



# BSc (Hons) Podiatric Medicine

**Code of Practice for Fitness to  
Practise Committee**

## 1 Introduction

The School of Postgraduate Medicine and Allied Health has a responsibility to the public, to employers and to the profession to ensure that only those students who are fit to practise as allied health professionals are allowed to complete the podiatry programme, and gain registration with a license to practise, as defined by the Health and Care professions Council (HCPC). The role of the Fitness to Practise Committee is to ensure the future safety and care of patients; and students who do not meet the outcomes set out in the 'Guidance of Conduct and Ethics for Students', 'Standards of Conduct, Performance and Ethics' and 'Standards of Proficiency' developed by the HCPC, or who are otherwise not fit to practise, cannot graduate with a podiatry degree. The School of Postgraduate Medicine and Allied Health is required to recognise and document concerns regarding student fitness to practise through the thorough assessment of a student's knowledge, skills and behaviour, and the appropriate consideration of any concerns about a student's performance, health or conduct. The Concerns Group provides a means for categorising and monitoring students who are giving cause for concern and to provide a supportive structure within the School. However, if students have reached the threshold for referral to Fitness to Practise proceedings, then the Concerns Group will refer students directly to the Fitness to Practise Committee, which is a disciplinary and judicial process conducted through the University. The School's Fitness to Practise Committee shall consider all issues of a student's fitness to practise from Admissions, Induction, through levels 4, 5 and 6. It is the responsibility of the University to have a clear and robust Fitness to Practise process in place that meets HCPC and GMC requirements. Moreover, it is the responsibility of the Local Education Provider and the Trust to report any concern over a student's Fitness to Practise promptly to the School, and to work in partnership with, and to actively participate and contribute to, the Fitness to Practise process of the School.

## 2 The Fitness to Practise Committee

The membership of the Committee shall be approved by the University of Buckingham School of Postgraduate Medicine and Allied Health Board of Studies. The Committee shall be responsible for maintaining an overview of matters relating to Fitness to Practise and report any recommendations relevant to its regulations and function to the University Senate through the Schools Board of Studies. The regulations of the Committee will be subject to annual review and will apply to all students on the course. The Registrar of the University or his/her nominee, shall be the Secretary to the Fitness to Practise Committee and shall, on behalf of the Committee, be responsible for convening the Fitness to Practise Committee or a panel whose composition is of appropriate expertise, under the regulations described in this Code of Practice. The composition of the Fitness to Practise Committee shall be as follows:

- a. Lay Chair
- b. Two further lay members, one of whom shall be Vice-Chair;
- c. Dean of Postgraduate Medicine and Allied Health;

- d. Dean/Deputy Dean of the Medical School;
- e. A member of the clinical academic staff.
- f. Member of non-clinical academic staff in the School of Postgraduate Medicine and Allied Health or Medical School;
- g. Clinically-qualified representative from the Trust, who shall have teaching responsibilities;
- h. Student representative.
- i. Administrative support

No person may serve on both the Fitness to Practise Committee and the Concerns group simultaneously, to maintain separation of function. Members in categories (a), (b), (e), (f) and (g) shall be appointed for a three-year term, (h) for a two or three year term depending on the programme of study, and their terms shall be renewable for a maximum continuous period of nine years. Members in categories (a) and (b) shall be independent of the University, not employees of the NHS, and have appropriate experience in public life.

### 3 Regulations of the Fitness to Practise Committee

3.1. This Code of Practice sets out the procedures to be followed by the University of Buckingham School of Postgraduate Medicine and Allied Health Fitness to Practise Committee. They reflect the Fitness to Practise guidelines defined by the HCPC and GMC and supersede University disciplinary processes for undergraduate and post graduate allied health and medical students.

3.2. Under these Regulations, where a student is deemed fit to practise, but still considered to warrant a disciplinary sanction they will be referred to University procedures.

### 4 Admissions Cases

4.1.1 The responsibility for deciding to refer the circumstances of an applicant for consideration by the Fitness to Practise Committee Panel rests with the Concerns Group for the podiatry programme. Normally the circumstances giving rise to concern will relate either to the health or disability of the applicant, to the applicant's criminal record, or to the applicant's general honesty.

4.1.2 Where a case relating to an applicant is considered by the Fitness to Practise Committee, the Committee shall normally determine the outcome without holding a hearing.

#### 4.2 Health and Disability

4.2.1. Where the Concerns Group is concerned that the health of an applicant, especially disability or illness likely to pose a risk to patients, will affect an applicant's fitness to practise, the Concerns Group should, in consultation with the Student Support lead, with the consent of the applicant, seek to obtain in confidence appropriate medical or other reports.

4.2.2. If, in the light of such a report, it is concluded by the Concerns Group and Student Experience Lead that the applicant would most likely be fit to practise following successful completion of the course, the circumstances causing concern will be set aside and the applicant assessed using the

standard entry criteria and procedures. The Concerns Group will maintain a record of such cases for the information of the Committee.

4.2.3. If, however, in the light of such a report, the Concerns group concludes that the applicant may, in his/her opinion, not in time be fit to practise, the reasons, with details of the applicant, including the medical reports, should be referred to the Secretary of the Fitness to Practise Committee.

4.2.4 Each case referred by the Concerns Group will be fully considered by the Committee. On the basis of the evidence presented, and taking account of previous comparable cases and any criteria the Committee may have established over time, the Committee will either decide to confirm the recommendation from the Concerns group that the applicant would not be fit to practise following qualification, or will decide that the circumstances of the applicant are not such as to so judge, and will instruct the admissions tutor to proceed with assessment of the applicant using the standard entry criteria and procedures. The Committee may, with the applicant's consent, commission further medical reports where it regards this as helpful.

4.2.5. In cases where the Committee concludes that the applicant does not show potential fitness to practise, the admissions tutor will notify the applicant, giving a written summary of the reasons for the Committee's decision.

#### 4.3 Criminal records

4.3.1. Applicants are required to declare any criminal records (including cautions and 'spent' convictions) during the admissions process and this requirement is reinforced in writing.

4.3.2. Where an applicant has declared a conviction, the Concerns Group shall obtain a factual statement from the applicant on the circumstances of the offence(s), including the nature of the offence, the date and the precise terms of any penalties imposed. This information should be referred by the Concerns group to the Secretary of the Fitness to Practise Committee with a recommendation as to the impact of the offence(s) on the applicant's fitness to practise.

4.3.3. The Fitness to Practise Committee will consider each case and may then decide: a. that the offence(s) are not sufficiently serious to prevent the applicant from practising and the admissions tutor shall then assess the applicant using the standard entry criteria and procedures. The admissions tutor will also notify the applicant that, if admitted, any further criminal behaviour would jeopardise his/her position at the School; or that the Secretary will invite the applicant to submit a written statement and any supplementary evidence (testimonials to good behaviour etc). This documentation will be considered in full by the Committee.

#### 4.4 General Dishonesty

4.4.1. Where the Selection Lead has reason to question the general honesty of an applicant, for instance where it becomes apparent that application documentation has not been properly and frankly completed, the case will always be referred to the Fitness to Practise Committee.

4.4.2. The Secretary will invite the applicant to submit a written statement and any supplementary evidence, and this will be considered by the Committee together with a report by the admissions tutor.

#### 4.5 Outcomes of Admission cases

4.5.1. Where an admissions case has been considered by the Fitness to Practise Committee, the applicant will be notified in writing by the Secretary of the Committee's conclusions.

4.5.2. In all cases, a student subject to these pre-admission procedures will be referred to the Schools Concerns Group for monitoring following admission.

### 5 Cases involving registered students

5.1.1. A student must be referred to the Fitness to Practise Committee when evidence emerges which brings into question a student's fitness to practise. This may include, for example, issues of behaviour and attitudes, dishonesty, criminal conduct, illness or conduct likely to bring the profession into disrepute. At all times the consideration of patient or client safety shall be paramount. There may be circumstances that do not present a direct risk to patients or clients, but still bring into question a student's fitness to practise.

5.2.1 Where the cause(s) for concern may additionally be a matter relating to academic or non-academic misconduct, a single investigation shall normally be undertaken under these Regulations.

5.3.1 Whatever the source(s) of the concern the Concerns Group will always review all the evidence and decide whether to refer to the Fitness to Practise Committee.

#### 5.2 Investigation of allegations against currently registered and former students

5.2.1. The Concerns Group is responsible for referring students to the Fitness to Practise Committee.

5.2.2. Referral from the Concerns Group may follow the raising of concerns through single or multiple routes:

- a. from a member of School of University staff to the Concerns Group;
- b. reports from other students to a member of the academic staff or a member of NHS staff or placement provider;
- c. following a complaint from a patient or client, carer, health professional colleague, or member of the public;
- d. repeated lower level concerns about attitude or conduct
- e. following admission by a student of a criminal offence or other inappropriate behaviour, or of ill health capable of affecting fitness to practise.

5.2.3 The Concerns Group will aim to apply consistent thresholds for referral according to the 'Guidance of Conduct and Ethics for Students'

5.2.4 The Secretary to the Concerns Group will forward all reports to the Secretary of the Fitness to Practise Committee for action.

5.2.5 The Dean may interview a student whose conduct is a cause of concern to the Concerns Group and issue him/her with a final warning prior to any formal referral to the Committee or the appointment of an Investigating Officer.

5.2.6 Any case deemed to warrant further proceedings under the Fitness to Practise regulations shall be referred by the Dean to an Investigating Officer.

### 5.3 Investigative procedure

The Investigating Officer will be a substantive or honorary member of staff in the School of Post Graduate Medicine and Allied Health or Medical School who has had no previous involvement with the case. They will complete an independent investigation to review all of the evidence from the beginning and produce a report for the Fitness to Practise Committee.

5.3.1. The duties of the Investigating Officer are as follows:

- a. to conduct an enquiry into the case;
- b. to inform the student of the issues of fitness to practise which have been raised;
- c. to obtain such written reports and evidence as are judged appropriate to the case;
- d. to determine whether it is necessary to submit a report to the Fitness to Practise Committee;
- e. The Investigating Officer's investigations may include interviews with:
  - i. the student concerned;
  - ii. members of staff or students who have raised fitness to practise concerns in this case;
  - iii. individuals involved in or witnesses of behaviour raising doubts about fitness to practise;
  - iv. medical, nursing, NHS or placement staff in any case of concern about attitudes;
  - v. academic or other staff of the University where knowledge of the student may be relevant to the investigation.

5.3.2. Where medical reports are regarded as necessary, the consent of the student will be required. Should this consent be withheld, this will be noted and may influence the outcome of the case.

5.3.3. The Investigating Officer's report shall be prepared in writing, and shall include all material submitted in the course of the investigation. The Investigating Officer shall use his/her best endeavours to ensure that all available relevant information is provided, and should indicate where s/he thinks there is a case to answer.

5.3.4. If the Investigating Officer determines during the investigation that there is a case to answer, the Investigating Officer shall write to the student, presenting the evidence assembled, and invite him or her to make a written response to the allegation(s) against them, including any information which the student considers should be taken into account as mitigating factors for their actions. Information relating to any mitigating circumstances should wherever possible be supported by documentary evidence. A deadline shall be set for the submission of the written response which shall not be fewer than 5 working days following the date of notification of this invitation.

5.3.5. The Investigating Officer may, when writing to the student to present the evidence, request that the student, in addition to providing a written submission, attend a further meeting to discuss matters relating to the allegations. The student shall be given at least 5 working days written notice of a meeting. Where the Investigating Officer determines to offer a meeting to the student, the

deadline for submission of the written response shall normally be set which is not less than 5 working days after the date of the meeting.

5.3.6. The Investigating Officer may request that one or more other members of staff relevant to the case attend the meeting. The student may be accompanied by a friend or representative. A member of staff of the University shall be asked to attend the meeting to take notes. A record of the meeting shall be made by that member of staff, which shall be made available to the student on request.

5.3.7. Having reviewed the evidence assembled and the response (if any) received from the student, the Investigating Officer shall determine one of the following:

- a. that there is no case to answer and dismiss the case;
- b. that there is sufficient evidence for the Fitness to Practise Committee to be convened to consider matters relating to the student's fitness to practise and possible student misconduct;
- c. that there is insufficient evidence for the Fitness to Practise Committee to be convened to consider matters relating to the student's fitness to practise, but there is sufficient evidence of student misconduct to warrant further consideration of the allegations as a matter of student misconduct only. In this instance, the investigation under these Regulations shall be concluded. The Investigating Officer shall make a report to the Dean of Medicine who shall consider whether the matter should be referred for further consideration under one of the other processes for the consideration of allegations of student misconduct.

## 6 Proceedings of the Fitness to Practise Committee

6.1.1 When a student's case is referred to the Secretary of the Fitness to Practise Committee, members will be convened who have had no previous contact with the student. The investigating Officer will not be a member of the Committee.

6.2. The Secretary to the Fitness to Practise Committee shall send to the student required to appear before a hearing, a written summons stating:

- a. the nature of the allegation(s), and the membership of the Committee;
- b. the name of the person, normally the Investigating Officer, who will present the case and, as far as practicable, the names of any witnesses who are already expected to be attending the hearing;
- c. the date, time and place of the hearing;
- d. information on the order and conduct of proceedings in hearings as set out in this policy;
- e. the right of the Committee to proceed in the student's absence if, having been given due notice of the date of the hearing and sufficient notice of the documentary evidence available to the hearing, he/she fails to appear without providing prior good reason for absence. The decision of the Chair of the Committee as to whether to proceed in the student's absence shall be final.

6.3. The Secretary to the Fitness to Practise Committee shall also enclose with the summons a full set of the documentation provided by the Investigating Officer concerning the alleged offence(s) which will be considered by the Committee.

6.4. The written summons shall provide not less than 5 working days' notice of the meeting.

6.5. The ruling of the Chair on any point of the procedure relating to the conduct of the Committee shall be final. 6. The Investigating Officer shall normally present the case to the Committee. Where the case is to be presented by another member of staff, this shall be subject to the approval of the Chair.

6.7. The Chair of the Committee may request or admit as evidence any additional written information which he or she deems relevant to the case. The Chair shall, in particular, determine whether the admission of information on the student's previous academic or disciplinary record is relevant to the case.

6.8. If the student wishes, he/she may, prior to the hearing, provide to the Secretary to the Committee with a statement concerning the allegations, and/or any additional supporting evidence relevant to the case and/or information about any mitigating factors which the student considers should be taken into account. Information relating to any mitigating circumstances should wherever possible be supported by documentary evidence.

6.9. All written evidence made available to the Committee will also be made available to the student and the person (if any) presenting the case, wherever possible in advance of the hearing.

6.10. The Committee may determine that some or all of the written evidence should be made available to each witness.

6.11. The Chair may determine that a hearing should be postponed or adjourned if any written evidence is supplied without sufficient notice for it to be circulated and properly considered by all relevant parties.

6.12. The student is required to appear before the Committee, the person (if any) presenting the case, and the Chair of the Committee may nominate witnesses to attend the hearing. The purpose of calling for witness evidence is to inform the Committee's deliberations. The Chair's decision as to whether to accept a nomination is final. Where practicable, the Secretary to the Committee shall inform all parties of the identity of any witnesses in advance of the hearing. It is the responsibility of the party calling the witness to ensure their attendance at the hearing, except where the witness is a member of the public. If the witness is a member of the public (being neither a student nor member of staff of the University) the party calling the witness must inform the Secretary as soon as possible of this request. The Secretary will issue the witness with an invitation to attend, making clear who has requested their evidence and explaining the procedures. The Committee reserves the right to proceed in the absence of any particular witness and the ruling of the Chair in this matter shall be final.

6.13. All parties shall have an opportunity to ask questions through the Chair, of all witnesses called.

6.14. The ruling of the Chair shall be final on the admission of all evidence for consideration by the Committee, including the admission of written evidence and of oral evidence from witnesses or other parties at the hearing. This shall include the power to refuse to admit evidence or hear witnesses on the basis of lack of relevancy.

6.15. The student may be accompanied by a friend or representative in accordance with the general provisions for this. Where practicable, the Secretary to the Committee shall inform all parties in advance of the hearing of the identity of any friend or representative who will be in attendance.

6.16. A hearing shall proceed as follows:

- a. the person presenting the case shall set out the allegations and evidence in the case, answer questions from the Committee and student, and may call witnesses;
- b. the student (or person representing him/her) shall respond to the disciplinary charge(s), answer questions from the Committee and the person presenting the case relating to the case, and may call witnesses;
- c. the Committee may call any witnesses not called by the other parties;
- d. the presentation of any closing statement by the person (if any) presenting the case;
- e. the presentation of any closing statement by the student (or person representing him/her).

6.17. Once a hearing has commenced the Fitness to Practise Committee shall normally determine the outcome of a case in relation to matters of student misconduct, even if it determines that no measures should be taken in relation to fitness to practise.

6.18. The Chair of the Fitness to Practise Committee may otherwise adjourn a hearing.

6.19. The student will be informed in writing by the Secretary to the Committee of the Committee's decision in respect of the allegations, including reasons for that decision, normally no more than 5 working days following the end of the hearing. The Secretary shall copy this communication to the Dean of Medicine and the person presenting the case against the student at the hearing.

## 7 Outcomes of the deliberations of the Fitness to Practise Committee

7.1. The Committee may determine one of the following actions in relation to the fitness to practise of the student:

- a. to conclude that the student is suffering an illness sufficient to make him/her unfit to practise and to recommend that his/her registration be suspended until such time as a satisfactory medical report is received;
- b. to conclude that the student is suffering an illness sufficient to make him/her unfit to practise and to recommend that, notwithstanding his/her academic progress, the award of the degrees be withheld, or she/he be not permitted to graduate until such time as a satisfactory medical report is received;
- c. to require the student to make an undertaking as to their future conduct;
- d. to warn the student that his/her behaviour, attitude, or conduct is such that she/he is at significant risk of having his/her registration terminated, not being awarded the degree, or not being permitted to graduate, on the basis she/he is unfit to practise;
- e. to recommend that the student's behaviour, attitude, or conduct is such that that his/her registration be suspended for a specified period until satisfactory reports are received;

- f. to make such conditions as to work, placement, monitoring, examination and further reports as appropriate to satisfy that the issues giving rise to concern have been addressed;
- g. to recommend that the student's registration be terminated on grounds that she/he is unfit to practise;
- h. to recommend that, notwithstanding a student's academic progress, she/he be not awarded the degrees, or not be permitted to graduate on the basis she/he is unfit to practise;
- i. that there are no concerns about the student's fitness to practise and to take no action;

7.2. Where the Fitness to Practise Committee, having reached its decision in respect of the fitness to practise issues raised, believes that the academic progress of a student may be a cause of concern, the Committee must document these considerations under its procedures.

- a. The Fitness to Practise Committee may determine to impose one or more outcomes in relation to academic or non-academic student misconduct.
- b. If a student is found guilty of non-academic misconduct, the Committee may impose penalties;

7.3. Where the Fitness to Practise Committee determines to take no action in relation to the fitness to practice of the students, the Committee may still determine to impose a penalty in respect of academic or non-academic student misconduct.

7.4. The Committee may, where there is a duty to do so or a requirement under UK law, disclose any information arising from these procedures, or details concerning the outcomes of the consideration of cases to professional, statutory or regulatory bodies, or Law enforcement Officers, or to any NHS Trust or Social Services department.

## 8 Appeals

Appeals against decisions concerning a student's fitness to practise (where appeal is permitted) and decisions to impose academic or non-academic disciplinary penalties by the Fitness to Practise Committee shall be considered by an Appeals panel. The decision of the Fitness to Practise Committee in relation to matters of fitness of practise shall be final, except where the decision is to recommend that the student's studies are suspended or terminated, or the decision is to deny the student a qualification. In such cases the Secretary of the Fitness to Practise Committee shall notify the student that they have the right to a review. The Secretary to the Fitness to Practise Committee shall inform the student of the procedure for making such appeals in a letter informing them of the outcome of the hearing.

## 9 Appendix Defining the threshold of student fitness to practise

9.1. The HCPC details in its document, the 'Guidance of Conduct and Ethics for Students' a student's fitness to practise is called into question when their behaviour or health raises a serious or persistent cause for concern about their ability to continue on a registrable programme, or to practise as a registered practitioner after graduation. This includes, but is not limited to, the possibility that they could put patients or the public at risk, and the need to maintain trust in the profession. The school should consider the fitness to practise of podiatry students in relation to how it may have an impact on patient and public safety, and on the public's trust in the profession.

9.2. Investigators in the School must consider whether a student has engaged the fitness to practise threshold on a case-by case basis and when considering this threshold, to consider the following:

- i. Has a student's behaviour harmed patients or put patients at risk of harm?
- ii. Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?
- iii. Has harm or risk of harm been demonstrated by an incident or a persistent series of incidents that cause concern to personal tutors, academic or clinical supervisors? A series of incidents could indicate persistent failings that are not being, or cannot be, safely managed through pastoral care or student support. Or it may be that care and support have been tried and have failed.
- iv. Has a student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?
- v. Has a student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
- vi. An isolated lapse from high standards of conduct – such as a rude outburst – would not in itself suggest that the student's fitness to practise is in question. But the sort of persistent misconduct, whether criminal or not, that indicates a lack of integrity on the part of the student, an unwillingness to behave ethically or responsibly, or a serious lack of insight into obvious professional concerns, would bring a student's fitness to practise into question.

9.3. A fitness to practise procedure does not need to be initiated solely because a student is ill, even if the illness is serious. However, a student's fitness to practise is brought into question if it appears that they have a serious medical condition and they do not appear to be following appropriate medical advice as necessary in order to minimise the risk to patients and colleagues.

9.4. Although unlikely given reasonable adjustments, an impairment or health condition may make it impossible for a student to meet the outcomes set by the relevant bodies at the point of graduation. In these rare cases, it may be appropriate to consider the student through fitness to practise procedures.

9.5. Conduct that shows that a student has acted without regard for a patient's rights or feelings, or abused their professional position as a medical student, will usually give rise to questions about fitness to practise.

9.6. The school should take action if a student's behaviour is such that trust in the profession might be undermined. This might include plagiarism, cheating, dishonesty in reports and logbooks, forging

the signature of a supervisor, or failing to comply with the regulations of the school, university, hospital or other organisation.

### Categories of concern

9.7. Below sets out areas of concern that may call into question whether a student is fit to practise. This is not an exhaustive list but indicates the most common concerns identified by allied health and medical schools. However, decisions about the behaviour or health of students must be considered on a case-by-case basis, and should be based on whether the behaviour or health calls into question either the student's ability to continue on a course, or their fitness to practise as an allied health professional after graduation.

Most frequent areas of concern relating to student fitness to practise are:

#### 9.8. Criminal conviction or caution

- a. Child pornography
- b. Theft
- c. Financial fraud
- d. Possession of illegal substances
- e. Child abuse or any other abuse
- f. Physical violence

#### 9.9. Drug or alcohol misuse

- g. Drunk driving
- h. Alcohol consumption that affects clinical work or the work environment
- i. Dealing, possessing or misusing drugs even if there are no legal proceedings

#### 9.10. Aggressive, violent or threatening behaviour

- j. Assault
- k. Physical violence
- l. Bullying
- m. Abuse

#### 9.11. Persistent inappropriate attitude or behaviour

- n. Uncommitted to work
- o. Neglect of administrative tasks
- p. Poor time management
- q. Non-attendance
- r. Poor communication skills
- s. Failure to accept and follow educational advice

9.12. Cheating or plagiarising

- t. Cheating in examinations, logbooks or portfolios
- u. Passing off others' work as one's own
- v. Forging a supervisor's name on assessments

13. Dishonesty or fraud, including dishonesty outside the professional role

- w. Falsifying research
- x. Financial fraud
- y. Fraudulent CVs or other documents
- z. Misrepresentation of qualifications

14. Unprofessional behaviour of confidentiality or attitudes

- aa. Breach of confidentiality
- bb. Misleading patients about their care or treatment
- cc. Culpable involvement in a failure to obtain proper consent from a patient
- dd. Sexual, racial or other forms of harassment
- ee. Inappropriate examinations or failure to keep appropriate boundaries in behaviour
- ff. Persistent rudeness to patients, colleagues or others
- gg. Unlawful discrimination

15. Health concerns and insight or management of these concerns

- hh. Failure to seek medical treatment or other support
- ii. Refusal to follow medical advice or care plans, including monitoring and reviews, in relation to maintaining fitness to practise
- jj. Failure to recognise limits and abilities or lack of insight into health concerns
- kk. Treatment-resistant condition.

## ***Document Version Information***

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