Hull York Medical School

Code of Practice on Student Fitness to Practise

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<th>Committee</th>
<th>Outcome/Date of approval</th>
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<tr>
<td>Student Fitness to Practise Committee</td>
<td>11 May 2021</td>
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<tr>
<td>Board of Studies</td>
<td>2 June 2021</td>
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<td>Joint Senate Committee</td>
<td>30 June 2021</td>
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| **To be implemented from:**      | 1 August 2021            |
| **Responsibility to update:**    | Chair of the Student Fitness to Practise Committee |

To obtain this Code of Practice in an alternative format please contact governance@hyms.ac.uk
All students should be aware that unprofessional behaviour during their programme of study, or serious health issues that affect fitness to practise, may result in the General Medical Council (GMC) refusing to grant provisional registration with a licence to practise. This is the case even if the circumstance in question occurred before or early in the medical school (GMC, 2016). For all other students this will also be the case for each of their respective regulatory bodies.

The GMC is responsible for all decisions regarding provisional registration of medical school graduates¹

Definitions

Case Management Group: a core group of experienced staff responsible for considering all student cases brought to its attention by Phase Leads, Programme Directors, clinical placement staff, members of the public and/or the Hull York Medical School Student Support Office. This group will determine what action and/or escalation is most appropriate for individual students based on all of the information and evidence that is available at that time. If required this group will initiate a formal meeting or an investigation into any concerns about a student’s health, conduct, or progress, issue a Caution or refer directly to the SfTP Committee or Academic Cases Committee.

Caution: A formal written recording that a concern is serious enough that if there were a repetition it would be likely to result in referral to the SfTP Committee. A caution may also be applicable where the matter is not disputed but nor can it be condoned by the Medical School.

Day: means a calendar day unless stated otherwise.

Fitness to Practise²: The GMC has comprehensively defined Fitness to Practise in their document “Good Medical Practice (GMP)”. It is assumed this definition will also apply to Physician Associates registering with the GMC. Specifically GMP states that Fitness to Practise is achieved when the standards of competence, care and conduct expected of doctors are met across four domains:

- Domain 1: Knowledge, skills and performance – doctors must develop and maintain their professional performance, applying knowledge and practise within the limits of their competence, recording work clearly. They must have the necessary language skills to provide care in the UK.
- Domain 2: Safety and quality – doctors must contribute to and comply with systems to protect patients, respond to risks safely and protect patients and colleagues from any risk posed by their own health.
- Domain 3: Communication, partnership and teamwork – doctors must communicate effectively with patients and establish and maintain partnerships with them. They must work collaboratively with colleagues, be willing to contribute to teaching, training, supporting and assessing and must contribute to the continuity and coordination of care for patients being transferred.

¹ Given the tight timelines for entering the Foundation Programme advice should be sought as early as possible before applying for registration.
² The GMC, Guidance of Good Medical Practice - available at: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice
- Domain 4: Maintaining trust – doctors must show respect for patients, treat patients and colleagues fairly and without discrimination, acting with honesty and integrity.

**Good standing:** The GMC does not define ‘good standing’ independently of Fitness to Practise, as such. However, the regulator issues ‘certificates of good standing’, on request, which states whether the practitioner has any current restrictions on their practice in the UK. Previous restrictions are also reported. Thus, in this context, for the purposes of this Code of Practice, ‘good standing’ refers to a student whose fitness, at that point in time, is deemed to be unimpaired. Thus, for those completing their studies, being in ‘good standing’ in this sense, is an absolute requirement for graduation. Nevertheless it must be noted that the GMC still may, on rare occasions, refuse, or delay granting provisional registration to a medical (or physician associate) graduate deemed in good standing with a university. This may occur if the GMC has concerns regarding any information relating to fitness provided to them at the point of applying for provisional registration.

**Impaired Fitness (to Practise)**: Under the terms of the Medical Act 1983, a registered doctor’s fitness to practise may be impaired by reason of:

- Misconduct
- Deficient professional performance
- A conviction or caution in the United Kingdom (or a conviction elsewhere for an offence which would be a criminal offence if committed in England or Wales)
- Adverse physical or mental health
- Not having the necessary knowledge of English
- A determination (decision) by a regulatory body responsible for regulation of a health or social care profession, either in the UK or overseas, to the effect that their fitness to practise as a member of the profession is impaired

These reasons are anticipated to also apply to Physician Associates registering with the GMC in the near future.

The GMC and MSC stress that these reasons must be interpreted in the light of the context of undergraduate study for medical (and presumably physician associate) students. For example, “deficient professional performance”, in the context of medical students, refers to unsatisfactory academic competence and progression. As such, this is unlikely to be a reason for impairment of fitness to practise in medical students, and will be dealt with by the University or medical school’s academic procedures.

**Investigation:** An investigation undertaken on behalf of the Hull York Medical School may be for a number of different reasons. For example, this process may be initiated by the Case Management Group or the SFiP Committee, in either case the matter will normally only be investigated once, and the subsequent report will therefore be sufficiently thorough and robust to ensure that it is suitable and sufficient for both CMG and SFiP. All investigations are undertaken in accordance with the ‘Hull York Medical School: Guidance Notes for Investigating Officers’. The purpose of the investigation is to gather the factual information and to present this in a chronological and evidenced report.

**Investigating Officer:** This can be any member of Medical School staff, including academic, senior administrator, member of SFiP Committee or honorary appointments within the NHS. The investigating officer should not be the student’s current tutor, mentor or supervisor. All

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instructing officers follow the Hull York Medical School Guidance Notes for Investigating Officers. Details of this guidance can be found at: https://www.hyms.ac.uk/assets/docs/codes-of-practice/guidance-notes-for-investigating-officers.pdf

**Programme:** Means any academic activity, and/or clinical placement or experience, undertaken by a student for the purpose of achieving the award of credits, a certificate, diploma or degree, or for the purpose of achieving progression within training and meeting requirements for registration as a doctor with the General Medical Council, as prescribed in the relevant regulations, or any other Hull York Medical School approved programme incorporating a practise/clinical placement component.

**Supporter:** Means a friend, fellow student, Students’ Union representative\(^4\) or member of HYMS staff who may assist the student with their appeal. This is a University process and so attendance of legal representation as a supporter is not permitted although students may seek legal advice before and after any discussions which take place.

**Abbreviations**

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>GMC</td>
<td>General Medical Council</td>
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<td>HJSC</td>
<td>Hull York Medical School Joint Senate Committee</td>
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<td>MB BS</td>
<td>Bachelor of Medicine, Bachelor of Surgery</td>
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<td>MSC</td>
<td>Medical Schools Council</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>PA</td>
<td>Physician Associate</td>
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<td>QAA</td>
<td>Quality Assurance Agency</td>
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<td>SFtP Committee</td>
<td>Student Fitness to Practise Committee</td>
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\(^4\) Reference to Students’ Union throughout this Code means Hull University Union (HUU), York University Students’ Union (YUSU) or the Graduate Student Association (GSA) – all of which are available as a source of support and advice dependent on the student’s programme of registration.
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1. Scope of the Code of Practice on Student Fitness to Practise

1.1. This Code applies to both prospective students (applicants) as well as those registered on all Hull York Medical School programmes which lead to professional registration. For the purposes of this Code all categories will be referred to throughout as ‘students’.

1.2. As stated by the General Medical Council (2016), all medical schools are required to have in place robust and consistent mechanisms to ensure that all graduates applying for registration with a licence to practise are fit to practise medicine. Similarly, other professional bodies require appropriate governance arrangements to be clear and explicit in relation to the student’s fitness to practise.

1.3. The support and welfare of all Hull York Medical School students is important. However the safety of patients is of paramount importance to the Student Fitness to Practise (SFtP) Committee.

1.4. The (SFtP) Committee is concerned with matters relating to conduct, behaviour, attitudes and values, as well as issues relating to the health of students where these may impact on patient care or safety.

1.5. The Hull York Medical School recognises its role in supporting all students to acquire professional standards of behaviour and conduct. Advice and sources of information indicating appropriate conduct for an undergraduate medical student can be found in documents from the General Medical Council and the Medical Schools Council. Advice and guidance for all other programmes is shared with students via their respective Programme Handbooks.

1.6. The requirements set out by the General Medical Council for medical students are fulfilled by the Hull York Medical School (SFtP) Committee.

2. Critical Incidents

2.1. For the purposes of this Code of Practice, a critical incident is defined as an extraordinary and unpredicted event giving rise to, or likely to result in, harm, either involving a Hull York Medical School student, or resulting from the action of a student. The Secretary of the SFtP Committee should be notified immediately of any such critical incident so that it may be recorded accurately.

2.2. In the event that such an incident has implications for the safety of patients, staff, or students, power is deputed to the Dean of Hull York Medical School, in consultation with the Chair of the SFtP Committee (or their authorised deputies), to order a temporary suspension or limitation placed upon the continuation of studies and/or clinical attachment of the involved student or students.

2.3. The power to lift the suspension resides with the Dean of the Medical School, in consultation with the Chair of the SFtP Committee (or their authorised deputies). Any suspension so imposed should be for no longer than is necessary to obtain reassurance about the safety of patients, staff, or students. The Hull York Medical School will seek such reassurance actively.

3. General Principles

3.1. The guiding principle underpinning the Hull York Medical School approach to Student Fitness to Practise is that the School is explicit to all students and staff that escalation
to the Hull York Medical School SFtP Committee is reserved for serious and/or persistent concerns and is directly related to the safety of patients, colleagues, peers, and the general public. This is in keeping with the principles of "right touch regulation", which is proportionate to the level of any concerns raised.

3.2. A student case is normally only escalated to the SFtP Committee after that student case has been thoroughly scrutinised and investigated. However, for very serious and/or urgent cases where the concern is aligned with GMC Guidance\(^5\) outlined in Section 5 of this Code, the matter can be referred directly to the SFtP Committee who will then have the responsibility of appointing an Investigating Officer.

3.3. Medical and Physician Associate students have certain privileges and responsibilities different from those of other students. Because of this, different standards of professional behaviour are expected of them. The Hull York Medical School takes seriously its responsibility to ensure that all students on programmes leading to professional registration have opportunities throughout their programme to learn and practise the standards expected of them.

3.4. When fitness to practise concerns are identified, the Medical School will investigate these as appropriate in accordance with this Code but at the same time offer support via the network of guidance provided from the Hull York Medical School Student Support Office and both of the host Universities.

3.5. Students must be aware that their behaviour outside the clinical environment, including in their personal lives and on social media may have an impact on their fitness to practise. Their behaviour at all times must justify the trust the public places in their respective professions\(^6\).

3.6. The Hull York Medical School is mindful of supporting students with disabilities/impairments/ health conditions balanced with the need to ensure clinical competency and patient safety.

4. **Distinction between different levels of concerns**

4.1. 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 call into question either the student's ability to continue on a medical programme, or their fitness to practise after graduation.

4.2. The distinction between different levels of concerns must also take into account proportionality, severity of the behaviour, pattern of occurrence and potential implications for public and patient safety, and confidence and trust in the profession. It is not practical to produce an exhaustive list of low levels concerns and/or those of a more serious concern and crucially the behaviours of a student must be considered on a case-by-case basis.


4.3. The referral process to the Hull York Medical School SFtP Committee is designed to ensure that students have the opportunity to obtain support and guidance before a matter becomes a fitness to practise concern, particularly through the active monitoring of the student experience through a case review approach via the Case Management Group. However, in cases where a very serious concern is raised, the matter may be referred directly to the SFtP Committee who will take responsibility for the appropriate investigation, and if necessary the setting up of a Panel Hearing as outlined in Section 9 of this Code.

4.4. The threshold for referral to SFtP Committee is when the behaviour, conduct or health of a student raises a serious or persistent cause for concern. This includes but is not limited to the possibility that the student could put patients or the public at risk, or damage the trust in the profession.

4.5. Illustrative examples of threshold of SFtP:

4.5.1. Behaviour which has harmed a patient(s) or puts a patient(s) at risk of harm;

4.5.2. Deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues;

4.5.3. Student’s health or impairment compromising patient safety;

4.5.4. Student abuse of patient’s trust or violation of patient autonomy or other fundamental rights;

4.5.5. Behaviour which is dishonest, fraudulent or in any way designed to mislead or harm others.

5. Health Problems and Medical Evidence

5.1. It may be necessary for the Hull York Medical School to use this fitness to practise procedure to consider serious health problems, especially where such conditions have implications for the safety of patients, colleagues and the student themselves.

5.2. Students must recognise that they have a responsibility to ensure that their Fitness to Practise is not impaired by their own physical or mental health. A failure to recognise or acknowledge the impact of one’s own health needs may in itself be a Fitness to Practise issue.

5.3. In the case of a disclosure which points to the possibility of an underlying illness, the student should receive an urgent referral to the Occupational Health Service for initial assessment. Referral should indicate the behaviour or event giving rise to the disclosure. An initial response from the Occupational Health Service (OHS) should normally be received within three working days, and should indicate:

5.3.1. Whether the student is suffering from an illness requiring treatment;

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8 See also GMC Gateways to the Professions: advising medical schools: encouraging disabled students (2016).
5.3.2. Whether there is any case for immediate suspension or limitation of studies;

5.3.3. That proper arrangements for further treatment have been made and the student's own doctor has been informed;

5.3.4. Any other matters which the Occupational Health Service would wish to bring to the attention of the Hull York Medical School Case Management Group;

5.3.5. In cases where there is prior knowledge of the medical condition, or cases requiring specialist assessment, it may be appropriate to refer the student to a practitioner or service other than the Occupational Health Service.

6. School Procedures to deal with Student Fitness to Practise

6.1. There is normally a single route for referral to the SFtP Committee i.e. via a referral from the Case Management Group. However in exceptional cases of a critical incident a referral may be made by any individual directly to the SFtP Committee via the Dean, or the Chair of the SFtP Committee (or their authorised deputies).

6.2. Any member of staff or student who has any concerns about any aspect of a Hull York Medical School student’s profile should ensure that the Phase Lead/Programme Director is notified of any such concerns. Where possible, these matters will normally be dealt with as part of the on-going business of programme delivery and management.

6.3. However, additional routes other than those outlined in 6.1 and 6.2 are available:

6.3.1. The Phase Lead/Programme Director will in exceptional cases, where there is serious concern, bring the details of the case to the attention of the Dean of the Hull York Medical School and/or the Chair of the SFtP Committee (or their authorised deputies).

6.3.2. The Phase Lead/Programme Director will bring the details of the case to the attention of Hull York Medical School Case Management Group. The matter will then be considered in detail and in the context of the overall student profile.

6.3.3. The Case Management Group will have available to it a number of options to consider, including:

6.3.3.1. Referral back to the Phase Lead/Programme Director for the situation to be actively managed and/or reported back following appropriate intervention at a programme level.

6.3.3.2. Referral to Student Support (academic and/or pastoral), this may be to the Hull York Medical School Student Support Office and/or the extensive networks of student support available at the Universities of Hull and York.

6.3.3.3. Referral to Occupational Health.

6.3.3.4. Referral to the Academic Cases Committee.

6.3.3.5. The appointment of an Investigating Officer to gather factual information of the case and who will compile a report for consideration. This report may form the basis of subsequent
action by the Case Management Group itself, or it may form the basis of a referral to the SFtP Committee. Where an investigation is undertaken this will be in accordance with the Hull York Medical School ‘Guidance for Investigating Officers’ and it will be clear that this must be sufficiently thorough and comprehensive so that it meets the needs of the Case Management Group, and if required the SFtP Committee/Panel.

6.3.3.6. Direct referral to the SFtP Committee when a concern is considered to be more serious in nature. In that case, an investigation if required will be initiated by that Committee.

6.3.3.7 Holding a formal meeting with the student to gather facts about the case. For further details see the Terms of Reference for the Case Management Group.

6.3.4. In some circumstances where a student’s behaviour or pattern of behaviour departs significantly from the expected standards but does not reach the threshold for referral to fitness to practise procedures, the Case Management Group has the power to issue a written Caution to the student.

7. Formal investigation by the Student Fitness to Practise Committee

7.1 When a case is referred to the SFtP Committee, the Committee will decide if an allegation requires formal investigation. The Committee has the power to conduct further investigations on any allegation that had been previously investigated by other groups, committees, or organisations.

7.2 On a case-by-case basis, the SFtP Committee has the power to decide if a formal investigation requires the appointment of an Investigating Officer. For example, an Investigating Officer may not be required if the facts of the case are not disputed by the student and there are no apparent substantial patient safety issues. In this case, the Committee will collate written statements from the involved parties (i.e. student and relevant witnesses) and hold a meeting to consider the allegation and decide the outcome without a panel hearing. Normally the SFtP Committee would not commission an additional investigation if this had already been undertaken by CMG. However, the SFtP Committee might commission an additional report in exceptional circumstances. For example, if there had been a recent change in circumstances or specific additional information was required.

7.3 If the SFtP Committee deems that a case is likely to proceed to a panel hearing, the appointment of an Investigating Officer will be required for the formal investigation.

7.4 When conducting a formal investigation, the SFtP Committee will appoint an appropriate Investigating Officer from the available pool of colleagues. The Investigating Officer will conduct the investigation in a timely manner and in accordance with the HYMS Guidance Notes for Investigating Officers. The Investigating Officer’s report will be submitted to the SFtP Committee who will consider whether there is a need for further action or escalation.

7.5 If, and when an Investigating Officer’s report has been escalated to the SFtP Committee (either from CMG or SFtP Committee), each case will be dealt with on an individual basis by that Committee. Following careful consideration of the report, the Committee may make one or more of the following recommendations:
7.5.1 That no action is required;
7.5.2 That remedial support or therapeutic action be implemented;
7.5.3 That additional monitoring, supervision or appraisal is arranged;
7.5.4 Where there are concerns of a more serious nature, the Committee will decide that a Fitness to Practise Panel Hearing is required.

8. Issuing a Warning in the absence of a Fitness to Practise Panel Hearing

8.1 On a case-by-case basis, the SFtP Committee may deem that a panel meeting is not required but the concerns reach the threshold to issue a formal Warning. The following must be met for the Committee to issue a formal Warning without panel hearing:

8.1.1 The student has admitted to the allegation(s) and there are no disagreements between all involved parties regarding the key facts of the alleged wrongdoing(s).
8.1.2 The student has demonstrated an acceptable level of insight and engaged with any remediation.
8.1.3 The case has no identified significant patient safety issues.
8.1.4 Before the Committee issues a formal Warning, the Chair (or delegated Deputy) and another member of the Committee should meet with the student. If deemed appropriate, the Chair may invite the Investigating Officer if one was appointed to the case. The student will have the opportunity to bring a supporter to the meeting. The Committee Secretary should attend to take notes for the record. The purpose and function of the meeting is to:

8.1.4.1 Confirm that the student is in agreement with the key facts of the case relating to the alleged wrongdoing.
8.1.4.2 Evaluate the insight of the student into the alleged wrongdoing and their ability to reflect on the implications in relation to fitness to practise.
8.1.4.3 Agree what remediation and undertakings, if any, should be recommended to the Board of Studies. Some discussions may take place without the presence of the student.
8.1.4.4 Decide whether, in addition to any remediation or undertakings recommended, the issuing of a formal warning should be recommended to the Board of Studies. This Warning is declared to the GMC at the point of pre-registration.
8.1.4.5 At any point during the process, the SFtP Committee has the power to escalate a case to a panel hearing based on any findings arising during the investigation process and meeting with the student.
8.1.4.6 At any point, the student has the right to request escalating the case to a panel hearing. The expectation is that this request would be agreed to, unless there was an unusual, and/or compelling reason for the Chair of the SFtP Committee (or their nominated Deputy) to refuse such a request at that time.

8.1.4.7 Following the meeting, the student will be offered the opportunity to check the meeting record within five working days.

8.1.4.8 Once the meeting record is agreed by the student, the SFtP Committee will make recommendations to the Board of Studies for approval.

8.1.4.9 Following the approval, the Board of Studies will issue a joint letter with the SFtP Committee detailing the outcome.

8.1.4.10 The student should expect to receive the above outcome letter within ten working days after the meeting held between the student, student representative, investigating officer (if applicable) and the SFtP Committee Chair or Deputy. The Board of Studies should provide an explanation to the student if there is any delay.

9. Formal hearing by a Fitness to Practise Panel

9.1. If the SFtP Committee has decided that there is a case to proceed, the Secretary of the Committee will:

   9.1.1. Inform the student within 5 working days of the decision to hold a Hearing;

   9.1.2. Set dates for a Formal Fitness to Practise Hearing of the case by a Fitness to Practise Panel. This must be at least 21 days later, to allow the student at least 15 days to prepare a case, and submit any supporting information for that case in advance of the Hearing for circulation to members of the Panel;

   9.1.3. Appoint a secretary for the Hearing, who will be responsible for taking formal minutes and ensuring their safe keeping under the terms of Section 14

   9.1.4. Inform the student of the date, time, place, and conditions surrounding the student's attendance and of their entitlement to bring a supporter to the hearing;

   9.1.5. The supporter may be a friend, fellow student, Students’ Union representative or member of HYMS staff who may assist the student with their appeal. This is a University process and so attendance of legal representation as a supporter is not permitted although students may seek legal advice before and after any discussions which take place. The student should confirm to the Secretary of the Panel the identity of the supporter at least one week before the date of the Hearing;

   9.1.6. Inform the student of any change to any conditions in relation to suspension or limitation placed at the beginning of the formal investigation;

   9.1.7. Ensure that all documents circulated to members of the Student Fitness to Practise Panel are also circulated to the student;
9.1.8. Ensure that any Hull York Medical School staff who may have relevant information to the case, and any other person(s) who may be able to provide expert advice on specific aspects of the case are notified of the Hearing.

9.1.9. Ensure that any other person who may be able to provide expert advice on specific aspects of the case is invited to attend if appropriate.

10. **Fitness to Practise Panel Hearing**

10.1. The Chair of the Fitness to Practise Panel (normally the Chair or Deputy of the SFtP Committee) bears responsibility to ensure that the proceedings are fair; this includes proceedings where the student is not in attendance. Hearings are normally held in private but the student may request a public Hearing.

10.2. The Chair will:

10.2.1. Conduct introductions and explain the purpose and functions of the Hearing and any staff present;

10.2.2. Confirm that all documents circulated to members of the Student Fitness to Practise Panel have also been circulated to the student;

10.2.3. Invite the student, the Investigating Officer, and any members of staff who have information relevant to the case, to join the meeting. The student may be accompanied by a supporter of their own choosing, who may speak at the discretion of the Chair of the Fitness to Practise Panel. The supporter may be a friend, fellow student, Students’ Union representative or member of HYMS staff who may assist the student with their appeal. This is a University process and so attendance of legal representation as a supporter is not permitted although students may seek legal advice before and after any discussions which take place.

10.2.4. Ensure that, if the student is not in attendance, the Panel satisfies itself that all reasonable attempts have been made to inform the student of the Hearing, that the student has been given adequate opportunity to attend and that, as far as can reasonably be ascertained, the student has declined to attend. Once the Panel has been satisfied on these points, the Hearing may proceed in the student’s absence.

10.2.5. Explain the powers of the Student Fitness to Practise Panel;

10.2.6. Invite the Investigating Officer, and any other staff required to attend, to make statements, allowing members of the Panel to ask questions after each statement;

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Reference to Students’ Union throughout this Code means Hull University Union (HUU), York University Students’ Union (YUSU) or the Graduate Student Association (GSA) – all of which are available as a source of support and advice dependent on the student’s programme of registration.
10.2.7. Invite the student, and if applicable, the student’s supporter, to make a statement in their own words, and allow members of the Panel to ask questions of the student;

10.2.8. Invite any other person(s) who may be able to provide expert advice on specific aspects of the case to make a brief statement, allowing members of the Panel to ask questions after each statement;

10.2.9. Once satisfied that all parties have had a full opportunity to make statements and ask questions, invite all but the members of the Student Fitness to Practise Panel and Secretary to the Hearing to withdraw but remain in waiting;

10.2.10. Chair discussion of the case, if necessary seeking clarification by recall of all parties;

10.2.11. Advise all parties when they can disperse;

10.2.12. Provide a written summary of the discussions of the Fitness to Practise Panel to be checked for factual accuracy by the student, panel members and any other attendees, normally within five working days of the Panel being held. This written summary will not include any reference to the decision or recommendations of the Panel, but will constitute a record of the discussions at the Panel hearing. The recipients of this written summary will be advised to raise any issues with the Panel regarding factual accuracy within three working days of electronic receipt. Non-response within this timescale will be assumed to indicate that the summary is taken as a true record of the Panel proceedings:

10.2.13. Provide a report, agreed and jointly issued with the Board of Studies, regarding the decision and recommendations made by the Fitness to Practise Panel. This report will be composed of two parts. The first part of the report will detail the decision and recommendations made by the Fitness to Practise Panel. The second part will confirm any recommendations made by the Fitness to Practise Panel were accepted, in full, or in part, by the Board of Studies. It is expected that this written report will normally made available to the student and Fitness to Practise Panel members within 10 working days of the Fitness to Practise Panel being held:

10.2.14. Formally notify the Chair of the SFTP Committee and the Chair of Board of Studies of the outcome of the Hearing.

11. **Composition of the Fitness to Practise Panel**

11.1. Fitness to Practise Panels shall comprise no fewer than three and no more than five members.

11.2. The membership shall be drawn from the membership of the Student Fitness to Practise Committee and a list of panellists approved by the Hull York Medical School SFTP Committee.

11.3. No Panel member shall be a current tutor, recent ex-tutor, mentor, or supervisor of the student under consideration.

11.4. Panels will normally be chaired by the Chair or Deputy Chair of the SFTP Committee.
11.5. Panels shall include at least one medical professional registered with the General Medical Council, (or other relevant professional body depending on the nature of the Medical School Programme), and normally one lay/independent member.

11.6. All panel members must have received appropriate training.

12. **Powers of the Fitness to Practise Panel**

12.1. The Student Fitness to Practise Panel, having considered all the evidence presented and representations made, has the powers to:

12.1.1. Decide on the facts of a case of alleged student misconduct and/or impaired wellbeing affecting practice. That is, the panel will make a decision (unanimously or by a majority of panel members), whether, on the balance of probabilities, the act or acts of which the student has been accused occurred.

12.1.2. Make a decision, regarding, whether, on the balance of probabilities, at the time of the alleged event or events, fitness to practise was impaired.

12.1.3. Make a decision, regarding, whether, on the balance of probabilities, at the time of the panel hearing, fitness was impaired.

12.1.4. For those students about to graduate, provide a decision as to whether the student is in 'good standing' or not.

12.1.5. Make a recommendation to the Board of Studies, relating to any warnings, sanctions or remediation.

12.1.6. Where a recommendation has been made that a student’s studies be terminated, express an opinion about whether a student should be automatically refused entry, in the future, to any other course/s of study at the University of York or University of Hull related to the Health Professions.

12.2. A range of recommendations can be made to the Board of Studies by a Student Fitness to Practise panel. Specifically, the Student Fitness to Practise Panel may, following consideration of the case, and in the interest of safeguarding patient safety in the short and long term, recommend to the Hull York Medical School Board of Studies:

12.2.1. That the student be permitted to continue the programme of study. Stipulation of any special supervision must accompany such a recommendation.

12.2.2. That sanction(s) or condition(s) may be imposed upon the student as part of their programme of studies.

12.2.3. That the student undertakes a defined piece of academic work, for example a reflective assignment. Stipulation of conditions of outcome to allow progression following such a directed piece of work must accompany such a recommendation.

12.2.4. That a Warning(s) may be issued to the student.

12.2.5. That the student be suspended from the programme for a specified period of up to one year. Stipulation of conditions of readmission must accompany such a recommendation.
12.2.6. That the student's programme of study is terminated. Such a recommendation must include the opinion of the Panel on whether any restriction should be placed upon future registration in a health professional programme within either the University of Hull or the University of York. It may also be necessary in exceptional cases to consider notification to the national excluded student database managed by the Medical Schools Council (currently this database is only applicable to medical students).

12.3. If a student breaches any aspect of the outcome and/or recommendations of the Panel Hearing, the case will be referred back to the SFtP Committee.

13. Appeals

13.1. When the Hull York Medical School Board of Studies has confirmed the outcome of a Student Fitness to Practise hearing, the student concerned may appeal against the decision in accordance with the terms of the Code of Practice on Academic and Fitness to Practise Appeals: [https://www.hyms.ac.uk/assets/docs/codes-of-practice/code-of-practice-on-academic-and-fitness-to-practise-appeals.pdf]

14. Privacy, Confidentiality and Data Protection

14.1. The relevant laws covering the processing of personal information are the General Data Protection Regulation 2018 and the Equality Act 2010.

14.2. Records created under this Code of Practice will be kept securely at all times. Decisions and a record of the outcome will be held as part of the student record and record of the relevant committee, but supporting case notes and other documentation generated as part of the process will normally only be held for six years from the student's completion of their foundation programme/programme of study.

14.3. Information created under this Code of Practice will normally be treated as confidential. However, where it is necessary to discharge the processes and procedures of this Code of Practice or the outcomes of its implementation or in the case of appeals, appropriate information may be disclosed to Hull York Medical School staff or members of the University of Hull or the University of York or the NHS. Additionally, in the interests of public safety, information pertinent to an individual's fitness to practise may be shared with training providers, employers or professional regulatory organisations.

14.4. Any Fitness to Practise Investigation and Hearing will be treated with the highest level of confidentiality that can be maintained. Hull York Medical School, the Universities of Hull and York and any other relevant body (e.g. Foundation School) will only disclose confidential information relating to any student to members of staff who are directly involved in the administration and consideration of the concern, and as necessary to allow an open and fair investigation and for the outcome of the investigation to be reported appropriately. This is in order both to protect the privacy of the student and to protect members of staff from unsubstantiated public allegations. In circumstances where a Fitness to Practise investigation was referred by the Case Management Group, the Group will be advised of the outcome of the case.

14.5. Depending on the nature of the matter, the information gathered may include third party data, opinion and information which was provided in confidence. This information needs to be handled consistently and fairly and in accordance with common data protection principles, making it clear to all parties that the sharing of this information is agreed for the purposes of reaching an informed and fair decision.
Appendix 1: Flow diagram of the Student Fitness to Practise process

Case Management Group receives Expression of Concern

Case Management Group considers the Investigating Officer's report and makes a collective decision whether or not to submit a referral to the Student Fitness to Practise Committee

Student Fitness to Practise Committee if direct referral, can appoint an Investigating Officer or if a report has been submitted, consider this carefully and make of the following recommendations

A Fitness to Practise Hearing is required

Student asked to attend a formal meeting

No further action required

Remedial support or therapeutic action be implemented

Additional monitoring or supervision is required

Issue of a Warning without a Hearing

Student and Committee can escalate to a Panel Hearing if required

Panel Hearing by the Fitness to Practise Panel arranged in accordance with the Code of Practice

Student is informed of the outcome of the Panel Hearing by Board of Studies

Student may appeal against the decision in accordance with the School's Code of Practice on Academic and Fitness to Practise Appeals

The matter is recorded at the next full meeting of the Student Fitness to Practise Committee and Board of Studies

For serious or exceptional circumstances termed critical incidents, a direct referral to the Student Fitness to Practise Committee may be made by the Dean and/or Chair of the Student Fitness to Practise Committee or their authorised Deputies

Refer to Phase Lead or Programme Director

Issue a CMG Caution and meet with the student

Refer to Academic Cases Committee

Refer to HYMS or University Support Teams

Refer to Occupational Health

Appointment of Investigating Officer

Referral to Student Fitness to Practise Committee

Student asked to attend a formal meeting

Refer to Student Fitness to Practise Committee

CMG Caution

No further action required