



General
Osteopathic
Council

DRAFT

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

Introduction

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

The General Osteopathic Council

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

The award of a Recognised Qualification

4. The award of the 'Recognised Qualification' (RQ) in osteopathy means that the holder is capable of practising, without supervision, to the standards expected in the GOsC *Code of Practice* and the *Standard of Proficiency*. The RQ means that the student is 'fit to practise'. The standards are available on our website: <http://www.osteopathy.org.uk/practice/standards-of-practice/>.

5. Once the RQ has been awarded, a student may apply for registration and entry to the GOsC Register, subject to satisfying character and health requirements². 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.

Registration

6. The following elements are necessary to obtain registration with the GOsC, an essential pre-cursor to lawful practice as an osteopath:
 - a. The award of an RQ – the holder is capable of practice in accordance with the standards set out in the *Standard of Proficiency* and the ethical requirements of the *Code of Practice*. 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 an RQ by the Osteopathic Educational Institutions (OEIs).
8. Additional information is also provided about the statutory requirements of 'good character' and 'good health' at the point of registration. The intention is that, normally, matters affecting student fitness to practise would be dealt with during the RQ course. It would be unusual for a matter to be dealt with at the point of awarding an RQ and then for registration to be refused as a result of further consideration of the same matter.
9. Separate, more detailed guidance is being developed about the management of health and disability in osteopathic education for publication during autumn 2011.

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

² See S3(2) of the Osteopaths Act 1993 and the GOsC Position Statement on the relationship between Recognised Qualifications and Registration.

Student fitness to practise: a summary

10. Student fitness to practise procedures help to ensure patient safety and public trust in the profession, and support the remediation of students whilst maintaining patient safety.
11. All OEIs are expected to have a published statement about how professional behaviours are taught and learning opportunities facilitated during the RQ course.
12. All OEIs are expected to have a published statement about how student fitness to practise is managed and incorporated into the RQ course. The local policy should be consistent with the procedures in place at the OEI, the validating university and the clinical settings within which osteopathic care is delivered.
13. All clinical and educational settings should have clear procedures in place indicating how staff, students and patients should raise concerns.
14. OEIs should ensure that these statements are made clear to students at the outset of their course.
15. Fitness to practise issues may arise prior to, as well as during, the RQ course. The standards of acceptable behaviour required of a student prior to and during their course may be different to those required of registered practitioners. Different standards of behaviour may also be required from students at different stages of their course. For example, a fitness to practise issue which arises in Year 1 prior to any patient contact may be treated differently to

the same fitness to practise issue which is identified in the final year of education and training. A defined approach to the ways 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.

16. All decisions about an individual's fitness to practise must be considered on a case by case basis.
17. In all cases, OEIs should only award RQs to students who are capable of practice to the standards set out in the *Standard of Proficiency* and *Code of Practice*. In cases where the required standards cannot be demonstrated, it may be appropriate to award an alternative qualification which does not have the status of an RQ and cannot lead to registration with the GOSc.

Scope of student fitness to practise

Learning professional behaviours

18. Matters that should be considered by the student fitness to practise procedures will include:
 - a. Those which may affect patient safety.
 - b. Those which may affect the trust that the public places in the profession.
19. Equally, the student fitness to practise procedures should be used appropriately. The outcomes of a student fitness to practise hearing are solely about patient safety and the trust that the public places in the profession. The process and outcomes in student fitness to practise procedures should not be a punishment to the student. For example, poor attendance at lectures, late submission of course work or inability to meet a particular requirement of the *Standard of Proficiency* in the first year of the course may not be appropriate matters to invoke student fitness to practise procedures. However, equally, these patterns may be symptomatic of another problem which could be a fitness to practise issue. Further guidance about student fitness to practise is set out at paragraphs 39 to 43 of this document – the threshold of student fitness to practise.

20. There should be a continual dialogue about professionalism which runs throughout osteopathic pre-registration education. Students should be supported to learn professional behaviours. 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 to meet the requirements of the *Standard of Proficiency* and *Code of Practice* in force at the time.
21. Student fitness to practise is not only a punitive subject. 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.

22. Providing confidential support, guidance and teaching to students at an early stage may help students to develop individual insight and responsibility for fitness to practise. It may also assist in avoiding more serious problems later during the educational course, or later still when the individual is a practising osteopath. Particular examples of situations and methods to support students' understanding of fitness to practise could include the following:

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

Student fitness to practise policies and procedures

- 23. OEIs should ensure that their student fitness to practise policies, statements and procedures are published and made available to students and prospective students.
- 24. OEIs should also ensure that policies, statements and procedures for students, staff, patients and others to raise concerns are clear and accessible in both educational and clinical settings.

Admissions

- 25. Prior to admission, applicants may seek advice about undertaking an osteopathic RQ, leading to possible registration with the GOsC, from the OEIs and the GOsC.
- 26. Prospective students are entitled to have their application considered, with reference to the standards set out in the *Standard of Proficiency* and *Code of Practice*. Advice should be provided on an assessment of the individual needs of the prospective student by the OEI. OEIs should also have robust criteria based on principles of public protection in place for dealing with any issues relating to professional requirements revealed by applications or supporting documentation such as enhanced Criminal Record Bureau (CRB) checks and regular self-declarations.

Health impairments, disability and osteopathy

27. The General Osteopathic Council plans to issue more detailed guidance about the impact and management of student health and disability both during education and training, and in autonomous practice. This guidance will help to provide OEIs with a more consistent framework to make decisions about admissions where matters related to health and disability are considered. OEIs should encourage applicants with a disability to enter into discussions with them about a career in osteopathy. Further guidance about these conversations is contained in paragraph 35. Like all healthcare regulators, the GOsC is keen to promote the full participation of people with disabilities in the health professions by removing common fears about regulatory processes, helping all involved in osteopathy to understand better how practice can be managed to meet the required standards³. As part of this, the GOsC has commissioned specific and dedicated guidance about the management of health and disability for people in osteopathy. This is expected to be available in autumn 2011.

Consideration of previous convictions and cautions prior to admission

28. In making a decision about whether previous conduct or convictions are such that they may call in to question the applicant's fitness to practise, the OEIs should take account of the guidance available from the OEI and the validating university, and any other relevant guidance, including GOsC guidance. It is a requirement that OEIs should have explicit processes in place to implement the guidance effectively.

29. It is important that each case is considered on its individual circumstances. In order to enable OEIs to make a balanced decision, it is important that all available information can be considered by the OEI. This means that the applicant should ensure that all available information is accessible to the OEI and should consent to the disclosure of further information to the OEI from other agencies where appropriate.
30. There are certain types of offences where it would normally be expected that prospective students would be denied access to the RQ course on the grounds of patient safety. Such offences might include:
 - > Serious sexual or violent offences which merited a custodial sentence.
 - > People barred from working with children on any official list.
 - > People barred from working with vulnerable groups under vetting and barring schemes both within and outside the UK. For example, the Protecting Vulnerable Groups and Vetting and Barring schemes in the UK.
31. The OEI must take a decision about whether fitness to practise would continue to be impaired in all circumstances. This guidance provides further details about how to come to this judgement.
32. In making such a decision, the OEI should consider the following factors:
 - a. What are the circumstances of this offence?
 - b. How long is it since the offending behaviour took place?
 - c. How serious is the offence?
 - 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 surrounding the offence?
 - f. What remedial action has the student taken?
 - g. Does the evidence indicate that patients are still at risk with this student?

³ See CHRE, *Health Conditions: Report to the four UK Health Departments*, June 2009 at p17.

- h. Will patient wellbeing be assured with this prospective student?
- i. Will the trust that the public places in the profession be affected by the admission of this person to an osteopathic training course, subsequently leading to a Recognised Qualification and GOS registration (subject to statutory health and character requirements)?

Pastoral care and student support

- 33. 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.
- 34. Where fitness to practise concerns are identified, the student should still be offered support alongside and independent from the fitness to practise procedures. It may be helpful to build support mechanisms with other OEs to help ensure a degree of outside and confidential support to the student where appropriate. However, where issues of patient safety arise, this must be communicated to the relevant person with accountability for fitness to practise issues so that the matter can be dealt with formally and in accordance with established procedures to ensure that patient safety and wellbeing is protected.

Health and fitness to practise

- 35. An impairment or health condition may make it impossible for a student to meet the requirements set out in the *Standard of Proficiency* without assistance. The student should be offered the opportunity to have a full discussion about the types of reasonable adjustments that may enable them to reach the required standards and the contexts in which these requirements may need to be put into practice after registration.

- 36. If such a conversation reveals that the particular circumstances will not make it possible for the individual to meet the required *Standard of Proficiency* then further discussions should be arranged about the options. It would be very rare for such discussions to lead to a formal fitness to practise hearing. However, this course of action may need to be explored if all avenues reasonable to the student and the OE have been explored, and a way forward cannot be mutually agreed. Further dedicated guidance will be available on the management of health and disability in osteopathy in due course.

- 37. OEs must make reasonable adjustments for students with impairments to enable them to achieve the requirements of the *Standard of Proficiency* and the *Code of Practice*. Although adjustments should not be made to the standards themselves, reasonable adjustments can be made to the method of learning and the assessment by which the student demonstrates the requirements. The General Medical Council has published guidance on gateways to the professions⁴, which may provide a useful resource to OEs in considering these matters. Further guidance specific to osteopathy will be available in due course.

Qualifications as an alternative to the Recognised Qualification

- 38. OEs should consider their approach to students who cannot be awarded the RQ because of fitness to practise issues. OEs 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 GOS.

⁴ GMC, Gateways Guidance, available at http://www.gmc-uk.org/education/undergraduate/gateways_guidance.asp and accessed on 13 April 2011.

The threshold of student fitness to practise

39. Students are not yet practising osteopaths. There are obligations on students to adhere to the *Code of Practice* when treating patients under supervision to ensure that their behaviour does not affect the trust that the public places in healthcare practitioners.
40. OEs 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.
41. In determining whether any one-off or course of conduct affects fitness to practise, the following questions may be considered:
 - a. How serious is the behaviour?
 - b. What is the level of maturity demonstrated by the student?
 - c. What is the likelihood of repeat behaviour?
 - d. What stage of the course is the student undertaking? Are they a day-one student, or a student in their final clinical year?
 - e. How well might the student respond to support and remediation?

42. 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 the information to the General Osteopathic Council⁵.
43. At the end of the course, the student will normally be awarded the RQ. This means that they are able to practise in accordance with the *Code of Practice* and the *Standard of Proficiency* in force at the time. If the issue identified could affect this judgement, the formal student fitness to practise procedures should be invoked.

5 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 OEs 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.

The investigation process

44. Once proceedings have been instigated, a fair, transparent and published procedure should be followed. This procedure should be clear to both the student and those involved in the fitness to practise proceedings. The procedure should be consistent with that expected in the OEl and in the validating university, but should also be consistent with the principles in this guidance.
45. Independent support should be signposted to the student.
46. The role of the investigator should be undertaken by a suitably qualified and independent person, in accordance with the procedures laid down by OEIs.
- c. Is the student's health or impairment compromising patient safety?
- d. Has the student abused a patient's trust or violated a patient's autonomy or other fundamental rights?
- e. Has the student shown a deliberate and reckless disregard of the processes for the delivery of the service or put the reputation of the service provider at risk?
- f. Has the student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
- g. Has the student shown insight into the behaviour? When did the student show insight into the behaviour?
49. The investigator will gather evidence in the form of statements and any other appropriate evidence from relevant people.

Interim suspension

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

The role of the investigator

47. The role of the investigator is to collate and present the evidence to assist the fitness to practise panel to establish whether there is enough evidence to determine whether a student's fitness to practise is impaired. The investigator should be independent of the fitness to practise panel which makes decisions.
48. In presenting the case to the fitness to practise panel about whether there is enough evidence to determine whether fitness to practise is impaired, the investigator may consider the following questions:
 - a. Has the student's behaviour harmed patients or put patients at risk of harm?
 - b. Has the student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?

The adjudication process: the fitness to practise panel

51. 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 OEs 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.

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

53. 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.

54. The fitness to practise panel should:

- a. Consider evidence presented by the investigator.
- b. Consider evidence presented by the student.
- c. Consider whether an undertaking might be appropriate in the circumstances.
- d. 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.
- e. Consider mitigation presented.
- f. Decide appropriate sanction:
 - i. Warning
 - ii. Conditions
 - iii. Suspension
 - iv. Expulsion from course (with or without exit degree).

Outcomes of student fitness to practise hearings

55. 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.
56. 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 impaired. A warning is appropriate in all the circumstances.
 - c. Fitness to practise may be impaired and an undertaking is agreed.
 - d. 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. Conditions
 - ii. Suspension from osteopathic course or parts of it
 - iii. Expulsion from osteopathic course.

Warnings

57. Warnings allow the OEI to indicate to a student that their behaviour represents a departure from the standards expected of osteopathic students and should not be repeated. They are a formal response in the interests of maintaining professional values. There should be adequate support for the student to address any underlying problems that may have contributed to their poor behaviour.

58. The formal recording of warnings allows the OEI to identify any repeat behaviour and to take appropriate action. Any breach of a warning may be taken into account by a panel in relation to a future case against a student. The warning should remain on the student's record, and the student must be aware of their responsibilities to disclose the warning when applying to the GOsC for registration. Usually, the GOsC would not take further action if the matter had been known to and dealt with at the OEI. However, if the information is not disclosed, this in itself could raise concerns about registration which would need to be investigated further.
59. Decision-makers may want to consider the following questions when deciding whether it is appropriate to issue a warning:
 - a. Is there evidence that the student may pose a danger to patients (including fellow students and staff) or the public? If so, a warning is unlikely to be appropriate.
 - b. Has the student behaved unprofessionally?
 - c. Has the student shown insight into the behaviour and the impact of the behaviour?
 - d. Does the student's behaviour raise concerns, but fall short of indicating that the student is not fit to practise?
 - 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

60. In particular circumstances, the fitness to practise panel may agree an undertaking with the student concerned and to halt further proceedings whilst the undertaking is in place. Undertakings can be helpful where both the OEI and the student agree that fitness to practise may be impaired and how patient safety can be assured moving forward.

61. An undertaking is an agreement between a student and the OEI where there is an explicit acknowledgement that the student's fitness to practise may be impaired. This agreement is usually taken forward before or instead of a formal fitness to practise hearing or determination.
62. Undertakings may include restrictions on the student's clinical practice or behaviour, or the commitment to undergo medical supervision or remedial teaching. As with conditions, they are likely to be appropriate if the concerns about the student's fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the best way to address them.
63. 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 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.
64. When considering whether to invite the student to accept undertakings, the panel should consider:
 - a. Whether undertakings appear to offer sufficient safeguards to protect patients and the public, other students and staff.
 - b. Whether the student has shown sufficient insight.
65. In the event that an undertaking is not suitable or appropriate, a full fitness to practise panel should be held.
66. 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.
67. Panels should consider whether the sanction will protect patients and the public, and maintain professional standards.
68. 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 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.

Conditions

69. Conditions are appropriate when there is significant concern about the behaviour or health of the student. 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.
70. The student should be made aware that the sanction may be disclosed to appropriate people and of the requirements in the GOsC's declaration of good health and good character when they are applying for registration.
71. The objectives of any conditions should be made clear so that the student knows what is expected of them, and a panel at any future hearing can identify the original shortcomings and the proposals for their correction. Any conditions should be appropriate, proportionate, workable and measurable.
72. 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.

73. Although this list is not exhaustive, conditions may be appropriate when most or all of the following factors are apparent:
- > The student has shown sufficient insight, and there is no evidence that they are inherently incapable of following good practice and professional values.
 - > There are identifiable areas of the student's studies in need of further assessment or remedial action.
 - > There is potential for remediation to be successful.
 - > The student is willing to respond positively to support and conditions.
 - > The student is willing to be honest and open with patients, colleagues and supervisors if things go wrong.
 - > There is evidence, in cases involving health problems, that the student has genuine insight into their health problem and has agreed to abide by conditions relating to their medical condition, treatment and supervision.
 - > Patients will not be put in danger either directly or indirectly as a result of the conditions.
 - > The conditions will protect patients during the time they are in force.

74. If a panel has found a student's fitness to practise impaired by reason of physical or mental health, the conditions should relate to the medical supervision of the student as well as supervision in the OEI clinic or on clinical placements. As with all sanctions, no conditions should be imposed if the student's fitness to practise is not impaired.

Suspension from course

75. 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.

76. Examples of conduct which might merit a suspension include students who are in the process of demonstrating that they have recovered from an addiction.
77. When students return from suspension, they may be expected to comply with any further conditions. Students should consent to disclose the suspension and conditions to the appropriate people, and must be aware of the requirements regarding disclosure when applying to the GOsC for registration.
78. 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

79. The panel can make a recommendation to the Principal of the OEI to expel a student from the OEI if they consider that this is the only way to protect patients (including fellow students and staff), carers, relatives, colleagues or the public. The student should be helped to transfer to another course if appropriate. However, the nature of the student's behaviour may mean that they should not be accepted on clinically-related courses, or on any other course. In most situations, the Principal will need to liaise with the validating university concerning expulsion.

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

- > Has seriously departed from the principles set out in the GOSc *Code of Practice* and in this guidance.
- > Has behaved in a way that is fundamentally incompatible with being an osteopath.
- > Has shown a reckless disregard for patient safety.
- > Has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients.
- > Has abused their position of trust.
- > Has violated a patient's rights or exploited a vulnerable person.
- > Has committed offences of a sexual nature, including involvement in child pornography.
- > Has committed offences involving violence.
- > has been dishonest, including covering up their actions, especially when the dishonesty has been persistent.
- > Has put their own interests before those of patients.
- > Has persistently shown a lack of insight into the seriousness of their actions or the consequences.
- > Shows no potential for remediation.

Registration

81. In order to register with the GOSc, applicants are required to:

- a. Hold a Recognised Qualification – the holder is capable of practice in accordance with the standards set out in the *Standard of Proficiency* and the ethical requirements of the *Code of Practice*.
- b. Satisfy the Registrar that they are of good character.
- c. Satisfy the Registrar that they are of good health.
- d. Pay the prescribed fee⁶.

There are also other requirements relating to professional indemnity insurance and in certain circumstances, CPD requirements.

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

83. However, if additional information, not known to the OEI, is discovered about the health or character of the applicant between the award of the RQ and the application 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 *Standard of Proficiency* and *Code of Practice*.

84. In all circumstances, the Registrar requires a declaration of good health and good character from applicants wishing to register with the GOSc.

6 See Section 3 of the Osteopaths Act 1993.

The statutory requirement of good health

85. The Osteopaths Act 1993 and associated rules require applicants for registration to provide evidence of 'good health'. In the context of osteopathic practice, this simply means that the osteopath is able to practise in accordance with the requirements laid out in the *Standard of Proficiency* and the *Code of Practice*.
86. The application for registration requires applicants to outline any medical problems which may prevent them from practising osteopathy.
87. The application for registration also requests a health reference from a general medical practitioner. If the applicant is not registered with a general medical practitioner, the applicant should provide a health reference from an osteopath or other suitably qualified health professional.
88. The Registrar's duty is to ensure that applicants are able to practise in accordance with the requirements of the *Standard of Proficiency* and *Code of Practice*, 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

89. The Osteopaths Act 1993 and associated rules require applicants for registration to provide evidence of 'good character'.
90. 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.
 - > If they have been removed from any other professional or regulatory Register.
91. This means that all osteopaths must disclose all convictions, cautions, reprimands and final warnings. All students are required to have an enhanced CRB check as part of their application for registration. In the event that an enhanced CRB check discloses cautions or convictions that have not been declared, applicants are requested to explain in writing the circumstances which led to them being cautioned. This information will then be considered further by the Registrar before a decision about registration is made.
92. 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.
93. The Registrar's duty is to ensure that applicants are able to practise in accordance with the requirements of the *Standard of Proficiency* and *Code of Practice*, 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.

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



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