Contents

1. The Fitness to Practise Policy
2. The Responsibilities of the School of Medicine
3. Referrals and Initial Assessment
4. Investigation
5. The Fitness to Practise Panel
6. The Panel Hearing
7. The Outcomes of a Fitness to Practise Hearing
8. The Reporting of Outcomes
9. Appeal Process
10. Admissions Fitness to Practise Procedures
11. Annual Report

This version supersedes all previous editions of the policy and is effective with immediate effect

30 Sep 2016
1. THE FITNESS TO PRACTISE POLICY

In relation to a doctor’s fitness to practise the GMC states:

‘To practise safely, doctors must be competent in what they do. They must establish and maintain effective relationships with patients, respect patients’ autonomy and act responsibly and appropriately if they or a colleague fall ill and their performance suffers. ‘But these attributes, while essential, are not enough. Doctors have a respected position in society and their work gives them privileged access to patients, some of whom may be very vulnerable. A doctor whose conduct has shown that he cannot justify the trust placed in him should not continue in unrestricted practice while that remains the case’.

Introduction

1.1 Medical students have certain privileges and responsibilities different from those of other students and, therefore, their behaviour must at all times justify the trust the public places in the medical profession. Because of this, special standards of professional behaviour are expected of medical students throughout their studies at the University of St Andrews. Students must be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their ability to gain provisional registration with the General Medical Council (GMC) with a licence to practise as a doctor. These extra requirements do not exempt medical students from other rules and policies of the University of St Andrews.

1.2 This Policy is informed, and should be read in conjunction with, general GMC guidance on issues of Fitness to Practise, particularly the publications; Achieving good medical practice, Professional behaviour and fitness to practise, Good Medical Practise and Tomorrow’s Doctors. The School of Medicine publishes Fitness to Practise guidelines for students and a School policy.

1.3 The authority to employ this policy stems from Senate Regulations which stipulate that a degree in Medicine is conditional on both academic achievement and Fitness to Practise.

Scope of Policy

1.4 This Policy considers medical students’ fitness to practise in relation to their behaviour and in relation to their health when appropriate. A student’s fitness to practise is called into question when their behaviour or health raises a serious or persistent cause for concern about their ability to continue on a medical course, or to practise as a doctor after graduation. This includes, but is not limited to, the possibility that they could put patients or the public at risk, and the need to maintain trust in the medical profession.

1.5 A student’s health may pose challenges to their eventual practising as a doctor but may not, in itself, be a University Fitness to Practise concern. A health condition may, however, become an issue if a student fails to recognise that they have a health problem, refuses to accept or employ reasonable adjustments, or fails to engage with recommended medical treatment. Poor health might also result in a student being unable to meet required competencies.

---

1 The meaning of fitness to practise, GMC policy statement, 2014, repeated in ‘Professional behaviour and fitness to practise’ at para 74.
Defining the threshold of Fitness to Practise

1.6 The Fitness to Practise threshold relates to the point at which a student’s conduct, behaviour, health or probity becomes the concern of a formal University Fitness to Practise process rather than the subject of on-going support and advice from tutors, Student Services or occupational health services. The threshold can be crossed in a single incident (where the said incident is of such severity that patient or public safety might be compromised, or trust in the medical profession might be undermined), or after the accumulation of a number of (related or unrelated) lower-level events. When evaluating the seriousness of an incident and in determining whether the Fitness to Practise threshold has been crossed, the University will make decisions on a case-by-case basis, considering as appropriate the severity of an event or events, the student’s maturity and insight displayed, the likelihood of repeat behaviour, and the student’s likely response to supportive measures.

In deciding whether to refer students to fitness to practise procedures, medical schools should consider how a student’s behaviour or health might affect patient and public safety, or the public’s trust in the medical profession. Investigators and panellists must consider, on a case-by-case basis, whether a student’s behaviour or health has crossed the fitness to practise threshold.

The School’s guidelines provide additional information on the Fitness to Practise threshold and the relationship between Fitness to Practise and health.

2. THE RESPONSIBILITIES OF THE SCHOOL OF MEDICINE

2.1 University medical schools have a responsibility to ensure that medical students have opportunities to learn and practise the professional standards expected of them as practising doctors. Medical students should have opportunities to seek support for any matter before it becomes a formal fitness to practise concern.

To meet these responsibilities, the School of Medicine aims to:

a) provide applicants and students with clear guidance on health and expected behaviour standards;
b) provide students with ongoing health advice and support as appropriate;
c) provide a student support system via personal tutors, Pro-Deans and other University student support networks;
d) provide appropriate guidance and training to University staff on Fitness to Practise issues;
e) instruct and educate students on the importance of professional behaviour;
f) perform Disclosure Scotland checks as appropriate;
g) publicise to students the University’s Fitness to Practise standards and procedures.

3. REFERRALS AND INITIAL ASSESSMENT

Referrals

3.1 Apart from routine Fitness to Practise cases involving admissions (see Section 10), all potential Fitness to Practise issues are referred in the first instance to the Dean of Medicine. A referral

---

2 Professional behaviour and fitness to practise; para 79
30 Sep 2016 3
can originate from a range of sources, including but not limited to: School of Medicine staff, NHS staff involved in teaching students, a University disciplinary committee (including Boards of Adjudication constituted to adjudge Academic Misconduct), Student Services, the Occupational Health Service (for a medical matter), an external agency such as the police.

3.2 Not all Fitness to Practise cases will be disciplinary matters, but if the matter is also an issue being pursued under University disciplinary procedures then the Dean of Medicine and the Proctor will judge whether the issue should be addressed under the discipline process or Fitness to Practise process first on a case-by-case basis. The same would be true of cases involving the police and the criminal justice system.

3.3 Section 3.2 notwithstanding, the Dean of Medicine may initiate a risk assessment in relation to a case being pursued through University or police procedures and may require measures to be put in place in order to protect the student and or patients; these measures may limit a student’s progress. The measures will be without prejudice to the outcome of those other procedures.

3.4 The School of Medicine will maintain a register of all Fitness to Practise referrals. Formal outcomes will be reported to the University.

Initial Assessment

3.5 On receipt of a referral the Dean of Medicine will undertake an initial assessment of the case, particularly with a view to determining whether there is a prima facie case for a Fitness to Practise panel hearing. The Dean should consult the Pro Deans and other appropriate staff, for example the Disability Officer, with a view to better understanding the nature of the concerns or allegations relating to the case, but (s)he will not conduct his/her own formal investigation into the allegations or concerns.

3.6 The Dean of Medicine may also take into account any pre-existing information such as academic performance, non-academic performance, known health, discipline or welfare issues.

3.7 All referrals will be considered in the context that St Andrews medical students are at an early stage in their careers and that there are learning and developmental aspects to understanding the requirements of good professional practice.

3.8 Any medical students whose cases have been referred to the Dean of Medicine under fitness to practise procedures should also be directed to appropriate support services within the Faculty or University.

3.9 The outcome of a referral will normally be forwarded to Student Services and one or more of the following actions by the Dean of Medicine:

   a) dismiss the concerns or allegations as lacking sufficient substance to take any further action at this time;
   b) initiate a risk assessment in relation to the concerns or allegations;
   c) refer the matter to the student’s personal tutor for pastoral support;
   d) refer the matter to the School Progress Committee;
   e) refer the student to specific University support mechanisms or to occupational health;
   f) require a regular review of the student’s case, following the offer of support;
g) produce a record of the concerns to be placed on the student file, copied to the student in question, but taking no further action at this time;

h) issue a formal warning to the student;

i) agree undertakings with the student

j) initiate an investigation into the concerns or allegations with a view to consideration by a Fitness to Practise panel, which will subsequently be constituted.

Risk Assessment

3.10 If there are *prima facie* grounds to believe that the safety of staff, patients, or students (including the student under investigation) or that the reputation of the medical profession or the University may be compromised, the Dean of Medicine should conduct a risk assessment as soon as possible. This may be prior to the start of any formal investigation or hearing. Following a risk assessment, the Dean of Medicine may suspend the student from clinical placements or other activities in the School. The Dean of Medicine may also recommend to the University Vice-Principal (Proctor) that a wider form of suspension from studies or University facilities should apply.

4. INVESTIGATION

The Investigator

4.1 If the Dean of Medicine judges that there is a *prima facie* for a Fitness to Practise hearing to be held, (s)he will appoint an appropriate investigator, who will normally be a member of the staff of the School of Medicine. The investigator should have had no previous experience of the case in question. The investigator should also not be (or have been) a personal tutor of the student, or project supervisor, or someone in a role that has had significant previous dealings with the student, especially in small groups.

4.2 The investigator will be formally appointed in writing by the Dean of Medicine. A reporting date will be set by the Dean of Medicine, but the Dean may alter this date at the request of the investigator if the availability of evidence or the complexity of the case requires it.

4.3 The role of the investigator shall be to establish clearly the evidence in relation to concerns or allegations about a student in so far as they may be relevant to Fitness to Practise. This should be done fairly and without prejudice. The investigator must be given access to all existing documentation. The investigator must also take into account the current GMC guidelines about Fitness to Practise. The initial referral from the Dean of Medicine shall set out the main concerns or allegations to be investigated, but the investigation shall be allowed to pursue other issues that are revealed in the course of the investigation.

4.4 More specifically, the investigator should:

a) Examine the referral as an initial basis for establishing and collating the evidence that relates to the allegation, supposition or concern;

b) Examine all documentation (including confidential information) that the University holds relevant to the concerns or allegations, which may include liaison with Student Services;

c) Engage in correspondence or conduct interviews with all relevant parties to obtain further relevant evidence;
d) Offer an interview to the student (who may be accompanied by another member of the University) with a view of establishing the facts of the case, but informing the student that any such material will comprise part of the investigation report;

e) Prepare a written report as described in 4.5 below in advance of the Fitness to Practise hearing, including supporting documentation, which will be the basis for the issues to be addressed by the student and the Fitness to Practise panel;

f) Speak to the report and respond to questions about it at the Fitness to Practise hearing;

g) Arrange for witnesses to appear at the Fitness to Practise panel, where appropriate, to substantiate or clarify key elements of the findings in the report;

h) Undertake any supplementary investigations required by the Fitness to Practise panel.

4.5 The report of the investigator should include, *inter alia*:

a) A detailed chronology for the matters under investigation and for the investigation itself, including any actions taken by the School or the University as a result of a risk assessment prior the hearing;

b) A detailed description of the concerns or allegations;

c) A description of the evidence and findings in relation to each individual concern or allegation, referenced to appended documentation of that evidence;

d) References to any applicable policies or codes that are found to have been violated;

e) The investigator’s own analysis of the strengths and/or weaknesses of the evidence that has been found;

f) The investigator’s own analysis of how the specific findings relate to matters of Fitness to Practise and to the ‘Fitness to Practise threshold’ described by the GMC;

g) For cases where there is a considerable portfolio of issues then these should be tabulated in terms of ‘event, evidence, interpretation’.

4.6 If allegations involve claims of dishonesty on the part of the student, the investigator should seek to address both the ‘objective’ evidence of such dishonesty (actions generally accepted to be dishonest, such as forging a signature) and ‘subjective’ evidence of dishonesty (in terms of what, if anything, can be reliably determined regarding the student’s intentions in committing an act).

4.7 If allegations involve departure from Good Academic Practice (as defined in the University’s policy), then the normal University procedure for adjudicating such cases should be completed prior to the Fitness to Practise hearing. The submissions to and report of the Board of Adjudication should be provided to the Fitness to Practise panel as part of the evidence gathered by the investigator, however this is routinely taken into consideration where Fitness to Practise is at case. ‘Intention’ is normally excluded from considerations under the University’s policy covering academic misconduct; however, intent may be considered under Fitness to Practise process. For these cases the investigator should attempt to supplement the outcome of the academic misconduct process with further information regarding the intention behind any such misconduct, where possible, in the Fitness to Practise written report. If the student has been found guilty of academic misconduct and their studies have been terminated, then there will not be a Fitness to Practise hearing but the School will report the episode to the General Medical Council.

4.8 When conducting interviews with witnesses in preparation for the written report, the investigator must make clear to the interviewees (1) the reason for the investigation, (2) the need to maintain confidentiality about the investigation so as not to cause undue harm or distress to the student, (3) the importance of evidence and facts above impressions or suppositions, and (4) the fact that the interviewee will be asked to sign an agreed transcript of
the information presented in the interview. For all interviewees, the investigator should seek to establish basic facts on their professional background, knowledge of the student in question, and any other contextual information.

4.9 The investigator is not required or expected in the written report to make a recommendation to the Panel regarding the outcome of the hearing, but may be asked at the hearing by the Panel to indicate what the School would consider an appropriate outcome. The investigator should either have obtained such information in advance of the hearing from appropriate authorities in the School or have arranged for an authority representing the School to be called as a witness during the hearing in order to address such a question.

4.10 The investigator’s written report shall provide the formal basis for the concerns or allegations to be addressed by the Fitness to Practise panel and by the student. A copy of the report must be made available to the student so that the student can prepare a response in advance of the Fitness to Practise hearing. Depending on the complexity of the case, the student should have access to the written report at least 10 working days in advance of the Fitness to Practise hearing. It shall be at the discretion of the Chair of the Fitness to Practise panel to extend this period.

4.11 Following a full investigation, if the investigator is of the clear and unqualified view that there is no case to answer, the investigator must still produce a full report of his/her findings. In addition, a letter should be produced setting out the arguments for why the investigator is of the clear and unqualified opinion that there is no case to answer. In such a case, the investigator’s written report and letter should be presented to the Dean of Medicine. The decision then rests with the Dean of Medicine regarding whether to:

a) Not proceed with a Fitness to Practise hearing and apply one or more of the outcomes in 3.9 above; or
b) Initiate a new investigation under a new investigator; or
c) Proceed with a Fitness to Practise hearing using the report that has been received, in which case the Dean should append a letter of his/her own explaining the reason for so doing; or
d) Invite the Proctor to review the investigation report if the Fitness to Practise concern is significant enough that progress in Medicine may be in doubt. In this case the Proctor will nominate a member of the Proctor’s Office to sit on the Fitness to Practise Panel.

5. THE FITNESS TO PRACTISE PANEL

The Standard Panel

5.1 The Fitness to Practise panel will be selected by the Dean of Medicine except where the Proctor has nominated a member of the Proctor’s Office to be a Panel Member. Each panel must contain at least a chair and 3 members, chosen from within or out with the University. The panel should comprise at least one male and one female member. At least one panel member should be GMC registered with a license to practise. Where the case involves a student health issue then the panel might include a health professional with a relevant background as long as they are not treating the student.

5.2 No member of the Fitness to Practise panel should have had previous involvement with any aspect of the case to be considered.
5.3 No member of the Fitness to Practise panel should be (or have been) a personal tutor of the student, or project supervisor, or someone in a role that has had significant previous dealings with the student, especially in small groups.

5.4 No St Andrews student should serve as a panel member except a (non-medical) sabbatical student officer who may be appointed to the Fitness to Practise panel, in which case the student officer has the full rights of any other panel member.

The Chair of the Panel

5.5 The Chair of the Fitness to Practise panel should be a senior academic from another Medical School, who is a current or retired clinician. A current or retired academic clinician from another Medical School who holds an honorary appointment at the University of St Andrews may be appointed if (s)he has had no previous involvement with the student or the case.

Secretary of the Panel

5.6 A Secretary to the Fitness to Practise panel, from within or out with the University, will be appointed. The Secretary is not a member of the panel and has no voting or other rights of a panel member. The Secretary will, however, be in attendance at panel hearings.

5.7 The role of the Secretary to the Fitness to Practise panel is to make the administrative and organisational arrangements for the hearing. This includes gathering documentation for the hearing from all parties, taking notes for the panel at the hearing and preparing the outcome letters for approval by panel members.

5.8 At the request of the Chair, the Secretary will also provide information on process and protocols, previous cases and current GMC guidelines.

Legal Representation

5.9 In some cases, and particularly where the student has legal representation, the Chair of the Fitness to Practise panel may request legal support for the panel. This may involve a legally-qualified adviser to the panel being present at panel hearings, but such an adviser will not be a member of the panel and will have no voting rights. The role of the legal adviser will be to advise the panel and not to interrogate witnesses or the student.

6. THE PANEL HEARING

Initial Notification

6.1 When the Dean of Medicine initiates a Fitness to Practise investigation, with a view to a Fitness to Practise hearing, he will write to the student under investigation notifying him/her that an investigation is being carried out under Fitness to Practise procedures. The student will be provided with a copy of the Fitness to Practise policy, procedures and written advice on what to expect, who should accompany them to the hearing and where they can find support. The student will be informed of the main concerns or allegations to be investigated, but also of the fact that the investigation will be allowed to pursue other issues that are revealed in the course of the investigation. Thus the student should be notified that the formal basis for a Fitness to
Practise hearing that follows will be set out in the investigator’s report, a copy of which the student will receive at least 10 working days in advance of any Fitness to Practise hearing.

6.2 The Dean of Medicine must ensure that the student is offered pastoral support at this time. This may come from a tutor, a Pro-Dean, the University Student Services, or another appropriate source. The Dean must also establish whether the student requires any reasonable adjustment to the standard procedures for Fitness to Practise investigations.

Pre-Hearing Submissions and Procedures

6.3 The Secretary of the Panel will be responsible for the arrangements and preparations for the Fitness to Practise hearing.

6.4 All persons required to attend the Fitness to Practise hearing shall be given at least 10 working days’ notice of the date of the hearing.

6.5 The student shall have the right to present their case in person before the Panel at the hearing, and students are entitled to be accompanied at the hearing by one or both of the following:
   a) A supporter, who must be a member of the staff of the University or Students’ Association or a fellow matriculated student. The supporter’s role is to provide general counsel and reassurance, but not to act as the representative of the student.
   b) A representative, who may be from within or outwith the University, and which may include legal representation. Students must give notice to the Secretary of the Panel if they intend to be legally represented, because the University would require time to arrange legal counsel to support the Panel.

6.6 The investigator’s report (with any supporting evidence) will form the basis of the hearing. Any additional written submissions or supporting documents from the School or the investigator should be made to the Secretary no later than 7 working days before the hearing. The investigator must also confirm to the Secretary no later than 7 working days before the hearing which witnesses or School representatives are being asked by him/her to give evidence to the hearing in person. The investigator is responsible for contacting such individuals and arranging for their presence at the hearing.

6.7 The student must submit to the Secretary no later than 7 working days before the hearing the following:
   a) any written submissions and supporting documents to be considered by the Panel as the student’s response to the investigator’s report;
   b) confirmation as to which supporter (as indicated in 6.5 above), if any, will attend the hearing with the student;
   c) confirmation as to which representative (as indicated in 6.5 above), if any, will attend the hearing to represent the student;
   d) the names of any persons they wish to give evidence on their behalf. Students should note that they are responsible for contacting such individuals and arranging their attendance at the hearing.

6.8 Students are strongly advised to ensure that their written submissions and documentation are complete and as full as possible. Late submission of evidence will not normally be allowed, other than as provided in Section 6.11 below.
6.9 After sight of the Fitness to Practise submissions and list of persons giving evidence, the Chair of the Panel may request additional written statements or additional persons to present evidence in order to allow the Panel to have full access to the information required for a decision.

6.10 The Secretary of the Panel will ensure that such other documentation as may be reasonably considered relevant to the case will be provided to the Panel. This will normally include a copy of the student’s academic record to date.

6.11 Requests for an extension of time for written submissions or supporting documents will be considered and granted at the sole discretion of the Chair of the Panel. Similarly, requests for a delay in the Panel hearing will be considered and granted at the sole discretion of the Chair of the Panel.

6.12 Efforts should be made to schedule hearings on a mutually agreed date and time. If the student fails to attend the hearing on the scheduled day and time, it will be at the discretion of the Chair of the Panel regarding whether to re-schedule the hearing or to proceed (with the student’s permission) in the absence of the student but with the presence of the student’s representative. If neither the student nor a representative of the student attends the hearing on the scheduled day and time, then the Chair should normally seek to re-schedule the hearing for another mutually agreed time. If neither the student nor a representative of the student attends a hearing that has been so re-scheduled, then the Chair may proceed with the hearing in the absence of both. It will also be open to the Chair to allow a hearing to be scheduled at any stage where the student and/or the student’s representative (if one has been chosen) are ‘present’ through telecommunications or the internet.

**Conduct of the Panel Hearing**

6.13 The following outlines the normal procedure for the Hearing. The Chair of the Panel, however, has discretion reasonably to vary these arrangements to suit the needs of individual cases.

a) The Panel will meet in private prior to hearing evidence and submissions to agree the issues to be addressed and the details of how the Hearing will be conducted.

b) Throughout the main part of the Hearing all parties will normally be present (excluding witnesses) to promote a full and open discussion of all points that are raised with the Panel. Such parties will include the Panel members, the Secretary to the Panel, the legal adviser to the Panel (if relevant), the student, the student’s supporter (if relevant), the student’s representative (if relevant), and the School investigator.

c) If there are a series of allegations or issues to be addressed, each matter must be considered by the Panel separately prior to considering their collective significance.

d) No audio, visual or electronic recording of the Hearing will be permitted, although the Secretary to the Panel will take notes of the hearing and the Panel’s deliberations for the purposes of aiding the Panel.

e) At the start of the Hearing the Chair will introduce the Panel members, explain the powers of the Panel and summarise the process to date, the procedures for the Hearing and the evidence received. The Chair will confirm that all the submissions have been shared with all the members present. If a submitted item has not been shared due to issues of confidentiality, this will be intimated at this stage.

f) The Chair will confirm that the student is well enough to proceed with the hearing and whether any additional support is required.

g) The Chair will explain that wherever possible the Panel will wish to hear directly from the student.
h) The Chair will invite the student or his/her representative to make a statement in relation to the procedures that will be followed or to seek clarification on matters of procedure.

i) The student or his/her representative will then be invited to make an opening statement and to add any information to that already provided in the written submissions.

j) The School Investigator will be invited to make an opening statement in response and to add any information to that already provided in the written submissions.

k) At each stage the Chair has discretion to allow reciprocal questioning, through the Chair, by the various parties.

l) The Chair will invite any other person(s) called upon to attend the Hearing to make their statement(s), and will invite the Panel to ask questions.

m) Once the Chair is satisfied that the Panel has completed its questioning and the student has had a full opportunity to convey the information to the Panel, the Chair will invite closing statements from the Investigator and finally from the student or his/her representative. The Chair will ask everyone but the Panel, the Secretary to the Panel and the legal adviser to the Panel (if relevant) to withdraw.

n) The Panel will discuss the case and make its decision. If for any reason the Panel requires further clarification on any aspect of the case from any participant, the Panel will normally adjourn at this point and reconvene as soon as the information/clarification is available. Where an adjournment takes place that may affect the timetable for communicating the final decision, all parties will immediately be informed by the Secretary to the Panel. In some cases, the Panel may wish to obtain clarification of a point without formally adjourning, in which case all participants must be invited back into the meeting whilst any further questioning takes place.

The Decision

6.14 The Panel will reach a decision when they are confident that no further evidence is required. In the event that the Panel members are unable to reach a majority decision or are equally divided about the outcome, the Chair will have a casting vote. If the decision is not unanimous, then a record must be made of both the minority and majority views of the Panel.

6.15 In reaching a decision the Panel must first decide whether or not a student’s fitness to practise is impaired and then consider the effect of mitigating circumstances or factors.

6.16 If a student is under consideration for a serious FtP concern that may result in their being excluded from Medicine and the student elects to leave the course before the case is concluded then a FtP panel should consider the case in order to establish whether that student’s name should be added to the Medical Schools Council’s database of excluded students. This panel hearing may take place if the student refuses to attend.

7. THE OUTCOMES OF A FITNESS TO PRACTISE HEARING

7.1 The judgement of the Fitness to Practise Panel is not a punishment, but rather a measure or measures imposed to protect patients and the public from unfit practitioners and to preserve the public trust in the medical profession. By awarding a medical degree, the awarding body is confirming that the medical graduate is fit to practise as a Foundation Year One doctor to the high standards that are set by the medical profession. University medical schools have a responsibility to the public, to employers and to the profession to ensure that only those students who are fit to practise as doctors are allowed to complete the medical curriculum and gain provisional registration with a licence to practise. This responsibility covers both the
thorough assessment of a student’s knowledge, skills and behaviour towards the end of the course and the appropriate consideration of any concerns about a student’s performance, health or conduct.

7.2 Evidence will be considered by the Panel according the civil standard of proof, that is, on the balance of probabilities.

7.3 The Fitness to Practise Panel has the power to impose one or more of the following outcomes:

a) The dismissal of any case against the student without any warnings or sanctions.
b) A formal warning, where a student’s fitness to practise is not considered to be sufficiently impaired so as to require further sanctions.
c) Undertakings to be met by the student.
d) The imposition of one or more conditions upon the student in order for the student to be allowed to proceed with the medical programme. The consequences of a failure to meet such conditions or satisfy such undertakings should also be indicated.
e) Suspension from the medical programme for a defined period or for a period to extend until certain conditions are satisfied.
f) Expulsion from the medical programme.

7.4 The Panel should ensure that any warning or sanction is proportionate to the behaviour or condition and that it will effectively deal with the fitness to practise concern. Normally the Panel’s consideration will move from the least severe outcome, moving to the next higher outcome in severity until satisfied that the warning or sanction is strong enough to protect patients and the public.

7.5 Conditions are appropriate when there is significant concern about the health or behaviour of a student. This sanction should be applied only if the Panel is satisfied that the student might respond positively to remedial help and/or increased supervision and has displayed insight into his or her problems.

7.6 An undertaking normally takes the form of an agreement between a student and the Medical School when the Panel and the student both acknowledge that the student’s fitness to practise is impaired. Undertakings should be applied only if there is reason to believe that the student has the ability and motivation to comply with them and that the situation will improve as a result of the undertakings.

7.7 Suspension requires the student to withdraw from his or her programme of studies for a specified period of time, following which the Dean of the Medical School will review the situation and decide whether to readmit the student. Suspensions would be appropriate where there has been a risk assessment and there are health or behavioural concerns that are judged to be serious, but not so serious as to justify permanent expulsion from the medical programme. Suspension should be applied only if there is reason to believe that a period of absence will clarify the situation or allow the situation to improve such as an improvement in health. The student bears responsibility for any financial or visa consequences resulting from such an interruption to studies.

7.8 Expulsion will result in the student’s medical studies being terminated with no right of readmission to their programme of study. The student may, in certain circumstances, seek admission to another non-medical Faculty, but such admission is not guaranteed. This outcome is appropriate only if required to protect patients, carers, relatives, colleagues or the public.

30 Sep 2016 12
8. THE REPORTING OF OUTCOMES

8.1 The Dean of Medicine will inform in writing the student and all other parties concerned of the outcome of the hearing normally within 10 working days of the Panel reaching a final decision. The student will also be informed of the appeal process and the appeal timeframe (see Section 9).

8.2 The outcome letter and report should also include the following information:

a) The student’s name, date of birth and matriculation number.
b) The date, time and location of the hearing(s).
c) The names and titles of the Chair and other Panel members who have taken the decision.
d) The names of any supporter and representative accompanying the student.
e) A summary of the reasons for the decision taken by the Panel, including any mitigating or aggravating factors that were taken into account. This rationale should explain why all other potential outcomes were not considered appropriate, and the intended purpose of the warning or sanction imposed.
f) A clear statement of the outcome (see Section 7 above), including any recommendations, the intended purpose of the recommendations, conditions and follow-up requirements. Any timeframes that may apply should also be clearly specified, along with an explanation of why a particular length of sanction was considered necessary.
g) The consequences of a failure to comply with any undertakings or sanctions, as well as the consequences of further unprofessional behaviour or misconduct (if appropriate).
h) The time for which any formal warnings (if relevant) will be held on file and may be referred to or taken into account in any future consideration of the student’s fitness to practise. This will be at least the length of time it usually takes for a student to obtain provisional registration with the GMC, but may be until such time as it is clear that the student has abandoned any intention to seek provisional registration.
i) Information regarding declaring the outcome to the GMC at the time when applying for provisional registration with a licence to practise. Students must be aware of their own responsibilities for disclosure when applying to the GMC for such provisional registration.
j) The status of the student pending any appeal, and any options for the student leaving the University with a lesser exit award.

8.3 In all cases where a student’s fitness to practise has raised concern and there is a likelihood of risk to the public if that information was not disclosed, the outcome of a Fitness to Practise hearing will be shared with partner Medical Schools and other relevant medical and educational or professional bodies. If a student receives a warning or sanction, or if the outcome prevents a student progressing to clinical studies, this personal information may be shared with the student’s allocated clinical Medical School, other UK clinical schools or postgraduate deaneries and the GMC as soon as any appeal process (if relevant) has been exhausted.

8.4 The outcome of any Fitness to Practise hearing will be reported as appropriate and may result in the case being pursued through other University procedures. This information is for the purposes of a wider risk assessment and possible disciplinary or non-disciplinary action under normal University procedures. The student may be subject to any other processes that may have been initiated and suspended during the conduct of the Fitness to Practise investigation.

8.5 If a student is excluded from Medicine their name will be added to the Medical Schools Council’s database of excluded students.

30 Sep 2016
9. APPEAL PROCESS

9.1 A student shall have the right of appeal against the decision of the Fitness to Practise Panel, subject to satisfying the grounds for appeal prescribed in Section 9.2. The appeal will take the form of an impartial review of the procedures leading to the Fitness to Practise hearing and the process by which the Panel’s decision was reached. It will not constitute a rehearing of the original case.

9.2 A request for review of a decision of the Fitness to Practise Panel is admissible only on the following grounds:

a) Extenuating personal circumstances or new evidence of which the University was not aware when the decision of the Fitness to Practise Panel was taken and which could not reasonably have been disclosed by the student (an explanation for earlier non-disclosure is always required) where the appeal panel believes it is appropriate to take into account; and/or
b) Defective, improper or irregular adherence to the University procedure by the Fitness to Practise Panel, of such a nature as to cause reasonable doubt as to whether the Panel’s decision might have been different had such a deviation not occurred.

9.3 An appeal must be made in writing to the Senate Office (senate@st-andrews.ac.uk) within 10 working days of the date of the letter communicating the outcome of the Fitness to Practise Panel. An appeal must clearly specify the grounds on which it is based and must provide, where appropriate, relevant supporting evidence.

9.4 Appeals against the decision of the Fitness to Practise Panel will be impartially considered by an Appeal Assessment Committee (none of whose members will have had any prior involvement in the case) normally comprised of the following:

a) The Master of the United College (or other delegated deputy of the Principal) who shall normally serve as chair;
b) An external clinician currently registered with the GMC; and
c) An external representative from another UK Medical School with appropriate Fitness to Practise experience.

9.5 The Appeal Assessment Committee will not normally require the presence of the student, those involved in the original Panel, and/or School of Medicine representatives for the process of its review, but it may seek further written clarification or documentation from any relevant party at its discretion.

9.6 After review of the appeal and the grounds on which it is constituted, the Appeal Assessment Committee shall have the following powers:

a) To reject the appeal and confirm the Fitness to Practise Panel’s original decision, which shall be final; or
b) To instruct that the Fitness to Practise Panel reconsiders its original decision in the light of new evidence disclosed in the course of the appeal (the subsequent decision of the Fitness to Practise Panel shall be final); or

Where a material procedural error has been found to have occurred, to instruct that a new investigation be initiated and/or Fitness to Practise Panel be convened, the membership of which will have had no prior involvement in the case.
9.7 Any student who remains dissatisfied with the outcome of the University’s internal procedures following the conclusion of the process outlined above may seek an external review by the Scottish Public Services Ombudsman.

10. ADMISSIONS FITNESS TO PRACTISE PROCEDURES

10.1 Concerns about Fitness to Practise may be raised as part of the procedures for admitting potential students to a medical programme.

10.2 When considering applicants for admission to the School of Medicine, the threshold tests for fitness to practise may involve concerns about health or previous conduct or both. The Medical School may check an applicant’s previous cautions or convictions through Disclosure Scotland.

10.3 In any case where a cause for concern about fitness to practise is raised in relation to an applicant, and in all cases where an applicant has disclosed a previous conviction or caution, an Admissions Fitness to Practise Panel will be convened.

10.4 The composition of an Admissions Fitness to Practise Panel will normally be:

a) The Director of Admissions of the School of Medicine, or a delegate (who will serve as Chair);

b) An Admissions Officer for the School of Medicine; and

c) A clinician in practice, who is either a full or honorary member of staff of the School of Medicine.

10.5 No panel member should have had a previous involvement with the applicant, other than through a pre-entry interview.

10.6 The Dean of Medicine will normally appoint a Secretary to support the Fitness to Practise Panel, as described above in Sections 5.6, 5.7 and 5.8.

10.7 The Dean of Medicine will normally appoint an Investigator. The Investigator may be a member of the team for admissions to the School of Medicine, but in such a case the Investigator would have no further role in the admissions process for the applicant under consideration. The Investigator may request a full CV and other forms of disclosure from the applicant, and the applicant will be given a reasonable time limit in which to provide the requested information. If, during the course of the investigation, the Investigator establishes that the applicant has given false or incomplete information in order to obscure the facts, then the Investigator must report this to the Panel. If the applicant fails to respond to the Investigator’s request for information within the timeframe required, then the application will automatically be rejected without the need for a Panel consideration. Where such an applicant makes a subsequent application in another year, then the fitness-to-practise process should begin afresh.

10.8 For admissions cases, the applicant is not normally invited to a hearing. The Panel will consider the evidence that has presented by the Investigator and may either move to a decision, if it judges that sufficient evidence is available to it in order to take a decision, or seek further information from the applicant, Investigator or other sources.

10.9 The Admissions Fitness to Practise Panel has the power to impose one of the following outcomes:
a) Approve an applicant to proceed to the next stage of the admissions process;
b) Set conditions for admission, typically involving a review on arrival; or
c) Reject the application, where it appears that the applicant is unlikely to pass the GMC conditions for full registration or where the applicant has displayed behaviour in the past that raises serious concerns about future fitness to practise.

10.10 The outcome of an Admissions Fitness to Practise consideration will be notified to the applicant in writing where conditions are set for admission. An outcome resulting in permission for the application to proceed or rejection of the application will be notified through the normal applications process.

10.11 Any appeals against the outcome of an Admissions Fitness to Practise consideration will be according to normal procedures for appeals against applications decisions.

11. ANNUAL REPORT

11.1 An annual report will be submitted by the Dean of Medicine to the Academic Monitoring Group indicating the types and numbers of cases considered during the academic session under Fitness to Practise processes.