



**Royal  
Pharmaceutical  
Society**  
of Great Britain

# Guidance on Student Fitness to Practise Procedures in Schools of Pharmacy





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## 1. The purpose and status of this guidance

**1.1** This guidance on student fitness to practise procedures in schools of pharmacy is being issued by the Royal Pharmaceutical Society of Great Britain<sup>1</sup> (hereafter ‘the Society’). The Society is the statutory regulator for pharmacists and pharmacy technicians, and the accrediting body for pharmacy education, in Great Britain. The statutory regulator for pharmacists in Northern Ireland is the Pharmaceutical Society of Northern Ireland (PSNI). The PSNI has adopted these procedures.

This guidance has been produced in partnership with representatives of the Council of University Heads of Pharmacy (CUHOP) and the British Pharmaceutical Students’ Association (BPSA).

This guidance is endorsed by the Council of University Heads of Pharmacy and the British Pharmaceutical Students’ Association.

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.

**1.2** Primarily, this guidance is for schools of pharmacy (hereafter ‘schools’), pharmacy students and individuals involved in accredited pharmacy education in the United Kingdom.

**1.3** Pharmacy students<sup>2</sup> (hereafter ‘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.


- 1.4 The purpose of this guidance is to provide advice to schools on how to develop and apply consistent fitness to practise procedures.
- 1.5 This guidance considers students' fitness to practise both in relation to their behaviour and in relation to their health.
- 1.6 This guidance must be read in conjunction with the Society's **Code of Conduct for Pharmacy Students** (2009). Schools must explain to students the relationship between the **Code of Conduct for Pharmacy Students** 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 **Code of Conduct for Pharmacy Students**.
- 1.7 All schools accredited by the Society must have student fitness to practise procedures in place from the beginning of the 2010-2011 academic year, when they must apply to all students, irrespective of the year in which they enrolled initially.
- 1.8 From the beginning of the 2010-2011 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.
- 1.9 This guidance is issued by the Society but the Society will not participate in student fitness to practise cases. The Society is not a fitness to practise adjudicator or an appeal body for students in schools. Schools must inform students of this.
- 1.10 The Society is the final arbiter in relation to an individual's eligibility to:
- enter pharmacist pre-registration training; and
  - register as a pharmacist.
- The Society 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.

## 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, 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.

### ADMISSIONS

- 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 Society and in what circumstances it will be disclosed. This must include information on the disclosure of determinations of fitness to practise hearings when sanctions have been imposed (see Section 4 below).
- 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.

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- 2.5** The admissions process must include appropriate health and good character checks, such as the self certification of good health, enhanced Criminal Records Bureau and/or Disclosure Scotland checks and the self declaration of adverse determinations by other regulators, in particular healthcare regulators.

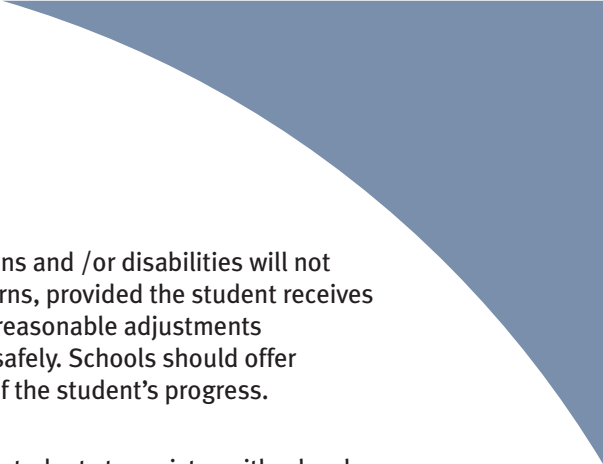
## **PASTORAL CARE AND STUDENT SUPPORT**

- 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 **Disability Discrimination Acts** (1995 & 2005). Although adjustments cannot be made to the outcomes of the course or its constituent parts, reasonable adjustments can be made to the method of learning and the assessment by which a student demonstrates the achievement of outcomes.

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- 2.14** 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.
- 2.15** 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.
- 2.16** 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.
- 2.17** 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

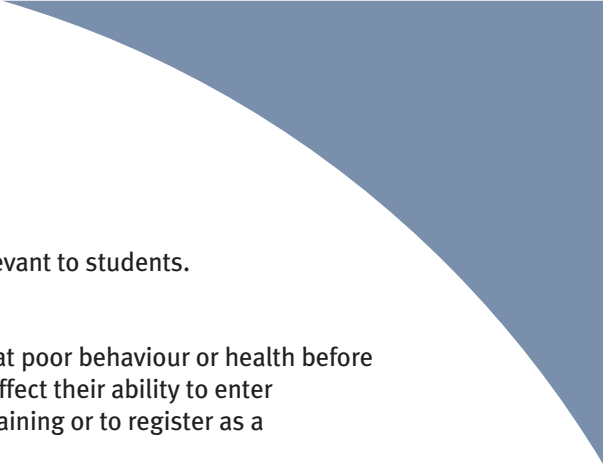
- 2.18** Schools should make students aware of the requirements for registration as a pharmacist, including those relating to health and good character. In part this is to contextualise the requirement for student fitness to practise procedures.
- 2.19** Schools should inform students of the Society's **Code of Ethics for Pharmacists and Pharmacy Technicians** and the Society's fitness to practise procedures. Both should be used in schools to promote professional behaviour by students.
- 2.20** In Northern Ireland, schools should also inform students of the PSNI's **Code of Ethics** and its fitness to practise procedures.

## 3. The threshold of student fitness to practise

- 3.1** The Society has the statutory authority to set the standards and outcomes that students must demonstrate at the point of graduation. Standards of conduct are contained in the **Code of Conduct for Pharmacy Students** (2009).

## BEING FIT TO PRACTISE AS A PHARMACY STUDENT

- 3.2** The Society's **Code of Ethics** states:
- Registration...carries obligations as well as privileges. It requires you to:
- develop and use your professional knowledge and skills for the benefit of those who seek your professional services;
  - maintain good professional relationships with others; and
  - act in a way that promotes confidence and trust in the pharmacy profession.
- (**Code of Ethics for Pharmacists and Pharmacy Technicians**, 2007)

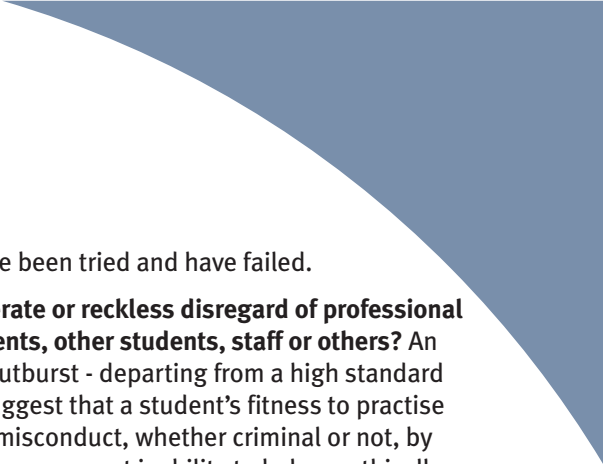
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- 3.3** The previous statement is relevant to students.
- 3.4** Schools must tell students that poor behaviour or health before or during their course might affect their ability to enter pharmacist pre-registration training or to register as a pharmacist.
- 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 **Code of Conduct for Pharmacy Students**.
- 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 in this document. 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

- 3.8** 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.
- 3.9** 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.
- 3.10** 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

- 3.11** 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.
- 3.12** When considering this threshold, they may want to consider the following questions:
- 3.13** **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.

**3.14** **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.

**3.15** **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.


**3.16** 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.

**3.17** **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.

- 3.18** **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 the 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.
- 3.19** **Has a student failed to abide by the Code of Conduct for Pharmacy Students?**
- 3.20** 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

- 3.21** 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 Society's experience of dealing with applications to register as a pharmacist.
- 3.22** 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 in illicit drugs, even if there are no legal proceedings;
  - **Aggressive, violent or threatening behaviour:** assault; sexual assault; physical violence, bullying; verbal abuse;

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- **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 Society and should be consistent with the regulations and procedures of the school and its parent university. From time to time, the Society 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 Society 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:

1. the student receives no warning or sanction;
2. 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;
3. the student's fitness to practise is judged to be impaired and they receive a sanction. Beginning with the least severe, the sanctions are:
  - a) conditions or undertakings;

b) suspension from a pharmacy course;

c) 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 the warning or 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:

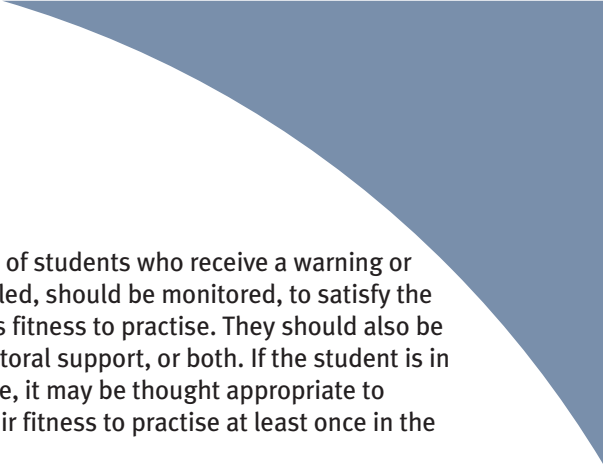
1. it will be possible for them to return to the course;
2. they can transfer to a different course at the same institution; and
3. they may be subject to fitness to practise procedures if they return to complete their studies.

**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 Society.

**4.17** The school must inform the Society of any sanctions it imposes.

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- 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 Society.
- 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.



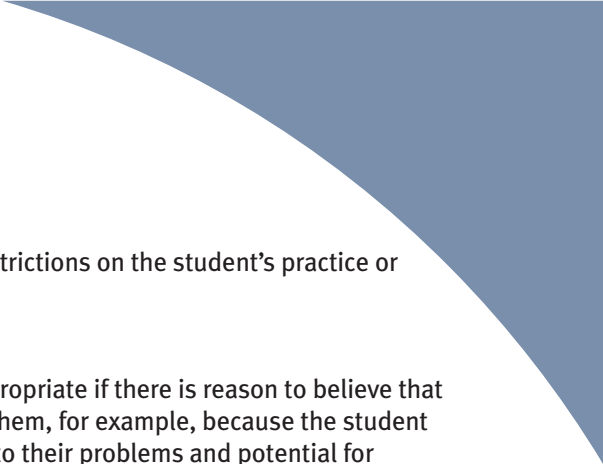
## SANCTION 1: CONDITIONS

- 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.
- 4.29** Schools must tell students that conditions will be disclosed to the Society by a school and that they must be disclosed to the Society by the student on application to begin pre-registration training and/or when applying to register as a pharmacist.
- 4.30** The objectives of any conditions should 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.
- 4.31** 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.

- 4.32** 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 abide by 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.
- 4.33** 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**

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

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- 4.36** Undertakings may include restrictions on the student's practice or behaviour.
- 4.37** 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.
- 4.38** 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.
- 4.39** Undertakings should be monitored to ensure compliance.

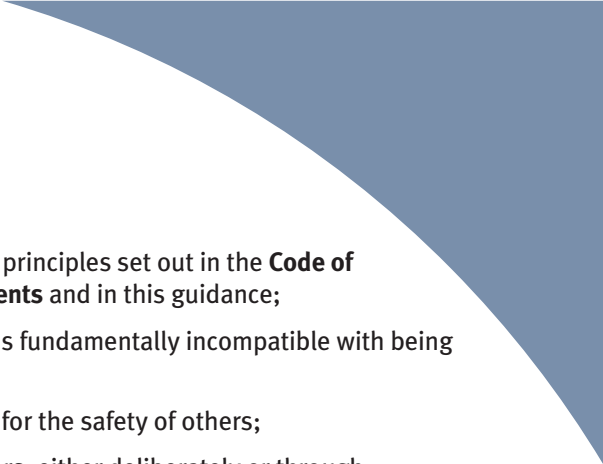
### **SANCTION 3: SUSPENSION FROM A PHARMACY COURSE**

- 4.40** 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.
- 4.41** Schools must tell students that suspension will be disclosed to the Society by a school and that it must be disclosed to the Society by the student on application to begin pre-registration training and/or when applying to register as a pharmacist.
- 4.42** When a student returns from suspension, they may be required to comply with further conditions.

- 4.43** 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 practise 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**

- 4.44** 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.
- 4.45** Schools must tell students that expulsion will be disclosed to the Society by a school and that it must be disclosed to the Society by the student on application to begin pre-registration training and/or when applying to register as a pharmacist.
- 4.46** 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:

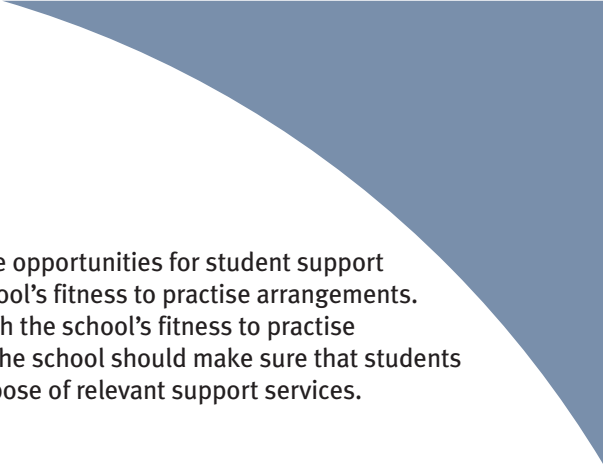
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- seriously departed from the principles set out in the **Code of Conduct for Pharmacy Students** and in this guidance;
  - behaved in such a way that is fundamentally incompatible with being a pharmacy student;
  - shown a reckless disregard for the 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 of 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 **Code of Conduct for Pharmacy Students** in a proactive way to promote professional behaviour in students. Students should also be introduced to the Society's **Code of Ethics for Pharmacists and Pharmacy Technicians** and the Society's registration and fitness to practise procedures.
- 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.

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- 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 Society and the Office of the Independent Adjudicator for Higher Education/Scottish 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. Schools should be aware of, and comply with, the **Data Protection Act 1998**.
- 5.10 Schools must 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

- 5.11** 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.
- 5.12** 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 investigator(s) should not be a member/members of the fitness to practise panel.
- 5.13** 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 Society. Determinations with sanctions, not warnings, must be disclosed to the Society.

## APPLYING THE THRESHOLD OF STUDENT FITNESS TO PRACTISE

- 5.14** 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.
- 5.15** 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 **Code of Conduct for Pharmacy Students** and this guidance.



## TIMESCALES

- 5.16** 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.
- 5.17** 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

- 5.18** 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.
- 5.19** The panel must include:
- a practising pharmacist from the school;
  - someone from outside the school, who is not a pharmacist.
- 5.20** Schools could consider including:
- someone from outside the university;
  - someone with relevant legal knowledge;
  - a student representative.
- 5.21** All panel members should receive training for their role, be appropriately experienced, and have access to all relevant documentation.

- 5.22** 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 **Code of Conduct for Pharmacy Students** 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

- 5.23** 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.

## SUPPORT FOR PHARMACY STUDENTS IN HEARINGS

- 5.24 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**.
- 5.25 A school's fitness to practise policy documents must be clear about how equality and diversity are incorporated into their procedures, including the **Disability Discrimination Acts 1995 & 2005**. This must include the need for reasonable adjustments to be made for those students who need them in hearings.

## APPEALS

- 5.26 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;
  - 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.
- 5.27 In relation to any given case, there should be no cross membership of a hearings panel and an appeal panel.
- 5.28 In relation to any given case, the investigator(s) concerned cannot be a member of the appeal panel.

## 6. Further Information

**Accreditation of UK Pharmacy Courses** (Royal Pharmaceutical Society of Great Britain, 2003)

**Code of Conduct for Pharmacy Students** (Royal Pharmaceutical Society of Great Britain, 2009)

**Code of Ethics for Pharmacists and Pharmacy Technicians**  
(Royal Pharmaceutical Society of Great Britain, 2007)

**Code of Practice for the assurance of academic quality and standards in higher education** (Quality Assurance Agency for Higher Education, <http://www.qaa.ac.uk>)

**Fitness to Practise in Schools of Pharmacy: a Literature Review** (Schafheutle et al on behalf of the Royal Pharmaceutical Society of Great Britain, 2009)

**Good character assessment framework template** (Royal Pharmaceutical Society of Great Britain, <http://www.rpsgb.org/acareerinpharmacy/preregistrationtraining/preregistrationtrainees.html>)

**Guidance on Registration with the Society and Fitness to Practise**  
(Royal Pharmaceutical Society of Great Britain  
<http://www.rpsgb.org/acareerinpharmacy/preregistrationtraining/preregistrationtrainees.html>)

**Health assessment framework template** (Royal Pharmaceutical Society of Great Britain, <http://www.rpsgb.org/acareerinpharmacy/preregistrationtraining/preregistrationtrainees.html>)

**MPharm Student Code of Conduct: a Literature Review** (Schafheutle et al on behalf of the Royal Pharmaceutical Society of Great Britain, 2009)

**Reasonable adjustments in nursing and midwifery, a literature review,**  
(Kane, A. and C. Gooding on behalf of the Nursing and Midwifery Council 2009)

## 7. Contacts

**Royal Pharmaceutical Society of Great Britain (RPSGB)**, <http://www.rpsgb.org/>

**British Pharmaceutical Students Association (BPSA)**, <http://www.bpsa.co.uk/>

**Council of University Heads of Pharmacy (CUHOP)**, <http://www.cuhop.ac.uk/>

**General Pharmaceutical Council (GPhC)**, <http://www.pharmacyregulation.org/>

**Independent Safeguarding Authority (ISA)**, <http://www.isa-gov.org.uk/>

**Office of the Independent Adjudicator for Higher Education (OIA)**,  
<http://www.oiahe.org.uk/> (Higher Education complaints in England and Wales)

**Pharmaceutical Society of Northern Ireland (PSNI)**, <http://www.psni.org.uk/>

**Quality Assurance Agency for Higher Education (QAA)**, <http://www.qaa.ac.uk/>

**Scottish Public Services Ombudsman (SPSO)**,  
<http://www.spsso.org.uk/> (Higher Education complaints in Scotland)

## 8. Acknowledgement

This document is based on the General Medical Council's and Medical Schools Council's **Medical students: professional values and fitness to practise** (2009).

<sup>1</sup> In 2010 the regulatory functions of the Society will be passed on to a new pharmacy regulator, the General Pharmaceutical Council. This document will remain in force until it is superseded.

<sup>2</sup> For the purposes of this document, 'pharmacy student' means a student enrolled on a Society-accredited MPharm degree, Foundation Degree leading to direct entry to Year 2 of an accredited MPharm degree or Overseas Pharmacists' Assessment Programme (OSPAP). Pharmacists and pharmacy technicians and other students studying on other pharmacy courses in schools of pharmacy or elsewhere in further/higher education or privately are not included in the definition of 'pharmacy student' used in this document.







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