

Student Fitness to Practise

GENERAL DENTAL COUNCIL



The purpose and status of this guidance

The purpose of this guidance is to promote a positive approach to professional behaviour among dental students and to help education providers deal with issues which call into question whether a student is fit to practise in dentistry.

The government White paper 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century' requires healthcare regulators to ensure the safety of patients being treated by healthcare students, and to make sure they are fit to practise when they apply for registration.

This guidance covers:

- (a) the types of professional behaviour and health standards expected of dental students;
- (b) how fitness to practise can affect registration with us;
- (c) when and how to make decisions about fitness to practise; and
- (d) the key elements in student fitness to practise procedures.

In relation to the GDC's statutory role, this guidance is advisory rather than mandatory. However, our Quality Assurance inspections and reports on dental educators may recommend that they comply with the guidance, or alternatively endorse good practice.

Acknowledgements

The General Medical Council (GMC), in partnership with the Medical Schools Council (MSC), recently published similar guidance on student fitness to practise. Much of their document was directly applicable to dentistry and we would like to thank both the GMC and MSC for allowing us to use it as a springboard for our own guidance document.

Note on the text

We recognise that not all courses will take place in 'traditional' learning environments. This guidance is aimed primarily at courses which take place within dental hospitals, outreach centres etc. The guidance will not be directly applicable to the training of some dental care professionals, such as dental nurses or orthodontic therapists, where the majority of training takes place in the workplace. We do, however, expect tutors and supervisors for such trainees to be aware of this guidance and to apply the principles of professionalism and appropriate behaviour in the workplace setting.

Where this document refers to students, this encompasses all trainee dental care professionals (DCPs) as well as student dentists. Where this document refers to education providers, this includes dental schools and DCP education providers.

It is not possible to produce an exhaustive list of all examples of fitness to practise issues that may arise, and these must be dealt with on a case-by-case basis by appropriate investigators and panels.

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What is fitness to practise?

What is fitness to practise?

1. By awarding registrable qualifications that lead to registration, an education provider is confirming that students are fit to practise as a registrant of the GDC and member of the dental team.
2. Students must demonstrate during their education and training that they have the knowledge, skills and attitudes expected of a registered dentist or dental care professional.
3. The principles of professional practice are set out in our guidance 'Standards for dental professionals' (and associated supplementary guidance). These principles must form the basis of education and training programmes for registration with us, and are embedded in the education and training outcomes we require for registration. These are currently set out in our guidance 'The First Five Years' (TFFY) for dentists and 'Developing the Dental Team' (DDT) for DCPs.
4. Education providers are responsible for selecting students for their programmes and for providing a curriculum that will deliver the outcomes we set. Fitness to practise procedures will, in future, form part of our Quality Assurance inspection procedures to determine the 'sufficiency' of individual training provision and to ensure that patients are adequately protected.
5. The providers of registrable qualifications must have procedures to:
 - (a) identify as soon as possible students whose behaviour or health gives concern for the safety of patients or colleagues;
 - (b) take action to help students to improve their behaviour, or make reasonable adjustments where necessary to take account of health issues;
 - (c) make sure that students who are a risk to patients are identified as early as possible and appropriate action is taken to ensure that either deficiencies are corrected or the student is excluded from the course.
6. Students' behaviour should be measured against the principles set out in 'Standards for dental professionals'. If a student's behaviour falls below these expected standards, the education provider should consider if this amounts to a fitness to practise concern, and therefore warrants consideration through its formal procedures.
7. Students are in a learning environment and at the start of their professional career. When considering the fitness to practise of a student, it is appropriate to take account of:
 - (a) the severity of the action;
 - (b) the likelihood of repeat behaviour;
 - (c) how well the student will be likely to respond to support and remediation.

Principles of professional behaviour

Principles of professional behaviour

The principles of professional behaviour fall into the following categories:

Putting patients' interests first and acting to protect them

8. Registrants are required to work within their knowledge, professional competence and physical abilities.
9. In order to demonstrate that they are fit to practise, students should:
 - (a) respect the decisions and rights of patients, including their right to complain;
 - (b) be aware that treatment should be based on the patient's priorities, best interests and the effectiveness of treatment options, and that decisions should be made through assessment and discussion with the patient;
 - (c) be aware of their own limitations in providing care and know when to seek advice or help;
 - (d) not unfairly discriminate against patients by allowing their personal views to adversely affect their professional view or the treatment they provide or arrange (this includes their views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, and social or economic status). Students' views must not be affected by the fact that a patient has made a complaint;
 - (e) make sure they are supervised appropriately for any clinical tasks they perform;
 - (f) not mislead anyone by misrepresenting their position or abilities;
 - (g) behave with courtesy;
 - (h) report any concerns they have about patient safety to the appropriate person;
 - (i) understand that in the interests of their patients they must adopt a committed and professional approach to all aspects of their studies.
10. Dental education should be open to people with a range of ambitions, different faiths and backgrounds, as well as those with health conditions and disabilities. Varied perspectives will make valuable contributions to the dental profession and the population it serves.
11. Students must be fit to practise dentistry. In exercising the responsibility to register only dentists and DCPs who are fit to practise, the GDC will always put the protection of patients above all other considerations. Students are expected to be able to demonstrate the outcomes listed in TFFY and DDT before they graduate, regardless of the career path they eventually pursue.

Putting patients' interests first and acting to protect them

12. Reasonable adjustments are expected to be made for disabled students in allowing them to achieve the outcomes set out in TFFY and DDT. Although adjustments cannot be made to the outcomes themselves, reasonable adjustments can be made to methods of teaching and learning and to the assessments by which the student demonstrates that these outcomes are met.
13. A disability or health condition may make it impossible for a student to meet the outcomes required by the GDC at the point of graduation despite reasonable adjustments having been made. Under such circumstances, it will be appropriate to consider the student's fitness to practise.
14. Fitness to practise concerns will not, in the majority of cases, be raised by health conditions or disability provided the student receives the appropriate care and reasonable adjustments necessary to study and work safely in a clinical environment. Education providers should offer support and regular reviews of the student's progress.
15. Student Health Services and/or the Occupational Health Service at education providers may be able to offer useful protocols and advice on supporting students with health conditions or impairments. The primary focus should be on developing care and work plans that support students. These plans should ensure that the student is able to continue on the course and is fit to practise in the dental profession. Support may include regular monitoring and reviews, the outcomes of which should be fed back to the appropriate person within the training institution.
16. It is imperative that students are aware that their own poor health may put patients and colleagues at risk.
17. 'Standards for dental professionals' requires dental professionals to seek and follow advice from suitably qualified professionals about their health. This is particularly important if they have, or suspect they have, a condition which could be passed on to patients, or if they are receiving treatment that could affect their judgement or performance.
18. In order to demonstrate that they are fit to practise, students should:
 - (a) be aware that their own health conditions may put patients and colleagues at risk;
 - (b) register with a GP;
 - (c) seek advice if there is a concern about their health;
 - (d) accept that they may not be able to assess their own health, and be willing to be referred for treatment and to engage in any recommended treatment programmes;

Respecting patients' dignity and choices

- (e) protect patients, colleagues and themselves by being immunised against common serious communicable diseases if vaccines are available in accordance with Department of Health requirements;
- (f) be aware of the risks and regulations surrounding Exposure Prone Procedures (EPPs), Blood Borne Viruses (BBVs) and other infections;
- (g) not rely on their own or another student's assessment of the risk posed to patients by their health, and seek advice, when necessary, from a qualified professional;
- (h) be aware that dental professionals must take action if their health poses a risk to patients or the public. Advice should be sought from appropriate colleagues, professional or defence organisations.

Respecting patients' dignity and choices

19. Students will have extensive contact with patients during their training. Although there are limits to these clinical encounters and students are supervised, patients may attach added importance to their opinions or comments.
20. Students are required to build relationships with patients based on openness, trust and good communication. Relatives, carers, partners and anyone else close to the patient should also be treated with the same consideration and provided with the necessary support.
21. Although students are supervised during the clinical work they undertake, patients may view students as having the same roles, responsibilities and knowledge as a qualified dental professional. Since it is common for students both to interact with patients and to have access to confidential patient information, patients may view students as being in a position of trust and responsibility. They are often willing to allow students to be involved in their treatment as they accept that this is an important part of a student's education and training. This willingness is based on trust that students will behave professionally, and that trained professionals will supervise them appropriately.
22. Professional boundaries between themselves, patients or anyone close to a patient must be maintained by students and dental professionals. Their professional position must not be used to exploit or cause distress to patients.
23. 'Principles of patient consent' states that patients must give informed consent to any activity. This means they must be given enough information to make a decision about their treatment. This includes participating in teaching or research and for any activity undertaken by a student.

Protecting the confidentiality of patients' information

Protecting the confidentiality of patients' information

24. 'Principles of patient confidentiality' states that confidentiality is central to the relationship of trust between practitioners and patients. Patients have a right to expect that any information held about them will be held in confidence. A patient's case must not be discussed in a way that would identify them with anyone not directly involved in their care, or in a public place. Similarly, academic work which contains specific information about a patient must not identify the patient if it is to be seen outside of the patient's care team. This will include case or log reports that are submitted as part of the student's coursework or assessments.
25. In order to demonstrate that they are fit to practise, students should:
- (a) respect patients and treat them with dignity at all times;
 - (b) be aware of ethical issues in their professional behaviour with patients;
 - (c) be open and honest when dealing with patients or anyone close to them;
 - (d) make sure that patients have consented to a student being involved in their treatment;
 - (e) make sure they are clearly identified as students;
 - (f) dress in an appropriate and professional way and be aware that patients will respond to their appearance, presentation and personal hygiene;
 - (g) make sure they follow 'Principles of patient consent' and 'Principles of patient confidentiality.'

Co-operating with other members of the dental team and other healthcare colleagues in the interests of patients

26. Students need the ability to work with colleagues to ensure patient safety and to deliver high standards of care.
27. Students are required to develop skills to work in a multi-disciplinary team as set out in 'Principles of dental team working'. This involves treating all colleagues fairly and in line with the law, and communicating effectively and sharing knowledge and skills with other team members and colleagues as necessary in the interests of patients.
28. Patients must also be protected from harm posed by another colleague's behaviour, performance or health. Students must take steps to raise any concerns they may have with the appropriate person.

Maintaining professional knowledge and competence

29. In order to demonstrate that they are fit to practise, students should:
- (a) be able to work effectively as part of a team;
 - (b) develop and demonstrate teamwork and leadership skills;
 - (c) be aware of the roles and responsibilities of other people involved with the delivery of dental care;
 - (d) respect the skills and contributions of their colleagues and not unfairly discriminate against them;
 - (e) raise concerns about overall practice regarding their colleagues, including other students, with the appropriate person if patients are at risk, following our guidance ‘Principles of raising concerns’;
 - (f) develop skills that allow them to deal with uncertainty and change in the workplace.

Maintaining professional knowledge and competence

30. Students must recognise that their qualification for registration is the first stage in their professional education. Students must be aware of their responsibility to maintain their knowledge and skills. This principle should be fundamental to development throughout their careers through Continuing Professional Development (CPD) and Revalidation.
31. Students must be able to review their knowledge, skills and professional performance, to reflect on them, and to identify and understand their limits as well as their strengths.
32. In order to demonstrate that they are fit to practise, students should:
- (a) reflect regularly on standards of dental practice in accordance with ‘Standards for dental professionals’;
 - (b) attend all compulsory teaching sessions or make other arrangements with the education provider;
 - (c) complete and submit their coursework or other assignments on time;
 - (d) be responsible for their own learning;
 - (e) reflect on their performance and on feedback about their performance and achievements and respond constructively;
 - (f) be familiar with guidance from the GDC and other organisations, such as dental schools, hospitals and trusts.

Being trustworthy

Being trustworthy

33. Students must be honest and trustworthy and act with integrity. Their behaviour – in all walks of life and at all times – needs to justify the trust placed in the dental profession by patients and the public.
34. It is critical that students are aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practise. Their behaviour must, at all times, justify the trust the public places in the dental profession.
35. In order to demonstrate that they are fit to practise, students should:
 - (a) bring attention to any concerns about, or errors in, their clinical work;
 - (b) be honest, genuine and original in all their academic work, including research. They must not plagiarise others' work or use their own work repeatedly in a misleading way. Effective action should be taken if there are concerns about the honesty and integrity of others;
 - (c) be honest and trustworthy when writing logbooks and when completing and signing forms;
 - (d) be honest in CVs and all applications. They must not misrepresent their qualifications, position or abilities;
 - (e) be truthful and sincere in any financial dealings, especially if they are managing finances, and make sure that funds are used for the purpose they were intended for;
 - (f) co-operate with any formal inquiry by their dental school or other organisation into their health, behaviour or performance, or that of anybody else;
 - (g) comply with the laws of the UK and, where relevant, any laws that apply specifically in England, Wales, Scotland or Northern Ireland;
 - (h) comply with the regulations of their dental school, hospital or other organisation.

Fitness to practise and registration with the GDC

Fitness to practise and registration with the GDC

36. Our purpose is to protect the public and patients while promoting confidence in the dental team. We do this by regulating dentists and dental care professionals.
37. Students must be aware that unprofessional behaviour or serious health problems during their dental training can affect their ability to register with the GDC. We may prevent a person from registering, even if the circumstance in question occurred prior to or early on in training, if it is a persistent concern that calls into question the individual's fitness to practise as a dentist or dental care professional.
38. While it is expected that every fitness to practise case is considered on its own facts and merits, fitness to practise investigators and panellists are expected to take this guidance into account when making decisions. In a case where an education provider had followed this guidance and applied it appropriately, there would be no reason for us to refuse registration unless issues had come to light of which the school had been unaware.
39. However, the GDC has a duty to assess the implications of any issue that an applicant for registration discloses at the point when their application is submitted to us. We have the right to refuse registration in appropriate cases and in line with legal requirements. We do this where a refusal is justified in order to protect patient safety and ensure trust in the profession.
40. In every case, we apply the principle of proportionality. We ask whether refusal of registration would be a proportionate response, bearing in mind the impact it would have on the applicant, the seriousness of the issues raised, the potential implications for public and patient safety and confidence and trust in the profession in the event that registration is granted.
41. It is possible that there may be issues that are serious enough to warrant a refusal of registration. The education provider's decision to pass a student may not address specific concerns raised at the point of registration. In such rare circumstances the GDC will endeavour to work with the education provider to arrive at a reasonable decision about an applicant. Considerations of public and patient safety and confidence and trust in the profession are paramount, and the perspectives of the individual student and/or their education provider are considered within this context.
42. Education providers should inform students, as part of their admissions and/or enrolment procedures, through student handbooks and induction programmes, and also as part of their fitness to practise guidance and procedures, that the GDC is responsible for decisions regarding registration. It must be made explicit to students that we may consider any issue that could call their fitness to practise into question. This includes anything that happened before or during their education and training, and any decisions made by a fitness to practise panel, university, or other educational institution.

Pastoral care and student support

43. If there is concern regarding the likelihood of a student being refused registration, the GDC may be able to give some advice on the possible outcomes of an application based on the disclosed facts of the case at that point in time. In these circumstances we may not be able to indicate whether a student would be able to register at some point in the future, and this advice would not bind us to a particular decision at the point of application to the register. Advice should be sought as early as possible before registration.

Pastoral care and student support

44. It is important for students to have the opportunity, where possible, to seek support for any matter before it becomes a fitness to practise concern. Students should be directed to appropriate services, facilities and agencies within the educational institution. These may include student health services, disability advisers, occupational health services, confidential counselling, student groups and personal tutors.
45. Students should be encouraged to discuss problems in a supportive and confidential environment. If necessary, they should agree mutually devised plans to address health, behaviour or both health and behaviour issues before fitness to practise becomes a concern. However, the decision to take this approach must be based on an assessment by the education provider of the risk to patients and the public. When fitness to practise concerns are identified, it may be appropriate to offer support to the student alongside fitness to practise procedures and sanctions.
46. Anyone who provides pastoral care should not be involved in investigating or making decisions that could affect the student's career, even though personal tutors will often need to raise the initial concern.
47. Students should be aware that anyone providing support or pastoral care is required to inform the appropriate person if there is a reasonable belief that the issue raises or will raise fitness to practise concerns or poses a risk to colleagues, patients or the public.

The key elements of student fitness to practise arrangements

The key elements of student fitness to practise arrangements

Awareness and education

48. Education providers should make sure that admissions and/or enrolment information, student handbooks and information about rules and regulations as well as fitness to practise information includes statements about the responsibility of students to develop professional values. Documents should also emphasise the responsibility for education providers to make sure students are fit to practise at the point of qualification. This includes explaining the opportunities for pastoral care and the education provider's fitness to practise procedures. All staff in contact with students in an educational or supervisory capacity should be familiar with the education provider's guidance and this document.
49. In some cases, much teaching and learning is not carried out in institutional settings, but takes the form of workplace learning. In these cases, the students' mentors and supervisors must be familiar with this document as well as with 'Standards for dental professionals'.
50. It should be made clear that the education provider will welcome and consider information or concerns about students from any source, including staff, patients or their carers.
51. Education providers' information about their fitness to practise procedures should clearly distinguish between their roles in handling complaints and in considering fitness to practise cases, and should also explain the relationship between these two roles. Information on fitness to practise should also describe the respective roles of the school, the university or college, the Office of the Independent Adjudicator for Higher Education (where applicable), the NHS and the GDC.

Communication

52. Processes should be in place to allow for clear and prompt communication at all stages with everyone involved whenever fitness to practise concerns emerge. These processes should be clearly stated in the education provider's documents, such as admissions statements and fitness to practise documents.
53. Education providers should also engage students on their professional values and make sure these are reflected positively throughout their curricula and assessment processes.

Confidentiality and disclosure

54. Education providers should consider information storage and confidentiality. It may be appropriate to keep certain documents separate from a student's file with cross reference markers. Education providers are expected to be aware of, and comply with, relevant legislation in order to protect the confidentiality of students. This includes tutors and supervisors in outreach placements.

The roles of personal tutors, investigators and panel members

55. Education providers should state in public documents and websites, such as admissions and/or enrolment information, student handbooks and information about rules or regulations as well as fitness to practise information, that they may pass personal information to other organisations, including the GDC, other education providers or postgraduate deaneries, for example if a student receives a sanction or warning. Education providers must have clear guidelines on the disclosure of information about fitness to practise cases and consider the balance between the rights of the individual and risk to the public.

The roles of personal tutors, investigators and panel members

56. Those responsible for supervising students must realise that their own fitness to practise can be called into question if they fail to follow this guidance.
57. A student's personal tutor should not also act as an investigator or as a member of the fitness to practise panel. This allows the tutor to support the student and ensures the objectivity of the investigator and the panel members who will be making decisions about the student's future.
58. The role of the investigator is to determine whether there is enough evidence to indicate that a student's fitness to practise is impaired. An investigator should not be a member of the fitness to practise panel.
59. During the course of an investigation, if there is evidence of misconduct but fitness to practise is not impaired, the investigator may issue a warning and a way forward should be agreed with the student.
60. All outcomes should be written down, the appropriate person informed of the decision in order to monitor any further issues, and the student should be made aware that the outcomes must be disclosed to the GDC at the point of registration. Appropriate appeal procedures will need to be established in the event that a student wishes to appeal against the findings of an investigation.
61. The role of panel members is to deliberate on the evidence presented by the investigator, the student, expert advisers and witnesses (if applicable). The panel should set out its determination in writing, which should include reasons for their decision, warnings or sanctions, and the requirement to disclose the outcome to the GDC and other organisations such as postgraduate deaneries.

Applying the threshold of student fitness to practise

62. Education providers should reflect on the threshold when considering whether a student's fitness to practise is impaired. Investigators and panels should ask whether a student's behaviour or health (or both) raise a serious or persistent cause for concern about their ability to continue with their course, or to practise as a dental professional after qualifying. This includes, but is not limited to, the possibility that they could put patients and the public at risk. Evidence should be considered on the balance of probabilities.

Fitness to practise

63. Education providers should explain to students that impaired fitness to practise may result in fitness to practise procedures and in sanctions being imposed. They should also refer to definitions of fitness to practise in TFFY/DDT and 'Standards for dental professionals'.

Fitness to practise

Timescales

64. Fitness to practise procedures should include clearly defined timescales for the various stages of the procedures, including the investigatory and hearing stages, taking into account how long a student may be prevented from continuing the course. In exceptional circumstances the timescales may be extended to ensure the procedure is fair. This might be, for example, to ensure that everyone involved is available. However, it is in everyone's best interests for the defined timescales to be adhered to where possible.

Panel composition and training

65. Fitness to practise procedures must clearly describe the composition of the panel. In determining panel composition, the education provider should consider whether it would be practical to include:
- (a) someone from outside the institution;
 - (b) someone with legal knowledge;
 - (c) a student representative who does not know the student being investigated (this might not be a dental student);
 - (d) a registered dental professional with experience of teaching at undergraduate level.
66. The panel should include a dental professional registered with the GDC. All panel members should receive training for their role, be appropriately experienced, and have access to all the relevant documentation. Panellists should:
- (a) know and understand the rules and regulations of fitness to practise and disciplinary matters at the educational institution;
 - (b) know and understand relevant guidance such as 'Standards for dental professionals', TFFY and DDT, and this publication as well as GDC fitness to practise procedures;
 - (c) be fair-minded and open to hearing the case before reaching a decision;
 - (d) seek appropriate expert advice, especially in cases involving health or impairment issues;
 - (e) ensure the fitness to practise proceedings are fair and proportionate;
 - (f) know and understand legal requirements and good practice in relation to equality and diversity.

Fitness to practise

Hearings

67. Education providers must make sure that their proceedings are fair. This may include:
- (a) ensuring the panel is unbiased and that there are no obvious conflicts of interest between investigators, panellists and students;
 - (b) setting up appropriate procedures to avoid delays;
 - (c) indicating how a hearing may proceed in the exceptional circumstances of the student being absent;
 - (d) ensuring there is proper disclosure of information and equal opportunity to present evidence;
 - (e) applying the civil standard of proof on the balance of probabilities;
 - (f) making it possible to hold the hearing in public where the student so wishes, except that hearings involving health issues should be held in private;
 - (g) ensuring decisions and sanctions are proportionate and that reasons for decisions are explained.

Support for students and education providers

68. Education providers should allow students to be represented at fitness to practise hearings or have a supporter present. Education providers' fitness to practise procedures should set out how this will work in practice. The representation and support must protect the student in line with the Human Rights Act 1998.
69. Procedures should be clear about how equality and diversity considerations are incorporated. This should include the need for reasonable adjustments and support to be made for those students who need them.

Appeals committees/panels

70. Fitness to practise procedures should clearly state the scope and process for appeals. They should recognise that the criteria for fitness to practise for dental students and DCPs differ from those that apply to other students. Appeals policy documents should include:
- (a) limiting the appeals panel's remit to referring the case back to another fitness to practise hearing;
 - (b) whether appeal hearings can reconsider the facts of the case or are limited to deciding whether due process was followed;
 - (c) details on the composition of appeals panels taking on board the advice in this guidance regarding panel composition.

Fitness to practise

When to apply procedures

71. The advice below is only illustrative of the sorts of concerns which could call a student's fitness to practise into question and is not exhaustive. The outcome in any case will depend on its particular facts.
72. In these circumstances, a student should be considered by the education provider's fitness to practise procedures. If a student's poor health or behaviour is to be considered through an education provider's general disciplinary procedures, this does not prevent it also being considered by the provider's formal fitness to practise procedures. The two procedures will operate under different criteria, and it is important that they do not occur simultaneously. In general, it is expected that the education provider's disciplinary procedures will consider the issue in the first instance and a fitness to practise hearing will take place once the disciplinary hearing is concluded and the facts established.
73. Education providers should consider the fitness to practise of students in relation to how it may have an impact on patient and public safety and trust by the public in the dental profession.
74. Investigators and panellists must consider whether a student has engaged the fitness to practise threshold on a case-by-case basis.
75. When considering this threshold, decision-makers may want to reflect on the following circumstances when a question of fitness to practise arises:

A student's behaviour may have harmed patients or put patients at risk of harm

Harm or a risk of harm may be demonstrated by an incident or series of incidents that cause concern to personal tutors and academic or clinical supervisors. A series of incidents could indicate persistent failings or other repeated departures from good practice which are not being, or cannot be, safely managed through pastoral/student support or support has been tried and has failed.

A student is alleged to have shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients and colleagues

An isolated lapse from high standards of conduct - such as a rude outburst - would not in itself suggest that the student's fitness to practise was in question. But the sort of misconduct, whether criminal or not, which indicates a lack of integrity on the part of the student, an unwillingness to behave ethically or responsibly or a serious lack of insight into obvious professional concerns will bring a student's fitness to practise into question.

A student's health or impairment may be compromising patient safety

A fitness to practise procedure does not need to be initiated merely because a student is unwell, even if the illness is serious. However, a student's fitness to practise is brought into question if it appears that the student has a serious medical condition (including misuse of drugs or alcohol); AND the student does not appear to be following appropriate medical advice as necessary in order to minimise the risk to patients and colleagues.

Fitness to practise

It should be noted that an impairment or health condition may make it impossible for a student to meet outcomes set by the GDC at the point of qualification. In these circumstances, it may be appropriate to consider the student through fitness to practise channels.

A student may have abused a patient's trust or violated a patient's autonomy or other fundamental right

Conduct which shows that a student has acted without regard for patients' rights or feelings, or has abused their professional position as a dental student, will usually give rise to questions about fitness to practise.

A student may have behaved dishonestly, fraudulently or in a way designed to mislead or harm others

The student's behaviour was such that trust in the profession generally might be undermined if the education provider did not take action. This might include plagiarism, cheating, and dishonesty in reports and/or logbooks, forging the signature of a supervisor or failing to comply with the regulations of the education provider.

Categories of concern

Categories of concern

This part of the guidance sets out areas of concern that may call into question whether a student is fit to practise. This is not an exhaustive list.

Decisions made about the behaviour or health of students must be considered on a case-by-case basis, and should be based on whether the behaviour calls into question either the student’s ability to continue with the course, or their fitness to practise as a dentist or DCP after qualifying.

Potential areas of concern	Examples of allegations
Criminal conviction or caution	<ul style="list-style-type: none"> • Child pornography • Theft • Financial fraud • Possession of illegal substances • Child abuse or any other abuse • Physical violence
Drug or alcohol misuse	<ul style="list-style-type: none"> • Drink driving • Alcohol consumption that affects clinical work or environment • Dealing, possessing or misusing drugs even if there are no legal proceedings
Aggressive, violent or threatening behaviour	<ul style="list-style-type: none"> • Assault • Physical violence • Bullying • Abuse
Persistent inappropriate attitude or behaviour	<ul style="list-style-type: none"> • Uncommitted to work • Neglect of administrative tasks • Poor time management • Non-attendance

Categories of concern

<p>Potential areas of concern</p>	<p>Examples of allegations</p>
<p>Cheating or plagiarising</p>	<ul style="list-style-type: none"> • Cheating in exams or logbooks • Passing off others' work as one's own • Forging a supervisor's name on assessments
<p>Dishonesty or fraud, including dishonesty outside the professional role</p>	<ul style="list-style-type: none"> • Falsifying research • Financial fraud • Fraudulent CVs or other documents
<p>Unprofessional behaviour or attitudes</p>	<ul style="list-style-type: none"> • Breach of confidentiality • Misleading patients about their care or treatment • Culpable involvement in a failure to obtain proper consent from a patient • Sexual harassment • Inappropriate examinations or failure to keep appropriate boundaries in behaviour • Persistent rudeness to patients, colleagues or others • Unlawful discrimination
<p>Health concerns including mental health issues</p>	<ul style="list-style-type: none"> • Failure to seek medical attention or other support • Refusal to follow medical advice or care plan including monitoring/reviews • Failure to recognise limits and abilities

Example fitness to practise procedure

Example fitness to practise procedure

The information provided in this section of the guidance aims to provide a suggested model for dealing with fitness to practise issues. It is not our intention to enforce a particular procedure on education providers. It is, however, important to consider that fitness to practise procedures will be examined during our inspections and annual monitoring exercises.

Making decisions

It is important to distinguish between the role of the investigator appointed by the education provider to determine whether there is a case to answer, and the role of the fitness to practise panel.

Role of the investigator

The investigator must act in a proportionate way by weighing the interests of patients and the public against those of the student. It is important to consider whether the behaviour is better dealt with through student support and remedial tuition rather than through a formal panel hearing.

Investigators should keep a record of their investigation and decisions. Investigators should consider the evidence based on the balance of probabilities that the student's fitness to practise is impaired.

If the investigator issues a warning or sets requirements to maintain fitness to practise or monitor a student, these actions should be recorded formally. They should be considered as fitness to practise outcomes and disclosed to the GDC when the student applies for registration. Investigators should take note of the advice on sanctions.

If the investigator decides the behaviour is so serious or persistent as to call into question the student's ability to continue on a dental course, or their fitness to practise as a dentist or DCP after graduation, the case should be referred to a fitness to practise panel. This is in spite of any mitigating factors such as health problems.

Role of panels

Like investigators, panels should keep in mind the balance between patient safety and the interests of the student.

All decisions should be taken in light of any guidance set by the GDC and should be consistent with the regulations and procedures of the education provider. Decisions should be based on the balance of probabilities that the student's fitness to practise is impaired.

Example fitness to practise procedure

Any mitigating factors should be considered by the panel members when they are deciding on the appropriate outcome. In any case before them, the panel will need to have due regard to any evidence presented by way of mitigation.

The panel should give reasons for its decisions to impose any sanctions and specify any timeframe or conditions that apply. They should issue a written determination and indicate that the outcome of the hearing must be declared to the GDC when the student applies for registration. Panel members should also make sure that the warning or sanction they decide upon is proportional to the behaviour and will deal effectively with the fitness to practise concern.

There should be a clear formal appeals process. There is further guidance on procedures in the section of this guidance entitled 'The key elements of student fitness to practise arrangements'.

Outcomes of student fitness to practise hearings

Possible outcomes of a hearing include:

- (a) the student receives no warning or sanction;
- (b) the student receives a warning as there is evidence of misconduct but the student's fitness to practise is not impaired and does not require any of the sanctions listed below;
- (c) the student's fitness to practise is judged to be impaired and they receive a sanction. Beginning with the least severe, the sanctions are:
 - conditions or undertakings;
 - suspension from dental course;
 - expulsion from dental course.

The purpose of the warnings and sanctions is not to be punitive but to protect patients and the public, although they may have a punitive effect.

Investigators and the panel should consider the options available starting with the least restrictive and moving to the next only if satisfied that the warning or sanction is not sufficient to protect patients and the wider public.

Example fitness to practise procedure

Education providers should consider whether it is necessary to suspend the student temporarily while an investigation or hearing into their fitness to practise takes place in order to protect patients, colleagues or other students. Education providers should make sure the decision is proportionate, fair and evaluated on a regular basis.

When applying for registration, the student must be aware of their responsibilities regarding disclosure when completing the GDC's declaration of fitness to practise and must declare the outcome of any formal hearing.

Students who receive a warning or sanction, short of being expelled, should also receive supervision or monitoring, or both, to satisfy the education provider regarding their fitness to practise. They should also be provided with remedial or pastoral support, or both. If the student is at the early stages of their dental education, it may be valuable to have the student reflect on their fitness to practise annually, at the very least.

It should be made clear to any student who receives a warning or sanction why they have received it, its intended purpose, its expected duration, and whether or when their fitness to practise will be considered again in a formal hearing. Education providers should have a clear policy on how long warnings and sanctions will remain on a student's record.

It should be made clear to students that they can withdraw from their course rather than go through formal fitness to practise procedures. It should also be made clear that if they do withdraw, whether it will be possible for them to return to their course later, or transfer to a different course at the institution.

Warnings

Warnings can be applied by both investigators and panels and allow the education provider to indicate to a student that any given behaviour represents a departure from the standards expected and should not be repeated. They are a formal response in the interests of maintaining professional values. There should be adequate support for the student to address any underlying problems that may have contributed to their poor behaviour.

Recording warnings allows the education provider to identify any repetition of the particular behaviour and to take appropriate action in that event. Breach of a warning may be taken into account by a panel in relation to any future case against a student, or may itself comprise misconduct serious enough to lead to a finding of impaired fitness to practise. It should remain on the student's record and the student must declare it to the GDC when applying for registration.

Example fitness to practise procedure

Decision makers may want to take account of the following factors to determine whether it is appropriate to issue a warning:

- (a) the student behaved unprofessionally;
- (b) the particular behaviour raises concerns, but falls short of impaired fitness to practise;
- (c) a warning will be appropriate when the concerns are sufficiently serious that, if there were a repetition, they would likely result in a finding of impaired fitness to practise. The decision makers will need to consider the degree to which the concern could affect patient safety and public confidence in the profession;
- (d) there is a need to record formally the particular concerns (because additional action may be required in the event of any repetition).

Sanctions

The purpose of the types of sanction is to ensure that students whose fitness to practise is impaired are dealt with effectively, including possibly being removed from their course. A sanction also gives students the opportunity to learn from their mistakes.

Panels should consider whether the sanction will protect patients and the public and maintain professional standards.

It is important that the panel's determination on a sanction makes clear that it has considered all the available options and provides clear reasons (including mitigating and aggravating factors that influenced its decision) for imposing a particular sanction. In addition the determination should include a separate explanation as to why a particular period of sanction was considered necessary.

Provision will need to be made for systems to review or lift sanctions where this is appropriate.

Sanctions: Conditions

Conditions are appropriate when there is significant concern about the behaviour of a student. This sanction should be applied at the panel level and only if the panel is satisfied that the student might respond positively to remedial tuition and increased supervision and has displayed insight into their problems. The panel should consider any evidence such as reports on the student's performance, health or behaviour.

The student should be made aware that the sanction may be disclosed to the appropriate people and it must be declared to the GDC when applying for registration.

Example fitness to practise procedure

The objectives of any conditions should be set out clearly so that the student knows what is expected of them and so that any future hearing is able to determine the original shortcomings and the proposal for their correction. Any conditions should be appropriate, proportionate, workable and measurable.

Before imposing conditions the panel should be satisfied that:

- (a) the problem can be improved through conditions;
- (b) the objectives of the conditions are clear;
- (c) a future assessment will be able to determine whether the objectives have been met and if patients will or will not be at further risk.

When deciding on whether any conditions might be appropriate the panel will need to satisfy itself that most or all of the following factors are apparent (however, this list is not exhaustive):

- (a) no evidence of inherent problems with the student following good practice and professional values, and the student has shown sufficient insight;
- (b) identifiable areas of the student's studies in need of further assessment or remedial action;
- (c) willingness by the student to be open and honest with patients, colleagues and supervisors if things go wrong;
- (d) in cases involving health issues, evidence will be required that the student has genuine insight into their condition and shows willingness to comply with guidance on health matters. They must abide by any conditions relating to their health, treatment and supervision;
- (e) patients will not be put in danger either directly or indirectly as a result of conditions;
- (f) the conditions will protect patients during the period they are in force.

Where a panel has found a student's fitness to practise impaired by reasons of physical or mental health illness or impairment, the conditions should relate to the medical supervision of the student as well as to supervision on clinical placements.

It is inappropriate for a panel to impose conditions if the student's fitness to practise has not been found to be impaired.

Example fitness to practise procedure

Sanctions: Undertakings

An undertaking is an agreement between a student and the education provider, where there is a determination that the student's fitness to practise is impaired and the student acknowledges the impairment. This agreement is usually taken forward before and instead of a formal hearing or determination.

Undertakings may include restrictions on the student's clinical practice or behaviour, or the commitment to undergo medical supervision or remedial teaching. As with conditions, they are likely to be appropriate where the concerns about the student's fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the most appropriate way of addressing them.

Undertakings will only be appropriate if there is reason to believe that the student will comply with them, for example, where the student has shown genuine insight into their problems and potential for remediation. The panel may wish to see evidence that the student has taken responsibility for their own actions and, when necessary, taken steps to mitigate their actions.

The panel should take the following factors into account when considering whether to invite the student to accept undertakings:

- (a) whether undertakings appear to offer sufficient safeguards to protect the public;
- (b) whether the student has shown significant insight.

Sanctions: Suspension from the course

Suspension prevents a student from continuing with their course for a specified period and qualifying at the expected time. Suspension is appropriate for concerns that are serious but not so serious as to justify immediate expulsion.

When students return from suspension they are expected to comply with any further conditions. Students should consent to disclose the suspension and conditions to the appropriate people and must declare the suspension and conditions to the GDC when applying for registration.

This sanction may therefore be appropriate when some or all of the following factors are apparent (this list is not exhaustive):

- (a) a serious breach of professional values and student fitness to practise where the issue is not fundamentally incompatible with continuing on a dental course and where complete removal from the course would not be the only way to protect patients and the public, but the breach is so serious that any sanction less than a suspension would not be in the public interest;

Example fitness to practise procedure

- (b) in cases which relate to the student's health, where the student's judgement may be impaired and there is a risk to patient safety if the student were allowed to continue on the course - even under conditions;
- (c) no evidence of inherent problems following good practice and professional values;
- (d) the panel is satisfied that the student has insight and does not pose a significant risk of repeating behaviour;
- (e) there is appropriate support for the returning student.

Sanctions: Expulsion from the course

The panel can expel a student from the course if it considers that this is the only way to protect patients, carers, relatives, colleagues or the public. The student should be helped to transfer to another course if appropriate. However, the nature of the student's behaviour may mean that they should not be accepted on any course that leads to registration with the GDC, or on any other course.

Expulsion, the most severe sanction, should be applied if the student's behaviour is considered to be fundamentally incompatible with continuing on a dental course or eventually practising as a dentist or DCP. Expulsion is likely to be appropriate when the behaviour involves any of the following factors (this list is not exhaustive):

- (a) serious departure from the principles set out in 'Standards for dental professionals';
- (b) behaviour that is fundamentally incompatible with being a dental professional;
- (c) a reckless disregard for patient safety;
- (d) doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients;
- (e) abuse of position or trust;
- (f) violation of a patient's rights or exploiting vulnerable people;
- (g) offences of a sexual nature, including involvement in child pornography;
- (h) dishonesty, including covering up one's actions;
- (i) putting own interests before those of patients;
- (j) persistent lack of insight into the seriousness of actions or consequences.

We want to make sure all of our services are accessible to everyone.

If you would like a copy of this leaflet in a different format (for example, in large print or audio), please contact us.

Additional copies of this guidance are available to download from our website.

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