person who has been awarded the RQ.

¹ Throughout this guidance, 'Patients' includes patients and their carers. 'Patients' also includes fellow students and staff. Students and staff often practice history-taking, examination, diagnosis and treatment on each other throughout the course. These interactions are covered by this guidance.

² The Osteopathic Practice Standards come into effect on 1 September 2012. Prior to this the relevant documents are the GOsC Code of Practice (2005) and Standard of Proficiency (2001) available on the GOsC website at www.osteopathy.org.uk.

³ See S3(2) of the Osteopaths Act 1993 and the GOsC

Position statement on the relationship between Recognised Qualifications and Registration

Registration

6. The following elements are necessary to obtain registration with the GOSc, an essential pre-cursor to lawful practice as an osteopath:
 - a. The award of an RQ – the holder is capable of practice in accordance with the standards, conduct and the ethical requirements set out in the *Osteopathic Practice Standards*. This includes an assessment of fitness to practise.
 - b. Good health.
 - c. Good character.
 - d. Payment of the prescribed fee.
 - e. Professional indemnity insurance should be in place before beginning in practice.
7. The purpose of this booklet is to provide guidance about the professional behaviour and fitness to practise expected of osteopathic students and the management of fitness to practise proceedings during study for the award of the RQ at Osteopathic Educational Institutions (OEIs). A complementary booklet for students, *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students* is available on our website at www.osteopathy.org.uk.
8. Additional information is also provided about the statutory requirements of 'good character' and 'good health' at the point of registration. The intention is that, normally, matters affecting student fitness to practise would be dealt with during the RQ course. It would be unusual for a matter to be dealt with at the point of awarding an RQ and then for registration to be refused as a result of further consideration of the same matter.
9. Separately, the GOSc have also published separate booklets about the management of disability or health impairments to support students and OEIs. These booklets are called *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*. They are available on our website at www.osteopathy.org.uk. They contain guidance which emphasises the legal responsibilities of the OEIs to support students and to make reasonable adjustments to support students in achieving standards. The guidance provides some helpful examples of reasonable adjustments that have been used in osteopathic education and training. It is only if reasonable adjustments have failed, or there is an issue in terms of behaviour managing the condition that fitness to practise will become relevant if patient safety is a concern.

Student fitness to practise: a summary

10. Student fitness to practise procedures help to ensure patient safety and public trust in the profession, and support the remediation of students whilst maintaining patient safety.
11. This guidance is designed to be a helpful framework for the OEIs. However, OEIs are responsible for ensuring that the framework is developed and delivered locally. Although, the GOsC is not a source of appeal for student fitness to practise decisions made by OEIs, GOsC will scrutinise the student fitness to practise procedures as part of its quality assurance activities.
12. All OEIs are expected to have a published statement about how professional behaviours are taught and learning opportunities facilitated during the RQ course.
13. All OEIs are expected to have a published statement about how student fitness to practise is managed and incorporated into the admissions process and the RQ course. The local policy should be consistent with the procedures in place at the OEI, the validating university and the clinical settings within which osteopathic care is delivered.
14. All clinical and educational settings should have clear procedures in place indicating how staff, students and patients should raise concerns.
15. OEIs should ensure that these statements are made clear to students at the outset of their course and implemented effectively.
16. All decisions about an individual's fitness to practise must be considered on a case by case basis.
17. Fitness to practise issues may arise prior to, as well as during, the RQ course. The standards of acceptable behaviour required of a student prior to and during their course may be different to those required of registered practitioners. Different standards of behaviour may also be required from students at different stages of their course. For example, a fitness to practise issue which arises in Year 1 prior to any patient contact may be treated differently to the same fitness to practise issue which is identified in the final year of education and training. A defined approach to the ways on which learning professional behaviour will be addressed during the course is important to assist student understanding of professional requirements at different points in the course.
18. In all cases, OEIs should only award RQs to students who are capable of practice to the competence, conduct and ethical standards set out in the *Osteopathic Practice*

Standards. In cases where the required standards cannot be demonstrated, it may be appropriate to award an alternative qualification which does not have the status of an RQ and cannot lead to registration with the GOsC.

Scope of student fitness to practise

19. Matters that should be considered by the student fitness to practise procedures will include:

- a. Those which may affect patient safety.
- b. Those which may affect the trust that the public places in the profession.

20. Equally, the student fitness to practise procedures should be used appropriately. The outcomes of a student fitness to practise hearing are solely about patient safety and the trust that the public places in the profession. The process and outcomes in student fitness to practise procedures should not be a punishment to the student. For example, poor attendance at lectures, late submission of course work or inability to meet a particular requirement of the *Osteopathic Practice Standards* in the first year of the course may not be appropriate matters to invoke student fitness to practise procedures. However, equally, these patterns may be symptomatic of another problem which could be a fitness to practise issue. Further guidance about when student fitness to practise should be considered formally is set out at paragraphs 43 to 47 below – the threshold of student fitness to practise.

Learning professional behaviours

21. There should be a continual dialogue about professionalism which runs throughout osteopathic pre-registration education. Students should be supported to learn professional behaviours including appropriate knowledge, skills, attitudes and values. Teaching should also emphasise the importance of being aware of patient expectations, the impact of behaviours on patients, staff and colleagues, and should focus on delivering to meet the requirements of the *Osteopathic Practice Standards* in force at the time.

22. The purpose of fitness to practice is about patient safety (including the safety of colleagues and staff where appropriate) not punishment. Fitness to practise is an ongoing matter which is closely linked to professionalism. The most effective regulator of an individual's fitness to practise is the individual. Individuals must take responsibility for their own fitness to practise and should refrain from practice and be supported to do so if they are unable to provide the required standard of care. Individuals should also take steps to raise concerns about others where appropriate.

23. Providing confidential support, guidance and teaching to students at an early stage may help students to develop individual insight about the impact of behaviour on

others and responsibility for fitness to practise. It may also assist in avoiding more serious problems later during the educational course, or later still when the individual is a practising osteopath. Particular examples of situations and methods to support students' understanding of fitness to practise could include the following:

- a. Attendance at GOsC presentations about the *Code of Practice* requirements offered to all OEIs.
- b. Examples of social networking which could demonstrate fitness to practise issues, for example placing inappropriate postings or photographs on Facebook, etc.
- c. Examples of fitness to practise cases and working through the issues involved.
- d. Reference to possible ethical, conduct or communication issues as an integral part of the teaching and learning process.

Student fitness to practise policies and procedures

24. OEIs should ensure that their student fitness to practise policies, statements and procedures are published and made available to students and prospective students and staff and accessible in both educational and clinical environments.

Admissions

25. Prior to admission, applicants may seek advice about undertaking an osteopathic RQ from the OEIs and the GOsC. OEIs should allow for potential applicants to discuss their application and receive guidance about the *Osteopathic Practice Standards* and the *QAA Benchmark for Osteopathy* setting out competence standards in order to allow applicants to make an appropriate application.

26. When considering an application each OEI will take into account the fact that: *'the primary aim of an osteopathic education provider is to educate students to become safe and effective osteopaths who are fully capable of working autonomously in a variety of clinical settings as primary contact healthcare practitioners.'*⁴

27. OEIs should also have robust criteria based on principles of public protection in place for dealing with any issues relating to professional requirements revealed by applications or supporting documentation such as enhanced Criminal Record Bureau (CRB) checks and regular self-declarations.

Health impairments, disability and osteopathy

28. Like all healthcare regulators, the GOsC is keen to promote the full participation of people with disabilities in the health professions by removing common fears about

⁴ GOsC and the Quality Assurance Agency, 2007, Subject Benchmark Statements for Osteopathy (page 11)

regulatory processes, helping all involved in osteopathy to understand better how practice can be managed to meet the required standards⁵.

29. The General Osteopathic Council has published more detailed guidance about the impact and management of student health and disability both during education and training, and in autonomous practice. This guidance is called *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* which is available on the GOsC website at www.osteopathy.org.uk.
30. This guidance provides OEIs with a more consistent framework and examples about successful reasonable adjustments for students with particular health conditions or disabilities to support discussions between OEIs and prospective applicants. The guidance can help OEIs to make decisions about admissions where matters related to health and disability are considered. OEIs should encourage applicants with a disability or health impairment to read this guidance (different accessible formats will be available on request from GOsC) and enter into discussions with the OEIs about a career in osteopathy.
31. As part of the admissions process, the OEI will assess whether students have the knowledge, skills and attributes for entry to the course, the capacity and capability to enable prospective students to meet the competence standards at the end of the programme, and the potential to enter unsupervised independent and safe practice (allowing for any reasonable adjustments where appropriate).⁶

Consideration of previous convictions and cautions prior to admission

32. In making a decision about whether previous conduct or convictions are such that they may call in to question the applicant's fitness to practise and their ability to enter and complete the RQ course, the OEIs should take account its own guidance, guidance available from the validating university, and any other relevant guidance, including GOsC guidance. It is a requirement that OEIs should have explicit processes in place to implement the guidance effectively.
33. It is important that each case is considered on its individual circumstances. In order to enable OEIs to make a balanced decision, it is important that all available information can be considered by the OEI. This means that the applicant should ensure that all available information is accessible to the OEI and should consent to the disclosure of further information to the OEI from other agencies where appropriate.

⁵ See CHRE, *Health Conditions: Report to the four UK Health Departments*, June 2009 at p17.

⁶ Further guidance is provided in *Students with a Disability or Health Impairment: Guidance for Osteopathic Educational Institutions* available on our website at www.osteopathy.org.uk.

34. There are certain types of convictions where it would normally be expected that prospective students would be denied access to the RQ course on the grounds of patient safety. Such convictions might include:

- Serious sexual or violent offences leading to convictions which merited a custodial sentence.
- People barred from working with children on any official list.
- People barred from working with vulnerable groups under vetting and barring schemes both within and outside the UK. For example, the Protecting Vulnerable Groups and Vetting and Barring schemes in the UK.

35. The OEI must take a decision about whether fitness to practise would continue to be impaired in all circumstances. This guidance provides further details about how to come to this judgement.

36. In making such a decision, the OEI should consider the following factors:

- a. What are the circumstances leading to this conviction?
- b. How long is it since the offending behaviour took place?
- c. How serious are the circumstances relating to the conviction?
- d. Is this person barred from working with children or adults in any jurisdiction or on any official list?
- e. Does the prospective student have insight into the circumstances leading to the conviction?
- f. What remedial actions has the student taken?
- g. Does the evidence indicate that patients are still at risk with this student?
- h. Will patient wellbeing be assured with this prospective student?
- i. Will the trust that the public places in the profession be affected by the admission of this person to an osteopathic training course, subsequently leading to a Recognised Qualification and GOSc registration (subject to statutory health and character requirements)?

Pastoral care and student support

37. Once on an RQ course, students should have opportunities to learn professional behaviour and should be actively encouraged to seek support for any matter before it becomes a fitness to practise concern.

38. Where fitness to practise concerns are identified, the student should still be offered support alongside and independent from the fitness to practise procedures. It may be helpful to build support mechanisms with other OEIs to help ensure a degree of

outside and confidential support to the student where appropriate. However, where issues of patient safety arise, this must be communicated to the relevant person with accountability for fitness to practise issues so that the matter can be dealt with formally and in accordance with established procedures to ensure that patient safety and wellbeing is protected.

Health and fitness to practise

39. During the course, a disability or health condition or other impairment may make it impossible for a student to meet the requirements set out in the *Osteopathic Practice Standards* without assistance. The student should be offered the opportunity to have a full discussion about the types of reasonable adjustments that may enable them to reach the required standards and the contexts in which these requirements may need to be put into practice after registration. These discussions should take place as early on in the process as possible. OEIs must make reasonable adjustments for students with impairments to enable them to meet the competence standards if this is possible. Reasonable adjustments should not be made to the standards themselves, but to the method of learning and the way in which the student is assessed against the requirements.
40. Further dedicated booklets containing detailed guidance on these issues called *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* are available on our website www.osteopathy.org.uk. The General Medical Council has also published guidance on *Gateways to the Professions*⁷, which may also provide a useful resource to OEIs.
41. If a conversation between an OEI and a student reveals that the particular circumstances will not make it possible for the individual to meet the required *Osteopathic Practice Standards* because there are no suitable reasonable adjustments, then further discussions should be arranged about the options. It would be very rare for such discussions to lead to a formal fitness to practise hearing. However, this course of action may need to be explored if all avenues reasonable to the student and the OEI have been explored, and a way forward cannot be mutually agreed.
42. OEIs should consider their approach to students who cannot be awarded the RQ because of fitness to practise issues. OEIs should explore, where appropriate with their validating universities, alternative routes that can be made available to students in this situation. These might include the award of a qualification which is not an RQ and therefore does not lead to registration with the GOC.

⁷ GMC, Gateways Guidance, available at http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp and accessed on 13 April 2011.

The threshold of student fitness to practise

43. Students are not yet practising osteopaths. There are obligations on students to adhere to the *Osteopathic Practice Standards* when treating patients under supervision to ensure that their behaviour does not affect the trust that the public places in healthcare practitioners.
44. OEIs should make a judgement about whether issues that arise can be dealt with as part of remediation during the course, or whether formal fitness to practise proceedings should be considered. In part, this judgement will depend on the matter in question, and the stage of training the student is at. Patient safety and public trust in the profession will be affected by both criteria. This judgement may also be made at the conclusion of the investigation stage set out below.
45. In determining whether any one-off or course of conduct affects fitness to practise, the following questions may be considered:
- a. How serious is the behaviour?
 - b. What is the level of maturity demonstrated by the student?
 - c. What is the likelihood of repeat behaviour?
 - d. What stage of the course is the student undertaking? Are they a day-one student or a student in their final clinical year?
 - e. How well might the student respond to support and remediation?
46. 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 General Osteopathic Council⁸.
47. At the end of the course, the student will normally be awarded the RQ. This means that they are able to practise in accordance with the *Osteopathic Practice Standards* in force at the time. If the issue identified could affect this judgement, the formal student fitness to practise procedures should be invoked.

The investigation process

48. Once proceedings have been instigated, a fair, transparent and published procedure should be followed to ensure consistency for all and a common approach to exploring fitness to practise issues. This procedure should be clear to both the

⁸ The Data Protection legislation only allows this type of information to be passed to a third party with the consent of the student. It may be appropriate for OEIs to consider further whether all students should be asked to consent to the disclosure of such information as a condition of admission to reinforce the importance of patient safety.

student and those involved in the fitness to practise proceedings. The procedure should be consistent with that expected in the OEI and in the validating university, but should also be consistent with the principles in this guidance.

49. Independent support should be signposted to the student.

50. The role of the investigator should be undertaken by a suitably qualified and independent person, in accordance with the procedures laid down by the OEI.

The role of the investigator

51. The role of the investigator is to collate and present the evidence to assist the fitness to practise panel to establish whether there is enough evidence to determine if a student's fitness to practise is impaired. The investigator should be independent of the fitness to practise panel which makes decisions.

52. In considering the presentation of evidence, the investigator may consider the following questions:

- a. Has a student's behaviour harmed patients (including colleagues and staff) or put patients at risk of harm?
- b. Has a student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?
- c. Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?
- d. Has the student shown a deliberate and reckless disregard to the processes for the delivery of the service or put the reputation of the service provider at risk?
- e. Has a student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?

53. If the answer to any of the questions above is yes, then it would normally be appropriate to present the evidence to a fitness to practise panel.

54. The investigator may also consider responses to the following questions:

- a. Has the student shown insight into the behaviour? When did the student show insight into the behaviour? Has the student considered appropriate actions or developmental behaviour to address the issues raised?
- b. Are there mitigating circumstances which have contributed to the fitness to practise issue which have been recognised? Have steps been taken to seek additional support in these circumstances?
- c. If reasonable adjustments are already in place, is a student's behaviour in terms of managing a health or impairment compromising patient safety?

55. The investigator will gather evidence in the form of statements and any other appropriate evidence from relevant people.

56. The investigator may determine that in light of the evidence that the threshold of fitness to practise has not been met. (See paragraphs 43 to 47 above). In these circumstances, it will be important to notify the fitness to practise panel, the student and relevant clinical tutors to ensure that informal mechanisms are invoked if appropriate. It is important to ensure that all serious matters reaching the threshold of student fitness to practise above are considered through the fitness to practise procedures in light of implications for patient safety in the future.

Interim suspension

57. At the outset of the investigation, it may be necessary to consider suspending the student from patient contact or from the course whilst the investigation is ongoing. This may be necessary to protect patients, colleagues or the student in question. OEIs should make sure the decision is proportionate, fair and evaluated on a regular basis. If suspension is thought necessary, the investigator should ensure that the matter is brought to the attention of the fitness to practise panel as soon as possible. An interim suspension should only be removed following the agreement of the fitness to practise panel.

The adjudication process: the fitness to practise panel

58. The fitness to practise panel should not include the nominated investigator. It may be beneficial for the fitness to practise panel to include staff from other OEIs to help to demonstrate an objective consideration of the evidence. A mix of professional, educational and lay expertise will normally make up the appropriate constitution of the panel.

59. The fitness to practise panel should ensure that adequate notice is provided to the student regarding date, time and location of the fitness to practise hearing and should provide the student with information about how proceedings will run. The student should be given the opportunity to collect any necessary evidence, including medical or other evidence, where relevant. The student should also have the opportunity to attend with an independent, knowledgeable and objective supporter to the panel. The student should have an outline of the allegations and the evidence to be presented at the earliest opportunity so that they are able to prepare for the hearing.

60. The fitness to practise panel will hear the evidence from the investigator and from the student. The panel will then make a decision about whether fitness to practise is impaired. If fitness to practise is impaired the panel should allow the student to present mitigation. The fitness to practise panel will then consider sanctions.

61. The fitness to practise panel should:

- a. Consider evidence presented by the investigator.
- b. Consider evidence presented by the student.
- c. Decide whether fitness to practise is impaired by reference to the balance between patient and public safety, the interests of the student and the need to maintain trust in the profession.
- d. Consider mitigation presented.
- e. Decide on the appropriate sanction:
 - i. Warning
 - ii. Undertaking
 - iii. Conditions
 - iv. Suspension
 - v. Expulsion from course (with or without exit degree).

Outcomes of student fitness to practise hearings

62. The outcomes of a student fitness to practise hearing are solely about patient safety, the wellbeing of the public and the trust that the public places in the profession. The outcomes should not be a punishment to the student.

63. Students should disclose all sanctions imposed as a result of fitness to practise hearings to the General Osteopathic Council as part of the application for registration.

64. Students should also consent to disclose of the student fitness to practise sanctions by OEIs to other personnel where required for the purposes of patient safety and also to the GOSC. (For example, depending on the circumstances, it will normally be appropriate for those supervising students to be aware of any student fitness to practise sanctions with the purpose of protecting patients, colleagues or staff.)

65. OEIs should report student fitness to practise cases to the GOSC as part of their Annual Report. OEIs should also report details about individual students who have been subject to student fitness to practise procedures.

66. The possible outcomes of a student fitness to practise hearing include:

- a. Fitness to practise is not impaired and no case to answer.
- b. Evidence of misconduct but fitness to practise is not currently impaired.
- c. The student's fitness to practise is judged to be impaired and they receive a formal sanction. Beginning with the least severe, the sanctions are:

- a. Formal Warning
- b. Undertaking
- c. Conditions
- d. Suspension from osteopathic course or parts of it
- e. Expulsion from osteopathic course.

67. The purpose of the sanctions listed below is to protect patients and the public, to maintain trust in the profession, and to ensure that students whose fitness to practise is impaired are dealt with effectively through close monitoring or even removal from their course in necessary circumstances. Generally, students should be given the opportunity to learn from their mistakes.
68. Panels should consider whether the sanction will protect patients and the public, and maintain professional standards.
69. It is important that when a panel decides to impose a sanction, they make it clear in their determination that they have considered all the options and should explain why they consider their determination as an appropriate and proportionate response. They should also give clear reasons, including any mitigating or aggravating factors that influenced their decision, for imposing a particular sanction. In addition, the determination should include a separate explanation as to why a particular length of sanction was considered necessary.

Formal Warnings

70. Warnings allow the OEI 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.
71. The formal recording of warnings allows the OEI 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 a student as it may demonstrate a pattern of behaviour with particular implications for a student's fitness to practise. The warning should remain on the student's record, and the student must be aware of their responsibilities to disclose the warning when applying to the GOsC for registration. Usually, the GOsC would not take further action if the matter had been known to and dealt with at the OEI. However, if the information is not disclosed, this in itself could raise concerns about registration which would need to be investigated further.

72. Decision-makers may want to consider the following questions when deciding if it is appropriate to issue a warning:
- a. Is there evidence that the student may pose a danger to patients (including fellow students and staff) or the public? If so, a warning is unlikely to be appropriate.
 - b. Has the student behaved unprofessionally?
 - c. Has the student shown insight into the behaviour and the impact of the behaviour?
 - d. Does the student's behaviour raise concerns, but fall short of indicating that the student is currently not fit to practise but has been in the past?
 - e. Are the concerns sufficiently serious that, if there were a repetition, it would be likely to result in a finding of impaired fitness to practise? The decision-makers will need to consider the degree to which the concern could affect patient safety and public confidence in the profession.

Undertakings

73. 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 OEI and the student agree that fitness to practise is impaired and how patient safety can be assured moving forward.
74. An undertaking is an agreement between a student and the OEI where there is an explicit acknowledgement that the student's fitness to practise is impaired. This agreement is usually taken forward before or instead of a formal fitness to practise hearing or determination.
75. Undertakings may include restrictions on the student's clinical practice or behaviour, or the 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.
76. 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 the behaviour has had or could have had on patients, colleagues and staff. The student should also demonstrate potential for remediation. The panel may wish to see evidence that the student has taken responsibility for their own actions, and when necessary taken steps to improve their behaviour.

77. When considering whether to invite the student to accept undertakings, the panel should consider:
- a. Whether undertakings appear to offer sufficient safeguards to protect patients and the public, other students and staff.
 - b. Whether the student has demonstrated sufficient insight (including an understanding of the impact of the behaviour).

78. In the event that an undertaking is not suitable or appropriate, a further fitness to practise panel should be held in accordance with this framework and guidelines in place.

Conditions

79. 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.
80. The objectives of any conditions should be made clear so that the student knows what is expected of them, and a panel at any future hearing can identify the original shortcomings and the proposals for their correction. Any conditions should be appropriate, proportionate, workable and measurable and should set a specific time for review of progress.
81. Before imposing conditions, the 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; and
 - 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.
82. Although this list is not exhaustive, conditions may be appropriate when most or all of the following factors are apparent:

- The student has shown sufficient insight, and there is no evidence that they are inherently incapable of following good practice and professional values.
- There are identifiable areas of the student's studies in need of further assessment or remedial action.
- There is potential for remediation to be successful.
- The student is willing to respond positively to support and conditions.
- The student is willing to be honest and open with patients, colleagues and supervisors if things go wrong.
- Patients (including colleagues and staff) will not be put in danger either directly or indirectly as a result of the conditions.
- The conditions will protect patients during the time they are in force.

83. 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.

Suspension from course

84. 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 whilst 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.

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

86. When students return from suspension, there should be an appropriate review carried out by a representative of the Student Fitness to Practise panel to enable progress to be considered as part of a discussion. During the discussion, evidence of remedial action taken by the student, specific to their case, during the period of suspension would usually be considered. This might include 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, for example, as well as 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 agreed. (See the section on Conditions above at paragraphs 79 to 83).

87. Although this list is not exhaustive, suspension may be appropriate when some or all of the following factors are apparent:

- A 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.
- There is potential for remediation whilst the student is suspended.
- The student's judgement may be impaired and there is a risk to patient safety if the student were allowed to continue on the course even under conditions.
- There is no evidence that the student is inherently incapable of following good practice and professional values.
- The panel is satisfied the student has insight and is not likely to repeat the behaviour.
- There will be appropriate support for the student when returning to the course.

Expulsion from the course

88. The panel can make a recommendation to the Principal of the OEI to expel a student from the OEI 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.

89. Expulsion in relation to fitness to practise issues is the most severe sanction and should be applied if the student's behaviour is considered to be fundamentally incompatible with continuing on an osteopathic course or eventually practising as an osteopath. Although this list is not exhaustive, expulsion may be appropriate when a student:

- Has seriously departed from the principles set out in the GOSc *Code of Practice* and in this guidance.
- Has behaved in a way that is fundamentally incompatible with being an osteopath.
- Has shown a reckless disregard for patient safety.

- Has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients.
- Has abused their position of trust.
- Has violated a patient's rights or exploited a vulnerable person.
- Has committed offences of a sexual nature, including involvement in child pornography.
- Has committed offences involving violence.
- Has been dishonest, including covering up their actions, especially when the dishonesty has been persistent.
- Has put their own interests before those of patients.
- Has persistently shown a lack of insight into the seriousness of their actions or the consequences.
- Shows no potential for remediation.

90. Discontinuation on health grounds where reasonable adjustments cannot be made may also need to take place. However, this would only be following extensive discussions.

Registration

91. In order to register with the General Osteopathic Council, applicants are required to:

- a. Hold a Recognised Qualification – The holder is capable of practice in accordance with the competence, conduct and ethical standards set out in the *Osteopathic Practice Standards*.
- b. Satisfy the Registrar that they are of good character.
- c. Satisfy the Registrar that they are of good health.
- d. Pay the prescribed fee⁹.
- e. Ensure that professional indemnity insurance is in place prior to commencing practice.
- f. Undertake CPD (following an initial exemption for 10 months for new graduates registering shortly after graduation).

92. As the OEIs comply with this guidance, the award of the RQ will normally lead to registration with the GOsC.

93. However, if additional information, not known to the OEI, is discovered about the health or character of the applicant between the award of the RQ and the application

⁹ See Section 3 of the Osteopaths Act 1993.

for registration, the Registrar will consider this information separately, in the light of the current standards of conduct and competence set out in the GOsC's *Osteopathic Practice Standards*.

94. In all circumstances, the Registrar requires the following from applicants wishing to register with the GOsC.

Registration: the statutory requirement of good health

95. The Osteopaths Act 1993 and associated rules require applicants for registration to provide evidence of 'good health'. In the context of osteopathic practice, this simply means that the osteopath is able to practise in accordance with the requirements laid out in the *Osteopathic Practice Standards*.

96. The application for registration requires applicants to outline any medical problems which may prevent them from practising osteopathy.

97. The application for registration also requests a health reference from a general medical practitioner. If the applicant is not registered with a general medical practitioner, the applicant should provide a health reference from an osteopath or other suitably qualified health professional.

98. The Registrar's duty is to ensure that applicants are able to practise in accordance with the requirements of the *Osteopathic Practice Standards*, taking into account the relevant equality and human rights legislation. The Registrar may seek any additional evidence, in order to ensure that this duty is complied with.

Registration: the statutory requirement of good character

99. The Osteopaths Act 1993 and associated rules require applicants for registration to provide evidence of 'good character'.

100. The rules require that, as part of the application for registration, the applicant should declare the following:

- Any criminal charges or convictions;
- If they have been a party to any civil proceedings; and
- If they have been removed from any other professional or regulatory Register.

101. This means that all osteopaths must disclose all convictions, cautions, reprimands, and final warnings. All students are required to have an enhanced CRB check as part of their application for registration. In the event that an enhanced CRB check discloses cautions or convictions that have not been declared, applicants are requested to explain in writing the circumstances which led to them being cautioned. This information will

then be considered further by the Registrar before a decision about registration is made.

102. Applicants are also required to provide a character reference. This should be from a person of professional standing who has known them for at least four years.

103. The Registrar's duty is to ensure that applicants are able to practise in accordance with the requirements of the *Osteopathic Practice Standards*, taking into account the relevant equality and human rights legislation. The Registrar may seek any additional evidence, in respect of good character, in order to ensure that this duty is complied with.

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