

Guidance on student fitness to practise procedures in schools of pharmacy



Revised
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1. The purpose and status of this guidance

- 1.1 This guidance is about the fitness to practise of students on courses forming part of the education and training of people wanting to register as pharmacists in Great Britain (GB) or Northern Ireland (NI). Being fit to practise is a fundamental requirement of anyone wishing to register as a pharmacist. Fitness to practise is not just about achieving academic qualifications, it is about being of good character, being responsible and being worthy of the trust and confidence of the public and one's peers. For this reason, schools and training providers have a responsibility on behalf of the public and the pharmacy profession to address any potential fitness to practise concerns in their students.
- 1.2 This guidance has been issued by the General Pharmaceutical Council, the statutory regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. It has been adopted by the Pharmaceutical Society of Northern Ireland (PSNI), the statutory regulator for pharmacists in NI.
- 1.3 This guidance provides information for pharmacy schools on the key components of a fitness to practise process. It should be read alongside the relevant practice standard: the GPhC's standards for pharmacy professionals (2017) in GB or the PSNI's professional standards of conduct, ethics and performance for pharmacists in Northern Ireland (2016) in NI.
- 1.4 The main update in this version is the inclusion of additional information about student fitness to practise in NI. Also, the GPhC has replaced the references to its standards of conduct, ethics and performance (2011) and has removed references to its student code of conduct (2011), as both are no longer applicable in GB.
- 1.5 This guidance relates to:
 - the scope of student fitness to practise
 - the threshold of student fitness to practise
 - making decisions about student fitness to practise
 - the key elements in student fitness to practise procedures
- 1.6 Primarily, this guidance is for schools of pharmacy ('schools'), pharmacy students and individuals involved in accredited pharmacy education in GB and NI.
- 1.7 Pharmacy students ('students'), in common with other health professional students, have certain privileges and responsibilities different from those of other students. Because of this, different standards of professional conduct are expected of them. Schools are responsible for ensuring that students have opportunities to learn and practise to the standards expected of them.
- 1.8 The purpose of this guidance is to provide advice to schools on how to develop and



apply consistent fitness to practise procedures.

body for students in schools. Schools must inform students of this.

- 1.9 This guidance considers students' fitness to practise in relation to their behaviour and in relation to their health.
- 1.10 Schools must explain to students the relationship between the standards for pharmacy professionals in GB/professional standards of conduct, ethics and performance in NI and the school's fitness to practise procedures. This should be an iterative process. Schools must also explain to students the fitness to practise consequences of not abiding by the relevant practice standard.
- 1.11 All schools delivering an MPharm degree/overseas pharmacists' assessment programme (OSPAP) accredited by the GPhC and/or PSNI must have student fitness to practise procedures in place. *For the remainder of the document, reference to the GPhC should be replaced with PSNI in Northern Ireland except where separate procedures are detailed.*
- 1.12 From the beginning of an academic year, schools must make students aware of fitness to practise requirements and procedures in all relevant documents at the time of their application to, and during, their course.
- 1.13 This guidance is issued by the GPhC but the GPhC will not participate in student fitness to practise cases. The GPhC is not a fitness to practise adjudicator or an appeal
- 1.14 The GPhC is the final arbiter in relation to an individual's eligibility to:
- enter pharmacist pre-registration training
 - register as a pharmacist
- 1.15 The GPhC reserves the right to set aside a school's fitness to practise decision, if there are grounds for doing so, when making either of these decisions.
- 1.16 This document will undergo a more substantial review which will be ready in advance of the 2019/20 academic year.

2. The scope of student fitness to practise

- 2.1 This guidance aims to help schools make consistent decisions on any student fitness to practise cases they consider. Students' fitness to practise must be considered on a case-by-case basis through a school's own fitness to practise procedures, guided by this document. If a university has suitable fitness to practise procedures in place already for another regulated healthcare profession in training, they can be adapted as necessary. A student should not be subject to two fitness to practise procedures in an institution, but they may be subject to disciplinary procedures as well as fitness to practise procedures. Additionally, students may be subject to separate procedures outside their university, such as cautions or convictions.
- 2.2 Health can affect a student's fitness to practise. Schools may wish to use their fitness to practise procedures to consider serious health concerns. This is especially the case when the concerns have implications for the safety of others, even when there are currently no complaints about a student's behaviour.

Admission to a regulated course

- 2.3 As part of the admissions process, schools must inform applicants of student fitness to practise requirements and procedures, including what information will be disclosed to the GPhC and in what circumstances it will be disclosed. This should include information on the disclosure of determinations of fitness to practise hearings when sanctions have been imposed (see Section 4).
- 2.4 As part of the admissions process, applicants must be informed that their fitness to practise, before or during their period of study as a student, may impair their eligibility to register and to practise as a pharmacist.
- 2.5 The admissions process must include appropriate health and good character checks, such as the self-certification of good health, and self-declaration of adverse fitness to practise determinations by other regulators or other universities and adverse legal determinations, including those related to the matters listed in 3.20 below.

Pastoral care and student support

- 2.6 It is important that students have opportunities to seek support for any matter before it becomes a fitness to practise concern, where that is possible. Schools must ensure that the procedures for addressing concerns are clearly outlined to students, staff in schools, placement staff, student support services, and other relevant services, as appropriate. Students should be directed to appropriate support services within their university. These support services may include student health services, disability services, occupational health services, confidential counselling, student groups and personal tutors.
- 2.7 Schools should encourage students to discuss problems in a supportive and



confidential environment. If necessary and if possible, schools should develop mutually agreed, documented, plans to address health and conduct issues before a student's fitness to practise becomes a formal concern. If the fitness to practise of a student is called into question, support and remediation, where appropriate, should be offered to the student based on an assessment of the risk to patients, the public, other students and staff.

2.8 When fitness to practise concerns are identified, the school should offer support to the student alongside fitness to practise procedures.

2.9 Anyone who provides pastoral care for a student, including their personal tutor, should not be involved in investigating or hearing fitness to practise concerns. Personal tutors may, however, raise an initial concern.

2.10 Schools should inform students that anyone providing support or pastoral care must inform the appropriate person if there is a reasonable belief that their behaviour or health raises, or may raise, fitness to practise concerns, or poses a risk to other students, staff, patients or the public.

Health and fitness to practise

2.11 Pharmacy education and training should be able to accommodate people with a range of ambitions and different backgrounds, as well as those with health

conditions and disabilities. Students must however be fit to practise as students.

2.12 Schools must inform applicants and students that an impairment or health condition may make it impossible for a student to graduate with an accredited degree.

2.13 Schools must make reasonable adjustments for students with an impairment affecting their ability to achieve the outcomes required on graduation and during the course. Reasonable adjustments should reflect the requirements of the Equality Act 2010 in GB or the Northern Ireland Act 1998 Part VII Equality of opportunity Section 75 in NI.

2.14 Although adjustments cannot be made to the outcomes of the course or its constituent parts, reasonable modifications to the circumstances under which the existing assessment is taken can be made. In exceptional circumstances an alternative form of assessment may be provided.

2.15 In most cases, health conditions and/or disabilities will not raise fitness to practise concerns, provided the student receives the appropriate care and any reasonable adjustments necessary to study and work safely. Schools should offer support and regular reviews of the student's progress.

2.16 Schools should encourage all students to register with a local GP (and other healthcare professionals as appropriate), who will be

able to offer them support and continuity of care.

- 2.17 An appropriate service at the school or university, should assess and advise on the impact of an impairment or health problem on any student's fitness to practise and, where appropriate, advise on adjustments in liaison with disability advisers. They should not usually become involved in treatment or pastoral care. If a student has a chronic or progressive illness which could affect their fitness to practise, an occupational health physician should keep the student's health and fitness status under review and advise on new adjustments if needed. If compliance with a treatment programme is necessary to ensure patient safety is not compromised, the relevant service should act as the point of liaison with treating doctors.
- 2.18 Schools should make sure there are transparent and appropriate processes to help members of staff, others involved in pharmacy education and providers of student healthcare to raise concerns about pharmacy students. For example, where locally applicable, it may be appropriate to use the occupational health service, student support services, or named academic or administrator as the first point of contact. Any exchange of confidential information should be in the best interests of protecting patients and the public and should, wherever possible, be with the knowledge and consent of the student in question.

Requirements for registration as a pharmacist

- 2.19 Schools should make students aware of the requirements for registration as a pharmacist, including those relating to health and good character. In part this is to contextualise the requirement for student fitness to practise procedures.
- 2.20 Schools should inform students in GB of the GPhC's standards for pharmacy professionals and the GPhC's fitness to practise procedures and students in NI of the PSNI's professional standards of conduct, ethics and performance and the PSNI's fitness to practise procedures. These should be used in schools to promote professional behaviour by students.

3. The threshold of student fitness to practise

3.1 The GPhC has the statutory authority to set the outcomes that students must demonstrate at the point of graduation.

Being fit to practise as a pharmacy student

3.2 The GPhC's standards for pharmacy professionals states:

The standards and pharmacy students and trainees

The standards for pharmacy professionals are relevant to all pharmacy students and trainees while they are on their journey towards registration and practice. The standards explain the knowledge, attitudes and behaviours that will be expected of students and trainees if they apply to join the register.

They should be interpreted in the context of education and training and used as a tool to prepare students and trainees for registration as a pharmacy professional.

Pharmacy students and trainees should consider the standards as they move closer to registration and professional practice, and should read them alongside other relevant documents that are provided by initial education and training providers.

3.3 In NI, being fit to practise as a pharmacy student means demonstrating the knowledge, attitudes and behaviours that will be expected of students and trainees if they apply to join the register in NI. These are explained in the PSNI's professional

standards of conduct, ethics and performance.

3.4 Schools must tell students that poor behaviour or health before or during their course might affect their ability to enter pharmacist pre-registration training or to register as a pharmacist.

3.5 Students are in a professional learning environment. The learning environment includes laboratories and practice settings. Students are expected to behave in a professional and responsible manner at all times. Their behaviour should be measured against the principles set out in this document and also the standards for pharmacy professionals.

3.6 When considering the fitness to practise of a student, it may be appropriate to consider:

- the seriousness of the behaviour in question
- patterns of behaviour
- the maturity of the student and the year of study
- the likelihood of repeat behaviour and how well the student might respond to support and remediation

3.7 Schools are responsible for ensuring students are fit to practise as students. Schools should do this by checking on admission, and at other specified points during the course, that a student's fitness to practise is not impaired. Schools must tell students what checks will be made and

when they will be made. If a school has reason to believe a student's fitness to practise is impaired, a school should investigate the possible impairment in accordance with the procedures derived from the guidance in this document.

- 3.8 Fitness to practise as a student is the absence of evidence that a student is unfit to practise as a student.

The threshold of student fitness to practise

- 3.9 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 or suitability to continue on a course. This includes, but is not limited to, the possibility that they could put patients, the public, other students or staff at risk, and the need to maintain trust in the profession.
- 3.10 In these circumstances, the student's behaviour should be considered by fitness to practise procedures at the school. If a student's poor behaviour or health is to be dealt with through a university's general disciplinary procedures, this does not prevent it also being considered through the school's fitness to practise procedures. The two procedures will operate under different criteria. It is important they do not occur simultaneously.
- 3.11 Schools should consider the fitness to practise of students in relation to how behaviour and health may impact on the safety of patients, the public, other students and staff and on the public's trust in the profession.

Illustrating the threshold of student fitness to practise

- 3.12 Investigators and fitness to practise panellists at schools must consider whether a student has crossed the fitness to practise threshold on a case-by-case basis.

- 3.13 When considering this threshold, they may want to consider the following questions:

- **Has a student's behaviour harmed patients or put patients at risk of harm?**

Harm or risk of harm may be demonstrated by an incident or a series of incidents that cause concern to other students, personal tutors, academic staff, placement supervisors or others. 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.

- **Has a student shown a deliberate or reckless disregard of professional responsibilities towards patients, other students, staff or others?**

An isolated act - such as a rude outburst - departing from a high standard of conduct may not in itself suggest that a student's fitness to practise is in question. But persistent misconduct, whether criminal or not, by the student, an unwillingness or apparent inability to behave ethically or responsibly, or a lack of insight into obvious professional concerns, would bring a student's fitness to practise into question.

- **Is a student's health or impairment compromising the safety of patients, themselves, other students, staff or others?**

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 called into question if it appears they have a medical condition and they do not appear to be following appropriate medical advice as necessary in order to minimise the risk to patients, themselves, other students, staff or others. This may compromise or make impossible safe practice in learning environments, including classrooms, laboratories and clinical settings.

- 3.14 In cases where, despite reasonable adjustments having been made, the student is unable to meet the outcomes required at graduation, it may be appropriate to consider the student through formal fitness to practise procedures.
- 3.15 When acting in a professional or academic-related capacity, has a student abused the trust of another person or violated another person's autonomy or other fundamental rights? Conduct that shows a student has acted without regard for another person's rights or feelings, or abused their position as a student, will usually give rise to questions about fitness to practise.
- 3.16 Has a student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others? The school should take action if a student's behaviour is such that trust in the pharmacy profession might be

undermined. This includes plagiarism, cheating, falsifying research data or failing to disclose information relevant to the student's fitness to practise.

- 3.17 Has a student fallen below the standard expected in the standards for pharmacy professionals in GB or professional standards of conduct, ethics and performance in NI?
- 3.18 The advice is only illustrative of the sort of concerns that could call a student's fitness to practise into question. The outcome in all cases will depend on the particular circumstances.

Categories of concern

- 3.19 This section of the guidance sets out areas of concern that may call into question whether a student is fit to practise. It is not an exhaustive list but indicates the most common concerns identified by schools and reflects the regulator's experience of dealing with applications to register as a pharmacist.
- 3.20 The following list includes categories of concern with some illustrative examples of each:
- Criminal conviction, caution, reprimand or penalty notice of disorder (PND) or equivalent, relating to: theft; financial fraud; possession of illegal substances; creating or obtaining child pornography; child abuse or any other abuse
 - Drug or alcohol misuse: driving with excess alcohol or under the influence of drugs; alcohol consumption that affects work or the work environment; misusing

- therapeutic or illicit drugs; possessing or dealing illicit drugs, even if there are no legal proceedings
- Aggressive, violent or threatening behaviour: assault; sexual assault; physical violence, bullying; verbal abuse
- Persistent inappropriate attitude or behaviour: lack of commitment to academic work; neglect of administrative tasks; poor time management; infrequent or non-attendance; poor communication; failure to accept or follow educational advice; failure to follow health and safety requirements; or failure to follow the rules and regulations of a school or university
- Cheating or plagiarising: cheating in examinations or passing off others' work as one's own
- Dishonesty or fraud, including dishonesty outside the professional role: falsifying research; falsifying qualifications; misrepresentation; financial fraud; fraudulent CVs or other documents or students signing in for other students to misrepresent attendance
- Unprofessional behaviour or attitudes: breach of confidentiality; sexual, racial or other forms of harassment; failure to observe appropriate boundaries in behaviour; persistent rudeness; bullying; unlawful discrimination
- Health concerns and lack of insight or management of these concerns: failure to seek appropriate medical treatment or other support; failure to follow medical advice or care plans, including monitoring and reviews, in relation to maintaining fitness to practise; failure to recognise limits and abilities or lack of insight into health concerns; treatment-resistant conditions, which might impair fitness to practise

(This list is not exhaustive)



4. Making decisions about student fitness to practise

4.1 Each student fitness to practise case should begin with an initial investigation, then, if there is a case to answer, proceed to a student fitness to practise hearing. The preliminary investigation should be undertaken by an investigator or investigators; the hearing should be heard by a student fitness to practise panel.

The purpose of the initial investigation

4.2 The purpose of the initial investigation is to decide whether there is a case to answer as to whether a student's fitness to practise is impaired. The initial investigation must be proportionate, weighing up the interests of patients and the public against those of the student. It is important to consider whether the behaviour is better dealt with through student support and remediation rather than through a formal panel hearing. A written record should be kept of the investigation and decisions.

The purpose of the fitness to practise panel

4.3 Student fitness to practise cases should be heard by a panel. The purpose of the panel is to consider formally whether a student is fit to practise, and what sanctions, if any, should be imposed on a student or whether a student should receive a warning.

4.4 Panels must act in a proportionate way by weighing the interests of patients and the public against those of the student.

4.5 Any mitigating factors must be considered by the panel when it is deciding on the appropriate outcome.

4.6 All decisions must be taken in the light of guidance issued by the GPhC and should be consistent with the regulations and procedures of the school and its parent university. From time to time, the GPhC may issue new or supplementary guidance.

4.7 In healthcare regulation, facts must be found proved on the balance of probabilities. Schools of pharmacy should use the same standard in student fitness to practise cases.

4.8 The panel must give reasons for its decision and specify any timeframe or conditions that may apply to it. It must issue a written determination and indicate whether the outcome of the hearing must be declared to the GPhC by the student at the point of entering pre-registration or at the point of applying to register.

4.9 The panel must ensure that any warning or sanction is proportionate to the behaviour found proved, and that it will deal effectively with the fitness to practise concern.

4.10 There must be a clear formal appeals procedure. Schools must make sure students are aware of their right to appeal

against decisions of the fitness to practise panel, and of the relevant procedures.

Outcomes of student fitness to practise hearings

4.11 Possible outcomes of hearings include:

- the student receives no warning or sanction
- the student receives a warning as there is evidence of misconduct but the student's fitness to practise is not impaired to a point requiring a sanction
- the student's fitness to practise is judged to be impaired and they receive a sanction. Beginning with the least severe, the sanctions are:
 - conditions or undertakings
 - suspension from a pharmacy course
 - expulsion from a pharmacy course

4.12 The panel should consider the options available starting with the least severe and moving to the next outcome only if satisfied that a warning or lesser sanction is not sufficient.

4.13 It should be made clear to students that they can withdraw from an accredited course for legitimate reasons. Also it should be made clear, if they do withdraw, whether:

- it will be possible for them to return to the course
- they can transfer to a different course at the same institution
- they may be subject to fitness to practise procedures if they return to complete their studies

4.14 Schools should consider whether it is necessary to suspend a student temporarily while the fitness to practise investigation or hearing takes place. This may be necessary in order to protect patients and the public, the student in question, other students or staff.

4.15 Schools must have a clear policy on how long warnings and sanctions will remain on a student's record.

4.16 Schools must tell students that when applying for pre-registration training and applying to register as a pharmacist, they must declare sanctions to the GPhC.

4.17 The school must inform the GPhC of any sanctions it imposes. Where a student enters pre-registration training in NI the PSNI will confirm details of any sanctions relating to university FTP with the relevant schools.

4.18 The conduct and performance of students who receive a warning or sanction, short of being expelled, should be monitored, to satisfy the school regarding the student's fitness to practise. They should also be provided with remedial or pastoral support, or both. If the student is in the early stages of their course, it may be thought appropriate to support them to reflect on their fitness to practise at least once in the course of each academic year.

4.19 It must be made clear to any student who receives a warning or sanction why they have received it, its intended purpose, its expected duration, and whether or when their fitness to practise will be considered again in a formal hearing.

4.20 It must be made clear to any student who receives a sanction that they must declare it

should they apply to join any course accredited or otherwise formally recognised by a regulator or on applying for pre-registration training or registration as a pharmacist.

Warnings

- 4.21 Warnings are formal statements that indicate that a student's behaviour represents a departure from the standards expected of students and should not be repeated. Warnings should be administered when a student's behaviour raises concerns but it is not so serious that their fitness to practise is impaired. There should be adequate support for the student to address any underlying problems that may have contributed to their unacceptable behaviour.
- 4.22 Subsequent incidents should be considered in the light of earlier warnings, as patterns of poor behaviour may give rise to more serious concerns about a student's fitness to practise. More serious concerns may require a sanction.
- 4.23 A warning should remain on the student's record at the institution for a specified period, normally for the duration of a student's course. Warnings need not be declared to the GPhC.
- 4.24 When deciding if it is appropriate to issue a warning, panels might want to consider whether:
- the student has behaved unprofessionally
 - the student's behaviour or health raises concerns but falls short of indicating that the student is not fit to practise
 - the concerns sufficiently serious that, if there was a repetition, it would be likely to

result in a finding of impaired fitness to practise and sanctions

Sanctions

- 4.25 The purpose of sanctions is to ensure that students whose fitness to practise is impaired are dealt with effectively. This may entail removal from a course. Sanctions short of removal should be designed to enable a student to learn from their mistakes.
- 4.26 Panels should consider whether the sanction will protect patients and the public. If the behaviour is of a serious nature, lower-level sanctions might not be appropriate.
- 4.27 When a panel decides to impose a sanction, it should make it clear in its determination that it has considered all the options. The panel should also give clear reasons, including any mitigating or aggravating factors that influenced its decision, for imposing a particular sanction. In addition, the determination should include a separate explanation as to why a particular length of sanction was considered necessary.

Sanction 1: conditions

- 4.28 Conditions are appropriate where there is significant concern about the behaviour or health of a student. This sanction should be applied if the panel is satisfied that a student might respond to remediation, and has displayed insight into their problems. The panel should consider any evidence such as reports on the student's performance, health, behaviour, and any other mitigating circumstances. Schools should tell students that conditions will be disclosed to the GPhC

by a school and that they must be disclosed to the GPhC by the student on application to begin pre-registration training and/or when applying to register as a pharmacist.

4.29 The objectives of any conditions must be made clear so that the student knows what is expected of them, and so that a panel at any future hearing can identify the original shortcomings and the proposals for their correction. Any conditions should be appropriate, proportionate, workable and measurable.

4.30 Before imposing conditions, the panel should satisfy itself that:

- the conduct, performance or health of the student can be improved through conditions
- the objectives of the conditions are clear
- any future assessment will be able to establish whether the conditions have been complied with, the objective has been achieved, and whether patients or others continue to be at risk

4.31 Although this list is not exhaustive, conditions may be appropriate when most or all of the following factors are apparent:

- the student has demonstrated insight, and there is no evidence that they are inherently incapable of, or unwilling to comply with, good practice and professional values
- there are identifiable areas of the student's studies in need of further assessment or remedial action
- the student is willing to respond positively to support and conditions

- the student is willing to be honest and open with patients, other students and staff if things go wrong
- there is evidence, in cases involving health problems, that the student has genuine insight into their health problem, is aware of the necessity of complying with the guidance on health, and has agreed to conditions relating to their medical condition, treatment and supervision
- patients will not be put in danger either directly or indirectly as a result of the conditions
- the conditions will protect patients

4.32 If a panel has found a student's fitness to practise impaired by reason of physical or mental health, the conditions should relate to the medical supervision of the student as well as to supervision in learning and practise environments.

Sanction 2: undertakings

4.33 An undertaking is an agreement between a student and a school when there is a determination, and a student acknowledges, that their fitness to practise is impaired.

4.34 Schools must tell students that undertakings will be disclosed to the GPhC by a school and that they must be disclosed to the GPhC by the student on application to begin pre-registration training and/or when applying to register as a pharmacist.

4.35 Undertakings may include restrictions on the student's practice or behaviour.

4.36 Undertakings will only be appropriate if there is reason to believe that the student will comply with them, for example, because

the student has shown genuine insight into their problems and potential for remediation. The panel may wish to see evidence that the student has taken responsibility for their own actions, and taken steps to improve their behaviour.

- 4.37 When considering whether to invite the student to accept undertakings, the panel should consider:
- whether undertakings appear to offer sufficient safeguards to protect patients and the public;
 - whether the student has shown sufficient insight.
- 4.38 Undertakings should be monitored to ensure compliance.

Sanction 3: suspension from a pharmacy course

- 4.39 Suspension prevents a student from continuing with their course for a specified period and graduating at the expected time. Suspension is appropriate for misconduct that is serious but not so serious as to justify expulsion from the school.
- 4.40 Schools must tell students that suspension will be disclosed to the GPhC by a school and that it must be disclosed to the GPhC by the student on application to begin pre-registration training and/or when applying to register as a pharmacist.
- 4.41 When a student returns from suspension, they may be required to comply with further conditions.
- 4.42 Although the list is not exhaustive, suspension may be appropriate when some or all of the following factors are apparent:

- a breach of professional values that is serious, but is not fundamentally incompatible with the student continuing on a course, and not so serious as to justify expulsion to protect patients and the public – but, given the seriousness of the breach, any sanction less than suspension would not be in the public interest
- the student's judgement may be impaired, in cases that relate to the student's health, and there is a risk to patient safety if the student were allowed to continue on a course even under conditions
- there is no evidence that the student is inherently incapable of following good practice and professional values
- the panel is satisfied that the student has insight and is not likely to repeat the behaviour
- there will be appropriate support for the student when they return to a course

Sanction 4: expulsion from a pharmacy course

Students must not be allowed to continue to study if they pose a risk to patients or the public. The panel may expel a student from a school if it considers that this is the only way to protect patients and the public, other students or staff. The student should be helped to transfer to another course if appropriate. However, the nature of the student's behaviour or health may mean that they will not be accepted on clinically-related courses, or on any other course.

4.43 Schools should tell students that expulsion will be disclosed to the GPhC by a school and that it must be disclosed to the GPhC by the student on application to begin pre-registration training and/or when applying to register as a pharmacist.

4.44 Expulsion, the most severe sanction, should be applied if the student's behaviour or health is considered to be fundamentally incompatible with continuing on a pharmacy course. Although this list is not exhaustive, expulsion may be appropriate when a student has:

- seriously departed from the principles set out in the standards for pharmacy professional and in this guidance in GB or PSNI's professional standards of conduct, ethics and performance in NI.
- behaved in such a way that is fundamentally incompatible with being a pharmacy student
- shown a reckless disregard for the safety of others
- caused serious harm to others, either deliberately or through incompetence
- abused their position of trust
- violated a patient's rights or exploited a vulnerable person
- committed an offence of a sexual nature, including creating or obtaining child pornography
- committed offences involving violence

- been dishonest, including covering up their actions, especially when the dishonesty has been persistent
- put their own interests before those of patients
- persistently shown a lack of insight into the seriousness of their actions



5. The key elements in student fitness to practise procedures

5.1 This section of the guidance defines the suggested key elements of student fitness to practise procedures. The key elements are:

- awareness and education
- communication
- confidentiality and disclosure
- the roles of personal tutors/other staff, investigators and panel members
- applying the threshold of student fitness to practise
- timescales
- panel composition and training
- hearings
- support for students in hearings
- appeals

Awareness and education

5.2 Schools should use this document and the standards for pharmacy professionals in a proactive way to promote professional behaviour in students. Students should also be introduced to the GPhC's standards for pharmacy professionals and the GPhC's registration and fitness to practise procedures in GB or PSNI's professional standards of conduct, ethics and performance and the PSNI's fitness to practise procedures in NI.

5.3 Schools must include student fitness to practise information in all relevant documents. Relevant documents must also state that schools are responsible for ensuring students are fit to practise as students. Schools should ensure that all relevant individuals and departments in their institution are aware of this document and of the school's student fitness to practise procedures.

5.4 Documents should explain the opportunities for student support and pastoral care and the school's fitness to practise arrangements. All staff should be familiar with the school's fitness to practise guidance. Where applicable, the school should make sure that students are aware of the role and purpose of relevant support services.

5.5 It must be made clear that the school will consider information or concerns about students from any source.

5.6 In documents, schools should describe the roles of the school, the university, the GPhC/PSNI and the Office of the Independent Adjudicator for Higher Education/Scottish Public Services Ombudsman/Northern Ireland Public Services Ombudsman or successor bodies.

Communication

5.7 Processes should be in place to allow for clear and prompt communication at all stages with everyone involved whenever fitness to practise concerns emerge. These processes should be clearly stated in the school's documents such as admissions statements, course handbooks and fitness to practise policy documents.

Confidentiality and disclosure

5.8 Disclosure should only take place if it is necessary and proportionate in the circumstances of the case, having considered the risks associated with not disclosing the information.

5.9 Schools should consider information retention and confidentiality.

5.10 Schools must be aware of, and comply with, the General Data Protection Regulations (GDPR) (EU) 2016/679.

5.11 Schools should have clear guidelines on the disclosure of information about cases in which a sanction has been imposed.

The role of personal tutors/other staff, the initial investigator(s) and panel members

5.12 A student's personal tutor should not act as an investigator or as a member of the fitness to practise panel. This allows the tutor to support the student and ensures the objectivity of the investigator and the panel members who will be making decisions about the student's future.

5.13 The purpose of the initial investigation is to decide whether there is a case to answer

as to whether a student's fitness to practise is impaired. Anyone carrying out the investigation should not be a member of the fitness to practise panel.

5.14 The role of the panel is to deliberate on the evidence presented by the investigator, the student, expert advisers, and witnesses if applicable, and reach a determination. The panel should set out its determination in writing, which should include the decision, reasons for the decision, warnings or sanctions, and the requirement to disclose the determination to the GPhC. Determinations with sanctions, not warnings, must be disclosed to the GPhC.

Applying the threshold of student fitness to practise

5.15 Schools should consider the threshold when considering whether a student's fitness to practise is impaired. Investigators and panels should ask whether a student's behaviour or health, or both, raise a serious or persistent cause for concern about their ability to continue on a course. This includes, but is not limited to, the possibility that they could put patients, the public, other students or staff at risk and/or bring the profession into disrepute.

5.16 Schools should explain to students that impaired fitness to practise may result in a fitness to practise hearing and in sanctions being imposed. Students should also be referred to the appropriate practice standard and this guidance.

Timescales

5.17 Student fitness to practise investigations and hearings can be lengthy. Every

reasonable effort should be made to expedite a case. Students subject to a hearing should be informed as soon as possible about it and should be kept informed if there is any change to the original timetable.

5.18 In exceptional cases, the timescales may be extended, to ensure the procedure is fair. This might be, for instance, to ensure that everyone involved is available. However, it is in everyone's best interests for the defined timescales to be adhered to if possible.

Panel composition and training

5.19 A school's fitness to practise procedures must clearly describe the composition of the panel. In determining the panel's composition, the school should consider how the panel has been constructed to be independent.

5.20 The panel must include:

- a practising pharmacist from the school
- someone from outside the school, who is not a pharmacist

5.21 Schools could consider including:

- someone from outside the university
- someone with relevant legal knowledge
- a student representative

5.22 All panel members should receive training for their role, be appropriately experienced, and have access to all relevant documentation.

5.23 Among other things, panel members must:

- know and understand the rules and regulations of fitness to practise and disciplinary matters at the school
- know and understand relevant guidance, such as the standards for pharmacy professionals and this guidance
- be fair-minded and willing to hear the full facts of the case before reaching a decision
- be prepared to take into account appropriate expert advice
- make sure the fitness to practise proceedings are fair and proportionate
- know and understand the legal requirements and good practice of equality and diversity

Hearings

5.24 Schools must make sure that their proceedings are fair and transparent. Among other things, they must:

- make sure the panel is unbiased and there are no perceived conflicts of interest between the initial investigator(s), panellists and the student
- set up appropriate procedures and avoid delay
- state how a hearing may proceed in the absence of the student
- ensure there is proper disclosure of information and equal opportunity to present evidence
- ensure that the student is provided with a complete copy of the information presented to the panel

- apply the civil standard of proof - that facts must be found proved on the balance of probabilities
- make sure decisions and sanctions are proportionate, and that reasons for the decisions are explained
- make sure that written records are kept of all evidence placed before, or heard by, the panel
- whether appeal hearings can reconsider the facts of the case or are limited to deciding whether due process was followed
- the composition of appeal panels, taking on board the advice in this guidance on panel composition and training

Support for pharmacy students in hearings

5.25 Schools must allow students to be represented at fitness to practise hearings or to have a supporter present. Schools' fitness to practise policy documents must set out how this will work in practice. The representation and support must protect the student's rights in accordance with the Human Rights Act 1998.

5.26 A school's fitness to practise policy documents must be clear about how equality and diversity are incorporated into their procedures, including the Equality Act 2010 in GB or the Northern Ireland Act 1998 Part VII Equality of opportunity Section 75 in NI. This must include the need for reasonable adjustments to be made for those students who need them in hearings.

Appeals

5.27 A school's fitness to practise procedures must clearly state the scope and process for appeals. Appeals policy documents could include, among other things, details on:

- limiting the appeals panel's role to referring the case back to another fitness to practise hearing

5.28 In relation to any given case, there should be no cross membership of a hearings panel and an appeal panel.

5.29 In relation to any given case, the investigator(s) concerned cannot be a member of the appeal panel.

6. Further information

GPhC and PSNI publications

- Approval process for education and training providers (GPhC, 2011)
www.pharmacyregulation.org/education/approval-courses
- *Standards for pharmacy professionals*
- (GPhC, 2017)
www.pharmacyregulation.org/spp
- *Future pharmacists: Standards for the initial education and training of pharmacists* (GPhC, 2011)
www.pharmacyregulation.org/education/education-standards
- *Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland* (PSNI, 2016). (The 'Professional standards of conduct, ethics and performance')
www.psni.org.uk/psni/about/code-of-ethics-and-standards/

Other publications

- Quality Code (Quality Assurance Agency for Higher Education, 2018)
- Equality Act 2010
www.equalities.gov.uk/equality_act_2010.aspx
- General Data Protection Regulations (GDPR) (EU, 2016/679)
- Northern Ireland Act 1998 Part VII Equality of opportunity Section 75

Relevant organisations

- British Pharmaceutical Students' Association (BPSA), www.bpsa.co.uk
- Disclosure and Barring Service (DBS)
www.gov.uk/government/organisations/disclosure-and-barring-service
- Disclosure Scotland
www.mygov.scot/disclosure-types/
- Northern Ireland Public Services Ombudsman, higher education complaints in Northern Ireland
<https://nipso.org.uk/>
- Office of the Independent Adjudicator for Higher Education (OIAHE, higher education complaints in England and Wales,
www.oiahe.org.uk
- Pharmacy Schools Council (PhSC)
www.pharmacyschoolscouncil.ac.uk/about-us
- Pharmaceutical Society of Northern Ireland (PSNI), www.psni.org.uk
- Quality Assurance Agency for Higher Education (QAA), www.qaa.ac.uk
- Royal Pharmaceutical Society (RPharmS), www.rpharms.com
- Scottish Public Services Ombudsman, higher education complaints in Scotland
www.spsso.org.uk



General Pharmaceutical Council
25 Canada Square, London E14 5LQ
T 020 3713 8000
E info@pharmacyregulation.org

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www.pharmacyregulation.org