St Mary's University London

School of Medicine

Fitness to Practise Policy and Procedures (MBBS)

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St Mary's University School of Medicine

Fitness to Practise Policy and Procedures (MBBS)

Abbreviations and Definitions used throughout this document:

BMA	British Medical Association (the professional association and registered trade union for doctors in the United Kingdom)
CAT	Clinical Academic Tutor (every student in Phase 2 of the Medicine course will have an assigned CAT)
DBS	Disclosure and Barring Service (the national safeguarding body in the UK)
GDPR	General Data Protection Regulation (the major data protection in the UK that sets out how personal data must be collected, use, stored and protected)
GMC	General Medical Council (the independent regulator of doctors in the UK)
GP	General Practitioner of Medicine (a qualified medical doctor who provides primary care)
HCC	Health and Conduct Committee
IO	Investigating Officer (a trained member of SMU staff who is appointed to carry out a formal investigation when there is an allegation of misconduct made)
MBBS	Bachelor of Medicine, Bachelor of Surgery
NHS	National Health Service
OIA	Office of the Independent Adjudicator (the independent complaints body that reviews student complaints about higher education providers in the UK)
PAT	Personal Academic Tutor (every student in Phase 1 of the Medicine course will have an assigned PAT)
SoM	School of Medicine
SLT	Senior Leadership Team (both the University and the School of Medicine have senior leadership teams)
UKVI	UK Visas and Immigration (the division of the UK Home Office that is responsible for managing the UK visas and immigration system)

1. Introduction

1.1 St Mary's University (the University) recognises that conferring an academic qualification which leads to a professional qualification and admission to a professional body and/or statutory registration, creates an obligation to be satisfied, that the student will be a safe and suitable entrant into the profession. Due to their responsibilities to the general public, medical students should demonstrate high standards of behaviour and must be physically, psychologically and personally fit to undertake the demands of their profession, aligning with General Medical Council (GMC) guidance.

1.2 The University's School of Medicine (SoM) students will be proactively made aware of professionalism and behavioural expectations as part of the admission process, through the student induction programme, and by the teaching of professional values and behaviours as a cross-cutting theme throughout the entire MBBS curriculum. Professionalism and behavioural expectations are clearly set out in the St Mary's Student Charter, the SMU SoM Student Agreement and via GMC guidance.

1.3 This policy sets out the formal procedures the SoM follows when a concern about a student's behaviour, conduct, health or professionalism reaches the threshold where their fitness to practise as a future doctor may be impaired. The Policy is also informed by: 1) GMC Achieving Good Medical Practise: a guide for medical students (2024), 2) GMC Professional behaviour and fitness to practise: guidance for medical schools and their students (2021), 3) GMC Outcomes for Graduates (2018), 4) GMC Promoting excellence: standards for medical education and training (2016).

1.4 All concerns are submitted via the Raising Concerns process, triaged by the Medical Student Experience, before shared for review with the Health & Conduct sub-Committee (HCC). This Policy applies once a case is referred by the HCC (or by an applicable University procedure) into the Fitness to Practise procedure.

2. Scope of the Policy

2.1 This Policy applies to all MBBS students. Fitness to Practise may be questioned when a student's conduct, behaviour or health raises a serious or persistent concern about patient/public safety; public trust; adherence to professional standards; or the student's ability to participate safely in training on the MBBS programme and/or to practice as a doctor after graduation.

2.2 Cases enter this procedure via:

Referral from the HCC following a Raising Concerns report;
Referral from the Academic Misconduct Procedure (where misconduct is proven);
Referral following DBS screening or evidence of fraudulent information at admission;
Referral from the Student Conduct Procedure (MBBS students only) where a student's behaviour may result in questions about their Fitness to Practise.

2.3 Matters in 2 - 4 are considered by the HCC to determine whether the Fitness to Practise threshold is met, and whether the case should proceed (potentially directly to Stage 2 or Stage 3).

2.4 **The Fitness to Practise threshold** is reached when concerns about a medical student's behaviour, conduct, professionalism, performance or health become sufficiently serious to impact patient or public safety, or to undermine trust in the medical profession. Once the Fitness to Practise threshold is reached, concerns will be managed through formal Fitness to Practise procedures rather than standard pastoral or academic support processes. A single serious incident or a pattern of lower-level concerns can meet this threshold.

2.5 Decisions are made case by case by the HCC, chaired by the Head of Professional Practice & Development, taking into account the severity of the concern, the student's insight, their maturity, the likelihood of recurrence, and their response to previous support. The **Framework for the Health & Conduct sub-Committee can be found in Appendix A.**

3. Policy

3.1 The University will act fairly, proportionately and promptly to protect patients, the public, students and the profession. The School will communicate professional expectations; provide access to support; consider reasonable adjustments; operate fair and timely procedures; and record and monitor outcomes for quality assurance and regulatory reporting.

3.2 All concerns are reviewed and considered by the HCC or by a University procedure that determines if a referral to the HCC is necessary, to consider whether Fitness to Practise referral is appropriate. Only cases meeting the Fitness to Practise threshold progress to the fitness to practise stages below.

3.3 Where a student is referred to Fitness to Practise procedures, an outcome will be decided by the Fitness to Practise Investigation Committee/Hearing Panel based on the outcomes listed under Section 16 at Stage One and Section 17 at Stage Two. This policy permits the University to terminate a student's registration on the MBBS programme, and award an interim or exit award where there are sufficient credits to be able to do so. Such exit/interim awards do not confer eligibility for professional registration with the GMC.

3.4 The University has a responsibility to ensure that its medical students are given opportunity to learn the professional standards, values and behaviours expected of them as doctors. Medical students should also have opportunities to seek support for any matter before it becomes a formal Fitness to Practise concern. Therefore, the University will: a) provide students with clear guidance on professionalism expectations at regular intervals throughout the course; b) provide students with ongoing health advice and support as appropriate; c) provide a multiprofessional support system comprising personal/clinical academic tutors (PATs/CATs), pastoral tutors, wellbeing advisers, counselling services and academic support services; d) provide appropriate guidance and training to University staff on Fitness to Practise issues; e) instruct and educate students on the importance of professional behaviour; g) publicise to students the University's Fitness to Practise standards and procedures.

3.5 The University will be guided by the professional standards and guidance on health matters provided by relevant professional bodies, and by its statutory duties under the Equality Act 2010, Human Rights Act 1998, Health and Safety at Work Act 1974 and the Data Protection Act 2018. Staff will seek advice about Equality, Diversity, and Inclusion (EDI) in relation to the Equality Act 2010 when applying the Fitness to Practise regulations. The University Disability and Dyslexia service will be consulted when students have a disability and/or long-term health condition that requires support or reasonable adjustments to enable them to access this procedure.

3.6 Concerns about a student's Fitness to Practise will be acted upon swiftly to support the student and external partners (where relevant) to protect patient and public safety. Early intervention is crucial on the MBBS programme to help students develop the skills they need to succeed in the course and to protect patient safety. A visual summary of the full Fitness to Practise pathway, from raising a concern through to outcomes and monitoring, is provided in **Appendix C: End-to-End Process Flow**

4. Relationship with Other University Procedures

The Fitness to Practise procedure are distinct from the University Student Conduct Procedure (general misconduct), the Academic Misconduct Procedure (academic integrity) and the Safeguarding Procedure (immediate risk/abuse).

Fitness to Practise and Student Conduct Procedure

4.1 Where alleged behaviour by an MBBS student may trigger the Fitness to Practise Procedure, the Student Conduct Procedure will be paused and the case referred to the HCC. If the Fitness to Practise threshold is met, the Fitness to Practise procedure will take precedence, except where urgent safeguarding or precautionary actions are required.

4.2 Once a student has been through the Fitness to Practise procedure, they will not normally be subject to the Student Conduct Procedure. However, such cases will be considered case-by-case in consultation with the Academic Registrar.

4.3 If, as a result of an investigation held under the Student Conduct procedure, a student on the MBBS course receives a 'Notice to Quit from Halls of Residence', the SoM will be notified, and the student may be subject to the Fitness to Practise procedure.

5. Fitness to Practise and Academic Misconduct Procedure

5.1 The Fitness to Practise procedure is separate from the University Academic Misconduct Procedure. However, it may be necessary for a student to be taken through the Fitness to Practise procedure if a student is found responsible of academic misconduct. Where students are found to be responsible of academic misconduct, they will be referred to the HCC to determine whether the Fitness to Practise threshold is met and whether direct referral to Stage 2 or Stage 3 is proportionate.

5.2 Where students are found to responsible of academic misconduct, the case may also be referred to Fitness to Practise if the behaviour raises concerns about integrity or suitability to practise. The Fitness to Practise procedure will not revisit findings of fact already determined, but will consider impairment, risk, insight and remediation, and determine proportionate outcomes.

6. Fitness to Practise and Fraudulent Applications

6.1 When evidence or information is obtained that a student who has completed the enrolment process has submitted fraudulent information or documentation as part of their application to the University, the student will be referred to the HCC and considered for Fitness to Practise proceedings.

7. Fitness to Practise and DBS checks

7.1 In accordance with the University's Regulations for DBS Screening, all medical students must disclose without delay any criminal convictions, cautions, reprimands or warnings, both prior to admission and during their studies. The failure of students to disclose any of these instances promptly will result in Fitness to Practise proceedings. Please see the University policy on Applicants and Students with a Criminal Conviction and the University Regulations for DBS Screening for more information.

8. Confidentiality, Disclosures and Information Governance

8.1 The University is committed to complying fully with the Data Protection Act 2018 and UK GDPR when handling personal data. All data processed under the Fitness to Practise) procedures will be managed lawfully, fairly and transparently. Information will only be shared on a need-to-know basis for the purposes of investigation, decision-making, safeguarding and regulatory compliance, or the proper operation of the profession.

Confidentiality

8.2 Where lawful and necessary, the University may disclose information about student Fitness to Practise investigation outcomes to: placement providers and employers; the GMC/Medical Schools Council (e.g., excluded students database); DBS Screening, Police or NHS Counter Fraud; and UKVI and other statutory bodies. Reporters (where identified) will be informed that the case has reached an outcome, subject to confidentiality.

8.3 Disclosure of information will be limited to those individuals involved in the consideration and administration of Fitness to Practise cases. While the University aims to maintain confidentiality wherever possible, there are circumstances where disclosure is required or justified. These include:

a. When a student's health and safety, or that of others (including patients) is considered at risk;
b. When a student is considered to be at serious risk of abuse or exploitation;
c. When disclosure is required by law;
d. When disclosure is necessary for the proper operation of the profession or to protect public confidence;
e. When a student's behaviour or health impacts the University's responsibilities to outside agencies and external partners, including practice placements;.
f. When a student's behaviour or health significantly affects other students' ability to progress academically.

8.4 Where reporters have provided their identity, they will be informed when the Fitness to Practise procedure has reached an outcome, subject to confidentiality and data-protection constraints.

Disclosures to Third Parties

8.5 Where lawful and necessary, the University may disclose Fitness to Practise information or outcomes to relevant external bodies, including:

- placement providers and employers;
- the GMC and Medical Schools Council (e.g. excluded students database);
- the Disclosure and Barring Service (DBS);
- the NHS Counter Fraud Service;
- the Police or other statutory agencies;
- safeguarding authorities or the University's Safeguarding Officer;
- UK Visas and Immigration (UKVI).

Students will normally be informed of any such disclosures unless prohibited by law or safeguarding requirements.

8.6 The University may also disclose factual Fitness to Practise information in references requested by other higher education institutions or prospective employers, in line with data-protection obligations

External Investigations

8.7 Where a third-party agency (e.g. Police, DBS, NHS Counter Fraud Service, UKVI) undertakes an investigation, the University may suspend or delay internal Fitness to Practise proceedings, other than imposing precautionary measures where required. Internal proceedings may resume at any stage once external processes conclude or where continuation is appropriate.

8.8 Where allegations relate to fraud involving NHS bursaries or NHS employment, referrals may be made to the NHS Counter Fraud Service. No internal action will normally be taken (beyond temporary suspension or exclusion) until external investigations are complete or the University is advised that internal processes may proceed.

Record-Keeping and Retention

8.9 All Fitness to Practise case records will be stored securely in accordance with University data-protection policies and retention schedules, typically for a minimum of ten years. Records will be kept in a secure, access-controlled system and may be shared on a need-to-know basis with relevant University services.

9. Fitness to Practise Operating Procedures

9.1 Written records of all meetings will be kept and stored confidentially. Digital recordings may be taken with the student's permission and stored in accordance with the university's retention policy.

9.2 Student expenses associated with these Regulations will not be reimbursed by the University regardless of the subsequent outcome.

9.3 Students must engage with the Fitness to Practise procedure and attend meetings when requested. If a student cannot attend a meeting at the specified date and time, they must contact the staff member responsible for organising the meeting as soon as possible to provide a valid reason and evidence for their inability to attend. If a valid reason is provided, the meeting will normally be rescheduled. Prior work or personal commitments would not normally be considered valid reasons for non-attendance at a meeting called as part of the Fitness to Practise procedure. If a student does not attend without valid reason, the matter may proceed in their absence if the Investigating Officer (IO), committee or panel determines that the student had been sent the appropriate notification. If the IO, committee or panel determines that the student has been duly notified and there is sufficient evidence to enable a decision to be made, the matter may be considered in the student's absence.

9.4 Requests for adjustments and support can be made at any stage and will be considered in line with policy. Students will be signposted to practical advice on the process (for example through the British Medical Association) and University wellbeing support (for example if there was a mental health problem) throughout the procedure (with support systems or management kept separate for any wellbeing issues, for example through the pastoral tutor, PAT or CAT).

10. Provision for Precautionary Measures (including Emergency Suspension)

10.1 Where information indicates a significant immediate risk to patients, the public, students, staff or the student, the University may impose neutral, precautionary measures (e.g., partial or full suspension; removal from placement) while enquiries are undertaken.

10.2 The process for implementing precautionary measures is:

1. Urgent review by the HCC Chair (or delegate) with Registry and Student Services, completing a proportionate risk assessment
2. Recommendation to the SoM SLT, in liaison with the University SLT, regarding appropriate measures
3. Written notification to the student (reasons, scope, review schedule). Placement providers will be notified where necessary to protect patients and public safety. The GMC is not routinely notified of precautionary measures when these are not part of a Fitness to Practise outcome; notification to the GMC occurs only at defined statutory points (e.g. at graduation or where required under national reporting duties). Measures are reviewed regularly and lifted or adjusted promptly when no longer required.

11. The Health & Conduct Sub-Committee (HCC)

11. 1 The Health & Conduct sub-Committee (HCC) is the SoM's responsible sub-Committee for reviewing, considering and classifying concerns about MBBS students. The HCC serves as a proactive, preventative and responsive forum for overseeing matters relating to medical students' health, wellbeing, conduct, and professional behaviour throughout their programme of study. HCC plays a vital role in ensuring that all students on the MBBS programme are fit to train and progress safely, in line with GMC standards, advice and guidance (see above).

Appendix A of this document describes in detail the Health & Conduct sub-Committee' framework for making decisions when reviewing, considering and classifying concerns about students. This overarching framework sets the principles, components, and boundaries for HCC activity. This framework also explains how policies, processes, and practices fit together given there is overlap between the various procedures in this area.

11.2 How concerns reach the HCC

Concerns are submitted via the **Raising Concern form** or, where applicable, via University procedures (e.g., Student Conduct, Academic Misconduct, Safeguarding, DBS/Fraud). Concerns are **triaged within 48 working hours** by the Medical Student Experience to identify any immediate safety risks before HCC classification.

11.3 Relationship with other procedures

If alleged behaviour may trigger the Fitness to Practise procedure, the **Student Conduct** procedure is **paused** and the case proceeds under Fitness to Practise (urgent safeguarding actions may still be taken). This avoids duplication and maintains fairness.

11.4 Meetings and Monitoring

The HCC meets every four weeks in term-time, with additional meetings if required for urgent matters. Where Fitness to Practise outcomes include undertakings/conditions, the HCC monitors the student in line with Appendix A and Registry requirements.

12. Areas of Concern

12.1 Examples of concerns that may meet threshold are set out in Appendix B (non-exhaustive). Behaviour that may cause concern could occur within or outside the University.

13. Student Support

13.1 Student support is available from a number of University sources, including:

- St Mary's University Student Union
- Personal Academic Tutors and Clinical Academic Tutors
- Pastoral tutors
- SoM Phase Leads
- The University counselling service
- The University mental health advisers
- The University disability and dyslexia service
- Occupational health
- Academic skills support

13.2 Students will be encouraged, where appropriate, to seek support from relevant external sources (e.g. local GPs or mental health services for wellbeing issues) and will be signposted from the above to these external sources where needed.

14. Right to Representation

14.1 Students managed under this procedure will be entitled at each level to be accompanied and/or represented during the meetings. If someone is representing the student, they are not permitted to answer questions on the student's behalf at the meeting or hearing. The student may only normally be represented by:

a. a current student or a member of staff of the University or St Mary's University Student Union;
b. a relevant individual that may be implementing reasonable adjustments for a student with a disability, e.g. a sign language interpreter.
c. where required, an interpreter may be permitted to join the proceedings. Students should make arrangements for an interpreter as students undergoing this procedure will be expected to have the required level of English defined as appropriate at the time of their entry to the university.
d. any health professional or disability support worker;
e. a friend or relative.

14.2 In addition to the individuals listed above, the student is entitled to legal representation, funded by themselves, if the matter is serious enough to potentially end their MBBS and future medical career. In exceptional cases where the student wishes to have legal representation reasonable notice (at least 5 days) should be given to the University before the meeting or hearing. This will only be applied at the hearing panel at Stage 2 of the Fitness to Practise procedure, and the Registrar will decide whether legal representation is permitted. The University's Fitness to Practise procedure is not a legal process. Where a student insists on legal representation in a hearing, the University reserves the right to bring its own legal representation. In these circumstances it may take longer to convene the Panel.

14.3 The University aims to ensure that the Fitness to Practise procedure is normally completed within a reasonable time of the student being informed of the concerns. It may take longer where, for example, the case is complex, witnesses are unavailable to attend meetings because the process is put on hold due to a criminal investigation or due to the ill health of the student. In such situations, the student (and any witnesses) will be informed about the progress.

15. Stage 1- Investigation

15.1 Upon referral from the HCC (or relevant University procedure), Registry will appoint an Investigating Officer (IO) with appropriate training and no conflict of interest. Registry will notify the student in writing of the concerns and process. The IO will meet the student and gather evidence (including from staff, students, placement providers and Occupational Health, where relevant). The IO will consider risk, proportionality, insight, remediation and relevant GMC standards. The IO will produce a report (the "IO report") and evidence bundle in advance of the Investigation Committee meeting and will share these with the student in advance of the meeting (normally no later than 5 working days prior). The student may submit written comments or additional evidence within 3 working days of the Committee meeting.

15.2 Standard of Proof

All findings made by the Investigation Committee (Stage 2) and the Fitness to Practise Hearing Panel (Stage 3) are reached using the civil standard of proof, ***the balance of probabilities***. This means the Committee or Panel decides whether it is more likely than not that the facts occurred as stated. The Fitness to Practise process is an investigatory, panel-led process (not a courtroom process); no formal burden of proof is placed on any party. The Committee or Panel will consider all available evidence fairly, objectively and proportionately when deciding whether a student's fitness to practise is impaired.

16. Stage 2 – Investigation Committee (Outcomes)

16.1 An Investigation Committee (with no prior involvements) will consider the IO Report and determine one of the following outcomes:

- No further action
- Warning
- Undertakings/Conditions (e.g. remediation, health treatment, supervision)
- Referral to a Fitness to Practise Hearing (Stage 3)

16.2 Outcomes must be proportionate and aligned to GMC Guidance. Where undertakings/conditions are applied, monitoring is overseen by the HCC with progress reported to Registry as required. The student receives a written outcome with reasons, actions, timescales and review arrangements. The student may be accompanied in line with the University's Right to Representation provisions. The Committee may adjourn where further information is required to reach a fair and proportionate decision.

17. Stage 3 – Fitness to Practise Hearing

17.1 If referred, a Hearing Panel of at least three trained members is convened by Registry, including a University representative (Chair), a registered medical practitioner with a license to practise, and one other trained member (e.g., St Mary's Student Union representative, external academic, or relevant specialist not involved in the student's care). The student will receive at least 10 working days' notice, the case bundle and names of Panel members (with a right to object on grounds of potential bias within 5 working days). The Panel may adjourn if further information is required. Proceedings may continue in the student's absence if it is determined that the student was duly notified but no valid reason or evidence to postpone is provided.

18. Hearing Outcomes

18.1 The panel will decide whether the student's Fitness to Practise is:

- **Not impaired** (no action and no warning, or no action and warning) or
- **Impaired** with proportionate outcomes, which may include:
    - Undertakings/Conditions
    - Suspension for a specified period (with or without conditions)
    - Expulsion from the MBBS programme (no professional award, an interim academic exit award may be considered)

18.2 Written reasons will be provided, including actions, conditions, monitoring and the right of appeal. Students are reminded of their obligation to declare fitness to practise outcomes to the GMC at provisional registration, where required. Monitoring of conditions is overseen by the HCC.

19. Right to Appeal

19.1 Students may appeal a Fitness to Practise Hearing outcome in writing to the Academic Registrar within 10 working days on one or more grounds:

- New evidence which could not reasonably have been provided earlier;
- Procedural irregularity in how the case was handled;
- Disproportionate sanction.

19.2 If the Academic Registrar (or nominee) determines that one or more grounds are met, for appeal are established, the case will be referred to an independent Fitness to Practise Appeals Panel for consideration.

20. Independent Review

20.1 Having completed the University's internal procedures and received a Completion of Procedures (COP) document, students may submit a complaint to the Office of the Independent Adjudicator for Higher Education (OIAHE) in accordance with the OIA's rules and timescales.

21. Monitoring and Review

21.1 The SoM will report aggregated Fitness to Practise data annually to relevant committees (e.g. Quality Curriculum and Student Experience Committee (QCSE) for quality assurance and regulatory purposes. Data will be triangulated with placement feedback, student evaluations and relevant national datasets to support continuous improvement.

22. Disclosure and Recording of Information

22.1 The University has a duty to inform relevant third parties of the nature and outcome of a Fitness to Practise case in certain circumstances, including:

a. to inform the GMC, where relevant and the Medical Schools Council (in the instances where a student is de-registered from the programme, so that they can be added to the excluded students database. Students will be told in writing when this is planned and given a chance to appeal the decision to place them on the database).

b. to inform any local education providers in relation to any placements the student may be required to undertake as part of the course;

c. to inform the Disclosure and Barring Service (DBS) where required by the DBS guidance;

d. to inform the University's Safeguarding Officer where a child or vulnerable adult may be at risk or other safeguarding issues arise, who may in turn notify the relevant authorities;

e. to inform UK Visas and Immigration (UKVI) in the case of a significant change in the circumstances of an international student.

f. to ensure that details of any Fitness to Practise cases that have resulted in a written warning or sanction are declared by students when the SoM validates Supporting Trainees Entering Practice (STEP) application forms that are submitted by students. This ensures that any concerns are tracked from medical school to postgraduate training.

22.2. The party who raised the cause for concern will be informed that the process has reached an outcome.

22.3 The student will be informed in the event of any such disclosures and will be reminded of their obligation to disclose any specified sanction to the GMC at the appropriate time.

22.4. The University also reserves the right to disclose the details of Fitness to Practise cases to any third party in the event of a reference request where the University considers it to be relevant. The student will be informed in the event of any such disclosure.

22.5. The University will retain a record of each Fitness to Practise case in a secure encrypted online filing system for a period of at least ten years.

23. Freedom of Speech

23.1 Where there is any conflict between the policy and freedom of speech for the avoidance of doubt, any balance shall be struck with particular regard being given to the importance of freedom of speech and full weight will be given to the University's free speech and academic freedom obligations as set out in its Code of Practice.

Appendix A: Health & Conduct sub-Committee Framework (HCC)

A1. Purpose

1.1 The Health & Conduct Committee (HCC) receives, reviews and classifies all concerns about MBBS students. HCC ensures concerns are handled consistently, proportionately and in line with GMC standards. The HCC refers cases into the Fitness to Practise procedure, deciding whether a concern meets the Fitness to Practise threshold, or can be managed through support and monitoring.

A2. Scope

2.1 The HCC reviews concerns reported through: 1) the Raising Concerns form, 2) the University's Report & Support portal (where relevant), 3) referrals from placement providers or external partners, and 4) routes such as safeguarding, student conduct, academic misconduct, or DBS/fraud processes).

2.2 The HCC does not conduct Fitness to Practise investigations. Instead, HCC decides whether a concern: 1) is below threshold, requiring no formal action, 2) low-level concern and should be managed with early support or monitoring, 3) requires precautionary measures, or 4) should be referred to the Fitness to Practise procedure.

A3. Process and Decision Flow

3.1 Receipt and Triage
Concerns are acknowledged (where contact is provided) and triaged by the Medical Student Experience within 48 working hours to identify immediate risks.

3.2 HCC Review and Safety Screen
If there are urgent safety issues, the HCC may request a risk assessment with Registry and Student Services which may lead to temporary precautionary measures that are neutral and risk-based, not punitive.

3.3 **Classification** Each concern is classified as:
Below threshold / Low-level / Serious / Repeated low-level (see A6. Outcomes)

3.4 Referrals from Student Conduct (MBBS)
If a case from Student Conduct appears to meet the Fitness to Practise threshold, HCC will pause the Student Conduct process (except urgent safeguarding) and proceed it through Fitness to Practise to avoid duplication.

3.5 Support and Early Intervention
Low-level concerns may be managed through:

- professionalism discussions
- reflective tasks
- attendance or engagement plans
- wellbeing or pastoral referrals
- supervision adjustments

These are **supportive**, not disciplinary.

3.6 Referral to Fitness to Practise
Serious concerns or a pattern of persistent, low-level concerns are referred to Registry for Stage 1 Investigation.

3.7 Monitoring

HCC monitors conditions/undertakings set by Investigation Committee or Hearing and reviews progress at agreed intervals.

A4. Membership

Chair: Head of Professional Practice & Development (or nominee)
Head of Medical Student Experience
Phase Leads
CPP Module lead
Head of Medical Student Experience
Academic Registry representative(s)
Student Support/Wellbeing representative
Occupational Health advisor (as appropriate)
Secretariat (Professional Services)
Additional members may be co-opted (e.g., safeguarding or placement representatives).

A5. Meetings

5.1 The HCC meets every four weeks in term-time; extraordinary meetings can be convened for urgent matters.

A6. Outcomes

6.1 Below threshold

The concern does not require any formal action. It may relate to a misunderstanding, isolated incident or an issue already resolved.
The School may simply signpost the student to relevant support.
No formal record is kept beyond routine monitoring.

What this means for the student: There is no sanction and no impact on progression. The purpose is simply to ensure support is available if needed.

6.2 Low-level concern

The concern shows behaviour that is not in line with expected professional standards but does not indicate a risk to patient safety or suitability for the profession. Low-level concerns are recorded in the case management system so the School can offer early support and monitor for patterns. Support may include a professionalism discussion, reflective task, attendance plan, wellbeing referral or other early interventions.

What this means for the student: It is an opportunity to receive feedback and support. A single low-level concern does not affect progression or automatically lead to a Fitness to Practise procedure.

6.3 Serious concern or repeated pattern

A serious concern is a significant departure from expected behaviour, or a pattern of repeated low-level concerns suggesting difficulties that may affect a student's suitability to train safely as a doctor. These cases are referred to the Fitness to Practise process for formal investigation.

What this means for the student: A formal Fitness to Practise investigation will be started to understand the concerns fully and determine whether the student's fitness to practise is impaired.

6.4 Precautionary measures

If there is an immediate risk to patients, the public, staff or the student, the HCC may recommend neutral, short-term measures (e.g., temporary removal from placement, increased supervision, partial or full suspension). These are not disciplinary and do not imply wrongdoing but are used to manage immediate risks while the concern is reviewed.

What this means for the student: Support will be offered. Measures are reviewed regularly and removed when no longer needed.

6.5 Procedural rationalisation

Where a concern about an MBBS student arises through the Student Conduct Procedure but appears to meet the Fitness to Practise threshold, the case will be managed under the Fitness to Practise procedure to avoid duplicate or conflicting procedures.

What this means for the student: Only one procedure will be used, ensuring transparency and fairness.

A7. Record-keeping

All concerns, decisions, actions and monitoring are recorded in the University's case management system (e.g., Advocate) with appropriate access controls and retention periods.

A8. Confidentiality and Sharing

8.1 Data is managed under the Data Protection Act 2018 and UK GDPR. Access is restricted to those with a legitimate role. Information may be shared on a need-to-know basis with Registry, Student Services/Wellbeing, Occupational Health, placement providers and safeguarding leads where required to protect patient/public safety and support students.

A9. Governance and reporting

9.1 The HCC provides anonymised termly reports to the Quality, Curriculum & Student Experience Sub-Committee, identifying trends, themes and risks across placements and learning environments.

Appendix B: Illustrative Areas of Concern (non-exhaustive)

1. **Integrity and honesty**
   Falsifying records/signatures; fraud; serious academic misconduct; deliberate deception

2. **Respect, professionalism and boundaries**

   Bullying, harassment, discrimination or undermining; boundary violations; persistent unprofessional conduct

3. **Patient safety and clinical competence (in learning)**
   Unsafe practice; practising beyond competence; ignoring supervisor instruction; failure to escalate deterioration

4. **Confidentiality and information governance**
   Unauthorised access; sharing identifiable data; posting confidential information online

5. **Health and reliability (engagement with support)**
   Unmanaged health problems impairing safety/judgement; refusal to engage with Occupational Health or adjustments

6. **Substance misuse and criminality**
   DUI; possession/supply of illegal substances; attending placement impaired; relevant criminal behaviour; non-disclosure

7. **Digital professionalism / social media**
   Discriminatory/abusive content; confidentiality breaches; harassment; content undermining public trust

8. **Attendance, engagement and administrative reliability**
   Persistent absence/lateness; repeated non-compliance with mandatory requirements without good reason

9. **Violence, threats and intimidation**
   Physical assault; threats; stalking/intimidation (online/offline)

10. Decisions are case-by-case, considering severity, risk, pattern/history, insight and remediation. Low-level concerns can be managed through HCC support and monitoring; serious or persistent patterns are referred to Fitness to Practise .

Appendix C: End-to-End Concern Flow

1. Concern raised (Raising a Concern Form or University procedure)
2. Triage by Medical Student Experience (acknowledge; safety check within 48h)
3. HCC review, consideration & classification: below threshold / low-level / serious or repeated (refer to Fitness to Practise); precautionary measures may be considered at any point following risk assessment
4. Fitness to Practise Stage 1: Investigation (Registry appoints IO)
5. Fitness to Practise Stage 2: Investigation Committee outcomes — No action / Warning / Undertakings-Conditions / Refer to Hearing
6. Fitness to Practise Stage 3: Hearing outcomes — Not impaired / Impaired (conditions/undertakings; suspension; expulsion)
7. Monitoring & Reporting — HCC monitors conditions/undertakings; Registry maintains records and reporting

Appendix D: The Fitness to Practise Investigation Process