The University of Nottingham
Faculty of Medicine and Health Sciences

Fitness to Practise Procedures

The main principles are as follows.

- The procedures relate to students on all professional courses where students are required to attend practice placements and are in contact with patients or clients in a professional training role or which lead to a professional qualification.

- The Fitness to Practise Committee is administered within the Faculty of Medicine and Health Sciences.

- Any concerns about a student’s fitness to practise are to be disclosed to the relevant Head of Studies (see regulation 1.2), who assesses whether a full investigation is required.

- Following receipt of a report of the investigation into the case, the Head of Studies (or school nominee) determines whether to refer the case to members of the Health Professions Fitness to Practise Board for consideration to determine whether the case will be referred to a Fitness to Practise Committee.

- Appeals are heard by the University’s Academic Appeals Committee which is managed by the central administration of the University.
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Fitness to Practise Committee Procedure

1. Initiation of the Procedure

1.1 Where a programme of study requires a student to attend practice placements and to be in contact with patients or clients in a professional training role or where the qualification provides a direct license to practise, the University has a duty to ensure that the student is fit to practise. In order to protect present or future patients, clients or service users and to comply with the requirements of professional/regulatory bodies, the Faculty of Medicine and Health Sciences has established a procedure for dealing with student-related fitness to practise issues.

1.2 Any concerns that a student may have acted in such a way or may suffer from a health problem which may render that student a person not fit to be admitted to and practise medicine or an other health profession should be disclosed to the relevant Head of Studies (or nominee):

- Medicine: Associate Dean for Medical Education
- Midwifery: Head of Division of Midwifery
- Physiotherapy: Head of Division of Physiotherapy Education
- Nursing: Head of Division of Nursing
- Pharmacy: Head of School
- Veterinary Medicine and Science: Head of School
- Nutrition: Head of Studies

The disclosure should normally be made in writing using a concern form but concerns may also come to the attention of a Head of Studies directly. In cases where the initial disclosure is not in a concern form format e.g. notification of criminal conviction, then the Head of Studies (or nominee) should ensure that a concern form specifying the nature of the concern is completed. A person making a disclosure must identify themselves; disclosures which are raised anonymously will not normally be considered. In exceptional circumstances the discloser’s identity may be permitted to remain confidential.

In the School of Medicine “Intervention Request for a Medical Student” and “Support Request for a Medical Student” forms are used instead of a concern form and review of these can also form the basis of consideration of the FTP procedure.

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1 Examples of students in this category would include those with a severe, intractable psychiatric illness, those who develop a physical illness which would preclude them from practising in any branch of the profession, or those with a personality disorder which prevents them from fulfilling their professional responsibilities.

2 Cases arising entirely from a failure of the academic component of a professional course will be considered by the appropriate Board of Examiners.
1.3  The raising of a concern form does not always indicate a fitness to practise issue. However, the existence of multiple concern forms may show a pattern which does indicate a fitness to practise issue. Therefore, on the receipt of an individual concern form which on its own does not raise a fitness to practise issue, the Head of Studies (or nominee) should review whether other concern forms have been raised, which when all considered together raise issues regarding the student’s fitness to practise, e.g. professional behaviour. The assessment of whether formal investigation will be required will be completed promptly and normally within 10 working days of receipt of the concern.

1.4  The threshold for a concern(s) to warrant formal investigation could include:

- A criminal conviction, caution, reprimand or penalty notice of disorder
- (PND) or equivalent
- Drug or alcohol misuse
- Aggressive, violent or threatening behaviour
- Persistent inappropriate attitudes or behaviour
- Dishonesty or fraud, including dishonesty outside the professional role
- Unprofessional behaviour or attitudes
- Health concerns and lack of insight or management of these concerns

This list is not exhaustive.

1.5  Where there are concerns that are serious then a student may be excluded from clinical placements by the Dean or by the Head of Studies (or nominee). Some examples of a serious concern would include, but not as an exclusive list, situations where

- patients may be placed at risk or;
- the profession might be brought into disrepute by the public knowing that the student remained in a clinical environment or;
- that a student’s conduct was deemed to be disruptive to the delivery of clinical care or clinical teaching in a partner organisation (for example the NHS or a veterinary practice).

In some phases of a programme, where clinical placement activity may be a small component, a student may be allowed to continue with other non-clinical aspects of their course at the discretion of the Dean or the Head of Studies (or nominee). Where the main activity in a phase of a programme is related to clinical placement then exclusion from the clinical placement effectively means that a student cannot study. In such circumstances a student should be allowed to choose whether to remain registered (and continue to pay fees) or whether to interrupt their studies (when fees may not be payable but where there may be a consequence for the status of student loans or bursaries). This option will be offered by a member of the Registrar’s department on receipt of a notification that a student has been excluded from clinical placements and where it has rendered a student unable to study.

Concerns may be such that students can be suspended from their course with immediate effect by the Dean or by the Head of Studies (or nominee). If this decision is based on a concern related to discipline or health and
safety then appropriate procedures as set out within the Code of Discipline for Students and the Quality Manual should be followed.

If students are allowed to return from suspension, they will be expected to comply with any conditions decided by the School or imposed as part of the outcome of any other procedure. Students will be asked to consent to the disclose of the suspension and any sanctions to appropriate people involved in educational supervision in other areas of the programme and pastoral care. For the medical programme, students will be informed that they are required to disclose such a period of suspension when applying to the GMC for provisional registration with a licence to practise.

1.6 A student will not be allowed to graduate from the University if they are subject to a fitness to practise investigation or committee meeting which has not been completed.

2. Investigations

2.1 Following assessment of the disclosure, if an investigation is deemed necessary, the Head of Studies (or nominee) shall promptly, and normally within 5 working days, appoint an investigating officer and shall notify the student of the following:

- The basis of the concerns and any allegations against him/her.
- The identity of the investigating officer.
- Any limitations or conditions placed upon the continuance of studies or supervised practice during the period of the investigation.

2.2 The student can register an objection to the appointment of the investigating officer on the basis of a lack of impartiality. Such an objection needs to be made to the Head of Studies (or nominee) within 5 working days. Examples would include where the investigating officer has initially raised the concern e.g. probity issues, or where the investigating officer has had interaction with the student on an unrelated contentious issue. If this objection is upheld a new investigating officer should be appointed.

2.3 The investigating officer may request the Head of School and/or members of staff connected with the case to provide written comments on the student’s conduct and/or health, explaining why there is concern as to the student’s fitness to practise. Factual information about the student’s professional progress on the course and any other relevant documentation should also be provided.

2.4 The investigating officer shall interview relevant individuals including the student himself/herself. At such interviews the investigating officer shall be accompanied by an assistant who shall prepare a written note of the interview.

2.5 The student is entitled to have a person of their choosing attend the interview with them in order to support them at the meeting. The student should confirm the name and status of the person accompanying them in writing to the investigating officer in advance of the interview. The person supporting the student is not attending the interview as an advocate or character witness.
2.6 The investigating officer should ensure that the student is advised of appropriate pastoral support mechanisms within the University and Students’ Union.

2.7 The student may be required to attend the University’s Occupational Health Service in order that advice on his or her fitness to practise on medical grounds may be sought. In cases where there is evidence of recurring health problems or with addictive behaviours, Occupational health referral is required.

2.8 On the conclusion of reviewing the evidence, the investigating officer shall make a written report of the results of the investigation to the Head of Studies (or nominee) detailing all evidence obtained. It is expected that an investigation and the submission of a report will normally be completed within 20 working days from the date of notification to the student. However, in some circumstances and for complex cases, this may not be possible and the investigating officer will inform the student if the investigation will take more than 20 working days.

2.9 The Head of Studies (or nominee) determines whether the School refer the case to the members of the Health Professions Fitness to Practise Board for consideration and inform the student in writing whether it has been referred or not. Should referral be recommended, the Head of Studies (or nominee) forwards the report and evidence to the FTP Secretary to the Faculty of Medicine and Health Sciences. All cases relating to a criminal conviction should be referred for consideration.

3. Referral to Fitness to Practise Committee

3.1 Promptly on receipt of the report from the investigating officer, and normally within 5 working days, the FTP Secretary to the Faculty of Medicine and Health Sciences shall consult a virtual panel of at least 3 members of the Health Professions Fitness to Practise Board (excluding Board members from the School in which the student is based). The virtual panel will determine, in the light of the seriousness of the matter and the strength of the evidence supporting the thresholds outlined at 1.4, whether the case should be referred to the Fitness to Practise Committee.

3.2 The FTP Secretary to the Faculty of Medicine and Health Sciences will arrange for the student to be notified in writing of the following:

- The outcome of the investigation and the decision of the members of the Health Professions Fitness to Practise Board.
- Whether the matter is sufficiently serious to be referred to the Fitness to Practise Committee together with full details of the procedures to be adopted.
- The imposition of any conditions/limitations placed on the student’s studies.

3.3 In the event that the Fitness to Practise Committee is to be convened, the FTP Secretary to the Faculty of Medicine and Health Sciences will notify the student of the identity of the Committee members and the date of the proposed meeting of the Committee and make available to him/her all of the evidence detailed in the investigating officer’s report.
3.4 The student shall be allowed at least 15 working days in which to prepare his/her case. All information on which the student intends to rely must be received by the FTP Secretary to the Faculty of Medicine and Health Sciences, who will then distribute this information to the members of the Fitness to Practise Committee and the investigating officer, at least 5 working days before the date set for the meeting of the Committee.

3.5 In exceptional circumstances, members of the Health Professions Fitness to Practise Board may determine that a warning should be issued to the student without a Fitness to Practise Committee meeting as the means of disposal of the FTP procedure, according to section 7 (below). The usual example of when this would be considered is when a minor criminal conviction or caution has been admitted. This disposal shall only be considered when the following four conditions are met:

- With the agreement of the student, confirmed in writing to the FTP Secretary to the Faculty of Medicine & Health Sciences
- When the student fully admits to the allegation upon which a concern has been based. This admission would be part of the evidence provided by the investigating officer
- The student demonstrates insight into the nature of the concern and expresses remorse as specified in the evidence provided by the investigating officer
- When members of the Health Professions Fitness to Practise Board are satisfied that the nature of the concern does not raise the possibility of another outcome beyond a warning as specified in section 7 (below)

4. Attendance at the Meeting

4.1 The student will be required to attend the meeting in person. If the student fails to attend without reasonable explanation, the Committee will consider the case in the student’s absence. The Chair will have discretion as to what constitutes a ‘reasonable explanation’.

4.2 The University’s case will be presented by the investigating officer (or nominee).

4.3 At the discretion of the Chair, the Committee may also call upon other persons (whether or not a current member of the University) to provide advice on specific aspects of the case in writing or in person.

4.4 The student is entitled to have a person of their choosing attend the meeting with them and is permitted to have the person of their choosing speak on their behalf. The student should confirm the name and status of the person accompanying them in writing to the Secretary no less than five working days before the meeting.

5. Composition of the Committee

5.1 The Committee will comprise as a minimum the Chair (a senior member of the academic staff from outside the professional discipline of the student) and two members. At least one member should be a clinically active member of the same or similar professional discipline as the student. The Committee will be serviced by a Secretary who is not a member but will be present throughout the proceedings.
5.2 Anyone who is asked to be a member of the Committee, who has been personally involved in the student’s case at any prior stage needs to inform the FTP Secretary to the Faculty of Medicine and Health Sciences of this. This person will then not be able to be a member of the Committee and another member will need to be appointed.

6. **Procedure for the conduct of the meeting**

This section is a guide to the conduct of the meeting itself. The Chair has the discretion to vary these arrangements as she/he thinks fit.

6.1 Prior to the meeting the Secretary to the Committee will ensure the student has copies of all documents circulated to members of the Committee and is aware of the procedures to be followed.

6.2 The Chair will ask if any member has been personally involved in the student’s case at any prior stage and, if so, will ask them to withdraw from the meeting.

6.3 The student, the friend (if attending) and staff will then join the Committee.

6.4 The Chair will introduce by name and explain the functions of the members of the Committee, the staff, and any others present.

6.5 The Chair will explain the powers of the Committee, as set out in section 7.

6.6 The Chair will invite the investigating officer (or nominee) to make an opening statement and then invite the Committee to ask questions. Other staff attending will be offered the same opportunity to make a statement and may be asked questions.

6.7 The Chair will invite the student or their accompanying person to make a statement. The Chair will explain that the Committee will wish to hear directly from the student in their own words.

6.8 Members of the Committee will be invited to question the student.

6.9 The Chair will invite any other person(s) called upon by the Chair to attend the meeting (as referred to in section 4.3), to make a brief statement, and will then invite the Committee to ask questions.

6.10 At each stage the Chair has discretion to allow reciprocal questioning by the various parties.

6.11 Once the Chair is satisfied that the Committee has completed their questioning and the student and staff have had a full opportunity to convey information to the Committee, both the student and members of staff will withdraw.

6.12 The Committee will then discuss the case.

6.13 If for any reason the Committee requires further clarification of any aspect of the case from either the student or staff members they must be all
invited back into the meeting while the questioning takes place. When the Chair so determines, they will then leave the meeting again.

6.14 The Committee will make its decision on the basis of the balance of probabilities and this shall be taken by a simple majority of the members present and voting. The Chair shall have a casting vote in the event of a tie.

6.15 The decision, and any findings of fact, will be conveyed to the student and the other parties as soon as possible, and will in any event be conveyed to the student in writing within two working days of the decision being reached.

7. **Powers of the Fitness to Practise Committee**

7.1 The Committee, following consideration of the case, has the power to:

   a) permit the student to continue with the course with no warning or sanction;
   
   b) warn the student that there is evidence of misconduct but the student’s fitness to practise is not impaired to a point requiring any of the sanctions listed below;
   
   c) impose a sanction. Beginning with the least severe, the sanctions are:

      - undertakings;
      - conditions;
      - suspension from the course;
      - expulsion from the course.

   (Guidance on the imposition of these sanctions is offered in the GMC document *Medical students: professional behaviour and fitness to practise* (2007) and the GPhC (General Pharmaceutical Council) document *Guidance on student fitness to practise procedures*).

7.2 Where a student’s studies are terminated, assistance will be given to the student to transfer to an alternative course of study which does not provide a license to practise, if this is considered appropriate.

7.3 Where it proves impossible to continue to offer the course because the student is deemed incapable on non-academic grounds (such as health) of completing it and will not therefore be fit to practise, every effort will be made to offer an appropriate alternative course of study.

8. **Appeals**

8.1 The student may appeal to the University’s Academic Appeals Committee against any warning or sanction imposed by the Fitness to Practise Committee.

8.2 The policy and procedure for an appeal are set out in the Quality Manual.
9. **Confidentiality**
The personal data of students will be processed by the University in compliance with the Data Protection Act. However, it may be necessary to pass personal information to other organisations such as the NHS, professional accrediting bodies or other institutes of higher education where there is a real issue about a student's fitness to practise and where this represents a risk to patients or members of the public.

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