



General
Osteopathic
Council

Osteopathic
Pre-Registration
Education

Guidance on Professional Behaviours and Student Fitness to Practise in Osteopathic Education

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1 About this guidance

- 1 The purpose of this guidance is to outline the professional behaviours and values that are expected of students of osteopathy and which are essential to graduate and be awarded a 'recognised qualification'. A recognised qualification enables registration with the General Osteopathic Council (GOsC).
- 2 The guidance is intended for use by students and osteopathic education providers. It sets out the roles of students themselves, the education providers as well as the role of the GOsC in supporting the development of professional behaviours and values. The guidance also explains how to take action when these professional behaviours and values are not demonstrated and there is the potential to impact on patient safety or the reputation of the osteopathic profession.
- 3 Case examples are used within this document to help contextualise the guidance and to illustrate how it might be applied in practice. They are not offered as a 'gold standard' approach, but illustrate the types of issues which might arise, and how these might be managed. These are fictional examples, and are not based on actual cases, individuals or osteopathic education providers.

2 Introduction

- 4 The General Osteopathic Council (GOsC) is the statutory regulator for osteopaths in the UK, and in order to practise in the UK, osteopaths must be on the GOsC Register. The purpose of regulation is:
- to protect, promote and maintain the health, safety and wellbeing of the public
 - to promote and maintain public confidence in the profession of osteopathy; and;
 - to promote and maintain proper professional standards and conduct for members of that profession.
- 5 This guidance should be read in conjunction with any specific guidance in place at each education provider or clinical settings where students may work during their training together with the **Graduate Outcomes for Pre-registration Education and Training and the Standards of Education and Training**. Students should also be supported to embody and behave in accordance with the professional values and behaviours outlined in the **Osteopathic Practice Standards**

3 What do we mean by student fitness to practise?

- 6 Being 'fit to practise' means that someone not only has the required knowledge and skills, but demonstrates the required professional behaviours and values to practise osteopathy safely and effectively. There are differences between the standards expected of osteopathic students and osteopaths once they are registered, but there are also many similarities. Osteopathic students are the osteopaths of tomorrow.
- 7 The role of the osteopathic education 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.
- 8 In cases where the required standards cannot be demonstrated, it may be appropriate for the education provider to award an alternative qualification which does not have the status of a recognised qualification, and cannot lead to registration with the GOsC.

4 Professional behaviours for students

Why high standards are important

- 9 Patients, carers and the public expect healthcare professionals to treat patients properly and behave ethically, putting patient interests first. Trust is critically important to therapeutic relationships and this trust must be maintained in the profession as a whole as well as with individual osteopaths and students.
- 10 The actions of individual osteopaths and students can impact upon trust in the profession as a whole. Osteopaths and osteopathic students must demonstrate a high standard of behaviour both personally and professionally, which justifies the trust placed in them as future members of the profession. This places an extra level of responsibility on osteopathy students as they are among those students who are training to be a regulated health professional.

Professional values and behaviours in relation to the Osteopathic Practice Standards

- 11 The professional values and behaviours expected of osteopaths and graduates are outlined in full in the **Osteopathic Practice Standards (OPS) 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**
- 12 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 ability to demonstrate 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 any time, it is possible for a student's behaviour to impact on patient safety or trust in the profession.
- 13 When considering their own behaviour and that of others, students should ask themselves, will it impact on:
- a. patient safety or the perception of patient safety (including that of fellow students and staff)?
 - b. public trust in the osteopathic profession?

OPS Theme A: Communication and patient partnership

- 14 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 they need 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.

- 15 Osteopathic students will be supported in how best to listen to and communicate with patients and how to obtain consent as part of their course. In developing these professional behaviours and values, students 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.

Examples of student behaviour that might give rise to concern

- 16 Concerning behaviours include where a student:
- Demonstrated poor or inappropriate communication skills (including rudeness or unresponsiveness), 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.
 - Was 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.
 - Used social media to communicate inappropriately with patients or others.

OPS Theme B: Knowledge, skills and performance

- 17 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.

- 18 Students will be supported to keep their knowledge and skills updated during the duration of their course.

Students must:

- Reflect on and act within the limits for their competence and ask for help when necessary when they are uncertain, or if they feel that they or other students require more supervision in particular patient interactions.
- Make sure patients, carers and colleagues are aware of their competence level and that they are a student.
- 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.

Examples of student behaviour that might give rise to concern

- 19 Concerning behaviours include where a student:
- Demonstrated 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.

OPS Theme C: Safety and Quality in Practice

- 20 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.

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.

- 21 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 their own osteopathic education provider's policies where possible.
 - Make any notes promptly including patient notes.
 - Comply with requirements about infection control and hygiene.

Examples of student behaviour that might give rise to concern

- 22 Concerning behaviours include where a student:
- Did not keep full and complete patient records in accordance with their provider's requirements, or falsified records in any way.
 - Provided treatment for colleagues or others without sufficient supervision.
 - Did not meet the requirements of the education provider regarding infection control measures and hygiene.

OPS Theme D: Professionalism

- 23 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 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.

- 24 Students will be supported to develop these knowledge, skills, ethics and values during their course. Students must:
- Be honest in communications with their education 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 (eg saying teaching or clinic sessions have been attended when they have not).
 - Not plagiarise (pass off work of others as their own, or their own previously assessed work as new work.)
 - Maintain professional relationships and boundaries with patients, educators, and other health professionals.
 - Seek advice when they are concerned that something may have or has not gone 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.
 - Speak up when they are concerned about bullying, harassment and racist or discriminatory behaviour.
 - 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 socialising and behaviour with other people.

Examples of student behaviour that might give rise to concern

- 25 Concerning behaviours include where a student may have:
- Shown 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.
 - Spoken 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 professional 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 including behaving or posting online in a bullying, harassing, racist or discriminatory manner.

5 Supporting and enabling professional behaviours for students

The role of the osteopathic education providers

- 26 Osteopathic educational providers are responsible for designing and delivering curricula which ensure that osteopathic recognised qualifications meet GOsC standards. Recognised qualifications enable students to apply for registration with the GOsC and to practise as osteopaths in the United Kingdom.
- 27 A continual dialogue about professionalism should run throughout osteopathic pre-registration education to support students to meet the Graduate Outcomes. As part of these outcomes, students must: '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.'
- 28 Osteopathic education providers must meet the **Standards for Education and Training** to be able to deliver 'recognised qualifications'. This includes:

Learning Culture

- 29 Education providers must ensure and be able to demonstrate that:
- There is a caring and compassionate culture within the educational provider that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.
 - They cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.
 - 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.
 - 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.
 - Students are supported to develop as learners and as professionals during their education.
 - 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.

Students

- 30 Osteopathic education providers must ensure and be able to demonstrate that 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.
 - Have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring **Allied Health Professionals**.
 - 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**).
 - Receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.
 - Have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.
 - Are supported and encouraged in having an active voice within the education provider.

Clinical experience

- 31 Education providers must ensure and be able to demonstrate that:
- 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.
 - 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, to be able to deliver the Osteopathic Practice Standards sufficiently.

6 Role of the General Osteopathic Council

- 32 The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. As with all healthcare regulators, its 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. The 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 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 education environments and equality of opportunity for all applicants and students of osteopathy.
- 33 GOsC's role to support students is by:
- Ensuring that there are clear outcomes for graduates and osteopathic education providers to meet, as set out within the Graduate Outcomes and Standards for Education and Training. These outcomes were designed collaboratively with patients, students, osteopaths and other stakeholders.
 - Quality assuring all education providers by gathering evidence to inform their 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 GOsC standards are not met, the GOsC must take action to remedy or withdraw recognition from education providers.
 - Visiting students at osteopathic education providers to discuss the role of the regulator, aspects of professionalism and the effective implementation of the Osteopathic Practice Standards.
 - Providing bespoke support on ethical issues and queries.
 - 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.
- 34 Students should not be awarded a recognised qualification when fitness to practise issues have been raised or are under consideration. If student fitness to practise issues arise just prior to the award of the qualification, care should be taken as to how to support the student to improve 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.

- 35 The award of a recognised qualification in osteopathy, by an osteopathic education provider, 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. Where a student has received a sanction as a result of a student fitness to practice process, this is reported to the General Osteopathic Council as part of the education provider's annual reporting and monitoring process. This does not prevent that student ultimately being registered as an osteopath if they proceed to gain a Recognised Qualification, but acts as a further check to ensure that only those with the necessary knowledge, skills and behaviours are able to join the register and practise as an osteopath.
- 36 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

- 37 The award of a recognised qualification indicates that the osteopathic education provider regards the graduate as being capable of practising in 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.
- 38 As part of the application for registration, the applicant must declare:
- any criminal charges or convictions
 - whether they have been party to any civil proceedings
 - whether they have been removed from any other professional or regulatory Register.
- 39 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.
- 40 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.

7 Student fitness to practise: matters to consider

- 41 Student fitness to practise is about patient safety and the trust that the public places in the profession, therefore procedures should be used appropriately. The process and outcomes in student fitness to practise procedures should not be a punishment to the student.
- 42 Osteopathic education providers should ensure that the 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.
- 43 When thinking about student fitness to practise procedures, either at pre-clinical or clinical stages of their programmes matters to consider will include those that may affect:
- Patient safety.
 - The trust that the public places in the profession behaviours in both the student's professional and personal lives. The process and outcomes should not be a punishment to the student.
 - It is also important to consider whether the issue raises concerns about health conditions or a 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.

Low-level concerns

- 44 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.
- 45 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.
- 46 Osteopathic education 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.

- 47 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 education 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 1

A fourth-year student repeatedly arrived late for clinic, and on two occasions missed treating a patient. The student's colleagues were unhappy 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.

- 48 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.

This includes ensuring that:

- 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.
- 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.
- Students have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.
- 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).
- Students receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.
- Students have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.
- Students are supported and encouraged in having an active voice within the education provider.
- All staff involved in the design and delivery of programmes are trained in all policies in the education provider (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

Invoking student fitness to practise proceedings

- 49 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. While 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.
- 50 Osteopathic education 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 guidance towards the end of this document outlines how osteopathic education providers could manage student fitness to practise processes to meet this requirement.

Case example 2

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 the first term. 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 3

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. 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 and the impact on fitness to practise

- 51 As students have chosen to join a regulated healthcare profession, they must behave in an honest and trustworthy way from the start of their course, taking into account the effects of their actions on others.
- 52 As well as professional competence and behaviours referred to especially in the sections on the OPS, personal lives of students will count too and may impact on their fitness to practise.
- 53 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. Examples given are not exhaustive, they are just provided to illustrate the types of issues which may lead to a query as to a student's fitness to practise.

Potential areas of concern which might arise in a student's personal life

Potential areas of concern	Examples of issues
Criminal convictions	Theft Fraud Sexual offences
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	While 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.

Case example 4

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 education provider. When a clinic tutor heard some students discussing it, the student in question had tried to persuade her not to inform the education provider's management team.

A fitness to practise investigation was instigated, and the case was 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 5

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 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 6

A third-year student works in a gym as a qualified massage therapist. A lecturer at the osteopathic education 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.

Case example 7

A second-year full time student missed several lectures and clinical sessions over the course of a six week period at the start of the academic year. Appointments were made with the student welfare team which were not kept, when the student did attend, they avoided any attempt to follow up on their progress and absences. The student welfare team attempted different ways to engage the student in dialogue to discuss whether there was any support that would help them engage in the process better, but no response was received. Coursework was either not handed in, or was of a very poor standard, and over time, the absences became more frequent and consistent with the student unresponsive to all attempts to contact them, explore what was going on with them and provide support.

A fitness to practise process took place, with the student continuing not to engage with any aspect of this, and as a result, it was determined that the student should be removed from the programme.

Maintaining professional boundaries

- 54 It is important that students are aware of the importance of maintaining appropriate professional boundaries with patients.
- 55 They should be taught, at the earliest opportunity, about the dynamics of the therapeutic relationship and the vulnerability of patients. A patient must feel confident and safe with a healthcare professional and trust that they are acting in the patient's best interests, providing the best possible care. A breach of, for example, 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.
- 56 There can also be challenges around maintaining appropriate professional boundaries with teaching staff. Personal relationships with teaching staff, for example, may also lead to difficulties. Guidance should be given to osteopathic education provider staff and students regarding the appropriateness of personal relationships between staff and students, and the potential issues that this may raise.
- 57 Each provider 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.
- 58 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 practise techniques on each other, and sometimes this may take place away from the education provider, perhaps in the student's own accommodation. This is an environment where boundaries are easily crossed, and which may lead to concerns being raised. Guidance to students should be provided on this by the osteopathic education provider.
- 60 For a student of osteopathy, maintaining clear professional boundaries with patients, colleagues and staff from the education provider is a fundamental aspect of developing professional behaviours. A breach of 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 8

A fourth-year student gets on very well with one of their patients, a 75 year old with various chronic health issues. They mention that they are struggling to cope with their garden, and, without the tutor's knowledge, the student offers to call round and do a few jobs for them. 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, they complain to the osteopathic education provider, 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 undertake some additional work on professional boundaries, and meet regularly with a personal tutor.

Case example 9

A final-year student bumps into a 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 their timeline.

On the following Monday morning, a student friend sees the Facebook photo when in the teaching clinic, and recognises the patient. They make 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. They also recognise the patient, and reports the matter to clinic management.

The student maintains that it was an accidental meeting, and though they realise that the photo looks inappropriate, they say their actions were innocent. They are reminded of the osteopathic education providers guidance on patient boundaries and asks their friend to delete the photo from Facebook. No further action is taken.

Raising concerns

- 61 Students should be made aware of their obligations to keep patients safe from an early stage of their course. If students have concerns about the behaviour of a student colleague or member of staff, they should be encouraged to raise these with their education provider in accordance with relevant policies already in place. The provider should be mindful of the challenges that students who raise concerns may face and provide appropriate support for them. It is important to establish and maintain a culture whereby students feel comfortable to raise concerns in this way.

Case example 10

A student drank an excessive amount of alcohol at an end of year party, and was seen harassing a fellow student, following them into the toilets and grabbing them. Other students intervened, and complained to the osteopathic education provider 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 The duty of professional candour to patients applies to all healthcare professionals and is incorporated into standards, codes and guidance. It applies when something goes wrong with treatment or care, or has the potential to cause harm or distress to the patient.
- 63 In 2014, the GOsC and other regulators issued a **joint statement regarding the duty of candour**. It is recognised that the context will differ considerably for different professions.
- 64 For students, the duty of candour, will involve being open and honest with teaching staff, as well as with patients, when something goes wrong. Education providers should be clear about how the duty of candour applies to students, and support them in engaging with this.

8 Student fitness to practise policies and procedures

- 65 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.

Discussing admissions with potential students

- 66 Potential students may seek advice about osteopathic recognised qualifications from an osteopathic education provider and eventually, register with the GOsC. Education providers should be open and encourage potential students to discuss their application and receive guidance about the Osteopathic Practice Standards. Applicants should also be made aware of the **GOsC's Graduate Outcomes and Standards for Education and Training**, which set out competence and standards that can help make an appropriate application.
- 67 Based on principles of public protection, osteopathic education providers should also have robust criteria in place for dealing with any issues that are revealed by applications or supporting documentation such as enhanced Disclosure and Barring Scheme (DBS) checks and regular self-declarations.

Health conditions and disabilities

- 68 Like all healthcare regulators, the GOsC is keen to promote inclusivity in the profession and to ensure that people with disabilities or long term health conditions can participate fully in osteopathic education and training with necessary adjustments to support them in doing so to help the osteopathic profession reflect the society that it serves more closely.
- 69 The 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.
- 70 The GOsC has also published **guidance for students** about the management of disability or health impairments and separate **guidance for osteopathic education providers**.
- 71 The GOsC guidance emphasises education providers' legal responsibilities to support students and provides a consistent framework for making reasonable adjustments for students with particular health conditions or disabilities. It also helps education providers along with students, make decisions about admissions where matters related to health and disability are considered. Education providers 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 provide additional support to enable a career in osteopathy.

- 72 As part of the admissions process, the osteopathic education provider 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 (with reasonable adjustments where appropriate).
- 73 A disability, health condition or other impairment may make it impossible for a student to meet the requirements of the Osteopathic Practice Standards without assistance. The student should be offered the opportunity to discuss 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 education providers 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.
- 74 If, following discussions between an osteopathic education 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

- 75 Previous conduct or convictions may impact upon a potential student's fitness to practise and their ability to join their chosen course. Osteopathic education providers 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. Providers are required to have explicit processes in place to implement the guidance effectively.
- 76 Each case must be considered according to its individual circumstances. To encourage a balanced decision, it is important that all available information can be considered by the osteopathic educational provider. This means that the admissions process must encourage and support applicants to disclose all relevant information, and to consent to the disclosure of further information from other agencies where appropriate.
- 77 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
 - 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.

- 78 The osteopathic education provider 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 Equalities legislation.
- 79 In making such a decision, the osteopathic education provider should consider the following factors:
- What are the circumstances leading to this conviction?
 - How long is it since the offending behaviour took place?
 - How serious are the circumstances relating to the conviction?
 - Is this person barred from working with children or adults in any jurisdiction or on any official list?
 - Does the person have insight into the circumstances leading to the conviction?
 - What remedial actions have they taken?
 - Does the evidence indicate that patients are still at risk with this person?
 - Will patient wellbeing be assured with this person?
 - 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 example 10

A 25-year old applicant admitted they had served a six-month sentence for burglary aged 18. They were very open about the circumstances and how they had been disengaged from school and fallen in with a group who had encouraged criminal behaviour. They reported that the six-month sentence was the shock they needed, and that they did much reflection on their attitude while in prison.

On release, they returned to education, took two A levels and have been working for a charity helping in the resettlement of ex-prisoners. They have developed a strong ambition to become an osteopath, having received some treatment in the past following a back injury, after which they took an Access to Healthcare course.

The osteopathic education provider was happy to offer them a place. They were candid about their past behaviour, and demonstrated considerable self-awareness. They showed no return to criminal activity since being released over six years ago, and have demonstrated a commitment to gaining a career. It was felt that the past conviction would have no bearing on their current fitness to practise.

9 Ongoing student support

- 80 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 Standards**.
- 81 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.
- 82 It is also important for students to be able to confide in an appropriate person at their education provider if they have concerns about their own fitness to practise. This will help the osteopathic education provider provide students with the right support and guidance.
- 83 Where issues of patient safety arise, this must be communicated to the relevant person within the education provider 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 offered independent support alongside the fitness to practise procedures. Osteopathic education providers should foster 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.
- 84 When an osteopathic education provider awards a recognised qualification, they are confirming that the graduate is capable of practising in accordance with the published ethical standards of the osteopathic profession, the Osteopathic Practice Standards.

10 Guidance on process for student fitness to practise proceedings

85 Education providers are required by the GOsC's Standards for Education and Training to have in place and implement fair, effective and transparent procedures to address concerns about student conduct which might compromise public or patient safety, trust in the profession, or call into question their ability to deliver the Osteopathic Practice Standards. In this section we have set out guidance for education providers in relation to the process of putting fitness to practise proceedings into place, thinking about the threshold for action, the roles and the potential outcomes of any proceedings. The purpose is to provide a framework identifying the key elements that all student fitness to practise processes should cover, rather than a prescriptive set of requirements. We recognise that each provider will have its own policies, and that the terms in these may vary, though the principles of fair and transparent procedures to determine fitness to practise will remain consistent.

We will consider the following:

- The threshold for student fitness to practise
- The investigation process
- The role of the investigator
- Interim suspensions
- The adjudication process: the fitness to practise panel

The threshold for student fitness to practise

86 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.

87 Osteopathic education 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.

88 In determining whether any one-off event or pattern of conduct affects fitness to practise, the following questions may be considered:

- 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?

- 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.
- How serious is the behaviour?
- Was this a one-off incident, or representative of a pattern of behaviour?
- What is the level of maturity and insight demonstrated by the student?
- What is the likelihood of repeat behaviour?
- 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?
- How well might the student respond to support and remediation?

89 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.

90 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

91 Once proceedings have been instigated, a fair and transparent process should be followed to ensure consistency for all and a common approach to exploring fitness to practise issues. This process and the timeframe, which should be published by each education provider should be clear to all involved both the student and those involved in the fitness to practise proceedings. Students should be provided with regular updates on the progress of their case. The process should be consistent with that expected by the validating university (if separate from the osteopathic education provider), and with the principles in this guidance.

92 Independent support must be signposted to the student to support their health and wellbeing.

93 The role of the investigator should be undertaken by a suitably qualified and independent person, in accordance with the education provider's policies.

The role of the investigator

94 The role of the investigator is to collate and present the evidence, 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.

95 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.

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

- Has the student's behaviour harmed patients (including colleagues and staff) or put them at risk of harm?
- Has the student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?

- Has the student abused a patient’s trust or violated a patient’s autonomy or other fundamental rights?
 - 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 education provider, clinic or other setting at risk?
 - Has the student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
 - Is the student’s health or disability, or their management of this, compromising patient safety?
- 97 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.
- The investigator may also consider the following:
- Has the student shown insight and reflection into the behaviour, and when was this? Has the student considered appropriate remediation or developmental behaviour to address the issues raised?
 - Are there mitigating circumstances that contributed to the fitness to practise issue, and which have been acknowledged? Has the possibility been considered that a reasonable adjustment may be required? Have steps been taken to seek additional support in these circumstances?
- 98 The investigator should maintain records of the investigation, including records of concerns raised, 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.
- 99 The investigator should present their findings to an individual or committee, in accordance with the education provider’s processes. If that individual or committee considers, 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.
- 100 The relevant individual or committee may determine that there is insufficient evidence to call into question the student’s fitness to practise. Alternatively, it may be considered as a result of the investigation 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 page 25) are considered through the fitness to practise procedures, in the light of the implications for patient safety.

Interim suspension

- 101 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 education providers should make sure the decision is proportionate, fair and re-evaluated on a regular basis.

The adjudication process: the fitness to practise panel

- 102 The fitness to practise panel should not include the nominated investigator. It may be beneficial for the panel to include staff from other osteopathic education providers, to help to demonstrate an objective consideration of the evidence. A mix of professional, educational and lay expertise will normally be appropriate. All 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**.
- 103 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 all the evidence the investigator intends to rely on, 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, and witness evidence covered by the investigator 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.
- 104 The fitness to practise panel will hear the evidence from the investigator and from the student, and may also hear from witnesses on behalf of the investigator and student. The panel should adopt an inquisitorial rather than an adversarial approach. 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.

The fitness to practise panel should:

- consider evidence presented by the investigator
- consider evidence presented by the student
- 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
- consider any mitigation presented
- decide on the appropriate sanction.

Outcomes of student fitness to practise hearings

- 105 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.
- 106 Students must also consent to disclosure of the student fitness to practise sanctions by the osteopathic education provider 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.
- 107 Osteopathic education providers 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 cases in which individual students have been subject to student fitness to practise procedures but if no finding has been made, the name of the student should not be disclosed.

- 108 Graduates must disclose all sanctions imposed as a result of fitness to practise hearings when they were students to the General Osteopathic Council (GOsC) as part of the application for registration.
- 109 The possible outcomes of a student fitness to practise hearing include:
- Fitness to practise is not impaired and there is no case to answer.
 - Evidence of misconduct but fitness to practise is not currently impaired.
 - 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:
 - formal warning
 - undertaking
 - conditions
 - suspension from the osteopathic course or parts of it
 - expulsion from the osteopathic course
- 110 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.
- 111 Panels should consider whether the sanction will protect patients and the public, and maintain professional standards.
- 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 education provider 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 address any underlying problems that may have contributed to their poor behaviour.
- 113 The formal recording of warnings allows the osteopathic education provider 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 education provider. 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:
- 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.
 - Has the student behaved unprofessionally?
 - Has the student shown insight into the behaviour and the impact of the behaviour?
 - 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)?
 - 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 education provider 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 education 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 page 34), 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.
- 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:
- undertakings appear to offer sufficient safeguards to protect patients and the public, other students and staff
 - 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:
- the behaviour can be improved by setting conditions as part of an action plan
 - the objectives of the conditions are clear
 - 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
 - the additional resources required to supervise the student under conditions are in place or will be made available
- 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, further conditions for a period of time with an appropriate review may be agreed (see page 35).
- 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 education 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 but not limited to 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

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.

Disposal by consent

- 133 A student fitness to practise investigation may be concluded through consensual disposal in appropriate circumstances. Disposal by consent is a process by which the student and the educational provider can agree to conclude a case without the need for a contested panel hearing. This might apply in circumstances where the student decides to leave the programme before a panel hearing, or where the student consents to a sanction. In relation to consent to a sanction, the education provider and student must agree to an outcome of the kind that a panel would make if the issue had been considered in that way. In addition, the following criteria should apply:

- The investigator should recommend that the case be considered by a panel
- The student admits the substance of the allegations, shows insight into these and a willingness to address them.
- Any agreed remedial action is consistent with the outcomes likely to be reached by a panel as set out in the sections above

Cases disposed by consent should still be reported to GOsC as part of the provider's annual reporting requirements.

Acknowledgements:

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



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