



**General
Osteopathic
Council**

**Guidance about Professional Behaviours and
Student Fitness to Practise in Osteopathic
Education**

DRAFT

Introduction

1. The purpose of this guidance is to
 - a. Outline the professional behaviours and values (including conduct, ethics and competence) expected of students of osteopathy and which are essential to successfully graduate and be awarded a 'recognised qualification' entitling registration with the General Osteopathic Council (GOsC).
 - b. Explain the roles of the student, osteopathic educational provider and the GOsC to
 - i. support the development of the professional behaviours and values and
 - ii. take action where these professional behaviours and values are not demonstrated such that they impact or have the potential to impact on patient safety or the reputation of the osteopathic profession
2. This guidance should be read in conjunction with the detailed local guidance in place at each educational provider and other educational and clinical settings where students may work during their training, as well as the Osteopathic Practice Standards and Graduate Outcomes for Pre-registration Education and Training and the Standards of Education and Training.
3. Case examples are used within this document to help contextualise the guidance given. They are not offered as a 'gold standard' approach, but illustrate the types of issues which might arise, and how these might be managed.
4. Students should be supported to embody and behave in accordance with the professional values and behaviours outlined in the Osteopathic Practice Standards. These values and behaviours are an essential part of successfully being awarded a recognised qualification entitling the holder to apply for registration with the General Osteopathic Council.

Student fitness to practise: a summary

5. Being 'fit to practise', means that someone has the knowledge, skills, attitudes, professional behaviours values and management of health required to practise osteopathy safely and effectively. There are differences between the standards expected of osteopathic students of osteopathy and registered osteopaths, but there are also many similarities. Osteopathic students are the registered osteopaths of tomorrow.
6. 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.
7. Student fitness to practise policies and procedures help to ensure patient safety and public trust in the profession, and support the remediation of students while maintaining patient safety.

Annex A to 10

8. The role of the osteopathic educational provider 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.
9. In all cases, osteopathic educational providers should only award a recognised qualification to students who are capable of practising 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 a recognised qualification, and cannot lead to registration with the GOsC.

Professional Behaviours for students

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

10. Patients, carers and the public have specific expectations of healthcare professionals. Healthcare professionals are expected to treat patients properly and behave ethically, putting the interests of patients first. Trust is critically important to therapeutic relationships and this trust must be maintained in the profession as a whole as well as individual osteopaths and students.
11. The actions of individual osteopaths and students can impact trust in the whole profession. Osteopaths and osteopathic students must demonstrate a high standard of behaviour both personally and professionally, which justifies the trust placed as a future members of the profession; and which is different to that expected of students not in training to be a regulated health professional.

What are the professional values and behaviours expected of osteopathic students?

12. The professional values and behaviours expected of osteopaths and graduates are outlined in full in the *Osteopathic Practice Standards* and the *Graduate Outcomes for Pre-registration Education and the Standards of Education and Training* and are set out under the four themes of the *Osteopathic Practice Standards*:
 - Theme A: Communication and patient partnership
 - Theme B: Knowledge, skills and performance
 - Theme C: Safety and quality in practice
 - Theme D: Professionalism
13. A student's knowledge and understanding of professional behaviours will change and develop over time, and as they progress through their training. The situations and experiences which they encounter during their studies will help to inform this process, and contribute to their fitness to practise and their continued demonstration of the expected values and behaviours. As a result, the expectations placed upon a student's fitness to practise will increase as their training progresses, particularly when they start to see patients in the clinical phase of their education. This should not be seen, however, as an excuse to behave unprofessionally in the earlier years of their osteopathic education. At

Annex A to 10

any time, it is possible for a student's behaviour to impact on patient safety or trust in the profession.

14. When considering their own behaviour and that of others, students should ask themselves will it impact on:
 - a. the perception of patient safety (including that of fellow students and staff)?
 - b. the trust that the public places in the osteopathic profession?
15. Examples of how students can behave to begin to demonstrate these values and behaviours are set out below.

Theme A: Communication and patient partnership

This theme sets out the standards relating to communication, the formation of effective patient partnerships, and consent. Patients must be at the centre of healthcare and must be given the information that they need in order to make informed choices about the care they receive. These standards support therapeutic relationships built on good communication, trust and confidence in osteopaths and the osteopathic profession.

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A3 You must give patients the information they want or need to know in a way they can understand.

A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate.

A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.

A6 You must respect your patients' dignity and modesty.

A7 You must make sure your beliefs and values do not prejudice your patients' care.

16. Osteopaths must work in partnership with patients, listening to their concerns and preferences, helping them to explain what's important to them and communicating in a way that gives patients the information that they want and need and which supports patients to make informed decisions about treatment. Osteopaths must support patients to care for themselves and improve and maintain their own health and well-being. Osteopaths must respect their patients' dignity and modesty, and ensure that their beliefs and values do not prejudice their patients care.

17. Osteopathic students will be supported to learn about how to listen to and communicate with patients and how to obtain consent during their course. Students, in developing these professional behaviours and values, must:

- Listen to patients respecting their views and preferences – taking into account barriers to communication and asking for support to communicate effectively
- Be honest when they do not know something and do their best to find out how to respond to questions
- engage fully with the course by attending educational activities, including lectures, seminars and placements, and by completing coursework
- listen to and respond constructively to informed advice and feedback from educators, fellow students and colleagues
- be polite and considerate behave appropriately at all times including during classes, practical sessions, and clinics, listening and communicating appropriately and respecting the dignity and modesty of themselves, other students, staff and patients.
- treat patients fairly and with respect, no matter what their own thoughts are about their life choices or beliefs

Behaviour that might give rise to concern

18. Behaviours that might give rise to concern include where a student:

- Had poor communication skills (including rudeness), 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.
- Were dismissive of a patient's values, or tried to impose their own values or beliefs on them.
- Failed to follow educators' 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 their colleagues.
- Consistently failed to respect their patients' dignity and modesty.
- Made inappropriate comments about patients or colleagues.

Theme B: Knowledge, skills and performance

All osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these throughout their careers. They must always work within the limits of their knowledge, skills and experience. The standards in this theme set out the requirements in this respect

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

19. Osteopaths must have sufficient knowledge and skills to support their work, they must recognise an work within the limits of their competence, keep their professional knowledge and skills up to date and be able to analyse and reflect on practice to enhance patient care.

20. Osteopathic students will be supported to learn these knowledge and skills during their course. Students must:

- Act within the limits for their competence and ask for help when necessary or when they are uncertain
- Make sure patients, carers and colleagues are aware of their competence level and that they are a student
- Take action if there is insufficient supervision
- Engage in routine evaluation activities, for example, end of module or clinic questionnaires or other mechanisms for providing feedback to others
- Reflect on what has been learned and ways to improve performance.

Behaviour that might give rise to concern

21. Behaviours that might give rise to concern include where a student:

- Demonstrated a poor commitment to their academic progress and engagement with their programme of study.
- Showed a lack of insight and awareness as to the extent of their own knowledge and competence.

Theme C: Safety and Quality in Practice

Osteopaths must deliver high-quality and safe healthcare to patients. This theme sets out the standards in relation to the delivery of care, including evaluation and management approaches, record keeping, safeguarding of patients, and public health

Annex A to 10

C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

C2 You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.

C3 You must respond effectively and appropriately to requests for the production of written material and data.

C4 You must take action to keep patients from harm.

C5 You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.

C6 You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.

22. Osteopaths must be able to conduct an osteopathic evaluation and deliver safe, competent and appropriate osteopathic care, ensure patient records are comprehensive, accurate and completed promptly, respond appropriately to requests for the production of written material and data, take action to keep patients from harm, ensure that practice is safe, clean and hygienic, complying with health and safety legislation and be aware of the wider role as a healthcare professional to contribute to the health and wellbeing of patients.
23. Students will be supported to develop these knowledge and skills during their course. Students must:
- Know how to raise concerns
 - Raise concerns about patient safety promptly using the osteopathic educational provider policies where possible
 - Make notes promptly
 - Comply with requirements about infection control and hygiene

Behaviour that might give rise to concern

24. Behaviours that might give rise to concern include where a student:
- 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
 - Did not meet the requirements of the institution regarding infection control measures and hygiene

Theme D: Professionalism

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession. The standards in this theme deal with such issues and behaviours

Annex A to 10

including the establishment of clear professional boundaries with patients, the duty of candour, and the confidential management of patient information. These contribute to ensuring that trust is established and maintained within therapeutic relationships

D1 You must act with honesty and integrity in your professional practice.

D2 You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath.

D3 You must be open and honest with patients, fulfilling your duty of candour.

D4 You must have a policy in place to manage patient complaints, and respond quickly and appropriately to any that arise.

D5 You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.

D6 You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law.

D7 You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.

D8 You must be honest and trustworthy in your professional and personal financial dealings

D9 You must support colleagues and cooperate with them to enhance patient care

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

D11 You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.

D12 You must inform the GOSc as soon as is practicable of any significant information regarding your conduct and competence, cooperate with any requests for information or investigation, and comply with all regulatory requirements.

25. Osteopaths must act with honesty and integrity, establish and maintain clear professional boundaries and must not abuse their professional standing and position of trust, must be open and honest, fulfilling their duty of candour, response quickly and appropriately to patient complaints, maintain patient rights to privacy and confidentiality, uphold the reputation of the profession at all times through their conduct in and out of the workplace, be honest and trustworthy, support colleagues and cooperate with them to enhance patient care, consider the contribution of other health and care professionals to optimise patient care, ensure that they manage their health seeking advice.

26. Students will be supported to learn and behave in accordance with these knowledge, skills, ethics and values. Students must:

Annex A to 10

- Be honest in communications with the educational provider, staff, colleagues and patients and check that the information that they provide is correct
- Not say they have done something if they haven't (e.g. saying teaching or clinic sessions have been attended when they have not been attended)
- Not plagiarise (pass off work of others as theirs or their own previously assessed work)
- Maintain professional relationships and boundaries with patients, educators, other health professionals
- Seek advice when they are concerned that something may have or has gone not as expected with a patient.
- Respect patient confidentiality, never discuss a patient in a public place or on social media and never discuss patient identifiable information without consent.
- Avoid doing things in their personal life which will undermine the confidence patients have in the osteopathic profession. For example: consider social media posts, behaviour when on nights out and behaviour with other people.

Behaviour that might give rise to concern

27. Behaviours that might give rise to concern include where a student:

- Showed a lack of insight as to how their own health might impact on patient care
- 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.
- 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 the plagiarising of academic work
- Behaved in such a way that would be likely to bring the reputation of the profession into disrepute.

Annex A to 10

Supporting professional behaviours for students: The role of the osteopathic educational providers

28. Osteopathic Educational Providers are responsible for designing and delivering curricula which deliver osteopathic recognised qualifications meeting the regulatory standards set by the General Osteopathic Council and enabling students to apply for registration with the GOsC and to practise as osteopaths in the United Kingdom.
29. A continual dialogue about professionalism should run throughout osteopathic pre-registration education to enable students to deliver the Graduate Outcomes. These include ensuring that students 'Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time, and understand how to work within a context of uncertainty, using the standards and other sources of information to inform professional judgement and decision making in partnership with patients.'
30. Osteopathic Education Providers must meet the Standards for Education and Training to be able to deliver 'recognised qualifications'. This includes *Learning Culture*: supporting students by ensuring that:
 - a. 'A caring and compassionate culture within the educational provider that places emphasis on the safety and wellbeing of patients, educators and staff and embodies the Osteopathic Practice Standards.
 - b. They cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.
 - c. The learning culture is fair, impartial, inclusive and transparent, and is based upon the principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals), it must meet the requirements of all relevant legislation and must be supportive and welcoming.
 - d. Processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.
 - e. Students are supported to develop as learners and as professionals during
 - f. their education.
 - g. They promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.
31. This also includes '*Students*': Osteopathic Education Providers must ensure and be able to demonstrate that students:
 - a. are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.
 - b. have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.

Annex A to 10

- c. have their diverse needs respected and taken into account across all aspects of the programme (consider the GOsC Guidance about the Management of Health and Disability).
 - d. receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.
 - e. have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.
 - f. are supported and encouraged in having an active voice within the education provider.
32. This includes '*Clinical Experience*': 'Education providers must ensure and be able to demonstrate that:
- a. clinical experience is provided through a variety of mechanisms to ensure that students are able to meet the clinical outcomes set out in the Graduate Outcomes for Osteopathic Pre-Registration Education.
 - b. there are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, in order to sufficiently be able to deliver the Osteopathic Practice Standards.

Supporting professional behaviours for students: the role of the General Osteopathic Council

33. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. As with all healthcare regulators, our primary purpose is the protection of the public. This involves protecting, promoting and maintaining the health, safety and wellbeing of the public; the promotion and maintenance of public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession . GOsC does this by:
- Keeping the Register of all those permitted to practise osteopathy in the UK.
 - Setting, monitoring and developing standards of osteopathic training, practice and conduct and ensuring that osteopaths undertake continuing professional development
 - Setting and monitoring standards for and assuring the quality of osteopathic education
 - Helping patients and others who have concerns or complaints about an osteopath. We have the power to restrict registration or remove any osteopath who is unfit to practise from the Register. As a regulatory body we are committed to ensuring a diverse and inclusive profession, diverse and inclusive educational environments and equality of opportunity for all applicants and students of osteopathy.
34. GOsC's role to support students is by:

Annex A to 10

- a. Ensuring that there are clear outcomes for graduates to meet and clear standards for osteopathic educational providers to meet. These are the Graduate Outcomes and Standards for Education and Training which were designed collaboratively with patients, students, osteopaths and other stakeholders outlining the expectations and roles of students and providers.
- b. Quality assuring all institutions by gathering evidence to inform our decisions using a range of methods, including visits to each provider, annual report monitoring, and collecting feedback from external examiners, students, staff and patients. If our standards are not met, we must take action to remedy or withdraw recognition from education providers.
- c. Visiting students at osteopathic educational providers to discuss the role of the regulator, aspects of professionalism and the effective implementation of the Osteopathic Practice Standards.
- d. Providing bespoke support on ethical issues and queries.
- e. Operating a concerns process for students, patients and staff with concerns about the quality of the course and its ability to meet the Osteopathic Practice Standards.

Student fitness to practise

Fitness to practise at graduation

35. Students for whom fitness to practise issues have been raised or are under consideration should not be awarded a recognised qualification. If student fitness to practise issues arise just prior to the award of the qualification, care should be taken to how to support the student to remediate prior to graduation. This might involve an extended period prior to graduation, for example, by resitting a year or a specific module. By graduating a student with a recognised qualification, an osteopathic provider is declaring that a student is fit to practise as an osteopath.

Award of a recognised qualification.

36. The award of a recognised qualification in osteopathy, by an osteopathic educational institution, means that the holder is capable of practising without supervision to the standards expected in the GOsC's Osteopathic Practice Standards. This includes professional, ethical, competence and performance standards so the award of the 'RQ' means that the student is fit to practise.
37. Once a recognised qualification has been awarded, the holder may apply for registration and entry to the GOsC Register, subject to satisfying character and health requirements. If no additional information is available to the GOsC, it would not normally expect to refuse registration to a person who has been awarded a recognised qualification.

Registration with the General Osteopathic Council

38. The award of a recognised qualification indicates that the osteopathic educational provider regards the graduate as being capable of practising in

Annex A to 10

accordance with the Osteopathic Practice Standards. However, if additional information, not known to the provider, is discovered about the health or character of the applicant between the award of the recognised qualification and the application for registration, the Registrar will consider this information separately in the light of the current standards of conduct and competence set out in the Osteopathic Practice Standards.

39. As part of the application for registration, the applicant must declare:
- any criminal charges or convictions
 - whether they have been a party to any civil proceedings
 - whether they have been removed from any other professional or regulatory Register.
40. This means that applicants must disclose all convictions, cautions, reprimands, and final warnings. All graduates are required to have an enhanced Disclosure and Barring Service (DBS) check as part of their application for registration. In the event that an enhanced DBS check discloses cautions or convictions that have not been declared, applicants are requested to explain in writing the circumstances that led to their being cautioned. This information will then be considered further by the Registrar before a decision about registration is made.
41. The application for registration requires a health reference from a doctor, and a character reference from a person of professional standing who has known the applicant for at least four years.
42. Further information about applying to register as an osteopath is available on the GOSC [website](#)¹.

Considering student fitness to practise

43. Matters that should be considered by the student fitness to practise procedures will include those that may affect:
- a. patient safety
 - b. the trust that the public places in the profession.
44. Matters relevant to consideration may involve students at both pre-clinical and clinical stages of their programmes, and behaviours in both their professional and personal lives.
45. 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.

¹ <https://www.osteopathy.org.uk/training-and-registering/how-to-register-with-the-gosc/>

Annex A to 10

46. The process and outcomes in student fitness to practise procedures should not be a punishment to the student.
47. It is also important to consider whether the issue raises concerns about health conditions or disability that may require reasonable adjustments. For example, students who experience difficulties with their health may display unprofessional behaviour that raises concerns. However, these patterns may be symptomatic of another problem which could be an early indicator of a more significant misconduct fitness to practise issue.

Taking action on low-level concerns

48. Low level concerns may be raised by a range of sources, eg students or educators or patients. These kind of concerns may include infrequent attendance at lectures, lateness to lectures, seminars or clinic or late submission of coursework, and inability (within the context of the expectations on students at that stage of their course) to meet a particular requirement of the *Osteopathic Practice Standards* in the first year of studies. Further examples of these types of concerns can be found in Table 1 below.
49. It is important to discuss, address, record and monitor these kinds of concerns so that unprofessional behaviour can be remedied early before it leads to significant fitness to practise issues.
50. Osteopathic educational providers should have clear policies about the identification, management and monitoring of these issues and this should be clear to staff and students. Outcomes should be clearly justified to students.
51. Awareness and education are key to making sure, from the beginning of their courses, all students are familiar with the standards of professional and personal behaviour expected of them and the values that underpin these standards. International students who come to study osteopathy in the United Kingdom might need additional support to understand some of the cultural aspects of working and studying in the UK. Both educational providers and students themselves have a duty to behave in a way that promotes an open and transparent culture to develop professional values and behaviours.

Case example

A fourth-year student repeatedly arrived late for clinic, and on two occasions missed treating a patient. The student's colleagues were fed up with covering for them. Having been spoken to about this, the student 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. The student's behaviour was monitored over the next three months, and a marked improvement was noticed.

52. Providing the right support for students is critical to ensuring that inappropriate behaviour or the impact of health conditions are identified at the earliest opportunity and that students are provided with or signposted to appropriate support to put this right.
53. This includes ensuring that:
- a. the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice and support.
 - b. Students are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.
 - c. Students have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.
 - d. Students have their diverse needs respected and taken into account across all aspects of the programme (consider the GOsC Guidance about the Management of Health and Disability).
 - e. Students receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.
 - f. Students have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.
 - g. Students are supported and encouraged in having an active voice within the education provider.
 - h. All staff involved in the design and delivery of programmes are trained in all policies in the educational provider (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively².

Invoking Student Fitness to practise proceedings

54. 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.
55. Osteopathic Educational Providers must ensure that they have appropriate processes to manage student fitness to practise issues so that they can assure that the award of the recognised qualification means that the holder is fit to practise. The Student Fitness to Practise Process Guidance in the Annex outlines

² See Standards for Education and Training

Annex A to 10

how osteopathic educational providers could manage student fitness to practise processes to meet this requirement.

Case example³

A first-year student repeatedly arrived late for lectures, and often failed to attend at all. They failed to hand in their first piece of coursework at the end of term 1. At a meeting with their 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 their end of year outcomes. They said that this was their first time living away from home, and they had got into the habit of staying up late with the consequence that they were struggling to get up in the mornings. They had now completed the essay, and were sure that they wanted to stay on the programme and become an osteopath. The student's attendance was monitored over the next month, and a meeting scheduled for the end of this period to review progress. Their attendance improved significantly.

Case example

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 them anyway. In fact, the student had passed the assessment. A meeting was held with the student at which their inappropriate behaviour and attitude were discussed with. The student apologised, and said that it was just a case of extreme exam nerves that had prompted the response. No further action was taken.

Personal lives count too

56. As students have chosen to join a regulated healthcare profession, they must behave in an honest and trustworthy way from the start, taking into account the effects of their 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.

³ Case examples are used throughout this document to illustrate how the guidance might be applied in practice. These are fictional examples, and are not based on actual cases, individuals or osteopathic educational institutions.

Annex A to 10

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 (for example, Racist, misogynistic, homophobic or disablist comments)
Health concerns, including mental health issues	Whilst health conditions, in themselves, are not usually sufficient to call a student's fitness to practise into question, a lack of awareness about these and how these might impact on patient care might raise concerns. This might include failure to seek appropriate medical help, or to engage with treatment or medical care.

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 example

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 the student's failure to disclose this, and their 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. They were allowed to remain on the programme. The GOsC were informed.

Case example

A fourth-year student was reported to the management team for turning up to clinic looking dishevelled, and smelling of alcohol. They had clearly been drinking at lunchtime. The student was immediately suspended from clinic. Other students came forward and said that they were concerned about them, as they had been drinking

Annex A to 10

excessively recently, and seemed disengaged from their studies following a recent relationship break up.

A fitness to practise investigation was held, and the case referred to a panel. The student admitted that they did have an alcohol problem, and that this had been exacerbated by the recent relationship problems. They were trying to sort things out, however, and had been receiving counselling, as well as attending Alcoholics Anonymous meetings. They had been sober for three weeks prior to the hearing. In view of the student's awareness of their issues and the positive steps that they were taking, the panel recommended they return to the course, but that they be monitored closely, and attend weekly meetings with the student welfare officer to ensure that they were progressing well. The GOsC was informed.

Case example

A third-year student works in a gym as a qualified massage therapist. A lecturer at the osteopathic educational provider 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 'they were very good, as they also practised 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 they performed two high velocity thrust techniques on the patient, but had told her that this was only by way of 'practice', as they weren'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 they 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

57. It is important that students are aware of the importance for any healthcare practitioner of maintaining appropriate boundaries with patients. They should be taught, at the earliest opportunity, about the dynamics of the therapeutic relationship and the vulnerability of patients.⁴ A patient must be able to feel confident and safe with a healthcare professional and trust that they are acting in the patient's best interests, and providing the best possible care. A breach of sexual boundaries can seriously damage this trust. 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 Table 1 above.
58. It is not just in relation to patients that boundary issues might arise. Personal relationships with teaching staff, for example, may lead to difficulties. Guidance should be given to osteopathic educational institutions' staff and students

⁴ The Professional Standards Authority publish guidance in this respect for healthcare professionals (<http://bit.ly/2o6h7Bh>) and also for patients (<http://bit.ly/2oXvig7>)

Annex A to 10

regarding the appropriateness of personal relationships between staff and students, and the potential issues that this may raise. Each institution will have its own processes and policies in this respect, although the issues of relationships based on the power difference between an authority figure such as an educator and what may be a vulnerable student will be largely consistent for each. Boundary issues might arise in relation to friendships and social relationships between staff and students, as well as with sexual relationships. Examples of behaviours that might give rise to concern would include:

- disclosing or asking for inappropriate personal information
- socialising with students
- holding study groups in the staff member's home
- inappropriate social media contact with students for non-educational purposes.

59. Students should also be aware of the importance of maintaining boundaries with their colleagues during their training. In a course where there is often intimate contact with fellow students, the familiarity that develops can lead to (sometimes inadvertent) boundary transgressions. 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. Guidance to students should be provided on this.
60. The maintenance of clear professional boundaries with patients, colleagues and staff from the educational institution is therefore a fundamental aspect of developing professional behaviours as a student of osteopathy. A breach of such professional boundaries can lead to a student's fitness to practise being called into question, which might affect their ability to remain on the course.

Case example

A fourth-year student gets on very well with one of his patients, a 75 year old woman 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. They do so, and this becomes a regular event over a three month period. The student does not seek any financial reward for their actions, but at Christmas, the patient gives them 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, resulting in a referral being made to a fitness to practise panel. The student realises that they have placed themselves in a very vulnerable position by transgressing boundaries with the patient, albeit with kind intentions. Their acceptance of the £500, although not sought by them, again, raises questions as to their professional judgement and personal integrity. The panel feels that the student has, indeed shown poor judgement, but accepts they did not enter into the arrangement looking for personal gain. They show self-awareness as to the issues raised, and by the time the panel meets, has already returned the £500 to the patient. The student is allowed to continue on the programme with the requirement that they undertakes some additional work on professional boundaries, and meets regularly with a personal tutor.

Case example

A final-year male student bumps into a female patient while out in a local nightclub. They have a chat and a drink together, and then dance. A friend takes a photo of them dancing together, and uploads it to Facebook, tagging the student so that the photo appears in his timeline. On the following Monday morning, a student friend sees the Facebook photo when in the teaching clinic, and recognises the patient. He makes a comment to the student in question about going out with a patient, which is overheard by a clinic tutor. The tutor asks what is going on, and is shown the photo. He also recognises the patient, and reports the matter to clinic management. The student maintains that it was an accidental meeting, and though he realises that the photo looks inappropriate, he says his actions were innocent. He is reminded of the osteopathic educational institution's guidance on patient boundaries and asks his friend to delete the photo from Facebook. No further action is taken.

Raising concerns

61. Students should be made aware of their obligations to patients from an early stage of their course. If they have concerns about the behaviour of a student colleague or member of staff, they should be encouraged to raise these with the educational institution in accordance with a published policy on the raising of concerns. The institution should be mindful of the challenges that such a situation can pose to students who raise concerns, and provide appropriate support. It is important to establish and maintain a culture whereby students feel able to raise concerns in this way.

Case example

A male student drank an excessive amount of alcohol at an end of year party, and was seen harassing a fellow student, following him into the toilets and grabbing him. Other students intervened, and complained to the osteopathic educational institution management team. The student was suspended while a fitness to practise investigation was undertaken. During the investigation, it was discovered that the student had behaved similarly to two other students the previous year. The students had been reluctant to report this at the time, but now provided statements. The case was referred to a Panel. The Panel considered the student's fitness to practise to be impaired, and recommended that the student be removed from the course.

Duty of candour

62. 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 has the potential to cause harm or distress. This will apply to all healthcare professionals, although it is recognised that the context will differ considerably for different professions. For students, the duty of candour, will involve being open and honest with teaching staff, as well as with patients, when something goes wrong. Educational institutions should be clear about how the duty of candour applies to students, and support them in engaging with this.

Student fitness to practise policies and procedures

62. Osteopathic educational providers should ensure that the General Osteopathic Council (GOsC) guidance on student fitness to practise – together with any guidance issued by the provider itself, including its student fitness to practise policies, statements and procedures – are published and highlighted to students, prospective students and staff.

Admissions

63. Prior to admission, applicants may seek advice about undertaking an osteopathic recognised qualification from the osteopathic educational institutions and eventually registered with the GOsC. Educational providers should allow for potential applicants to discuss their application and receive guidance about the *Osteopathic Practice Standards*⁵. Applicants should also be aware of the Quality Assurance Agency's *Subject Benchmark Statement: Osteopathy*⁶ and the GOsC's Graduate Outcomes and Standards for Education and Training,⁷ which set out competence standards that can help them to make an appropriate application.
64. When considering an application, osteopathic educational providers should take into account that they are aiming to produce graduates 'able to demonstrate the

⁵ Available at: bit.ly/gosc-ops

⁶ Available at: bit.ly/qaa-benchmark-osteopathy

⁷ Available at: <https://www.osteopathy.org.uk/training-and-registering/becoming-an-osteopath/guidance-osteopathic-pre-registration-education/>

Annex A to 10

qualities of an autonomous patient-focused practitioner who is competent, caring, empathetic, trustworthy, professional, confident, self-aware and inquiring, and who has a high level of practical skills and problem solving ability'.⁸

65. Osteopathic educational providers should also have in place robust criteria, based on principles of public protection, for dealing with any issues relating to professional requirements that are revealed by applications or supporting documentation such as enhanced Disclosure and Barring Scheme (DBS) checks and regular self-declarations.
66. Health Education England (now part of NHSE) has undertaken a major project in developing a framework in relation to values based recruitment in the NHS, and educational providers may find the resources on its website⁹ to be useful.

Health conditions and disability

67. Like all healthcare regulators, the GOsC is keen to promote inclusivity in the profession and the full participation of people with disabilities or health conditions better representing the society that osteopaths serve. GOsC aims to remove common fears about regulatory processes, helping all involved in osteopathy to discuss and understand better how practice can be supported to meet the required standards.¹⁰
68. The GOsC has also published guidance about the management of disability or health impairments to support students and osteopathic educational institutions: *Students with a Disability or Health condition: Guidance for Osteopathic Educational Institutions*¹¹ and *Guidance for Applicants and Students with a Disability or Health condition*¹² These emphasise educational providers' legal responsibilities to support students and to make reasonable adjustments in order to support students in achieving standards.
69. The GOsC guidance provides osteopathic educational institutions with a consistent framework and examples for successfully making reasonable adjustments for students with particular health conditions or disabilities. It also helps educational providers to make decisions about admissions, with students, where matters related to health and disability are considered. Institutions should encourage applicants with disabilities, a particular impairment, long-term health condition or neurodivergence, to read the guidance, and enter into discussions with them about how to support a career in osteopathy.
70. As part of the admissions process, the osteopathic educational provider will assess whether students have the knowledge, skills and attributes for entry to

⁸ Quality Assurance Agency, *Subject Benchmark Statement: Osteopathy* (see 14 above), clause 4.2.

⁹ <https://www.hee.nhs.uk/our-work/values-based-recruitment>

¹⁰ See page 17 of the Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence) publication, *Health Conditions: Report to the four UK Health Departments*, June 2009. Available at: bit.ly/psa-health-conditions-09

¹¹ Available at: bit.ly/gosc-oei-health-guidance

¹² Available at: bit.ly/gosc-student-health-guidance

Annex A to 10

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 (with reasonable adjustments where appropriate).

71. During a Recognised Qualification course, a disability, 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. They 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 during their education; they should also have the opportunity to discuss the strategies that they will need to employ after registration to self-manage their disability or health condition and ensure safe practice. These discussions should take place as early in the process as possible. Osteopathic educational institutions must make reasonable adjustments for such students, 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.
72. If, following discussions between an osteopathic educational provider and a student, it appears that no reasonable adjustments can be made that will enable the student to meet the required *Osteopathic Practice Standards*, further options need to be considered. It would be rare for such discussions to lead to a formal fitness to practise hearing; however, this course of action may be indicated if all avenues have been explored, and a way forward cannot be mutually agreed.

Previous convictions and cautions

73. In making a decision about whether previous conduct or convictions may call into question the applicant's fitness to practise and their ability to enter and complete a recognised qualification, osteopathic educational institutions should take into account their own guidance, as well as any guidance available from their validating university (where this is separate) and any other relevant organisation such as the GOsC. Institutions are required to have explicit processes in place to implement the guidance effectively.
74. Each case must be considered on its individual circumstances. In order to enable a balanced decision to be made, it is important that all available information can be considered by the osteopathic educational institution. This means that the admissions process must encourage and support applicants to disclose all relevant information to the institution, and to consent to the disclosure of further information from other agencies where appropriate.
75. It would normally be expected that prospective students who have certain types of convictions would be denied access to a recognised qualification programme on the grounds of patient safety. This might apply to people who, for example, have:
 - committed serious sexual or violent offences, leading to convictions that merited a custodial sentence

Annex A to 10

- been barred from working with children on any official list
 - been barred from working with vulnerable groups, under disclosure and barring schemes both within and outside the UK.
76. The osteopathic educational institution must take a decision about whether fitness to practise would continue to be impaired in all circumstances. Matters requiring serious consideration include:
- dishonesty, fraud deceit or misrepresentation
 - drug or alcohol dependency
 - abuse of trust or other inappropriate behaviour with vulnerable persons
 - breach of confidentiality
 - threats to public health, safety or welfare
 - blatant disregard for the law or the system of registration
 - unlawful discrimination, harassment or victimisation, contrary to the requirements of the *Equality Act 2010*.
77. In making such a decision, the osteopathic educational institution 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 person have insight into the circumstances leading to the conviction?
 - f. What remedial actions have they taken?
 - g. Does the evidence indicate that patients are still at risk with this person?
 - h. Will patient wellbeing be assured with this person?
 - 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)?

Case example¹³

A 25-year-old applicant admits that they served a six-month sentence for burglary when aged 18. They are very open about the circumstances of this, and how they had been disengaged from education when at school, and fallen in with a group who had encouraged criminal behaviour. They report that the sentence was the shock that they needed, and that they did much reflection on their attitude while in prison. On release, they returned to education, and has taken 2 A levels. They has been working for a charity helping in the resettlement of ex-prisoners, and has developed a strong ambition to become an osteopath, having received some treatment in the past following a back injury and undertaken an Access to Healthcare course.

The osteopathic educational institution is happy to offer them a place. They are candid about their past behaviour, and demonstrates considerable self-awareness as to the circumstances of the conviction. They have shown no return to criminal activity since being released over six years previously, and have demonstrated a commitment to gaining A levels, and to working for a charity. It is felt that the past conviction will have no bearing on their current fitness to practise.

Support to be fit to practise?

78. There should be a continual dialogue about professionalism which runs throughout osteopathic pre-registration training. Students should be taught and supported to learn professional behaviours. The teaching should also emphasise the importance of being aware of patient expectations, the impact of behaviours on patients and colleagues and should focus on delivering the requirements of the [Osteopathic Practice Standards¹⁴](#).
79. Students may be affected by many issues during their studies, including health, financial and family or other social issues. When concerns arise, education providers should give their students access to appropriate support and adjustments to help manage these issues.
80. It is also important for students to be able to confide in the appropriate person at their osteopathic educational provider if you they concerns about their own fitness to practise. This will help the osteopathic educational institution provide students with the right support and guidance.
81. 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. However, the student should still be

¹³ This is a fictional case to illustrate the application of the guidance, and does not relate to any particular individual or osteopathic educational institution.

¹⁴ Available at: <http://bit.ly/2pt0mjU>

Annex A to 10

offered support alongside and independent from the fitness to practise procedures. Osteopathic educational institutions should encourage an environment where speaking up is encouraged and supported, in the event that any practice or behaviour is felt to compromise an individual's fitness to practise or patient safety.

82. When an osteopathic educational institution awards a recognised qualification to, they are confirming that the graduate is capable of practising in accordance with the published ethical standards of the osteopathic profession.

DRAFT

Student fitness to practise process guidance

The threshold of student fitness to practise

83. Students are not yet practising osteopaths. They are under an obligation to adhere to the Osteopathic Practice Standards but at a standard appropriate to their level of training at the time, when treating patients under supervision. This is to ensure that their behaviour does not affect the trust that the public places in healthcare practitioners.
84. Osteopathic educational providers should make a judgement about whether issues that arise can be dealt with by 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 and the environment that the student is working in.
85. In determining whether any one-off event or pattern of conduct affects fitness to practise, the following questions may be considered:
- a. Context: What happened?
 - i. Were rules available?
 - ii. Were rules workable?
 - iii. Were rules knowingly departed from?
 - iv. Is this an exception to peers?
 - v. Was training available?
 - vi. Was there sufficient supervision?
 - b. If the answer to any of these questions is no, it may be appropriate to learn from the event in terms of enhancing the learning and working environment.
 - c. How serious is the behaviour?
 - d. Was this a one-off incident, or representative of a pattern of behaviour?
 - e. What is the level of maturity and insight demonstrated by the student?
 - f. What is the likelihood of repeat behaviour?
 - g. What stage of the course is the student undertaking? Are they in the first year, for example, or in their final clinical year, approaching graduation?
 - h. How well might the student respond to support and remediation?
86. 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 Council.
87. At the end of the course, the student will normally be awarded the recognised qualification. 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

88. Once proceedings have been instigated, a fair, transparent and published process should be followed to ensure consistency for all and a common approach to exploring fitness to practise issues. This process and the timeframe should be clear to all involved both the student and those involved in the fitness to practise proceedings, and students should be kept up to date on the progress of their case. The process should be consistent with that expected by the validating university (if separate from the osteopathic educational institution), and with the principles in this guidance.
89. Independent support must be signposted to the student to support their health and well being.
90. The role of the investigator should be undertaken by a suitably qualified and independent person, in accordance with the educational provider's policies.

The role of the investigator

91. The role of the investigator is to collate and present the evidence, in order to inform a decision as to whether the student's fitness to practise is impaired. The investigator should be independent of the fitness to practise panel that will make a decision, and should not be the student's personal tutor (or similar) or otherwise involved in supporting the student.
92. The investigator should keep a full record of the investigation, which should be carried out in a proportionate manner, having regard to the interests of patients and the public, and also the student.
93. In considering the presentation of evidence, the investigator may consider the following questions:
 - a. Has the student's behaviour harmed patients (including colleagues and staff) or put them at risk of harm?
 - b. Has the student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?
 - c. Has the 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 osteopathic care or put the reputation of the osteopathic educational provider, clinic or other setting at risk?
 - e. Has the student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
 - f. Is the student's health or disability, or their management of this, compromising patient safety?
94. If the answer to any of the questions above is 'yes', it would normally be appropriate to present the evidence to a fitness to practise panel.

95. The investigator may also consider 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 that contributed to the fitness to practise issue, and which have been recognised? Has the possibility been considered that a reasonable adjustment may be required? Have steps been taken to seek additional support in these circumstances?
96. The investigator should maintain records of the investigation, including records of complaints, notes of meetings held, interviews and statements. A written report should be produced which provides the results of the investigation, and which details all of the evidence gathered.
97. The investigator should present their findings to an individual or committee, in accordance with the education provider's processes of the osteopathic educational institution. If that individual or committee it is considered, in the light of the investigator's report, that the student's behaviour is serious or persistent enough to call their fitness to practise into question, the case should be referred to a fitness to practise panel.
98. The relevant individual or committee may determine Alternatively, it may be considered as a result of the investigation that that there is insufficient evidence to call into question the student's fitness to practise. In these circumstances, it may be felt that additional measures are required to ensure the student is able to address the issues that prompted the investigation, and the student and all relevant teaching staff will need to be informed of these. It is important to ensure that all serious matters reaching the threshold of student fitness to practise (see paragraphs 83 to 87) are considered through the fitness to practise procedures, in the light of the implications for patient safety.

Interim suspension

99. At the outset of the investigation, it may be necessary to consider suspending the student from patient contact or from the course while the investigation is ongoing. This may be necessary to protect patients, colleagues or the student. Osteopathic educational institutions should make sure the decision is proportionate, fair and re-evaluated on a regular basis.

The adjudication process: the fitness to practise panel

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

Annex A to 10

members of the panel should be familiar with this guidance, local guidance, and the General Osteopathic Council's guidance on the management of students with disability and health conditions and equality and diversity issues.

101. The fitness to practise panel should ensure that the student is given adequate notice regarding the 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 evidence, where relevant. The student should also have the opportunity to attend the hearing with an independent, knowledgeable and objective supporter. The student should have an outline of the allegations and the evidence to be presented at the earliest opportunity, so they can prepare for the hearing. Steps must be taken to explore whether reasonable adjustments may be required by the student to attend the panel hearing.
102. The fitness to practise panel will hear the evidence from the investigator and from the student. It 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 panel will then consider sanctions.
103. 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.

Outcomes of student fitness to practise hearings

104. 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.
105. Students must also consent to disclosure of the student fitness to practise sanctions by the osteopathic educational institution 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, for the purpose of protecting patients, colleagues or staff.

Annex A to 10

106. Osteopathic educational institutions must report student fitness to practise cases to the GOsC as part of their Annual Report. Individual student's details are only reported to GOsC where the panel have found that the student's fitness to practise is in question and a sanction has been imposed. They should also report details of individual students who have been subject to student fitness to practise procedures.
107. Graduates must disclose all sanctions imposed as a result of fitness to practise hearings to the General Osteopathic Council (GOsC) as part of the application for registration.
108. The possible outcomes of a student fitness to practise hearing include:
 - a. Fitness to practise is not impaired and there is 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:
 - i. formal warning
 - ii. undertaking
 - iii. conditions
 - iv. suspension from the osteopathic course or parts of it
 - v. expulsion from the osteopathic course.
109. The purpose of imposing a sanction 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 if necessary. Generally, students should be given the opportunity to learn from their mistakes.
110. Panels should consider whether the sanction will protect patients and the public, and maintain professional standards.
111. It is important that, when a panel decides to impose a sanction, it:
 - makes clear in its determination that it has considered all the options
 - explains why it considers its determination to be an appropriate and proportionate response
 - gives clear reasons, including any mitigating or aggravating factors that influenced its decision, for imposing a particular sanction
 - where appropriate, includes a separate explanation as to why a particular length of sanction was considered necessary.

Formal warnings

112. A warning allows 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. It is a formal response in the interests of maintaining professional values and behaviours, underlining the importance of patient safety. There should be adequate support for the student to

Annex A to 10

address any underlying problems that may have contributed to their poor behaviour.

113. The formal recording of warnings allows the osteopathic educational institution to identify any repeat behaviour and to take appropriate action. Any breach of a warning may be taken into account by a panel in relation to a future case against the student, as it may demonstrate a pattern of behaviour with particular implications for their 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 will not take further action if the matter is known to have been dealt with at the educational institution. However, if the information is not disclosed, this in itself could raise concerns about registration which will need to be investigated further.
114. The fitness to practise panel may want to consider the following questions when deciding whether 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 falls short of indicating that the student is currently not fit to practise (although they may have been in the immediate 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 panel will need to consider the degree to which the concern could affect patient safety and public confidence in the profession.

Undertakings

115. In particular circumstances, the fitness to practise panel may agree an undertaking with the student concerned, and agree to halt further proceedings while the undertaking is in place. Undertakings can be helpful where both the educational institution and the student agree that fitness to practise may be impaired and agree on how patient safety can be assured moving forward.
116. An undertaking is an agreement between the student and the osteopathic educational provider, where there is an explicit acknowledgement that the student's fitness to practise may be impaired. This agreement can usually be taken forward before or instead of a formal fitness to practise hearing or determination.
117. Undertakings may include restrictions on the student's clinical practice or behaviour, or a commitment to undergo medical supervision or remedial teaching. As with conditions (see paragraphs XXXX), they are likely to be appropriate if the

Annex A to 10

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.

118. 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 where necessary taken steps to improve their behaviour.
119. When considering whether to invite the student to accept undertakings, the panel should consider whether:
 - a. undertakings appear to offer sufficient safeguards to protect patients and the public, other students and staff
 - b. the student has demonstrated sufficient insight, including an understanding of the impact of the behaviour.
120. in the event that an undertaking is not suitable or appropriate, the fitness to practise panel should reconvene in accordance with the framework and guidelines in place.

Conditions

121. Placing conditions on the student's continued participation in the programme is appropriate when there is significant concern about the behaviour or health of the student, following a finding that their fitness to practise is impaired. This sanction should be applied only if the 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.
122. The objectives of any conditions should be made clear so that the student knows what is expected of them, and so that a panel at a future review 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.
123. 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
 - 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.

Annex A to 10

124. 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 is no evidence of harmful, deep-seated personality or attitudinal problems.
 - 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.
 - It is possible to formulate appropriate and practical conditions which can be verified and monitored, and which will protect patients during the time they are in force.
125. 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 the course

126. Suspension prevents a student from continuing with their course for a specified period, and from graduating at the expected time. Suspension is appropriate for patient safety concerns that are serious enough to require suspension while remediation is undertaken. It should be imposed where conditions are not workable, and the opportunity to remediate deficiencies or recover from illness, for example, is best achieved outside the course environment.
127. Examples of conduct that might merit a suspension include students who are in the process of demonstrating that they have recovered from an addiction.
128. When students return from suspension, there should be an appropriate review 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, for example, further evidence of reflection and learning such as a reflective essay or other set work demonstrating understanding of why the suspension was necessary and why the student feels that they can return; it might also include medical and therapeutic reports if appropriate. In cases of substance misuse, a medical and therapeutic report will almost always be required before a student can return to clinical practice under supervision. If progress has been made and patient safety can be assured,

Annex A to 10

further conditions for a period of time with an appropriate review may be agreed (see paragraphs 121-124).

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

- The breach of professional values is serious, but is not fundamentally incompatible with the student continuing on the course. Remediation is possible, but suspension is necessary for patient safety reasons.
- There is potential for remediation while the student is suspended.
- The student's judgement may be impaired and there is a risk to patient safety if the student is allowed to continue on the course, even with conditions.
- 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

130. The fitness to practise panel can make a recommendation to the osteopathic educational provider to expel a student if they consider that this is the only way to protect patients, fellow students, staff, and others. 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.

131. Expulsion is the most severe sanction and should be applied only 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 Osteopathic Practice Standards 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

Annex A to 10

- has persistently shown a lack of insight into the seriousness of their actions or the consequences
- shows no potential for remediation.

Discontinuation on health grounds

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

DRAFT

Acknowledgements:

In preparing this guidance we have drawn on the [GMC and MSC's Achieving Good Medical Practice: Guidance for Students](#) (2016)

DRAFT