



**Hull York Medical School**

**Code of Practice on Student Fitness to Practise**

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<b>Committee</b>	<b>Outcome/Date of approval</b>
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To obtain this Code of Practice in an alternative format please contact [governance@hyms.ac.uk](mailto:governance@hyms.ac.uk)

This Code of Practice applies to all students undertaking a programme leading to professional registration by a regulatory body such as the General Medical Council (GMC). All students should be aware that unprofessional behaviour during their programme of study, or serious health issues that affect fitness to practise, may result in the GMC refusing to grant provisional registration with a **licence** to practise. This is the case even if the circumstance in question occurred before or early in the medical school (GMC, 2016). For all other students this will also be the case for each of their respective regulatory bodies.

The GMC is responsible for all decisions regarding provisional registration of medical school graduates. Given the tight timelines for entering the Foundation Programme advice should be sought as early as possible before applying for registration.

## Definitions

**Case Management Group:** The Terms of Reference of the Case Management Group are included in the [Code of Practice on Academic Committees](#).

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

**Day** means a working day: Monday, Tuesday, Wednesday, Thursday or Friday (excluding public holidays).

**Fitness to Practise:** The GMC has comprehensively defined Fitness to Practise in their document [Good Medical Practice \(2024\)](#). It is assumed this definition will also apply to Physician Associates registering with the GMC. Specifically, GMP states that Fitness to Practise is achieved when the standards of competence, care and conduct expected of doctors are met across four domains:

- [Domain 1: Knowledge, skills, and development](#) – Good medical professionals are competent, keep their knowledge and skills up to date and provide a good standard of practice and care. They strive to develop and improve their professional performance. They reflect regularly on their standards of practice and use feedback and evidence to develop personal and professional insight. Doctors must follow the law, the GMC guidance on professional standards, and other regulations relevant to their work. They must have the necessary language skills to provide care in the UK.

The key areas in this domain include: Being competent; Providing good clinical care; Offering remote consultations; Considering research opportunities; Maintaining, developing and improving your performance; and Managing resources effectively and sustainably.

- [Domain 2: Patients, partnership and communication](#) – Doctors must recognise and respect every patient's dignity and right to privacy. Good medical professionals recognise that patients are individuals with diverse needs, and don't make assumptions about the options or outcomes a patient will prefer. They listen to patients and work in partnership with them. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

The key areas in this domain include: Treating patients fairly and respecting their rights; Treating patients with kindness, courtesy and respect; Supporting patients to make decisions about treatment and care; Sharing information with patients; Communicating with those close to a patient; Caring for the whole patient; Safeguarding children and adults who are at risk of harm; Helping in emergencies; Making sure patients who pose a risk of harm to others can access appropriate care; and Being open if things go wrong.

- [Domain 3: Colleagues, culture and safety](#) – Good medical professionals communicate clearly and work effectively with colleagues in the interests of patients. They develop their self-awareness, manage their impact on others, and do what they can to help create civil and compassionate cultures where all staff can ask questions, talk about errors and raise concerns safely.

The key areas in this domain include: Treating colleagues with kindness, courtesy and respect; Contributing to a positive working and training environment; Demonstrating leadership behaviours; Contributing to continuity of care; Delegating safely and appropriately; Recording your work clearly, accurately, and legibly; Keeping patients safe; Responding to safety risks; Managing risks posed by your health.

- [Domain 4: Maintaining trust](#) – Good medical professionals uphold high personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions.

The key areas in this domain include: Acting with honesty and integrity; Acting with honesty and integrity in research; Maintaining professional boundaries; Communicating as a medical professional; Managing conflict of interest; and Cooperating with legal and regulatory requirements.

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

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

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

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

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

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

**Investigating Officer:** This can be any member of Medical School staff, including academic, senior administrator, member of SFTPC or honorary appointments within the NHS. The investigating officer should not be the student’s current tutor, mentor or supervisor. All investigating officers follow the [Hull York Medical School Guidance Notes for Investigating Officers](#).

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

**Supporter:** Means a friend, fellow student, Students’ Union representative<sup>1</sup> or member of HYMS staff who may assist the student with their appeal. This is a University process and so attendance of legal representation as a supporter is not permitted although students may seek legal advice before and after any discussions which take place.

## Abbreviations

CMG	Case Management Group
GMC	General Medical Council
HJSC	Hull York Medical School Joint Senate Committee
MB BS	Bachelor of Medicine, Bachelor of Surgery
MSC	Medical Schools Council
NHS	National Health Service
PA	Physician Associate
QAA	Quality Assurance Agency
SFTPC	Student Fitness to Practise Committee

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<sup>1</sup> Reference to Students’ Union throughout this Code means Hull University Union (HUU), York University Students’ Union (YSU)– all of which are available as a source of support and advice dependent on the student’s programme of registration.

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## **1. Scope of the Code of Practice on Student Fitness to Practise**

- 1.1. This Code applies to both prospective students (applicants) as well as those registered on all Hull York Medical School programmes which lead to professional registration. For the purposes of this Code all categories will be referred to throughout as 'students'.
- 1.2. As stated by the General Medical Council (2016), all medical schools are required to have in place robust and consistent mechanisms to ensure that all graduates applying for registration with a licence to practise are fit to practise medicine. Similarly, other professional bodies require appropriate governance arrangements to be clear and explicit in relation to the student's fitness to practise.
- 1.3. The support and welfare of all Hull York Medical School students is important. However, the safety of patients, colleagues and the public is of paramount importance to the Student Fitness to Practise Committee (SFTPC).
- 1.4. The SFTPC is concerned with matters relating to conduct, behaviour, attitudes and values, as well as issues relating to the health of students where these issues may impact on patient care or safety.
- 1.5. The Hull York Medical School recognises its role in supporting all students to acquire professional standards of behaviour and conduct. Advice and sources of information indicating appropriate conduct for an undergraduate medical student can be found in documents from the General Medical Council and the Medical Schools Council. Advice and guidance for all other programmes is shared with students via their respective Programme Handbooks.
- 1.6. The requirements set out by the General Medical Council for medical students are fulfilled by the Hull York Medical School SFTPC.
- 1.7. The fitness to practise process set out in this Code of Practice is a University process. While students may seek legal advice, attendance of legal representation as a supporter is not permitted during any fitness to practise meetings, interviews, or hearings. Students however may receive legal advice before and after any discussions, formal meetings or hearings which take place.

## **2. Critical Incident Suspension**

- 2.1. For the purposes of this Code of Practice this section covers two aspects:
  - 2.1.1. A critical incident is defined as an extraordinary and unpredicted event giving rise to, or likely to result in, harm to any persons, either involving a Hull York Medical School student, or resulting from the action of a student. The Secretary of the SFTPC should be notified immediately of any such critical incident so that it may be recorded accurately.
  - 2.1.2. A student's absence threshold has reached a level requiring suspension. This happens when a student reaches the absence threshold set out in the HYMS Standard Operating Procedure on Student Attendance and Engagement of the MB BS Programme which results in a reduction of the competency required of the learner at the specific stage of training.
- 2.2. In the event that such a critical incident occurs or an absence threshold has been reached that has implications for the safety of patients, staff, or students, power is deputed to the Dean of Hull York Medical School (or their authorised Deputy), in

consultation with the Chair of the SFTPC (or their authorised deputies) and the appropriate Programme Director (or their authorised deputies), to order a period of suspension or limitation placed upon the continuation of studies and/or clinical attachment of the involved student or students. The length of the suspension and detail of limitation will be determined by the nature of the critical incident or absence accrued.

- 2.3. The power to lift the suspension resides with the Dean of the Medical School (or their authorised deputies), in consultation with the Chair of the SFTPC (or their authorised deputies) and the appropriate Programme Director (or their authorised deputies). Any suspension imposed should be for no longer than is necessary to obtain reassurance about the safety of patients, staff, or students. A suspension due to reaching an absence threshold will result in returning the following academic year alongside any other required processes having been completed. The Hull York Medical School will seek such reassurance actively.

### **3. General Principles**

- 3.1. The guiding principle underpinning the Hull York Medical School approach to Student Fitness to Practise is that the School is explicit to all students and staff that escalation to the Hull York Medical School SFTPC is reserved for serious and/or persistent concerns and is directly related to the safety of patients, colleagues, peers, and the general public. This is in keeping with the principles of “right touch regulation”, which is proportionate to the level of any concerns raised.
- 3.2. A student case is normally only escalated to the SFTPC after that student case has been thoroughly scrutinised and investigated. However, for very serious and/or urgent cases where the concern is aligned with GMC [Professional Behaviour and Fitness To Practise Guidance](#) outlined in Section 5 of this Code, the matter can be referred directly to the SFTPC who will then have the responsibility of appointing an Investigating Officer.
- 3.3. Medical and Physician Associate students have certain privileges and responsibilities different from those of other students. Because of this, different standards of professional behaviour are expected of them. The Hull York Medical School takes seriously its responsibility to ensure that all students on programmes leading to professional registration have opportunities throughout their programme to learn and practise the standards expected of them.
- 3.4. When fitness to practise concerns are identified, the Medical School will investigate these as appropriate in accordance with this Code but at the same time offer support via the network of guidance provided from the Hull York Medical School Student Support Office and both of the host Universities.
- 3.5. Students must be aware that their behaviour outside the clinical environment, including in their personal lives and on social media may have an impact on their fitness to practise. Their behaviour at all times must justify the trust the public places in their respective professions. Specific examples for medical students are provided in the GMC [Professional Behaviour and Fitness To Practise Guidance](#).
- 3.6. The Hull York Medical School is mindful of supporting students with disabilities/impairments/ health conditions balanced with the need to ensure clinical competency and patient safety.

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

- 4.1. Decisions about the behaviour or health of students must be considered on a case-by-case basis, and should be based on whether the behaviour or health call into question either the student's ability to continue on a medical programme or their fitness to practise after graduation.
- 4.2. The distinction between different levels of concerns must also consider proportionality, severity of the behaviour, pattern of occurrence and potential implications for public and patient safety, and confidence and trust in the profession. It is not practical to produce an exhaustive list of low levels concerns and/or those of a more serious concern and crucially the behaviours of a student must be considered on a case-by-case basis.
- 4.3. The referral process to the Hull York Medical School SFTPC is designed to ensure that students have the opportunity to obtain support and guidance before a matter becomes a fitness to practise concern, particularly through the active monitoring of the student experience through a case review approach via the Case Management Group. However, in cases where a very serious concern is raised, the matter may be referred directly to the SFTPC who will take responsibility for the appropriate investigation, and if necessary the setting up of a Panel Hearing as outlined in Section 9 of this Code.
- 4.4. The threshold for referral to SFTPC is when the behaviour, conduct or health of a student raises a serious or persistent cause for concern. This includes but is not limited to the possibility that the student could put patients or the public at risk, or damage the trust in the profession.
- 4.5. Illustrative examples of threshold of student fitness to practise:
  - 4.5.1. Behaviour which has harmed a patient(s) or puts a patient(s) at risk of harm;
  - 4.5.2. Deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues;
  - 4.5.3. Student's health or impairment compromising patient safety;
  - 4.5.4. Student abuse of patient's trust or violation of patient autonomy or other fundamental rights;  
  
Behaviour which is dishonest, fraudulent or in any way designed to mislead or harm others.
- 4.6. More detailed illustrations are provided in [GMC Professional Behaviour and Fitness to Practise](#) and [GMC Achieving Good Medical Practice](#). The outcome in all cases will depend on particular circumstances.

#### **5. Health Problems and Medical Evidence<sup>2</sup>**

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

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<sup>2</sup> See also [GMC Welcomed and Valued: Supporting disabled learners in medical education and training](#).



- 5.2. Students must recognise that they have a responsibility to ensure that their Fitness to Practise is not impaired by their own physical or mental health. A failure to recognise or acknowledge the impact of one's own health needs, or appropriately engage with appropriate treatment and care, may in itself be a Fitness to Practise issue.
- 5.3. In the case of a disclosure which points to the possibility of an underlying illness, the student should receive an urgent referral to the Occupational Health Service (OHS) for initial assessment. Referral should indicate the behaviour or event giving rise to the disclosure. An initial response from the OHS should normally be received within five working days, and should indicate:
  - 5.3.1. Whether the student is suffering from an illness requiring treatment;
  - 5.3.2. Whether there is any case for immediate suspension or limitation of studies;
  - 5.3.3. That proper arrangements for further treatment have been made and the student's own doctor has been informed;
  - 5.3.4. Any other matters which the OHS would wish to bring to the attention of the Hull York Medical School Case Management Group;
  - 5.3.5. In cases where there is prior knowledge of the medical condition, or cases requiring specialist assessment, it may be appropriate to refer the student to a practitioner or service other than the OHS.
- 5.4. In cases that require specialist input, the SFTPC has the power to commission an independent psychiatric, or other specialist, assessment. The commission can take place through OHS or independently by HYMS.

## **6. School Procedures to deal with Student Fitness to Practise**

- 6.1. There is normally a single route for referral to the SFTPC. i.e. via a referral from the Case Management Group. However, in exceptional cases of a critical incident a referral may be made by any individual directly to the SFTPC.
- 6.2. Where a student is subject to a disciplinary process by their university of registration or an external process (for example police investigation), details of the case will be brought to the attention of the Chair of SFTPC (or their Deputy) for consideration. Any subsequent FTP process will not normally commence until the university disciplinary process or the external process has concluded. The SFTPC has the power to conduct further investigation after the conclusion of a university disciplinary process or external process.
- 6.3. Any member of staff or student who has any concerns about any aspect of a Hull York Medical School student's conduct should ensure that the Phase Lead/Programme Director is notified of any such concerns. Where possible, these matters will normally be dealt with as part of the ongoing business of programme delivery and management.
- 6.4. However, additional routes other than those outlined in 6.1 and 6.2 are available:
  - 6.4.1. The Phase Lead/Programme Director will in exceptional cases, where there is a serious concern, bring the details of the case to the attention of the Dean of the Hull York Medical School and/or the Chair of the SFTPC (or their authorised deputies).

- 6.4.2. The Phase Lead/Programme Director will bring the details of the case to the attention of Hull York Medical School CMG. The matter will then be considered in detail and in the context of the overall student profile.
- 6.4.3. The Case Management Group will have available to it a number of options to consider, including:
  - 6.4.3.1. Referral back to the Phase Lead/Programme Director for the situation to be actively managed and/or reported back following appropriate intervention at a programme level.
  - 6.4.3.2. Referral to Student Support (academic and/or pastoral), this may be to the Hull York Medical School Student Support Office and/or the extensive networks of student support available at the Universities of Hull and York.
  - 6.4.3.3. Referral to the OHS.
  - 6.4.3.4. Referral to the Academic Cases Committee.
  - 6.4.3.5. The appointment of an Investigating Officer to gather factual information of the case and who will compile a report for consideration. This report may form the basis of subsequent action by the Case Management Group itself, or it may form the basis of a referral to the SFTPC. Where an investigation is undertaken this will be in accordance with the Hull York Medical School [Guidance for Investigating Officers](#).
  - 6.4.3.6. Direct referral to the SFTPC when a concern is considered to be more serious in nature. In that case, an investigation if required will be initiated by SFTPC.
  - 6.3.3.7 Holding a formal meeting with the student to gather facts about the case. For further details see the Terms of Reference for the Case Management Group.
- 6.4.4. In some circumstances where a student's behaviour or pattern of behaviour departs significantly from the expected standards but does not reach the threshold for referral to fitness to practise procedures, the Case Management Group has the power to issue a written Caution to the student.
- 6.5. The individual who made the disclosure may be informed of the outcome of the investigation and any planned remedial action, noting that it may not be possible in all cases, for example where there are data protection considerations

## **7. Formal meeting with the Chair of Student Fitness to Practise Committee**

- 7.1. In cases in which the fitness to practise threshold has been passed but the concern does not require a formal investigation as deemed by the SFTPC Chair and Deputy Chair (or nominated deputy), the SFTPC may invite the student to a formal meeting with the Chair and another member of the SFTPC.
- 7.2. The purpose of the formal meeting is to give the student the opportunity to respond to the allegation. After the formal meeting, the SFTPC Chair has the power to decide if the case should be closed, monitored by remediation or intervention, or escalated to a

formal investigation. The SFTPC Chair also has the power to issue a formal Warning without the need for a Panel Hearing (see section 9).

- 7.3. The formal meeting may take place after a formal investigation and the receipt of the Investigation Officer's report if the Chair decides that the case does not require escalation to a Panel Hearing, in the first instance.

## **8. Formal investigation by the Student Fitness to Practise Committee**

- 8.1. When a case is referred to the SFTPC, the SFTPC will decide if an allegation requires formal investigation. The SFTPC has the power to conduct further investigations on any allegation that had been previously investigated by other groups, committees, or organisations.
- 8.2. On a case-by-case basis, the SFTPC has the power to decide if a formal investigation requires the appointment of an Investigating Officer. For example, an Investigating Officer may not be required if the facts of the case are not disputed by the student and there are no apparent substantial patient safety issues. In this case, the SFTPC will collate written statements from the involved parties (i.e. student and relevant witnesses) and hold a meeting to consider the allegation and decide the outcome without a panel hearing. Normally the SFTPC would not commission an additional investigation if this had already been undertaken by CMG. However, the SFTPC might commission an additional report in exceptional circumstances. For example, if there had been a recent change in circumstances or specific additional information was required.
- 8.3. If the SFTPC deems that a case is likely to proceed to a panel hearing, the appointment of an Investigating Officer will be required for the formal investigation.
- 8.4. When conducting a formal investigation, the SFTPC will appoint an appropriate Investigating Officer from the available pool of colleagues. The Investigating Officer will conduct the investigation in a timely manner and in accordance with the [Guidance Notes for Investigating Officers](#). The Investigating Officer's report will be submitted to the SFTPC who will consider whether there is a need for further action or escalation.
- 8.5. Following careful consideration of the Investigating Officer's report, the SFTPC may make one or more of the following recommendations:
  - 8.5.1. That no action is required;
  - 8.5.2. That remedial support or therapeutic action be implemented;
  - 8.5.3. That additional monitoring, supervision or appraisal is arranged;
  - 8.5.4. Where there are concerns of a more serious nature, the SFTPC will decide that a Fitness to Practise Panel Hearing is required.

## **9. Issuing a Warning in the absence of a Fitness to Practise Panel Hearing**

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

- 9.1.1. The student has admitted to the allegation(s) and there are no disagreements between all involved parties regarding the key facts of the alleged wrongdoing(s).
- 9.1.2. The student has demonstrated an acceptable level of insight and engaged with any remediation.
- 9.1.3. The case has no identified significant patient safety issues.
- 9.1.4. Before the SFTPC issues a formal Warning, the Chair (or delegated Deputy) and another member of the SFTPC should meet with the student. If deemed appropriate, the Chair may invite the Investigating Officer if one was appointed to the case. The student will have the opportunity to bring a supporter to the meeting. The SFTPC Secretary should attend to take notes for the record. The purpose and function of the meeting is to:
- 9.1.5. Confirm that the student agrees with the key facts of the case relating to the alleged wrongdoing.
- 9.1.6. Evaluate the insight of the student into the alleged wrongdoing and their ability to reflect on the implications in relation to fitness to practise.
- 9.1.7. Agree what remediation and undertakings, if any, should be recommended to the Board of Studies. Some discussions may take place without the presence of the student.
- 9.1.8. Decide whether, in addition to any remediation or undertakings recommended, the issuing of a formal warning should be recommended to the Board of Studies. This Warning is declared to the GMC at the point of pre-registration.
- 9.1.9. At any point during the process, the SFTPC has the power to escalate a case to a panel hearing based on any findings arising during the investigation process and meeting with the student.
- 9.1.10. At any point, the student has the right to request escalating the case to a panel hearing. The expectation is that this request would be agreed to, unless there was an unusual, and/or compelling reason for the SFTPC Chair (or their nominated Deputy) to refuse such a request at that time.
- 9.1.11. Following the meeting, the student will be offered the opportunity to check the meeting record within five working days.
- 9.1.12. Once the meeting record is agreed by the student, the SFTPC will make recommendations to the Board of Studies for approval.
- 9.1.13. Following the approval, the Board of Studies will issue a joint letter with the SFTPC detailing the outcome.
- 9.1.14. The student should expect to receive the above outcome letter within ten working days after the meeting held between the student, investigating officer (if applicable) and the SFTPC Chair or Deputy. The Board of Studies should provide an explanation to the student if there is any delay.

## **10. Formal hearing by a Fitness to Practise Panel**

10.1. If the SFTPC has decided that there is a case to proceed, the SFTPC will:

- 10.1.1. Inform the student within 5 working days of the decision to hold a Hearing;
- 10.1.2. Set dates for a Formal Fitness to Practise Hearing of the case by a Fitness to Practise Panel. This must be at least 21 days later, to allow the student at least 15 days to prepare a case, and submit any supporting information for that case in advance of the Hearing for circulation to members of the Panel;
- 10.1.3. Appoint a secretary for the Hearing, who will be responsible for taking formal minutes and ensuring their safe keeping under the terms of Section 15;
- 10.1.4. Give the student the opportunity to declare any conflict of interest with any panel members;
- 10.1.5. Inform the student of the date, time, place, and conditions surrounding the student's attendance and of their entitlement to bring a supporter to the hearing;
- 10.1.6. The supporter may be a friend, fellow student, Students' Union representative or member of HYMS staff who may assist the student with their appeal. This is a University process and so attendance of legal representation as a supporter is not permitted although students may seek legal advice before and after any discussions which take place. The student should confirm to the Secretary of the Panel the identity of the supporter at least one week before the date of the Hearing;
- 10.1.7. Inform the student of any change to any conditions in relation to suspension or limitation placed at the beginning of the formal investigation;
- 10.1.8. Ensure that all documents circulated to members of the Student Fitness to Practise Panel are also circulated to the student;
- 10.1.9. Ensure that any Hull York Medical School staff who may have relevant information to the case, and any other person(s) who may be able to provide expert advice on specific aspects of the case are notified of the Hearing.
- 10.1.10. Ensure that any other person who may be able to provide expert advice on specific aspects of the case is invited to attend if appropriate.

## **11. Fitness to Practise Panel Hearing**

11.1. The Chair of the Fitness to Practise Panel (normally the Chair or Deputy of the SFTPC) bears responsibility to ensure that the proceedings are fair; this includes proceedings where the student is not in attendance. Hearings are normally held in private but the student may request a public Hearing. On a case-by-case basis, the Chair of the Hearing Panel will decide if the student's request for a public hearing is appropriate.

11.2. The Chair will:

- 11.2.1. Conduct introductions and explain the purpose and functions of the Hearing and any staff present;
- 11.2.2. Give all parties the opportunity to declare any conflict of interest;

- 11.2.3. Confirm that all documents circulated to members of the Student Fitness to Practise Panel have also been circulated to the student;
- 11.2.4. Invite the student, the Investigating Officer, and any members of staff who have information relevant to the case, to join the meeting. The student may be accompanied by a supporter of their own choosing, who may speak at the discretion of the Chair of the Fitness to Practise Panel. The supporter may be a friend, fellow student, Students' Union representative or member of Hull York Medical School staff who may assist the student with their appeal.
- 11.2.5. Ensure that, if the student is not in attendance, the Panel satisfies itself that all reasonable attempts have been made to inform the student of the Hearing, that the student has been given adequate opportunity to attend and that, as far as can reasonably be ascertained, the student has declined to attend. Once the Panel has been satisfied on these points, the Hearing may proceed in the student's absence.
- 11.2.6. Explain the powers of the Student Fitness to Practise Panel;
- 11.2.7. Invite the Investigating Officer, and any other staff required to attend, to make statements, allowing members of the Panel to ask questions after each statement;
- 11.2.8. Invite the student, and if applicable, the student's supporter, to make a statement in their own words, and allow members of the Panel to ask questions of the student. If the student is absent and has submitted a statement, their statement will be read out by the Panel at the hearing;
- 11.2.9. Invite any other person(s) who may be able to provide expert advice on specific aspects of the case to make a brief statement, allowing members of the Panel to ask questions after each statement;
- 11.2.10. Once satisfied that all parties have had a full opportunity to make statements and ask questions, invite all but the members of the Student Fitness to Practise Panel and Secretary to the Hearing to withdraw but remain in waiting;
- 11.2.11. Chair the discussion of the case, if necessary seeking clarification by recall of all parties;
- 11.2.12. Advise all parties when they can disperse;
- 11.2.13. Provide a written summary of the discussions of the Fitness to Practise Panel to be checked for factual accuracy by the student, panel members and any other attendees, normally within five working days of the Panel being held. This written summary will not include any reference to the decision or recommendations of the Panel, but will constitute a record of the discussions at the Panel hearing. The recipients of this written summary will be advised to raise any issues with the Panel regarding factual accuracy within three working days of electronic receipt. Non-response within this timescale will be assumed to indicate that the summary is taken as a true record of the Panel proceedings;
- 11.2.14. Provide a report, agreed and jointly issued with the Board of Studies, regarding the decision and recommendations made by the Fitness to Practise Panel. This report will be composed of two parts. The first part of the report will detail the summary of the discussions at the Fitness to Practise Panel Hearing. The

second part will confirm any recommendations made by the Fitness to Practise Panel were accepted, in full, or in part, by the Board of Studies. It is expected that this written report will normally be made available to the student and Fitness to Practise Panel members within 10 working days of the Fitness to Practise Panel being held;

- 11.2.15. Upon the ratification of the report and recommendations, formally notify the student the outcome of the Hearing. The communication of the outcome will be coordinated by the Governance Team in liaison with the Programme Director and Student Support Team.

## **12. Composition of the Fitness to Practise Panel**

- 12.1. Fitness to Practise Panels shall comprise no fewer than three and no more than five members.
- 12.2. The membership shall be drawn from the membership of the Student Fitness to Practise Committee and a list of panellists approved by the Hull York Medical School SFTPC.
- 12.3. No Panel member shall be a current tutor, recent ex-tutor, mentor, or supervisor of the student under consideration.
- 12.4. No Panel member shall have any conflict of interest with any parties in the Panel, including the student.
- 12.5. Panels will normally be chaired by the Chair or Deputy Chair of the SFTPC.
- 12.6. Panels shall include at least one medical professional registered with the General Medical Council, (or other relevant professional body depending on the nature of the Medical School Programme), and normally one lay/independent member.
- 12.7. All panel members must have received appropriate training.

## **13. Powers of the Fitness to Practise Panel**

- 13.1. The Student Fitness to Practise Panel, having considered all the evidence presented and representations made, has the powers to:
- 13.1.1. Decide on the facts of a case of alleged student misconduct and/or impaired wellbeing affecting practice. That is, the panel will make a decision (unanimously or by a majority of panel members), whether, on the balance of probabilities, the act or acts of which the student has been accused occurred.
- 13.1.2. Make a decision, regarding, whether, on the balance of probabilities, at the time of the alleged event or events, fitness to practise was impaired.
- 13.1.3. Make a decision, regarding, whether, on the balance of probabilities, at the time of the panel hearing, fitness was impaired.
- 13.1.4. For those students about to graduate, provide a decision as to whether the student is in 'good standing' or not.
- 13.1.5. Make a recommendation to the Board of Studies, relating to any warnings, sanctions or remediation.

- 13.1.6. Where a recommendation has been made that a student's studies be terminated, express an opinion about whether a student should be automatically refused entry, in the future, to any other course/s of study at the University of York or University of Hull related to the Health Professions.
- 13.2. A range of recommendations can be made to the Board of Studies by a Student Fitness to Practise panel. Specifically, the Student Fitness to Practise Panel may, following consideration of the case, and in the interest of safeguarding patient safety in the short and long term, recommend to the Hull York Medical School Board of Studies:
- 13.2.1. That the student be permitted to continue the programme of study. Stipulation of any special supervision must accompany such a recommendation.
- 13.2.2. That sanction(s) or condition(s) may be imposed upon the student as part of their programme of studies.
- 13.2.3. That the student undertakes a defined piece of academic work, for example a reflective assignment. Stipulation of conditions of outcome to allow progression following such a directed piece of work must accompany such a recommendation.
- 13.2.4. That a Warning(s) may be issued to the student.
- 13.2.5. That the student be suspended from the programme for a specified period of up to one year. Stipulation of conditions of readmission must accompany such a recommendation.
- 13.2.6. That the student's programme of study is terminated. Such a recommendation must include the opinion of the Panel on whether any restriction should be placed upon future registration in a health professional programme within either the University of Hull or the University of York. It may also be necessary in exceptional cases to consider notification to the national excluded student database managed by the Medical Schools Council (currently this database is only applicable to medical students).
- 13.3. If a student breaches any aspect of the outcome and/or recommendations of the Panel Hearing, the case will be referred back to the SFTPC.

## **14. Appeals**

- 14.1. When the Hull York Medical School Board of Studies has confirmed the outcome of a Student Fitness to Practise hearing, the student concerned may appeal against the decision in accordance with the terms of the [Code of Practice on Academic and Fitness to Practise Appeals](#)

## **15. Privacy, Confidentiality and Data Protection**

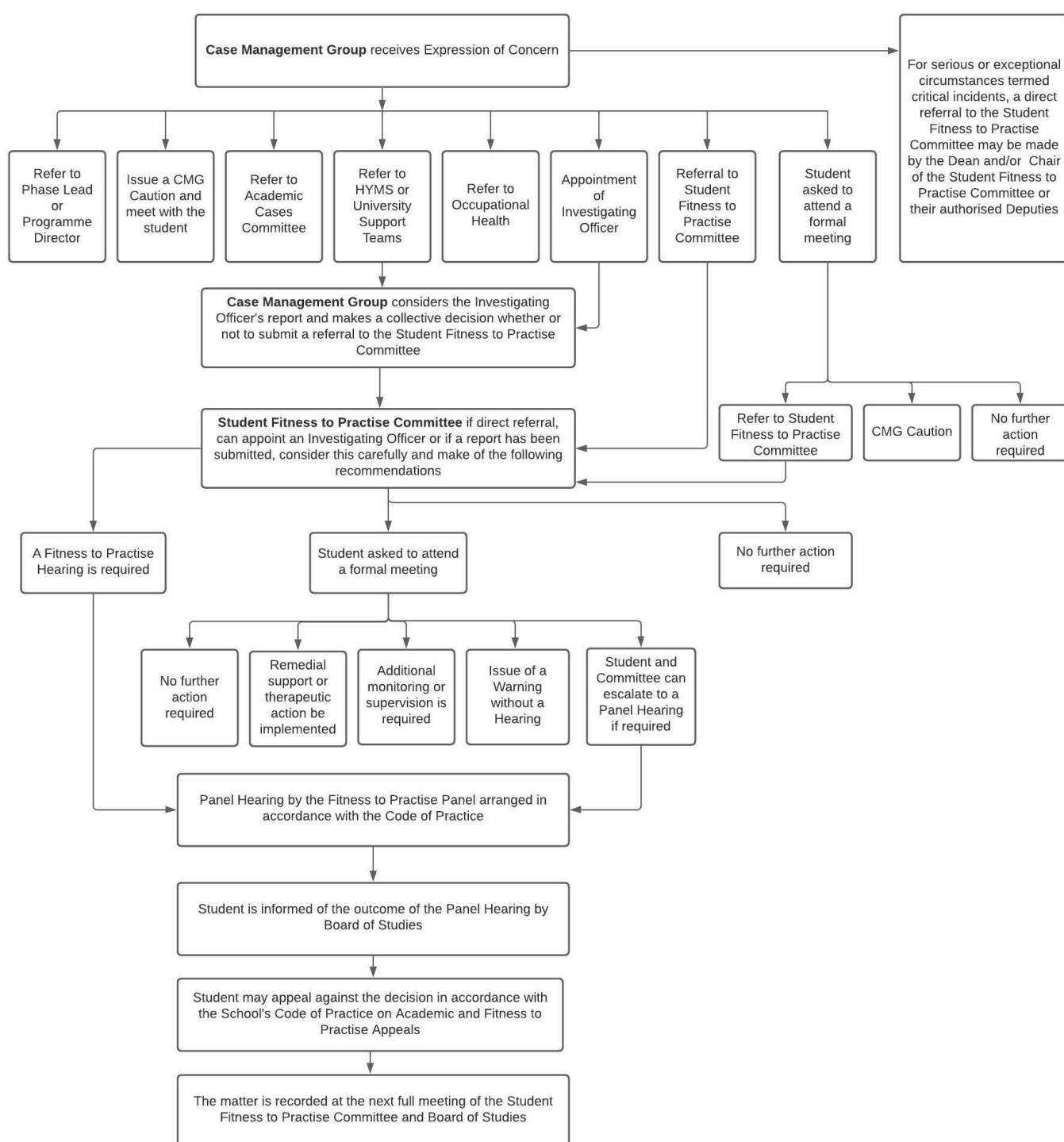
- 15.1. The relevant laws covering the processing of personal information are the General Data Protection Regulation 2018 and the Equality Act 2010.
- 15.2. Records created under this Code of Practice will be kept securely at all times. Decisions and a record of the outcome will be held as part of the student record and record of the relevant committee, but supporting case notes and other documentation generated as



part of the process will normally only be held for six years from the student's completion of their foundation programme/programme of study.

- 15.3. Information created under this Code of Practice will normally be treated as confidential. However, where it is necessary to discharge the processes and procedures of this Code of Practice or the outcomes of its implementation or in the case of appeals, appropriate information may be disclosed to Hull York Medical School staff or members of the University of Hull or the University of York or the NHS. Additionally, in the interests of public safety, information pertinent to an individual's fitness to practise may be shared with training providers, employers or professional regulatory organisations.
- 15.4. Any Fitness to Practise Investigation and Hearing will be treated with the highest level of confidentiality that can be maintained. Hull York Medical School, the Universities of Hull and York and any other relevant body (e.g. Foundation School) will only disclose confidential information relating to any student to members of staff who are directly involved in the administration and consideration of the concern, and as necessary to allow an open and fair investigation and for the outcome of the investigation to be reported appropriately. This is in order both to protect the privacy of the student and to protect members of staff from unsubstantiated public allegations. In circumstances where a Fitness to Practise investigation was referred by the Case Management Group, the Group will be advised of the outcome of the case.
- 15.5. Depending on the nature of the matter, the information gathered may include third party data, opinion and information which was provided in confidence. This information needs to be handled consistently and fairly and in accordance with common data protection principles, making it clear to all parties that the sharing of this information is agreed for the purposes of reaching an informed and fair decision.

## Appendix 1: Flow diagram of the Student Fitness to Practise process



## Appendix 2: Equality impact Assessment (EIA)

### HULL YORK MEDICAL SCHOOL

#### Equality Impact Assessment (EIA)

##### Full Assessment Form

Please refer to the HYMS Guidance on EIA before filling in this form. If you are not sure whether you need to carry out a full EIA, please complete the EIA Screening Form to help you decide. For the purpose of EIA, any reference to 'policy' refers to the full range of functions, strategies, activities and decisions for which HYMS is responsible. Please submit the completed form to the Governance Team ([governance@hyms.ac.uk](mailto:governance@hyms.ac.uk))

<b>Name of proposer undertaking the EIA</b>	Kit Fan
<b>Job title</b>	Governance Manager
<b>Email address</b>	<a href="mailto:governance@hyms.ac.uk">governance@hyms.ac.uk</a>

#### 1. Name of policy

Policy on Leave of Absence  
Code of Practice on Student Fitness to Practise

#### 2. Aims and purpose of the Policy (please use no more than 100 words)

The proposed amendments to the two regulatory documents are to implement the Standard Operating Procedure (SOP) on Attendance and Engagement, which defines an absence threshold (40 sessions). When a student reaches the threshold, it is deemed that the student's lack of attendance and engagement has resulted in a reduction of the competency required of them at the specific stage of training.

#### 3. Who will be affected by the policy? For example, students, staff, visitors.

Students on clinical programmes, predominantly MB BS students.

#### 4. Involvement and Consultation

What involvement and consultation activity has been undertaken or is planned on this policy? Who have you consulted with?

Please consider the potential impact on all groups of people, not just members of a specific team or group. Consultation with people from the protected groups will provide the best understanding of the potential impacts of the change. Please provide people with firm proposals so that they can understand the potential impact/s and provide adequate time for consideration and response.

This is a revision of an existing policy.

The following have been consulted with:

Lucy Ambrose, Director of the MB BS Programme  
Alison Blakeborough, Director of Student Wellbeing  
Peter Knapp, Chair of Case Management Group  
Simon Davies, Chair of Student Fitness to Practise Committee  
Sarah Fordham, Programme Manager  
Helen Jespersen, Programme Manager

The following academic governance bodies will be consulted as part of the approval process:

Student Staff Committee  
MB BS Programme Board  
Board of Studies  
Joint Senate Committee

## 5. Gathering data and evidence

What data and evidence did you use to assess the impact of the policy? Please state how you collected it and how you used it. If you used information collected outside of HYMS or the University, please state the source of the information.

Through formal process such as Expression of Concerns, we have extensive data on students who encountered issues on attendance and engagement. Through student records, we have data on students requested Leave of Absence. Through governance records, we have data on student fitness to practise. All these datasets are strictly confidential. Annually, the relevant committees (Case Management Group, Academic Cases Committee, Student Fitness to Practise Committee) produce an Annual Report to the Board of Studies providing the statistical and trend analysis.

As the Standard Operating Procedure (SOP) on Attendance and Engagement was implemented in August 2024, we are still gathering data for formal reporting towards the end of the academic year. However, in proposing the amendments, we have considered the trend data and a number of case studies. We are committed to collect and analyse the relevant data resulted from the SOP and the proposed amendments. This is part of the core business annual QA reporting.

The nature of the SOP is to support students to address any concerns regarding attendance and engagement. As such, it is likely that students have attendance and engagement issues may have protected characteristics, particularly disability. The purpose of the SOP and the proposed amendments to the Policy on Leave of Absence to do provide a clear supportive pathway for students and HYMS to address the concerns. And in serious cases where the absence threshold is met, to enable HYMS to formally ask students to take a Leave of Absence on the grounds that there is a reduction of the competency required of them at the specific stage of training. This will also enable HYMS and students to have an open conversation about any underlying causes of the serious absence, so that HYMS and the University can provide appropriate student support, as well as fulfil our statutory duty on patient safety and professionalism.

The amendments to the Code of Practice on Student Fitness to Practice are to address cases when after meeting the absence threshold, a student refuses to take a Leave of Absence on HYMS's advice. While recognising any protected characteristics a student may have in relation to their serious absences, HYMS has a statutory duty towards the General Medical Council (GMC) to ensure that all students and graduates are fit to practise. Serious absences and refusal to take the School's advice raise questions about a student's professionalism and fitness to practise. The amendments provide a formal pathway for HYMS and a student to have an open conversation about any underlying causes of the serious absence, so that HYMS and the University can provide appropriate student support, as well as fulfil our statutory duty on patient safety and professionalism.

6. What are the potential or actual impacts of the policy or proposal when assessed against each of the following protected characteristics?							
Protected characteristics	Positive impact	No impact	Negative impact	Detail of impact	How will you mitigate or remove any negative impacts and/or promote any positive impacts? Please provide justification if a negative impact cannot be removed.	Action owner	Timescale of mitigation or elimination of negative impact
Age		X					
Disability	X		X	The proposed regulatory amendments provide a formal pathway for HYMS and students to have an open conversation about any underlying causes of the serious absence, so that HYMS and the University can provide appropriate student support, including referral to Disability Services and Occupational Health services if required	It is conceivable that students have disability may view the amendments as negative, especially if a student is struggling to come to terms with their disability. We will continue to provide positive message on disability via our Student Wellbeing Team and educate students to seek support in a timely way to manage their studies effectively. We will view each case individually and use GMC Welcomed and Valued Guidance to support our decision making.	Alison Blakeborough, Director of Student Wellbeing	Ongoing campaign
Gender reassignment		X					
Marriage and civil partnership		X					
Pregnancy and maternity		X					
Race		X					
Religion or belief		X					
Sex		X					

Sexual orientation		X					
Other characteristics: please specify*  Caring responsibilities			X	A period of leave of absence either voluntarily requested by a student or imposed by HYMS may affect students with caring responsibilities as the period away from study may require other arrangements including change of accommodation.	With voluntary leave of absence, HYMS will have ongoing discussions with the student to provide support. However, if a suspension or leave of absence is imposed by HYMS, it could take place quite suddenly. This option is only used in accordance with Code of Practice on Student Fitness to Practice. Before the imposed suspension, HYMS will liaise with Student Wellbeing and other relevant university support mechanisms to ensure that the student is supported.	Alison Blakeborough, Director of Student Wellbeing	Mitigation will take place prior, during and after Leave of Absence or suspension.

\*Other characteristics may include caring responsibilities, socio-economic background, or part time working

Please sign and retain a copy of the completed Screening Form for your records.

Signature	Kit Fan
Date	April 2025

Please submit the form to the Governance Team ([governance@hyms.ac.uk](mailto:governance@hyms.ac.uk))

<b>7. Consideration by Equality Diversity Inclusion Committee (EDIC)</b>	
<b>The Chair of EDIC may consider the EIA via Chair's Action or at a full meeting, and may decide if input from the Equality Champions may be needed to consider the EIA.</b>	
	No impact identified at this time <b>As a result of assessing the policy against the protected characteristics, no equality impact(s) have been identified.</b>
	Continue the proposal without adjustments for adverse impact <b>One or more adverse equality impacts have been identified. However, the proposal meets critical business need AND is an appropriate and proportionate means to achieve that aim.</b>
<b>X</b>	Continue the proposal making adjustments where required <b>One or more equality impacts have been identified. Mitigating actions to address this will be taken.</b>
	Stop the proposal because adverse impacts cannot be prevented or objectively justified <b>One or more adverse impacts have been identified which cannot be objective justified and it is not possible to make adjustments to address the adverse impact it may be necessary to stop the proposal.</b>
EDIC Comments (if necessary)	NA
Name of EDIC Chair (or Deputy)	Name concealed
Signature of EDIC Chair (or Deputy)	Signature concealed
Date	9 May 2025

<b>Version history</b>
October 2024: Administrative update to include the new wording of the GMC Good Medical Practice (2024).
November 2024: Administrative update of links to other documents/websites throughout
July 2025: Critical Incident Suspension to include absence threshold. Equality Impact Assessment included.