



**General  
Osteopathic  
Council**

## **Student Fitness to Practise: Guidance for Osteopathic Educational Institutions**

### **Contents**

Introduction  
The General Osteopathic Council  
The award of a recognised qualification  
Registration  
Student fitness to practise – a summary  
Scope of student fitness to practise  
Learning professional behaviours  
Boundaries  
Raising concerns  
Duty of candour  
Student fitness to practise policies and procedures  
Health impairments, disability and osteopathy  
Consideration of previous convictions and cautions prior to admission  
Pastoral care and student support  
Health and fitness to practise  
The threshold of student fitness to practise  
The investigation process  
The adjudication process: the fitness to practise panel  
Outcomes of student fitness to practise hearings  
Formal warnings  
Undertakings  
Conditions  
Suspension from course  
Expulsion from course  
Discontinuation on health grounds  
Registration  
The statutory requirement of good health  
The statutory requirement of good character

### Introduction

1. As with all healthcare regulators, the overarching objective of the General Osteopathic Council (GOsC) in exercising its functions, 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<sup>1</sup>.
2. There are nine statutory regulators regulating healthcare professionals. The GOsC regulates osteopaths.

### The General Osteopathic Council

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

### The award of a Recognised Qualification

4. The role of the osteopathic educational institution is to ensure that only students who meet the required competence, conduct and ethical standards set out in the [Osteopathic Practice Standards](#) are awarded a recognised qualification.
5. Once the RQ has been awarded, a student may apply for registration and entry to the GOsC Register, subject to satisfying character and health requirements<sup>2</sup>. If no additional information is available to the GOsC, it would not normally expect to refuse registration to a person who has been awarded the RQ.

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<sup>1</sup> S3(1) *Osteopaths Act 1993*, as amended by *The Health and Social Care (Safety & Quality) Act 2015*

<sup>2</sup> See S3(2) of the *Osteopaths Act 1993*

### Registration

6. The following elements are necessary to obtain registration with the GOsC, an essential pre-cursor to lawful practice as an osteopath:
  - a. The award of a recognised qualification (RQ) – the holder is capable of practice in accordance with the standards, conduct and the ethical requirements set out in the *Osteopathic Practice Standards*. This includes an assessment of fitness to practise.
  - b. Good health.
  - c. Good character.
  - d. Payment of the prescribed fee.
  - e. Professional indemnity insurance should be in place before beginning in practice.
7. The purpose of this booklet is to provide guidance about the professional behaviour and fitness to practise expected of osteopathic students and the management of fitness to practise proceedings during study for the award of the RQ at an osteopathic educational institution. A complementary booklet for students, *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students*, is available on our website at: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)
8. 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.
9. Additional information is also provided about the statutory requirements of 'good character' and 'good health' at the point of registration. The intention is that, normally, matters affecting student fitness to practise would be dealt with during the RQ course. It would be unusual for a matter to be dealt with at the point of awarding a recognised qualification and then for registration to be refused as a result of further consideration of the same matter.
10. Separately, the GOsC has also published separate booklets about the management of disability or health impairments to support students and osteopathic educational institutions. These booklets are [\*Students with a disability or health impairment: Guidance for Osteopathic Educational Institutions\*](#)<sup>3</sup> and [\*Guidance for Applicants and Students with a disability or health impairment\*](#)<sup>4</sup>. These contain guidance which

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<sup>3</sup> [www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/oeis-disability-or-health-impairment-guidance](http://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/oeis-disability-or-health-impairment-guidance)

<sup>4</sup> [www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/guidance-for-applicants-and-students-with-a-disability-or](http://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/guidance-for-applicants-and-students-with-a-disability-or)

emphasises the legal responsibilities of the educational institutions to support students and to make reasonable adjustments to support students in achieving standards. The guidance provides some helpful examples of reasonable adjustments that have been used in osteopathic education and training. Educational institutions must make reasonable adjustments for students with impairments to enable them to meet the competence standards, if this is possible. Reasonable adjustments should not be made to the competence standards themselves, but to the method of learning and (provided this can be done without compromising the competence standards) the way in which the student is assessed.

### **Student fitness to practise: a summary**

11. Student fitness to practise procedures help to ensure patient safety and public trust in the profession, and support the remediation of students whilst maintaining patient safety.
12. This guidance is designed to be a helpful framework for osteopathic educational institutions. However, institutions are responsible for ensuring that the framework is developed and delivered locally. Although the General Osteopathic Council (GOsC) is not a source of appeal for student fitness to practise decisions made by educational institutions, the GOsC will scrutinise the student fitness to practise procedures as part of its quality assurance activities. Educational institutions should make clear how complaints or appeals from applicants will be processed.
13. All osteopathic educational institutions are expected to make it clear to students as to how professional behaviours are taught and learning opportunities facilitated during the RQ course. It should be clear to them how they will develop the knowledge, skills and attitudes to eventually comply with the [\*Osteopathic Practice Standards\*](#), and meet the outcomes set out in the [\*Guidance on Osteopathic Pre-registration Education\*](#)<sup>5</sup>.
14. All osteopathic educational institutions are expected to have a published statement about how student fitness to practise is managed and incorporated into the admissions process and the recognised qualification (RQ) course. The local policy should be regularly reviewed to ensure that it is consistent with the procedures in place at the educational institution, the validating university and the clinical settings within which osteopathic care is delivered.
15. All clinical and educational settings should have clear procedures in place indicating how staff, students and patients should raise concerns.

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<sup>5</sup> *The Guidance on Osteopathic Pre-registration Education* supports the *Osteopathic Practice Standards*, and provides a reference point for students, educational institutions, patients and others. It contains the outcomes that students are expected to demonstrate before they graduate ([www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education](http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education))

16. Osteopathic educational institutions should ensure that these statements about fitness to practise are made clear to students at the outset of their course and implemented effectively.
17. All decisions about an individual's fitness to practise must be considered on a case by case basis.
18. Fitness to practise issues may arise prior to, as well as during, the recognised qualification course. The standards of acceptable behaviour required of a student prior to and during their course may be different to those required of registered practitioners. Different standards of behaviour may also be required from students at different stages of their course. For example, a fitness to practise issue which arises in Year 1 prior to any patient contact may be treated differently to the same fitness to practise issue which is identified in the final year of education and training. A defined approach to the ways in which learning professional behaviour will be addressed during the course is important to assist student understanding of professional requirements at different points in the course.
19. In all cases, osteopathic educational institutions should only award recognised qualifications (RQs) to students who are capable of practice to the competence, conduct and ethical standards set out in the *Osteopathic Practice Standards*. In cases where the required standards cannot be demonstrated, it may be appropriate to award an alternative qualification which does not have the status of an RQ and cannot lead to registration with the General Osteopathic Council.

### Scope of student fitness to practise

20. Matters that should be considered by the student fitness to practise procedures will include those which may affect:
  - a. health, safety, and wellbeing of the public
  - b. the confidence and trust that the public places in the profession.

Matters relevant to consideration may include students at both pre-clinical and clinical stages of their programmes, and behaviours in both their professional and personal lives.

21. Equally, the student fitness to practise procedures should be used appropriately. The outcomes of a student fitness to practise hearing are solely about patient safety and the trust that the public places in the profession. As mentioned in paragraph 18, this does not mean that students in the pre-clinical phase of their training can escape fitness to practise proceedings, simply because they are not yet seeing patients. They will still be learning and practising osteopathic techniques on their colleagues, for example, and many will still spend time in their teaching clinic, even if as an observer. The educational institution will take into account the

patients that the student is likely to see in the future. The process and outcomes in student fitness to practise procedures should not be a punishment to the student. For example, infrequent poor attendance at lectures, late submission of coursework or inability (within the context of the expectations on them at that stage of their course) to meet a particular requirement of the *Osteopathic Practice Standards* in the first year of studies, are unlikely to be appropriate matters to invoke student fitness to practise procedures. It is also important to consider whether the issue raises concerns about health impairments or disability which may require reasonable adjustments. However, equally, these patterns may be symptomatic of another problem which could be a fitness to practise issue. Further guidance about when student fitness to practise should be considered formally is set out at paragraphs 50-54 – the threshold of student fitness to practise.

### Learning professional behaviours

22. There should be a continual dialogue about professionalism which runs throughout osteopathic pre-registration education. Students should be supported to learn professional behaviours including appropriate knowledge, skills, attitudes and values, as well as techniques to evaluate the values, needs and wishes of patients. Teaching should also emphasise the importance of being aware of patient expectations, the impact of behaviours on patients, staff and colleagues, and should focus on delivering to meet the requirements of the [\*Osteopathic Practice Standards\*](#) and the outcomes set out in the [\*Guidance on Osteopathic Pre-registration Education\*](#).
23. The purpose of fitness to practise is about patient safety (including the safety of colleagues and staff where appropriate), not punishment. Fitness to practise is an ongoing matter which is closely linked to professionalism. The most effective regulator of an individual's fitness to practise is the individual. Individuals must take responsibility for their own fitness to practise and should refrain from practice and be supported to do so if they are unable to provide the required standard of care. Individuals should also take steps to raise concerns about others where appropriate.

### *Boundaries*

24. It is important that students are aware of the importance of maintaining appropriate boundaries with patients<sup>6</sup>. They should be taught, at the earliest opportunity, about the dynamics of the therapeutic relationship, and the vulnerability of patients.

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<sup>6</sup> See the Professional Standards Authority guidelines on clear sexual boundaries between healthcare professionals and patients: <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/sexual-boundaries-responsibilities-of-healthcare-professionals-2008.pdf?sfvrsn=6>

25. Similarly, guidance should be given to osteopathic educational institution staff and students regarding the appropriateness of personal relationships with students, and the potential issues that this may raise. Each educational institution will have their own processes and policies in this respect, though 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 their home.
  - Inappropriate social media contact with students for non-educational purposes.
26. Students should also be aware of the importance of maintaining boundaries with their colleagues during their training. The familiarity which develops in a course where there is often intimate contact with fellow students, can lead to, sometimes inadvertent, boundary transgressions. Guidance should be provided to students regarding this, and on practising osteopathic techniques and examination routines when away from the educational institution's premises, where potential boundary issues can be even more evident.
27. Providing confidential support, guidance and teaching to students at an early stage may help students to develop individual insight about the impact of their behaviour on others and responsibility for fitness to practise. It may also assist in avoiding more serious problems later during the educational course, or later still when the individual is a practising osteopath. Particular examples of situations and methods to support students' understanding of fitness to practise could include the following:
- a. engagement with GOsC presentations about the requirements of the *Osteopathic Practice Standards* offered to all osteopathic educational institutions
  - b. using examples of social networking to demonstrate fitness to practise or professionalism issues, for example placing inappropriate postings or photographs on social media
  - c. utilising examples of fitness to practise cases and working through the issues involved
  - d. reference to possible ethical, conduct or communication issues as an integral part of the teaching and learning process.



### *Raising concerns*

28. Students should be made aware of their obligations to patients from an early stage of their course. If they have concerns regarding the behaviour of a student colleague or member of staff, they should be encouraged to raise these with the institution in accordance with a published policy on the raising of concerns. The educational 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.

### *Duty of Candour*

29. In 2014, the GOsC and other regulators issued a joint statement regarding a duty of candour to patients when something goes wrong with their treatment or care, or which has the potential to cause harm or distress<sup>7</sup>. This will apply to all healthcare professionals, although it is recognised that the context of various professions will differ considerably. For students, the duty of candour, will involve being open and honest with teaching staff, as well as with patients, when something goes wrong. Osteopathic Educational Institutions should be clear about how the duty of candour applies to students, and support them in implementing this.

## **Student fitness to practise policies and procedures**

30. Osteopathic educational institutions should ensure that General Osteopathic Council (GOsC) guidance on student fitness to practise, together with any guidance issued by the institution itself, including their student fitness to practise policies, statements and procedures are published and made available to students, prospective students and staff.

### *Admissions*

31. Prior to admission, applicants may seek advice about undertaking an osteopathic recognised qualification from the osteopathic educational institutions and the GOsC. Educational institutions should allow for potential applicants to discuss their application and receive guidance about the *Osteopathic Practice Standards*. Applicants should also be aware of the [Quality Assurance Agency \(QAA\) Benchmark Statement for Osteopathy](http://www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf)<sup>8</sup>, and the [Guidance on Osteopathic Pre-Registration Education](http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education)<sup>9</sup>, setting out competence standards in order to allow applicants to make an appropriate application.

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<sup>7</sup> Available at: [www.osteopathy.org.uk/standards/osteopathic-practice/duty-of-candour](http://www.osteopathy.org.uk/standards/osteopathic-practice/duty-of-candour)

<sup>8</sup> Available at: [www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf](http://www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf)

<sup>9</sup> Available at: [www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education](http://www.osteopathy.org.uk/training-and-registration/becoming-an-osteopath/guidance-osteopathic-pre-registration-education)

32. When considering an application, osteopathic educational institutions should take into account that they are aiming to produce graduates “able to demonstrate the 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.”<sup>10</sup>
33. Osteopathic educational institutions should also have robust criteria based on principles of public protection in place for dealing with any issues relating to professional requirements revealed by applications or supporting documentation such as enhanced Disclosure and Barring Scheme (DBS) checks and regular self-declarations.
34. Health Education England has undertaken a major project in developing a framework in relation to [values based recruitment](#) in the NHS, and there are a large amount of resources available on their website regarding this, which educational institutions might find useful<sup>11</sup>. The differences between recruitment of students to osteopathy programmes, and recruitment to healthcare professions in the NHS is acknowledged. However, the values developed by the NHS could equally apply in other healthcare professions, and it is helpful to see the strategies employed to ensure that recruits to healthcare programmes in the NHS have values consistent with those of the organisation as a whole.

### Health impairments, disability and osteopathy

35. Like all healthcare regulators, the GOsC is keen to promote the full participation of people with disabilities or health conditions in the health professions by removing common fears about regulatory processes, helping all involved in osteopathy to understand better how practice can be managed to meet the required standards<sup>12</sup>.
36. The GOsC has published more detailed guidance about the impact and management of student health and disability during education and training: [Students with a disability or health impairment: Guidance for Osteopathic Educational Institutions](#) and [Osteopathic Education and Training: Guidance for Applicants and Students with a disability or health impairment](#), which are available on the GOsC website at: [www.osteopathy.org.uk](http://www.osteopathy.org.uk)
37. This guidance provides osteopathic educational institutions with a consistent framework and examples about successful reasonable adjustments for students with particular health conditions or disabilities to support discussions between educational institutions and prospective applicants. The guidance helps educational

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<sup>10</sup> QAA Subject Benchmark Statement (see 6 above) clause 4.2.

<sup>11</sup> <http://hee.nhs.uk/work-programmes/values-based-recruitment/>

<sup>12</sup> See the Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence) publication, *Health Conditions: Report to the four UK Health Departments*, June 2009 at p17 [www.professionalstandards.org.uk/library/document-detail?id=d928dd0c-44ad-42dc-a750-084e604ff47c](http://www.professionalstandards.org.uk/library/document-detail?id=d928dd0c-44ad-42dc-a750-084e604ff47c)

institutions to make decisions about admissions where matters related to health and disability are considered. Educational institutions should encourage applicants with a disability or health impairment to read this guidance (different accessible formats are available on request from the GOsC) and enter into discussions with them about a career in osteopathy.

38. As part of the admissions process, the osteopathic educational institution will assess whether students have the knowledge, skills and attributes for entry to the course, the capacity and capability to enable prospective students to meet the competence standards at the end of the programme, and the potential to enter unsupervised, independent and safe practice (allowing for any reasonable adjustments where appropriate)<sup>13</sup>.

### ***Consideration of previous convictions and cautions prior to admission***

39. In making a decision about whether previous conduct or convictions are such that they may call into question the applicant's fitness to practise and their ability to enter and complete the recognised qualification (RQ) course, the osteopathic educational institution should take into account their own guidance, as well as any guidance available from the validating university, and any other relevant organisation, including the General Osteopathic Council. It is a requirement that educational institutions should have explicit processes in place to implement the guidance effectively.
40. It is important that each case is 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 ensure that applicants should disclose all relevant information to the institution and should consent to the disclosure of further information from other agencies where appropriate.
41. There are certain types of convictions where it would normally be expected that prospective students would be denied access to the RQ course on the grounds of patient safety. Such convictions might include:
- serious sexual or violent offences leading to convictions which merited a custodial sentence
  - people barred from working with children on any official list
  - people barred from working with vulnerable groups under disclosure and barring schemes both within and outside the UK.

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<sup>13</sup> Further guidance is provided in *Students with a disability or health impairment: Guidance for Osteopathic Educational Institutions*, available on our website at: [www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/oeis-disability-or-health-impairment-guidance](http://www.osteopathy.org.uk/news-and-resources/document-library/fitness-to-practise/oeis-disability-or-health-impairment-guidance)

42. The osteopathic educational institution must take a decision about whether fitness to practise would continue to be impaired in all circumstances. Matters which require 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*.
43. 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 prospective student have insight into the circumstances leading to the conviction?
  - f. what remedial actions has the prospective student taken?
  - g. does the evidence indicate that patients are still at risk with this student?
  - h. will patient wellbeing be assured with this prospective student?
  - i. will the trust and confidence 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<sup>14</sup>**

*A 25 year old applicant admits that he served a six month sentence for burglary aged 18. He is very open about the circumstances of this, and how he had been disengaged from education when at school, and fallen in with a group who had encouraged criminal behaviour. He reported that his sentence was the shock that he needed, and he had done much reflection on his attitude whilst in prison. On his release, he had returned to education, and taken 2 A levels. He had been working for a charity helping in the resettlement of ex-prisoners, and had developed a strong ambition to become an osteopath, having received some treatment in the past following a back injury. The osteopathic educational institution is happy to offer him a place. He is candid about his past behaviour, and demonstrates considerable self-awareness as to the circumstances of his conviction. He has shown no return to criminal activity since his release over six years previously, and has demonstrated a commitment to gaining his A levels, and to his work for a charity. It is felt that his past conviction will have no bearing on his current fitness to practise.*

### **Pastoral care and student support**

44. Once a 'recognised qualification' (RQ) course, students should have opportunities to learn professional behaviour and should be actively encouraged to seek support for any matter before it becomes a fitness to practise concern.
45. 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 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.

### **Health and fitness to practise**

46. During the course, a disability or health condition or other impairment may make it impossible for a student to meet the requirements set out in the *Osteopathic Practice Standards* without assistance. The student should be offered the opportunity to have a full discussion about the types of reasonable adjustments that may enable them to reach the required standards during their education. They should also have the opportunity to discuss the strategies which they will need to employ after registration to self-manage their disability or health condition to ensure safe practice. These discussions should take place as early on in the process as possible. Osteopathic educational institutions must make reasonable adjustments

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<sup>14</sup> This is a fictional case to illustrate the application of the guidance, and does not relate to any particular individual or osteopathic educational institution.

for students with impairments to enable them to meet the competence standards if this is possible. Reasonable adjustments should not be made to the standards themselves, but to the method of learning and the way in which the student is assessed against the requirements.

47. Further dedicated booklets containing detailed guidance on these issues called [Students with a disability or health impairment: Guidance for Osteopathic Educational Institutions](#) and [Guidance for Applicants and Students with a disability or health impairment](#) are available on our website [www.osteopathy.org.uk](http://www.osteopathy.org.uk). The General Medical Council has also published guidance on *Gateways to the Professions*<sup>15</sup>, which may also provide a useful resource to the educational institutions.
48. If, following discussions between an osteopathic educational institution and a student it appears that there are no reasonable adjustments that can be made that will enable the student to meet the required *Osteopathic Practice Standards*, then 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.
49. Osteopathic educational institutions should consider their approach to students who cannot be awarded the recognised qualification (RQ) because of fitness to practise issues. They should explore, where appropriate with their validating universities, alternative routes that can be made available to students in this situation. These might include the award of a qualification which is not an RQ and therefore does not lead to registration with the General Osteopathic Council.

### **The threshold of student fitness to practise**

50. Students are not yet practising osteopaths. There are obligations on students to adhere to the *Osteopathic Practice Standards*, however, 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 and confidence that the public places in healthcare practitioners.
51. Osteopathic educational institutions should make a judgement about whether issues that arise can be dealt with as part of remediation during the course, or whether formal fitness to practise proceedings should be considered. In part, this judgement will depend on the matter in question, and the stage of training the student is at. Patient safety and public trust in the profession will be affected by both criteria.

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<sup>15</sup> GMC, Gateways Guidance, available at:  
[http://www.gmc-uk.org/education/undergraduate/gateways\\_guidance.asp](http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp)

This judgement may also be made at the conclusion of the investigation stage set out in paragraphs 55-65 of this guidance.

52. In determining whether any one-off event or pattern of course of conduct affects fitness to practise, the following questions may be considered:
- 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?
53. 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<sup>16</sup>.
54. 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

55. Once proceedings have been instigated, a fair, transparent and published procedure should be followed to ensure consistency for all and a common approach to exploring fitness to practise issues. This procedure and timeframes should be clear to 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.
56. Independent support should be signposted to the student.

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<sup>16</sup> The Data Protection legislation only allows this type of information to be passed to a third party with the consent of the student. It may be appropriate for osteopathic educational institutions to consider further whether all students should be asked to consent to the disclosure of such information as a condition of admission to reinforce the importance of patient safety.

57. The role of the investigator should be undertaken by a suitably qualified and independent person, in accordance with the procedures laid down by the osteopathic educational institution.

### *The role of the investigator*

58. The role of the investigator is to collate and present the evidence to inform a decision as to whether student's fitness to practise is impaired. The investigator should be independent of the fitness to practise panel which makes decisions, and should not be the student's personal tutor (or similar) nor otherwise involved in supporting the student.
59. 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.
60. In considering the presentation of evidence, the investigator may consider the following questions:
- a. Has a student's behaviour harmed patients (including colleagues and staff) or put them at risk of harm?
  - b. Has a student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?
  - c. Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?
  - d. Has the student shown a deliberate and reckless disregard to the processes for the delivery of osteopathic care or put the reputation of the osteopathic educational institution, clinic or other setting at risk?
  - e. Has a student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
  - f. Is a student's health or disability, or their management of this, compromising patient safety?
61. If the answer to any of the questions above is yes, then it would normally be appropriate to present the evidence to a fitness to practise panel.
62. The investigator may also consider responses to the following questions:
- a. Has the student shown insight into the behaviour? When did the student show insight into the behaviour? Has the student considered appropriate actions or developmental behaviour to address the issues raised?



- b. Are there mitigating circumstances which have contributed to the fitness to practise issue which have been recognised? Has the possibility of a reasonable adjustment being required been considered? Have steps been taken to seek additional support in these circumstances?
- 63. 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.
- 64. The investigator should present their findings to an individual or committee (in accordance with the processes of the osteopathic educational institution concerned). If such 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.
- 65. The relevant decision maker or committee may determine 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 may be required to ensure the student is able to address the issues which 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 above are considered through the fitness to practise procedures in the light of implications for patient safety.

### *Interim suspension*

- 66. At the outset of the investigation, it may be necessary to consider suspending the student from patient contact or from the course whilst the investigation is ongoing. This may be necessary to protect patients, colleagues or the student in question. 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**

- 67. The fitness to practise panel should not include the nominated investigator. It may be beneficial for the fitness to practise panel to include staff from other osteopathic educational institutions to help to demonstrate an objective consideration of the evidence. A mix of professional, educational and lay expertise will normally make up the appropriate constitution of the panel. All members of the panel should be familiar with this guidance, local guidance, the General Osteopathic Council's suite of guidance on the management of disability and health impairments and equality and diversity issues.

68. The fitness to practise panel should ensure that adequate notice is provided to the student regarding date, time and location of the fitness to practise hearing and should provide the student with information about how proceedings will run. The student should be given the opportunity to collect any necessary evidence, including medical 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 that they are able to prepare for the hearing. Steps must be taken to explore whether reasonable adjustments may be required by the student to attend the panel hearing.
69. The fitness to practise panel will hear the evidence from the investigator and from the student. The panel will then make a decision about whether fitness to practise is impaired. If fitness to practise is impaired the panel should allow the student to present mitigation. The fitness to practise panel will then consider sanctions.
70. 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 and confidence in the profession
  - d. consider mitigation presented
  - e. decide on the appropriate sanction.

### **Outcomes of student fitness to practise hearings**

71. The outcomes of a student fitness to practise hearing are solely about patient safety, the wellbeing of the public and the trust and confidence that the public places in the profession. The outcomes should not be a punishment to the student.
72. 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.
73. Students must also consent to disclosure of the student fitness to practise sanctions by osteopathic educational institutions 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).

74. Osteopathic educational institutions must report student fitness to practise cases to the GOsC as part of their Annual Report. They should also report details about individual students who have been subject to student fitness to practise procedures and sanctions.
75. The possible outcomes of a student fitness to practise hearing include:
- a. fitness to practise is not impaired and no case to answer
  - b. evidence of misconduct but fitness to practise is not currently impaired
  - c. the student's fitness to practise is judged to be impaired and they receive a formal sanction. Beginning with the least severe, the sanctions are:
    - i. formal warning
    - ii. undertaking
    - iii. conditions
    - iv. suspension from osteopathic course or parts of it
    - v. expulsion from osteopathic course.
76. The purpose of the sanctions listed below is to protect patients and the public, to maintain trust in the profession, and to ensure that students whose fitness to practise is impaired are dealt with effectively through close monitoring or even removal from their course in necessary circumstances. Generally, students should be given the opportunity to learn from their mistakes.
77. Panels should consider whether the sanction will protect patients and the public, and maintain public trust and confidence and professional standards.
78. It is important that when a panel decides to impose a sanction, they make it clear in their determination that they have considered all the options and should explain why they consider their determination as an appropriate and proportionate response. They should also give clear reasons, including any mitigating or aggravating factors that influenced their decision, for imposing a particular sanction. In addition, the determination should include a separate explanation as to why a particular length of sanction was considered necessary.

### *Formal Warnings*

79. Warnings allow the osteopathic educational institution to indicate to a student that their behaviour represents a departure from the standards expected of osteopathic students and should not be repeated. They are a formal response in the interests of maintaining professional values and 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.

80. 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 a student as it may demonstrate a pattern of behaviour with particular implications for a student's fitness to practise. The warning should remain on the student's record, and the student must be aware of their responsibilities to disclose the warning when applying to the General Osteopathic Council (GOsC) for registration. Usually, the GOsC would not take further action if the matter had been known to and dealt with at the educational institution. However, if the information is not disclosed, this in itself could raise concerns about registration which would need to be investigated further.
81. Decision-makers may want to consider the following questions when deciding if it is appropriate to issue a warning:
  - a. Is there evidence that the student may pose a danger to patients (including fellow students and staff) or the public? If so, a warning is unlikely to be appropriate.
  - b. Has the student behaved unprofessionally?
  - c. Has the student shown insight into the behaviour and the impact of the behaviour?
  - d. Does the student's behaviour raise concerns, but fall short of indicating that the student is currently not fit to practise (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 decision-makers will need to consider the degree to which the concern could affect patient safety and public confidence in the profession.

### *Undertakings*

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

84. Undertakings may include restrictions on the student's clinical practice or behaviour, or a commitment to undergo medical supervision or remedial teaching. As with conditions, they are likely to be appropriate if the concerns about the student's fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the best way to address them.
85. Undertakings will only be appropriate if there is reason to believe that the student will comply, for example, because the student has shown genuine insight into their problems and the impact that the behaviour has had or could have had on patients, colleagues and staff. The student should also demonstrate potential for remediation. The panel may wish to see evidence that the student has taken responsibility for their own actions, and when necessary taken steps to improve their behaviour.
86. 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).
87. In the event that an undertaking is not suitable or appropriate, the fitness to practise panel should reconvene in accordance with this framework and guidelines in place.

### *Conditions*

88. Conditions are appropriate when there is significant concern about the behaviour or health of the student following a finding that their fitness to practise is impaired. This sanction should be applied only if the panel is satisfied that the student might respond positively to remedial tuition and increased supervision, and has displayed insight into their problems. The panel should consider any evidence such as reports on the student's performance, health, behaviour, and any other mitigating circumstances.
89. The objectives of any conditions should be made clear so that the student knows what is expected of them, and 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.
90. 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.
91. 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.
92. If, in relation to the management of health impairments or disability, reasonable adjustments have failed because of 'non-compliance' behaviour but there is genuine willingness to manage the health impairment and the student has agreed to abide by conditions relating to, for example, medical condition, treatment and supervision, it may be appropriate to agree further reasonable adjustments and impose conditions regarding behaviour.

### *Suspension from course*

93. Suspension prevents a student from continuing with their course for a specified period, and from graduating at the expected time. Suspension is appropriate for patient safety concerns that are serious enough to require suspension whilst remediation is undertaken. It should be imposed where conditions are not

workable, and the opportunity to remediate deficiencies or recover from illness, for example, is best achieved outside the course environment.

94. Examples of conduct which might merit a suspension include students who are in the process of demonstrating that they have recovered from an addiction.
95. 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 further evidence of reflection and learning such as a reflective essay or other set work demonstrating understanding of why the suspension was necessary and why the student feels that they can return, for example, as well as medical and therapeutic reports if appropriate. In cases of substance misuse, a medical and therapeutic report will almost always be required before a student can return to clinical practice under supervision. If progress has been made and patient safety can be assured, further conditions for a period of time with an appropriate review may be agreed (see the section on conditions above at paragraphs 88-92).
96. Although this list is not exhaustive, suspension may be appropriate when some or all of the following factors are apparent:
  - a breach of professional values is serious, but is not fundamentally incompatible with the student continuing on the course. Remediation is possible but suspension is necessary for patient safety reasons.
  - there is potential for remediation whilst the student is suspended.
  - the student's judgement may be impaired and there is a risk to patient safety if the student were allowed to continue on the course even under conditions.
  - there is no evidence that the student is inherently incapable of following good practice and professional values.
  - the panel is satisfied the student has insight and is not likely to repeat the behaviour.
  - there will be appropriate support for the student when returning to the course.

### *Expulsion from the course*

97. The panel can make a recommendation to the Principal of the osteopathic educational institution to expel a student if they consider that this is the only way to protect patients (including fellow students and staff), carers, relatives, colleagues or the public. The student should be helped to transfer to another course if appropriate. However, the nature of the student's behaviour may mean

that they should not be accepted on clinically-related courses, or on any other course. In most situations, the Principal will need to liaise with the validating university concerning expulsion.

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

- has seriously departed from the principles set out in the *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
- 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**

99. Discontinuation on health grounds may be necessary where there are no reasonable adjustments that can be made that would enable an individual to meet or continue to meet the competence standards. However, this would only be following consultation with the individual and once all reasonable adjustments had been considered.



### Registration

100. In order to register with the General Osteopathic Council, applicants are required to:
- a. hold a recognised qualification (RQ) – the holder is capable of practice in accordance with the competence, conduct and ethical standards set out in the *Osteopathic Practice Standards*
  - b. satisfy the Registrar that they are of good character
  - c. satisfy the Registrar that they are of good health
  - d. pay the prescribed fee<sup>17</sup>
  - e. ensure that professional indemnity insurance is in place prior to commencing practice
  - f. undertake continuing professional development.
101. As the osteopathic educational institutions comply with this guidance, the award of the recognised qualification will normally lead to registration with the General Osteopathic Council (GOsC).
102. However, if additional information, not known to the educational institution, 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 GOsC's *Osteopathic Practice Standards*.
103. In all circumstances, the Registrar requires the following from applicants wishing to register with the GOsC:

### The statutory requirement of good health

104. *The Osteopaths Act 1993* and associated rules require applicants for registration to provide evidence of good physical and mental health. In the context of osteopathic practice, this simply means that the osteopath is able to practise in accordance with the requirements laid out in the [\*Osteopathic Practice Standards\*](#)<sup>18</sup>.
105. The application for registration requires applicants to outline any medical problems which may prevent them from practising osteopathy.

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<sup>17</sup> See Section 3 of the *Osteopaths Act 1993*

<sup>18</sup> Available at: [www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards](http://www.osteopathy.org.uk/news-and-resources/document-library/osteopathic-practice-standards/osteopathic-practice-standards)

106. The application for registration also requests a health reference from a doctor. If the applicant is unable to obtain a reference from a doctor they should seek advice from the General Osteopathic Council.
107. The Registrar's duty is to ensure that applicants are able to practise in accordance with the requirements of the [Osteopathic Practice Standards](#), taking into account the relevant equality and human rights legislation. The Registrar may seek any additional evidence, in order to ensure that this duty is complied with.

### **The statutory requirement of good character**

108. *The Osteopaths Act 1993* and associated rules require applicants for registration to provide evidence of 'good character'.
109. The rules require that, as part of the application for registration, the applicant should declare the following:
- any criminal charges or convictions
  - if they have been a party to any civil proceedings and
  - if they have been removed from any other professional or regulatory Register.
110. This means that all osteopaths must disclose all convictions, cautions, reprimands, and final warnings. All students 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 which led to them being cautioned. This information will then be considered further by the Registrar before a decision about registration is made.
111. Applicants are also required to provide a character reference. This should be from a person of professional standing who has known them for at least four years.
112. The Registrar's duty is to ensure that applicants are able to practise in accordance with the requirements of the [Osteopathic Practice Standards](#), taking into account the relevant equality and human rights legislation. The Registrar may seek any additional evidence, in respect of good character, in order to ensure that this duty is complied with.