Issues arising for consideration in Student Fitness to Practice Guidance with commentary

Issue for consideration	Response
The iO also suggested that education providers be required to provide cultural awareness/EDI training to students to help them develop this aspect of professionalism and build their capacity to manage issues in this area. In relation to EDI issues, the point made was a useful one, and we will consider how this might be better exemplified within the guidance.	This is a part of the Graduate Outcomes and Standards for Education and Training (2022) already. We have considered this aspect in relation to this guidance, though the role of the education providers in the guidance is very much embedded in the standards for education and training, and we can't use the guidance to add to or amend these. We do look at the delivery of standards however as part of RQ visits and annual reporting with providers, so the detail of implementation is explored more in this context, and we'd prefer that the guidance remains more top level in this respect.
Participants [in a focus group] liked the case studies which were specific to the student population such as the one around 'rudeness.' However, it was thought that this looked clunky on its own as a single entity and that it would be good to add some further examples which were specific to the student population, such as one on **unresponsiveness** (e.g., the education provider/tutors cannot engage with the student), plus some other examples similar to this.	We are suggesting the following as an example of unresponsiveness: *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. 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.*

Issue for consideration	Response
	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.
[in relation to the case where a student goes to France for the weekend and misses a clinic session as a result] – A focus group participant felt that this case is written as if a written warning was given without a fitness to practise panel sitting i.e., the student was just sanctioned. It was felt here that the clarity of the process that has gone on for the written warning to be given needed to be provided here.	We've reviewed this and the case is an illustration of the management of a low level concern, rather than a full FtoP process. In that context, a written warning seems appropriate as a means of preventing further escalation of such behaviours.
In relation to the case where the student had been found guilty of drink driving, It was raised in a focus group that if the student in this scenario remains on the programme, and went on to graduate with an RQ, that when they registered with GOsC this offence would come up in their DBS check.	That's true – but the case would be regarded in context and would not necessarily preclude registration.
In relation to anything being missing from the guidance: • 'Building trust between the tutor and the student; cultural training; timely updating of patient records; concentrates on treating/communicating with patients – no mention of chaperones or interpreters ie an accompanying adult; no mention of issues around (sexual) relationships between students and how this should be handled.'	These elements are grounded in the graduate outcomes and the Osteopathic Practice Standards, and the examples provided in the guidance under consideration are exactly that – examples, rather than a definitive and complete list of behaviours that would be problematic. We have added 'bullying and harrassing' to behaviours that might demonstrate a concern and the guidance also includes:

Issue for consideration	Response
• 'Maybe this isn't for the guidance, but in some areas – notably the duty of candour – the onus is all on the practitioner. I would like to see – somewhere – examples of patients withholding significant information that could result in misdiagnoses and/or improper treatment.' • [From patient focus group] Missing completely - no reference to whistleblowing – see reference to concerns about other students and practitioners but nothing on whistleblowing and how that's handled. • [Patient focus group] Confidentiality missing.	'Speak up when they are concerned about bullying, harassment and racist or discriminatory behaviour.' This is about student behaviours, not patients, so this point does not really need reflecting in the guidance. In relation to Safety and Quality, we already say: *Students must:* • *Know how to raise concerns.* • *Raise concerns about patient safety promptly using their own osteopathic education provider's policies where possible.* 'Failed to respect a patient's confidentiality.' Is already listed in the professionalism section of the guidance. The guidance cannot reference every possible issue that might arise, and needs to be sufficiently flexible to be able to apply to circumstances that may not have been foreseen. Some of the existing cases do touch on sexual conduct, but not in the sense of consensual relationships between students. Inappropriate sexual behaviours/boundaries issues would fall under the category of fitness to practise, but we have not used the guidance to set expectations of relationships between students.

Issue for consideration	Response
In relation to consistency with the GOsC's duty of public protection: 'The general approach yes, but the details come across as punitive as previously mentioned particularly with the new proposals for fitness to practise currently under consultation for PAs and AAs.'	The thinking, when first introducing this guidance was to provide a consistent framework for education institutions to model their processes on, and this to an extent, mirrors the processes employed by GOsC in relation to concerns or complaints raised regarding osteopaths on the register. This approach has been continued in the updated draft. The reference in the comment above to the processes being punitive, particularly 'with the new proposals for fitness to practise currently under consultation for Physician Associates and Anaesthesia Associates' refers to a recent consultation reported on here: https://www.gov.uk/government/consultations/regulating-anaesthesia-associates-and-physician-associates/outcome/consultation-response-to-regulating-anaesthesia-associates-and-physician-associates#part-4-fitness-to-practise. In the government consultation, 'Regulating healthcare professionals, protecting the public', it was proposed that all regulators should have a 3-stage fitness to practise process consisting of the initial assessment stage, the case examiner stage and the Fitness to Practise Panel stage. The thinking is that the case examiner stage would enable more cases to be resolved without the need for a Fitness to Practise Panel stage which would lead to a less adversarial fitness to practise model and which would enable cases to be concluded more quickly.

Issue for consideration	Response
	The GMC published interim guidance on professional behaviours and Fitness to Practise for Physician Associates and Anaesthesia Associates in 2022, which sets out fairly detailed guidance on what a student fitness to practise process should look like: https://www.gmc-uk.org/-/media/documents/professional-behaviour-and-ftp-for-pas-and-aas-interim_pdf-93468735.pdf Our own Fitness to Practise processes are set out on our website: https://www.osteopathy.org.uk/standards/fitness-to-practise/ Since this guidance was first published, we have introduced specific Standards for Education and Training (SET). Within the 'Programme, Leadership and Management' Theme, standard (b) requires that education providers: '*have in place and implement fair, effective and transparent fitness to practise procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.'* We have reviewed this section in the draft updated guidance, and made some further amendments to clarify that the guidance is not intended to be prescriptive and to overrule the institution's own policy but to provide a framework identifying key aspects that a fitness to practise

Issue for consideration	Response
	process should cover. Also, that a panel should be inquisitorial, not adversarial. We've also added a section to reference 'consensual disposal', whereby an outcome could be agreed between the parties in certain circumstances without the need to progress to a full panel decision.
Is the language clear and easy to understand? Most agreed that the language was clear and easy to understand, with some caveats as follows: • Needs a plain English version and different accessible easy reads perhaps for students whose first language is not English. To ensure the messaging reaches all cohorts of students training here. • Neither yes or no, as too repetitive and detailed (wordy) in parts which may lead to confusion particularly now both sections for students and providers are combined. It is not easy to read neither for use as a reference document. In relation to the issue around the detailed setting out of the fitness to practise process, as part of the further post consultation review, we will consider whether a flow chart depiction might be helpful.	We will consider this further once we have consulted on Easy Read versions of the guidance in relation to students with health conditions or disabilities (Due to launch in September). We are interested to see what the views on these are, and if positive, will consider how we apply this approach more widely.
Does the guidance adequately address ethical considerations in relation to fitness to practise issues?	Our mentioning of low-level concerns was not to play these down in the guidance, but to illustrate the difference between issues that are a clear fitness to practise issue,

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The iO response cited perceived gaps as outlined in responses to earlier questions – for example, EDI, mental health issues and sexual boundaries between students. In one of the focus groups, comments were made around the difference within the document between 'low level' and more serious concerns. Some felt that a level of 'intermediate' concern should be introduced, whilst some felt that labels were unhelpful altogether. In the patient group, some felt that more needed to be said about, for example, social media use and expectations of students in terms of behaviours – (the example given was not Googling patients).	and those which might be, but which would need further consideration in a broader context. A student being late for classes, for example might be a rare occurrence, or something that formed part of a regular pattern of behaviour. Some things could be dealt with outside of fitness to practise processes, initially at least, with pastoral support being offered to help a student, for example. A failure to engage with this, or repeated behavioural issues, however might indicate a broader and more serious concern that does need consideration as a fitness to practise matter. So, we weren't seeking to introduce specific gradings of significance, but acknowledge that though some elements may be low level in isolation, they may combine to bring an issue within the category of a fitness to practise concern.
Are the communication and reporting processes between students, education providers and the GOsC clear? In one of the focus groups, it was commented it was questioned how providers could make it clearer to students when fitness to practice cases would be on their record and when would GOsC be notified. Further questions were raised about what would happen if a student was sanctioned but able to progress to graduation, and what would happen when they came to apply for registration. Would the education provider be asked to justify its decision, for example?	We have added this as a suggestion for clarification: *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. 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.*

Issue for consideration	Response
Does this guidance cause any negative effects for people with specific protected characteristics? All but one respondent answered 'no' to this question. The 'yes' went on to say: • 'It does not state clearly about behaviour of students towards other students/tutors who have a protected characteristic. In view of the student EDI (JD-R) report this should be more explicit'. Although answering ;no', one did add: • 'Needs a don't know response as I don't know. Accessible language - different language options, plain English, spoken version for those who learn better this way?'	The Osteopathic Practice Standards and Graduate Outcomes set out requirements in regard to equality and diversity issues and the purpose of the guidance under consideration is not to add further requirements. An issue where a student demonstrated discriminatory behaviour, for example, could definitely call into question their fitness to practise, and this is referenced within the examples of concerns in relation to the professionalism theme of the OPS. The point about accessibility is a good one, and we realise this is a lengthy document. We will think about this further in the design process, in how we publish the guidance and the resources we use to support this, and in relation to feedback we receive on Easy Read versions of our health and disability guidance.
Are there additional ways that we could promote inclusion and diversity within our guidance? Some said 'no', with one adding: • 'The assumption should be that students on the course have earned their places and have the linguistic and cultural knowledge to understand these requirements.' Others answered 'yes' adding:	We will consider this aspect further in the context of the expectations and requirements of the Osteopathic Practice Standards and Graduate Outcomes, and consider with a working group whether any further changes might be appropriate to the guidance in this respect.

Issue for consideration	Response
• 'Give examples of people who have hidden disabilities (and diversity); most people are aware however, it's still good to promote by writing something into the document; maybe give examples of students or teacher who have studied in this field.' • '…… cultural awareness training'	
Focus groups There were some rich discussions in the three focus groups, some elements of which have been referenced above. Some elements have further been reflected in suggested changes to the draft itself. Other issues raised included:	
• Putting the guidance into practice was thought to be hard to do well.	We will promote the guidance actively when published with student/educator groups, and using resources that encourage engagement with this.
• It was thought that the challenges were in the implementation of the guidance in practice, particularly with low level concerns which become complex as a result of fluctuations in a student's behaviour, where they might get better for a short while only for a repeated offence to return later or for a slightly different concern to be raised altogether as well as the previous one(s).	We've covered aspects of low level concerns above. The guidance is aimed at providing top level guidance rather than trying to cover each possible situation. It doesn't exist in isolation, but sits alongside the graduate outcomes/Standards for Education and Osteopathic Practice Standards, to help navigate the complexities of issues which might arise.

Issue for consideration	Response
• A student's situation was also reported as a challenge (as it is often found there are other things going on in the student's life) that contribute to the behaviour.	Indeed – we wouldn't want to decry the complexities of life that students have to manage and which may contribute to them struggling with aspects of their course from time to time in a way which may raise concerns. There are differences though between welfare issues or pastoral needs and behaviours that raise concerns as to someone's ability to practise ultimately as a registered osteopath, and we hope the guidance will help to navigate these.
• It was reported that the OEIs support students to put the guidance into practice.	Agreed – this is reflected within the guidance itself, and in the meeting of graduate outcomes and delivering the OPS which GOsC reviews within its quality assurance processes.
• It was thought that these challenges were confounded by differences between the education provider and the awarding body. For example, It was considered a huge conflict-of-interest and a disconnect between the education provider and the awarding body in terms of what is expected from students. It was noted that more needed to be done from the regulator about this disconnect between provider and awarding body, so that the expectations of students were more robust.	This refers to a tension between this guidance and professional expectations and between the more standard policies of a provider's validating university. This hasn't been flagged as an issue with us before, and where a validated programme is also the subject of regulatory accreditation/approval, it would generally be the case that the regulatory aspects are given precedence should there be a clash. We review the delivery of standards in RQ visits and in annual reporting, so we are able to report to our Education Committee with a degree of assurance as to how standards are met.
• Participants would like to see the ***dos and don'ts*** published. It was felt this would make it easier to pull students up on things, if these were published and	We don't want to turn this guidance into a dos and don't list – it's not intended to be definitive. The development of professionalism is about making judgements and

Issue for consideration	Response
visible. It was also thought that publishing these would give the OEIs more weight with it.	navigating complex issues, and the guidance supports this with examples rather than lists of things that are or aren't acceptable.
• A query was raised about the length of the document and whether this was inevitable or could be avoided. In conjunction with this it was acknowledged by the participants that it would be the OEIs responsibility to deliver this material in a bite-size way to their student body.	We appreciate that combining the current guidance into one document aimed both at students and education providers has resulted in a long (ish) guidance document. We will consider accessibility further in commissioning the final design.
• It was suggested that the guidance needed section numbers throughout the document.	Noted.
• It was suggested that a flowchart would be useful on how to run a fitness to practise panel (e.g., the setup process), given that it was likely that students wouldn't read the whole document.	Noted.
• Comparisons were drawn with the previous guidance and that it was thought that the length of the new guidance was due to the sections on other people's responsibilities (e.g., the education provider and GOsC). It was suggested that these sections could potentially be sectioned out, to make the document clearer in terms of what happens in a student context, as it was thought that students would not want to see all of this information e.g., around responsibilities) at a particular point of time.	We will review presentation in the design stage.

Issue for consideration	Response
Theme A • It was felt the statement 'poor communication skills' was too wide reaching and broad in nature. Poor communication was something that the education providers expected to see in students all the time. What constitutes as poor communication is different at every study level.	This is true, and this allows for normal progression of skills acquisition in this area. We could say 'unprofessional' communication skills but think that 'poor' in this context is probably sufficiently understood. The expectations of Year 1 students would be different that those in the final year, and the guidance acknowledge this.
• What constitutes communication was also thought to include: active listening, or information gathering which are not mentioned in the guidance.	The detailed outcomes are set out in the Graduate Outcomes, so we don't need to be overly prescriptive within this guidance.
• It was felt that the low-level fitness to practice case versus how a student develops osteopathic skills (i.e. the natural journey of learning) needed to be considered within the context of the guidance (and what makes these different in each case). With the higher expectation of professionalism level to level	We say this in the guidance: *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*

Issue for consideration	Response
	education. At any time, it is possible for a student's behaviour to impact on patient safety or trust in the profession. There will be space here for the professional judgement of the educators in interpreting and implementing the guidance and reaching decisions regarding a student's fitness to practise.
• It was thought it might be useful to add a line in around 'institution to obtain level appropriate' (in terms of communication).	Amended to: Demonstrated poor or inappropriate communication skills (including rudeness or unresponsiveness), which might manifest with patients, fellow students or staff.
• Participants liked the case studies which were specific to the student population such as the one around 'rudeness.' However, it was thought that this looked clunky on its own as a single entity and that it would be good to add some further examples which were specific to the student population, such as one on **unresponsiveness** (e.g., the education provider/tutors cannot engage with the student), plus some other examples similar to this.	We have added a case on unresponsiveness.

Issue for consideration	Response
Theme B • Asking for help if uncertain has to require some level of self-reflection from the student. It was reported that abilities/competence of students and their self-reflection was not always evident, and it was difficult to get through to some students that they needed additional support.	Noted – the capacity for self-reflection will be an element in the decision making process should their fitness to practise be called into question.
• The statement about 'Make sure patients, carers and colleagues are aware of the competence level the student' and 'take action if other students require more supervision to carry out patient interactions' can be viewed by students as 'ratting them out'.	It could be, but so can speaking up as a registered osteopath or any healthcare provider when patient safety is at risk. There are structures in place to support students in these circumstances.
• There was support among the participants for 'Take action if other students require more supervision to carry out patient interactions' but they would like to see some other statements added around teamwork/collaboration. So as to foster encouragement for support and the notion that there will be mistakes that they should make as part of the student's progressive autonomy. The participants want to get away from the notion that it is rigid, and the misconception that students mustn't get anything wrong.	We have modified this to combine with another example of what students should do in relation to Theme B (Knowledge, skills and performance): • Reflect on and act within the limits for their competence and ask for help when necessary ~~or~~ when they are uncertain, or if they feel that they or other students require more supervision in particular patient interactions.
• It was reported that the fitness to practice thresholds of low versus high level concerns was something that	These issues can be complex to navigate, particularly in the case of a cluster of low-level concerns. We hope the

Issue for consideration	Response
institutions wrestled with, along with repetitiveness (which can hamper progression)	guidance helps to navigate this and provide a framework for decision making, but it won't be in isolation.
• It was questioned how providers could make it clearer to students when fitness to practice cases would be on their record and when would GOsC be notified	We've added a paragraph to clarify this.
Education provider responsibilities: • The statement 'respect and take into account diverse needs' was thought could be strengthened to include 'duty to be proactive' and 'demonstrated in all that they do.'	This arises from the Standards for Education and Training, so can't be changed.
• The statement 'support a caring and compassionate culture' was considered something that cannot be forced. For example, students that were 'encouraged' to gain extra support, do not always take this up.	Again, this is a Standard.
GOsC responsibilities: • It was felt the this was a 'muddy' area when OEIs sought guidance from GOsC about student concerns. This wasn't as clear cut in practice.	We will always strive to respond to queries in a way that supports decision making for stakeholders, but cannot always be definitive or provide legal advice. This is the nature or a regulator. There are some cases that will be clear cut in terms of the likely ability to register ultimately, but not all are so clear.

Issue for consideration	Response
• It was said that 'GOsC don't care' Implied non-committal answers would be given and that they are 'telling us that a student will run into patient protection issues later'.	The GOsC very much cares about the integrity of the register, and will do all it can to support as outlined above, but this might not involve making the decision on their behalf.
Concerns: • It was considered important how the student responds to the low-level concerns, and that this is part of the picture here (those that respond are the students that OEIs can work with).	Agreed
• It was felt that something like 'clinical engagement' there was such a spectrum of that from non-attendance at a few classes to non-attendance of the whole term. Equally, for something like this 'honesty,' this could be extreme to a little white lie. The example given was of some students booking time out of clinic for other commitments, when photos proved they had been to Ascot.	Yes – this would be some of the complexity that needs to be navigated and considered in reaching a decision.
• It was reported that some students experience i.e., what else is going on in their life) are devastating, just one thing after another which can often have led to their unprofessional behaviour.	Again – all part of the complexity of navigating these issues for the provider and student, and finding a way forward.
All case studies would benefit from: • Different pathways for each scenario in terms of: 1. Did the student reflect.	We understand the point here and having different pathways would perhaps be helpful in a workshop type scenario as part of the implementation phase for this

Issue for consideration	Response
2. If the student repeated the same offence 3. If the student did something else that was considered inappropriate behaviour • Given these different pathways, they would all lead to other outcomes.	guidance. But we are less keen on the case scenarios within the guidance being made much more complex. We will use this as a learning resource suggestion, however and develop this separately.