

**Education Committee
14 December 2010
Private session
Student fitness to practise**

<u>Classification</u>	Public
<u>Purpose</u>	For Decision
<u>Issues</u>	This paper reports on the work of the Student Fitness to Practise Working Group including the progress of the development of the Student Fitness to Practise guidance and the development of the equality and diversity specification.
<u>Financial & Resourcing Implications</u>	None arising from this paper.
<u>Equality & Diversity Implications</u>	Specific guidance about the management of health and disability in training is being commissioned as part of our commitment to 'reassure all that the only concern of the regulatory body is the person's capability to practise in line with competence and conduct standards, not the state of their health or any impairment that they might have.'
<u>Communications Implications</u>	We will continue to consider the implications of this report as we further develop our equality and diversity guidance for OEIs.
<u>Annexes</u>	Annex A – Note of Student Fitness to Practise Working Group held on 18 November 2010. Annex B – Student Fitness to Practise Framework. Annex C – E and D Specification.

Author: Joy Winyard / Fiona Browne
25 November 2010

Summary

1. This paper reports on the meeting of the Student Fitness to Practise Working Group on 18 November 2010. The Committee are asked to endorse the decision to share the guidance, questions for discussion and ideas for implementation support with OEIs ahead of finalising a consultation document.

Background

2. At its meeting on 18 March 2010, the Education Committee agreed the terms of reference for a Student Fitness to Practise reference group comprising members of the OEIs, lay people and students to consider the development of our student fitness to practise policy.
3. The first meeting of the group took place on 20 May 2010 where work began on the initial draft of the policy guidance. At this meeting, the Group suggested that Netta Lloyd-Jones of Oxford Brookes University (OBU) should take part in the group to bring a broad School of Health perspective as OBU also runs other healthcare courses alongside osteopathy and the Terms of Reference were amended accordingly. The Group also emphasised the need for guidance about the management of health and disability.
4. The Group worked electronically during September and October on draft student fitness to practise guidance for OEIs and for students. Work also continued electronically on the development of a specification for publishing guidance about the management of health and disability during training.
5. The Student Fitness to Practise Working Group met on 18 November 2010. A note of the meeting is attached at Annex A. At that meeting, the Student Fitness to Practise Working Group (SFtPWG) agreed to informally consult with stakeholders about the draft guidance, questions for discussion and ideas for implementation support. The Group also agreed to recommend the specification for guidance about the management of health and disability in osteopathic training for publication to the Education Committee. The Group approved the selection of two SFtPWG members and two Education Committee members to undertake shortlisting and interviews.

Discussion

Development of Guidance about the Management of Health and Disability

6. The specification for the development of guidance about the management of health and disability is attached at Annex B. The timetable for developing the guidance is as follows:

Date	Action
December 2010 to January 2011	Advertise specification
February 2011	Appoint successful candidate
March 2011	Commence work
June / July 2011	Final report delivered for publication

Student Fitness to Practise Guidance for OEIs and Students

7. The draft Student Fitness to Practise guidance for OEIs and for students is attached at Annex C along with questions for discussion.
8. The Education Committee is invited to comment on the work of the Student Fitness to Practise Group so far and to advise on the questions to be asked of stakeholders in discussing the guidance and ideas for implementation support.
9. The timetable for proposed next steps is set out below for information.

Date	Action
February 2011	OEIs to consider guidance and specific questions and will approve a consultation strategy involving their students and members of staff. We will also explore the possibility of them seeking feedback from their own patients as part of the consultation.
March 2011	Student Fitness to Practise Working Group to consider last draft, consultation questions and consultation strategy.
March 2011	Education Committee agree to consult on draft Student Fitness to Practise Guidance.
April 2011 – June 2011	Consultation on guidance
July – August 2011	In-House analysis of consultation responses
September 2011	Publish guidance electronically. (This will allow sufficient time to feed in any amendments from the current Code / Standard whilst leaving it sufficiently broad to cover old and new Code).

Recommendation: The Education Committee are asked to note the progress of the development of Guidance about the Management of Health and Disability in Osteopathic Training.

Recommendation: The Education Committee is asked to endorse the decision of the Student Fitness to Practise Working Group to informally consult with stakeholders about the draft guidance, questions for discussion and ideas for implementation support.

GENERAL OSTEOPATHIC COUNCIL

**Note from the Student Fitness to Practise Working Group meeting held on
18 November 2010 at 14:00hrs**

* * * * *

Unconfirmed

Chair: Professor Ian Hughes (Chair of GOsC Education Committee)

Mr Adrian Barnes (Osteopath and Head of European School of Osteopathy)
Mr Jerome Boisard (Student)
Ms Carolyn Felton (Surrey Institute of Osteopathic Medicine)
Ms Netta Lloyd- Jones (Oxford Brooks University)
Ms Sharon Potter (Vice Principal, Education, British School of Osteopathy)
Ms Tracey Stokley (College of Osteopaths Middlesex)
Ms Heather Warwick (Student)

In attendance: Ms Fiona Browne (GOsC Head of Professional Standards)
Ms Joy Winyard (GOsC Professional Standards Officer)

Item 1: Apologies and Interests

1. There were no apologies and no interests were declared.

Item 2: Minutes

2. The minutes were agreed to be a true and accurate account of the last meeting.

Item 3: Matters Arising

3. Concern was raised over student representation on the group as Mr Boisard has recently graduated as an osteopath. Mr Boisard agreed to continue to attend meetings until a replacement could be found.

4. It was confirmed in the minutes of the previous meeting that student representation in the group would be limited to two places only.

5. It was noted that May meetings were difficult for some students to attend due to exams.

Item 4: Revised Student Fitness to Practise Framework

6. The group worked through the consideration points listed at point 4 of the covering paper:

Is the emphasis on the importance of learning professional behaviour and the responsibility of the individual for their own fitness to practise right?

7. The group discussed whether the document was specific enough in comparison to some of the OEI's own guidance on this subject. Points made in discussion included the following:

- There was concern whether the document allowed the students 'to be students' as it is primarily aimed at the OEIs. The student booklet would help this.
- The group debated whether the guidance was sufficiently specific in terms of the threshold of student fitness to practise. It was agreed that this was closely linked to the progressive teaching of professional behaviours on the course. This could be emphasised a little more in the guidance.
- Further definition of 'student fitness to practise' might be helpful. It was not uncommon for osteopaths to be unclear about the purpose of student fitness to practise procedures and to suggest inappropriate referrals, for example, poor attendance at lectures.
- The expectation should be that students follow the *Code of Practice* from the moment they begin their osteopathic studies, however it is recognised that some students may make errors of judgement. Therefore sanctions will differ depending on the progression made through the course.
- Paragraph 31 should be amended to 'when treating patients *under supervision with guidance*'.
- Paragraph 21 should be amended to read '*It is a requirement that OEIs should have explicit processes in place to implement the guidance effectively.*' The group then discussed whether this was actually possible. It was then confirmed that the CRB check undertaken at the admissions stage would uncover any potential problems and could lead to a referral to the Fitness to Practise procedures.

Is the guidance about the possible need for alternative non-RQ qualifications right? If not, how else might the student's academic learning be recognised?

8. It was confirmed that all the OEIs are keen to give credit to the students and non-RQ exit qualifications already exist.

Is further, more detailed advice about admissions procedures required for OEIs, students or patients and the public?

9. This aspect of the draft guidance required no change.

In considering how to investigate, we have suggested a number of questions at paragraph 39. Are these the right questions? Should any be added or taken away?

10. The Group considered the following:

- Could the investigator consider 'insight' or mitigation?
- 'Students and staff' should be included in the definition of 'patient'. These groups could be affected by a student's behaviour.
- Who is the nominated investigator – would further detail be helpful here – or should this be left to the OEIs. It was suggested that the institute would appoint the nominated investigator; however that person must be independent of the panel.

In considering the process undertaken by the fitness to practise panel, we have set out steps at paragraph 45. Should any steps be added or taken away?

11. The Group considered the following:

- 'Mitigating factors' should be added to the list of considerations the fitness to practise panel should give the evidence.
- Suspension from the course and suspension from the clinical part are different matters and should be reflected as such.

In deciding whether to issue a warning, we have set out questions at paragraph 50 for consideration by the decision makers. Are these the right questions? Should any be added or taken away?

12. It was decided that 'insight' may also be something that the decision makers may wish to consider. Fellow students should also be added to paragraph 50 to read 'Is there evidence that the student may pose a danger to patients or the public *or fellow students*? If so a warning is unlikely to be appropriate.'

In considering whether an undertaking is appropriate, we have set out factors for consideration at paragraph 55. Should any be added or taken away?

13. 'Student' should be added to paragraph 55 a. to read 'Whether undertakings appear to offer sufficient safeguards to protect patients and the public, *students and staff*.'

Is the guidance about conditions contained in paragraphs 62 to 64 appropriate? Should any further factors be taken into consideration?

14. The group considered the following:

- Change paragraph 62 a. to read 'the behaviour can be improved by setting conditions as part of an action plan.'
- Amend 'assessment' in 62 c. to state 'review action plan'.
- Replace 'problem' with another word appropriate to the 'learning, awareness and insight' language.

Are the factors indicating expulsion at paragraph 69 the right ones?

15. The group considered that paragraph 69 should also consider 'no potential for remediation'. It should also make clear that expulsion was for fitness to practise reasons and not other reasons such as 'non-payment of fees'.

Is the suggestion for the involvement of a lay person feasible and proportionate? Is there any other way that we might ensure that the patient voice is represented in the student fitness to practise process? Is it sufficient to use someone outside the osteopathy course for example?

16. The OEIs would welcome the opportunity to involve lay people in their panels. Would this necessitate the development of a trained pool of people which would be expensive and therefore not feasible? The Group thought that the involvement of a person who was not an osteopath would be helpful. The wording did not mandate the involvement of the lay person and the option should not be removed altogether as the patient voice was important.

Is the guidance sufficiently detailed, or not detailed enough? Please provide specific examples and an indication of the sort of guidance that would be helpful.

17. It was decided that a full list of 'offences' at paragraph 23 was not possible. The list was helpful to provide an indication of the seriousness of the type offences which would prohibit access to a course. This would serve as an indicator to any student with such offences in their history that they may encounter problems.

18. It was also suggested that 'Mandatory' be removed from paragraph 13 a so that it read 'attendance at GOsC presentation about the Code of Practice'.

Is a period of suspension an appropriate outcome for a fitness to practise panel to impose? What does this achieve for the student? What sort of evidence would help to demonstrate that the student was safe to return to the course?

19. The group decided that a period of suspension can be an appropriate outcome; however, it was felt that the wording in the document could be rephrased to emphasise patient safety.

a. Is the short booklet directed at students helpful and appropriate? How else might we communicate the messages in the guidance to students effectively?

20. The group felt that whilst the booklet was very helpful, students should still have access to the full document. It was felt that paragraph 14 should be highlighted to emphasise that the booklet is not a shortcut to reading the full document.

21. It was felt that the expectations of students must be fully managed; although they are advised that they will be expected to meet all the requirements set out in the Code and Standard, it should be confirmed that this will be with the assistance of the OEIs. It was felt that this confirmation should be added to paragraph 4.

Are the guidelines feasible?

22. The group discussed whether it would be confusing for students if this was issued to them from the GOsC as an independent document, if they had already received something from their OEI. It was confirmed that not all OEIs currently have their own document and that this could be used instead. However, as long as the basic principles were covered or incorporated into the OEI's own publication that would be acceptable.

23. It was pointed out that the document did not include appeals procedures. It was confirmed that this would normally be at the point of the OEIs but must be included.

24. It was also confirmed that the document makes no mention of social networking sites and how the same degree of professionalism and confidentiality is needed as anything posted onto the web is there forever. It was confirmed that this would be added.

25. The guidance would be revised and changes incorporated. This will be circulated to the SFtPWG for information.

26. The Group agreed to recommend to the Education Committee that the guidance, questions for discussion and ideas about implementation support should be shared with stakeholders including OEIs and students prior to formal consultation.

27. The Group agreed that they would further consider the revised guidance following discussions with the OEIs ahead of recommending formal consultation to the next Education Committee.

Item 5: Progress on Guidance about the Management of Health and Disability

28. The group confirmed that it was content to recommend the specification drafted and recommended publication to the Education Committee. It also approved the selection process of two SFtPWG members and two Education Committee members.

Item 6: Any Other Business

29. A request was made for the OEIs to be able to take part in GOsC FTP training programmes. The Head of Professional Standards agreed to discuss further with colleagues in regulation.

30. There was also a request for further positive learning support when the GOsC meets with students to promote the Code and Standard. It was felt that videos and PowerPoint presentations worked very well.

31. It was also confirmed that the GOsC is expecting to consult with students fully on this document and it was suggested that it may wish to do this via the student unions as well as the students on osteopathic courses.

Date of Next Meeting

32. Members will be notified as soon as dates have been finalised.

DRAFT

Student Fitness to Practise Guidance for OEIs

Please note the text has been drawn on the whole from the Student Fitness to Practice guidance and other documentation of other health professional regulators – particularly the GMC, NMC, GPhC and GDC. A formal acknowledgement will appear in the final document.

Osteopathic Student Fitness to Practise Framework Introduction

1. The primary purpose of the regulation of health professionals is to promote the safety and well being 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 and the GOsC sets, 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 have the power to remove from the Register any 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. This means that the student is 'fit to practise'. These standards are available on our website at: <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 a recognised qualification (RQ).

Registration

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

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' – 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 during study for the award of the RQ at 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 the award of the RQ and then for registration to be refused as a result of further consideration of the same matter.
9. Separate more detailed guidance will be developed about the management of health and disability in osteopathic practice shortly.

Student fitness to practise: a summary

10. Student fitness to practise procedures help to ensure patient safety, public trust in the profession and help to support the remediation of students whilst maintaining patient safety.
11. All OEIs are expected to have a published policy about how professional behaviours are taught and learning opportunities facilitated during the RQ course.
12. All OEIs are expected to have a published policy 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 policies and procedures 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 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 picked up in the final year of education and training. A defined approach to how 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. OEIs must not award an RQ where there is any doubt about ability to meet the standards of competence and conduct set out in the Standard of Proficiency and the Code of Practice. In such cases, it may be appropriate to award an alternative qualification which does not have the status of a 'Recognised Qualification' and cannot lead to registration with the GOsC.

Scope of student fitness to practise

18. Matters that should be considered by the student fitness to practise procedures will include:
 - a. Those which may affect patient safety currently or
 - 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 should not be a punishment to the student. For example, poor attendance at lectures, or 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 below – The Threshold of Student Fitness to Practise.

Learning professional behaviours

20. There should be a continual dialogue about professionalism which runs through pre-registration education leading to a RQ with the General Osteopathic Council. Students should be supported to learn professional behaviours. Teaching should also emphasise the importance of being aware of patient expectations 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 issue 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 meet the Osteopathic Practice Standards and 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 to develop students to develop individual insight and responsibility for fitness to practise and may 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 presentation about the Code of Practice requirements offered to all OEIs.
 - b. Examples of social networking which could demonstrate fitness to practise issues.
 - c. Examples of fitness to practise cases and working through the issues involved.
 - d. Reference to possible ethical, conduct or communication issues as 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 and procedures are published and made available to students and prospective students.
24. OEIs should also ensure that policies 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 General Osteopathic Council from the OEIs and the General Osteopathic Council.

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 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 CRB checks and regular self-declarations.
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 the OEIs about osteopathy. Like all healthcare regulators, the GOsC is keen to promote the full participation of disabled people 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.³ As part of this, the GOsC will be commissioning the development of specific and dedicated guidance about the management of health and disability for people in osteopathy.

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 applicants' fitness to practise, the OEIs should take account of the guidance available from the OEI and the validating University and any other relevant guidance as well as 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 information available 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 available 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 people under the Protecting Vulnerable Groups scheme and the Vetting and Barring schemes in the UK.

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

31. The OEI must take a decision about whether fitness to practise would continue to be impaired in all the circumstances. This guidance provides further detail 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 'list'?
- e. Does the prospective student have insight into the circumstances surrounding the offence?
- f. What remedial actions has the student taken?
- g. Does the evidence indicate that patients are still at risk with this protective student?
- h. Will patient well being 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?

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 OEIs to help to 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 in accordance with established procedures to ensure that patient safety and well being 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 OEI 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. OEIs 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 GMC have published guidance on *Gateways to the Professions* which may provide a useful resource to the Osteopathic Educational Institutions in considering these matters. Further guidance specific to osteopathy will be available in due course.

Qualifications as an alternative to the Recognised Qualification

38. OEIs should consider their approach to students who cannot be awarded the RQ because of fitness to practise issues. OEIs 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 GOSc.

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 with guidance and to ensure that their behaviour does not affect the trust that the public places in healthcare practitioners.
40. OEIs 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 that 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 1 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 Council.⁴

43. At the end of the course, the student will normally be awarded the 'Recognised Qualification'. This means that they are practising 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.

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 OEI 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 the OEIs.

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 determine whether there is enough evidence to determine if 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 if fitness to practise is impaired, the investigator may consider the following questions:

- a. Has a student's behaviour harmed patients or put patients at risk of harm?
- b. Has a student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?
- c. Is a student's health or impairment compromising patient safety?
- d. Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?

⁴ 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 OEIs 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.

- e. Has the student shown a deliberate and reckless disregard to the processes for the delivery of the service or put the reputation of the service provider at risk?
- f. Has a 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 in order 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 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 OEIs 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 about 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. (See below)
- 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. Warnings
 - 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 well being 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:
 - a. conditions
 - b. suspension from osteopathic course or parts of it
 - c. 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 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 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 are agreed that fitness to practise may be impaired and are agreed about how patient safety can be assured moving forward.

61. An undertaking is an agreement between a student and the OEI where there is an agreement, including explicit student 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 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.

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 so that 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 to 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 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

70. In order to register with the General Osteopathic Council, 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 fee.⁵
- e. There are also other requirements relating to professional indemnity insurance and in certain circumstances, CPD requirements.

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

72. 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 the Code of Practice.

73. In all circumstances, the Registrar requires the following from applicants wishing to register with the GOsC.

Registration: The statutory requirement of 'good health'

74. 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.

⁵ See Section 3 of the Osteopaths Act 1993.

75. The application for registration requires applicants to outline any medical problems which may prevent them from practising osteopathy.

76. 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 either from an osteopath or another suitably qualified health professional.

77. 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 in accordance with the relevant equality and human rights legislation. The Registrar may seek any additional evidence, in order to ensure that this duty is complied with.

Registration: the statutory requirement of 'good character'

78. The Osteopaths Act 1993 and associated rules require applicants for registration to provide evidence of 'good character'.

79. The rules require that as part of the application for registration, the applicant should

80. 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 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.

81. 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.

82. 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 in accordance with 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.

DRAFT

20101129 following 18 November 2010 SFtP Group.

Item XX Annex C

DRAFT

**Fitness to practise
guidance for
osteopathic
students.**

Professional Behaviour expected of Osteopathic Students

Introduction

1. Welcome to the profession of Osteopathy. Osteopathy is one of the health professions which are regulated by law in the United Kingdom. The Council's role is to safeguard the health and well being of the public as well as to promote the highest standards of osteopathic education.
2. The purpose of this booklet is to outline the professional behaviours expected of student osteopaths. It should be read in conjunction with the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions* (OEIs) as well as the detailed local guidance in place at your OEI and other clinical settings that you may work in during your training.
3. Patients and the public place trust in health professionals. In order to maintain this trust it is important for students of the health professions to behave in a way which will continue to uphold the reputation of the profession.
- 4.
5. Professional behaviour means doing the right thing when no-one is checking. Regulation begins with personal responsibility. As part of your education and training as a healthcare professional, you will continue to learn about professional behaviour and personal responsibility.
- 6.
7. Your conduct in both your personal and professional life counts when considering professional behaviour. Throughout your course, the importance of conduct and approaching ethical issues in an appropriate way will be emphasised to you. You will be supported to learn effective professional behaviours throughout your 'Recognised Qualification' (RQ) course.
8. If there are concerns about fitness to practise, a fair and transparent process is followed. This process will meet the requirements of the GOsC guidance *Student fitness to practise Guidance for OEIs*.
9. You will be expected to meet all the requirements set out in the Standard of Proficiency and Code of Practice prior to the award of your Recognised Qualification as part of the RQ qualification. These documents are available on the GOsC website at www.osteopathy.org.uk.

Health Professional Regulation

10. The primary purpose of the regulation of these health professions by law is to ensure the safety and well being of patients and the general public.
11. There are nine health professional regulators established by law in the United Kingdom. These are:

- a. The General Chiropractic Council which regulates chiropractors.
- b. The General Dental Council which regulates dentists and professions allied to dentistry.
- c. The General Medical Council which regulates doctors.
- d. The General Optical Council which regulates optometrists, dispensing opticians, student optometrists and certain premises.
- e. The General Osteopathic Council which regulates osteopaths.
- f. The Health Professions Council which regulates arts therapists, biomedical scientists, chiropodists, podiatrists, clinical scientists, dieticians, hearing aid dispensers, practitioner psychologists occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, prosthetists, radiographers, speech and language therapists
- g. The Nursing and Midwifery Council which regulates nurses and midwives.
- h. The General Pharmaceutical Council which regulates Pharmacists pharmacy technicians and pharmacy premises.

What does the General Osteopathic Council do?

12. 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.
 - Like the other health professional regulators, the GOsC keeps the [Register](#) of all those permitted to practise osteopathy in the UK.
 - We work with the public and osteopathic profession to promote patient safety and we set, and monitor the maintenance and development of [standards](#) of osteopathic training, practice and conduct.
 - We also assure the quality of osteopathic education and ensure that osteopaths undertake [continuing professional development](#).
 - We help patients with any [concerns or complaints](#) about an osteopath and have the power to remove from the Register any osteopaths who are unfit to practise.

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

13. The public have certain expectations of health care professionals. This is because as a patient, most people will be vulnerable. Patients expect that healthcare professionals will treat them properly and will behave ethically. Trust is critically important to this therapeutic relationship.

14. The patient will often have the same expectations and will put the same level of trust in a student as they would a fully qualified health professional. This means that healthcare students are different to students of other disciplines. Professional behaviour in all aspects of life is important.
15. Regulation takes place at a number of different levels. The first level of regulation is the individual. It is crucial that individuals are aware of and abide by principles of regulation themselves. Healthcare professionals are in day to day contact with patients and this requires students to take responsibility to behave in a way that is in accordance with professional obligations and the expectations that the public have of healthcare professionals.
16. For this reason, there is no comprehensive list of activities which lead to student fitness to practise procedures. Professionalism is about doing the right thing when no-one is looking. This guidance attempts to set out positive principles which help students to understand how to identify the 'right' behaviours in a particular situation.
17. When considering behaviour of yourself or others ask will it:
 - a. impact on the perception of patient safety (including that of fellow students and staff)?
 - b. impact on the trust that the public places in the osteopathic profession that you wish to be a part of?

Standards

The standards expected of osteopathic students are set out in the Code of Practice and Standard of Proficiency as published on the GOsC website at www.osteopathy.org.uk. The RQ course will help you to gradually achieve the knowledge, skills, attitudes and behaviours to demonstrate these standards to the appropriate level.

The Code of Practice

18. The professional behaviour of registered osteopaths is set out in the GOsC Code of Practice. Highlights from the Code of Practice have been set out below. Further guidance should be obtained from the full Code of Practice.
19. All regulators have subscribed to the following values:
 - a. Be open with patients and clients and show respect for their dignity
 - listen to patients and clients
 - keep information about patients and clients confidential

- make sure their beliefs and values do not prejudice their patients' or clients' care.
- b. Respect patients' and clients' right to be involved in decisions about their treatment and healthcare
- provide information about patients' and clients' conditions and treatment options in a way they can understand
 - obtain appropriate consent before investigating conditions and providing treatment
 - ensure that patients have easy access to their health records.
- c. Justify public trust and confidence by being honest and trustworthy
- act with integrity and never abuse their professional standing
 - never ask for, nor accept any inducement, gift, hospitality or referral which may affect, or be seen to affect, their judgement
 - recommend the use of particular products or services only on the basis of clinical judgement and not commercial gain
 - declare any personal interests to those who may be affected.
- d. Provide a good standard of practice and care
- recognise and work within the limits of their knowledge, skills and experience
 - maintain and improve their professional knowledge, skills and performance
 - make records promptly and include all relevant information in a clear and legible form.
- e. Act quickly to protect patients, clients and colleagues from risk of harm
- if either their own, or another healthcare worker's conduct, health or performance may place patients, clients or colleagues at risk
 - if there are risks of infection or other dangers in the environment.
- f. Co-operate with colleagues from their own and other professions
- respect and encourage the skills and contributions which others bring to the care of patients and clients
 - within their work environment, support professional colleagues in developing professional knowledge, skills and performance
 - not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.
20. The GOsC Code of Practice sets out the principles of conduct of registered osteopathic practitioners that students should be familiar with at the earliest opportunity as part of the RQ course.

21. The main areas covered in the Code of practice are as follows:
- a. Make the care of your patient the first concern
 - b. Respect the rights of patients to be fully involved in decisions about their care
 - c. Justify public trust and confidence
 - d. Maintain, respect and protect confidential information
 - e. Practice information and the work environment
22. Students should also be aware of their obligations to patients from an early stage in their course. If you have concerns about the behaviour of a colleague, you should bring your concerns to the attention of a responsible person within the setting to ensure that the concerns may be addressed at an early stage as part of the responsibility to ensure patient safety.

The Standard of proficiency

23. The Standard of Proficiency sets out the areas of competence to be met before the award of an RQ. If you have a particular disability which means that reasonable adjustments may need to be made to the assessment of the standards in your case, you should discuss this with your tutor at your OEI.

What support will I get to be fit to practise?

24. Students will be taught and will continue to have support to learn professional principles and behaviours throughout pre-registration osteopathic training.
25. It is also important for you to confide in your tutor if you have concerns about your own fitness to practise. This will help your tutor to provide you with the right support and guidance to help you to qualify as an osteopath.
26. The award of the RQ confirms that a student is capable of practising in accordance with the published ethical standards of the osteopathic profession.

Personal lives count too

27. As well as professional competence, personal lives count too. Issues in a students' private life may also impact on their fitness to practise. Examples of issues that may call fitness to practise into question include:
- Aggressive behaviour
 - Drug or alcohol misuse
 - Dishonesty
 - Failing to observe appropriate boundaries with patients, fellow students, staff and others.

- Inappropriate photographs or postings on social networking sites such as Facebook, or Twitter etc...
- Matters of health may also impact on a students' fitness to practise.

Fitness to practise proceedings

28. OEIs must investigate and consider formal student fitness to practise proceedings if matters affecting student fitness to practise are brought to their attention.
29. The purpose of student fitness to practise proceedings is to ensure patient safety and that the trust placed by the public in the profession is upheld. They are not meant to be a punishment for particular behaviours. Insight into unprofessional behaviour is normally a pre-requisite to remaining a healthcare professional student. Whilst recommendation for expulsion is a possible outcome from student fitness to practise procedures, normally, the emphasis would be on supporting students to be fit to practise.
30. The GOsC's *Student fitness to practise guidance for OEIs* sets out guidance about admissions processes, the threshold of student fitness to practise and the student fitness to practise process including questions to consider when making findings and sanctions. This information will also be available from OEIs.

Registration with the General Osteopathic Council

31. When you successfully complete your training, you will be awarded a Recognised Qualification. (RQ). The RQ entitles the holder to apply for registration when other legal requirements related to good health, good character as well as requirements related to fees have been met. Once registration is granted, you will be expected to obtain professional indemnity insurance before commencing practice.
32. The award of the RQ means that you are capable of practising to the required standards set out in our core documents, the Code of Practice and the Standard of Proficiency. This means that you practise to the published standards of competence and conduct.
33. The award of an RQ will normally lead to registration with the General Osteopathic Council, and is generally good evidence that you have satisfied the following requirements for registration along with the legal requirements of a health and character reference as follows:
 - a. 'Good Health' – is necessary to undertake practice as a osteopath. Good health means that a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to

- practice with or without adjustments to support their practice. Legislation requires a health reference from a GP on first registration.
- b. 'Good character' – is important as all healthcare professionals must be honest and trustworthy. Good character is based on a person's conduct, behaviour and attitude. It also takes account of any convictions and cautions that are not considered compatible with professional registration and that might bring the profession into disrepute. A person's character must be sufficiently good for them to be capable of safe and effective practice without supervision. Legislation requires a character reference from a GP on first registration.
 - c. 'Fitness to practise' means having the skills, knowledge, good health and good character to do your job safely and effectively. Your fitness to practise as a student will be assessed throughout your pre-registration programme, and if there are ever concerns, these will be investigated and addressed by the university.

Specification for Guidance in the Management of Health and Disability in Osteopathic Training and Practice.

Deliverables of the Project

1. The aim of the project is to provide a detailed and useful guidance for Osteopathic Educational Institutions and for students about the management of the impairment of health and disability in osteopathic education and independent practice. The guidance should include example cases and should outline the legal framework in a clear, accessible and meaningful way.
2. The proposal should deliver:
 - a. A scoping report including an outline of the methods to be used to undertake this research.
 - b. Guidance on the new Equality Act 2010 setting health and disability issues within the wider equality and diversity legislative framework.
 - c. Guidance on managing impairments and health conditions in osteopathic education and clinical placements including illustrative case examples. This would include
 - i. Clarification of the Council position related to people with disabilities and health conditions in the profession.
 - ii. Consideration of the issues posed by students who are able to reach the required outcomes with considerable reasonable adjustments in the clinic but who may experience difficulties in practising independently where the same support is not available.
 - d. Guidance on formal processes for assessing compliance with competence and conduct standards.
 - e. Guidance on sources of further information and advice.
 - f. Proposals for effective implementation.

Budget

3. A total budget of £10 000 is available for this work (including VAT, expenses and any other costs).

Evaluation of the Tender

4. The tender proposal will be evaluated using the following criteria:
 - a. Background and experience of team. Does the team have a track record of undertaking similar work? Does the team have capacity to undertake the work? In undertaking the elements of this project, it is likely that a variety of people with a variety of skills and disciplines will be helpful.
 - b. Evidence that the tenderer understands the project specifically and osteopathy in general.
 - c. Goals / Objective: Will the tender proposal deliver the requirements?
 - d. Are appropriate methods and disciplines used?
 - e. Are the timescales proposed timely and sufficient to ensure that the quality of work is not compromised?
 - f. Does the proposed tender demonstrate value for money?
 - g. Demonstration of commitment to equality and diversity.
 - h. Ability to comply with our terms and conditions.