



Council of Deans of Health: Student fitness to practise principles

Council of Deans of Health – February 2021

The Council of Deans of Health represents over 90 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Student fitness to practise is a natural concern of our members as educators of the future healthcare professional workforce. Individual institutions are autonomous and will operate different fitness to practise processes. The below principles have been developed by members with external advice to provide guidance for the healthcare higher education sector.

Student fitness to practise principles

Student support & wellbeing

1. Student wellbeing is of central importance to universities. The sector is committed to ensuring the wellbeing of students undergoing fitness to practise processes.
2. Universities should ensure that students undergoing fitness to practise processes have adequate support and information, including about where they can access appropriate representation for fitness to practise committee hearings.
3. Students should have access to occupational health services where necessary for advice and to ascertain if a student is fit to study and/or fit to practise.
4. Most students will not be registrants. There should rightly be different expectations of students compared to registrants. However, all student actions should be considered in the context of whether behaviour and values uphold the standards of their chosen profession.

University processes

1. Universities will continue to fulfil their statutory and regulatory requirements in relation to student fitness to practise processes¹ and ensure the public interest is upheld.
2. Universities should have procedures to ensure that only the most serious matters come before fitness to practise committees. This could include a 'cause for concern' policy that enables the assessment of each case to determine if it needs to be escalated to a fitness to practise

¹ This includes in relation to the Equality Act 2010, the Rehabilitation of Offenders Act 1974, [guidance](#) from the Office of the Independent Adjudicator for Higher Education, and guidance from healthcare professional regulators.

committee. Some matters can be dealt with by lower-level processes and other university regulations.

3. Universities must ensure that their own internal processes and sanctions are applied consistently. They should work together to share good practice in this area and benchmark outcomes relative to student actions.
4. Academic concerns and failure are different from fitness to practise concerns. However, fitness to practise processes may consider academic matters if there are concerns these matters may impact behaviours and values and a student's ability to uphold the standards of their profession.

Fitness to practise committees

1. Fitness to practise committees should ideally be multiprofessional rather than uniprofessional.
2. Fitness to practise committees should include an external representative to provide an additional level of assurance. This could include a local employer, patient representative, or lay individual.
3. Committee panellists should have robust training prior to joining a committee. Training should cover procedural fairness, mental wellbeing, health and disability, unconscious bias, protected characteristics, language, cultural factors, and digital technology and social media.
4. Fitness to practise committees should conduct their business in a fair manner and make evidence-based decisions.
5. A record of the outcome of a committee should be provided for both the university and individual student. Records and minutes must be kept consistently by universities.
5. Where a student is both a registrant and an employee, universities should inform that student's regulator and employer of a confirmed fitness to practise outcome that indicates a student's practice is impaired.
6. Where a student is an apprentice and therefore an employee, but not a registrant, universities should inform that student's employer of a confirmed fitness to practise outcome that indicates a student's practice is impaired.

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