



# Professional behaviour and fitness to practise:

interim guidance for physician associate course providers and their students

General  
Medical  
Council

# Professional behaviour and fitness to practise: guidance for physician associate course providers and their students

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## About this guidance

The General Medical Council (GMC) and the Physician Associate Schools Council (PASC) have published this document to give high-level guidance about how course providers should manage processes for professionalism concerns and fitness to practise for physician associate (PA) courses. You should read it together with *Achieving good medical practice: guidance for physician associate and anaesthesia associate students*, which outlines the standards of professional behaviour expected of PA and anaesthesia associate (AA) students. Similar high-level guidance is being published for AA course providers and employers.

You may also find it helpful to read [Welcomed and valued](#) and [Supporting medical students with mental health conditions](#), which give guidance on how medical schools can support students with disabilities and mental health conditions, with additional resources to support the use of this guidance in practice.

## What does this guidance cover?

The GMC and PASC, referred to as 'we' and 'us' in this document, have produced this guidance. It is aimed at PA course providers and Higher Education Institution (HEI) staff, and at placement provider organisations, who identify, manage and support students whose professionalism or fitness to practise is a cause for concern. This guidance will also be useful for anyone involved in fitness to practise investigations and hearings, and for those involved in making decisions about student fitness to practise.

PA students are working towards joining their profession. Their studies will put them in contact with patients and members of the public, who may often be vulnerable.

Because of this, we expect PA students to display standards of professional behaviour that are different from those expected of other students not training to join a regulated profession. Meeting these standards is a requirement for graduation with a PA qualification. This guidance only applies to PA students. Once they are registered, their fitness to practise is monitored by the GMC.

PA course providers are responsible for giving their students opportunities to learn, understand and practise the standards we expect of them. To support this, we have produced *Achieving good medical practice: guidance for physician associate and anaesthesia associate students* – a guidance document for both PA and AA students that outlines the standards of professional behaviour expected of them. Course providers are reminded that fitness to practise should be just part of how they make sure their students become excellent professionals. Education and training on professionalism are also important.

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When a PA student's conduct or health becomes a cause for concern, it is essential that they get the appropriate support and guidance to continue their studies. But some concerns can't be remedied with support, so PA course providers and HEIs must have a process in place to identify and deal with students whose conduct or health is such that their fitness to practise may be impaired.

## Using this guidance

In this guidance, we use the terms 'you must' and 'you should' in the following ways.

- 'You must' is used for an overriding principle.
- 'You should' is used when we give an explanation of how you can meet an overriding principle.
- 'You should' is also used where the principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow this guidance.

This guidance aims to give PA course providers and HEIs a consistent framework for addressing health and behaviour concerns in PA students. PA course providers and HEIs will also have their own local procedures that are appropriate for their size and governance structure, and they must follow these procedures.

Local procedures and practices should reflect the information given in this guidance. Any deviation from the PA course provider or HEI's own procedures or this guidance should be justifiable and the reasons for any deviation documented.

In relation to the GMC's statutory role, this guidance is advisory rather than mandatory. However, GMC quality assurance reports on PA course providers may recommend that they comply with this guidance or may commend an institution for good practice. Also, given that the GMC has to be satisfied that qualified PAs applying for registration are fit to practise, it would be surprising if a PA course provider thought it sensible to disregard this guidance.

## How can PA students use this guidance?

Although this guidance is mainly aimed at PA course providers and HEIs, PA students may also find it useful. It can help them to understand how PA course providers and HEIs deal with professionalism concerns and fitness to practise issues. Students should also look at their own course provider or HEI's processes for guidance on local procedures and practices.

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PA course providers and other stakeholders were consulted as part of the development of this guidance. It is based on guidance for medical schools - [\*Professional behaviour and fitness to practise: guidance for medical schools and their students\*](#). We are reviewing what professionalism guidance needs to be in place for AA course providers and employers.

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# The GMC's role in promoting professionalism and fitness to practise

1. The GMC helps to protect patients and improve medical education and practice in the UK by setting standards for doctors, physician associates (PAs) and anaesthesia associates (AAs), and for those studying to join these professions.
2. The standards of professional behaviour expected of registered PAs are set out in [Good medical practice: interim standards for physician associates and anaesthesia associates](#) and the standards of professional behaviour expected of PA students are outlined in *Achieving good medical practice: guidance for physician associate and anaesthesia associate students*.
3. There are differences between the standards expected of PA students and those expected of registered PAs. But PA students are the PAs of tomorrow and, as such, there are many similarities between the behaviour expected of them whilst a student and that expected of registered PAs.
4. This guidance aligns with the requirements of [Good medical practice: interim standards for physician associates and anaesthesia associates](#) and, wherever possible, the GMC's test of fitness to practise for PAs who apply to join the register and its fitness to practise procedures for registered PAs.
5. Awareness and education are key to making sure, from the beginning of their courses, all PA students are familiar with the standards of professional and personal behaviour expected of them and the values that underpin these standards. Course providers should also understand that PA students who come to study in the UK from overseas might need additional support to understand some of the cultural aspects of working and studying in the UK.
6. As well as it being important for students to behave in a way that demonstrates professional values, it's equally important for PA course providers to actively promote an open and transparent culture that embeds these values.

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## Considering equality and diversity issues

7. PA course providers' procedures for managing concerns about professionalism and fitness to practise should clearly explain how they make sure their processes are fair. Procedures should outline course providers' responsibilities under the [Equality Act 2010](#) \* and should make sure they don't unfairly discriminate on the basis of lifestyle, culture, or social or economic status. This includes characteristics protected by legislation, that apply to further and higher education establishments:
  - age
  - disability
  - gender reassignment
  - marriage and civil partnership
  - pregnancy and maternity
  - race
  - religion or belief
  - sex
  - sexual orientation.
8. In addition, course providers must be mindful of their responsibility to provide reasonable adjustments and support for students who need them to access learning. You can find more information in the GMC guidance about preventing unnecessary barriers for disabled students studying medicine, [Welcomed and valued](#).
9. Staff members who have significant roles in the student fitness to practise process, such as investigators, panellists or committee members and other relevant decision makers, must understand and receive training in the legal requirements and good practice of equality and diversity specific to their role.

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\* The *Equality Act 2010* does not apply to Northern Ireland. You can find more information about the equality legislation in Northern Ireland on the Equality Commission for Northern Ireland's website at [www.equalityni.org](http://www.equalityni.org).



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# Fitness to practise throughout PA education

## Fitness to practise at graduation

10. PA course providers must not graduate students where fitness to practise concerns have been raised or are under consideration. Therefore, course providers must have considered all fitness to practise concerns and reached a determination on them before they allow a student to graduate. By graduating a student, the course provider is declaring them fit to practise as a PA.

## How fitness to practise affects GMC registration

11. Qualified PAs who wish to work in the UK must apply to the GMC for registration and answer questions about their health, conduct and any criminal record, which will help the GMC decide if they meet the requirements for registration. The GMC has a statutory duty to register only those PAs whose fitness to practise is not impaired. The GMC must reach this decision and cannot simply accept a decision made by another authority. If there are any concerns, the GMC will assess these and will decide whether to grant registration.
12. The law doesn't let the GMC make a conditional grant of registration, or register a PA and consider their fitness to practise afterwards. At the time of application, a PA is either fit to practise or not fit to practise.
13. PA course providers should tell students that the GMC is responsible for decisions about registration, and that this includes a separate test of fitness to practise. They should highlight this in admissions procedures, student handbooks and in fitness to practise guidance and procedures.
14. PA course providers must make clear to students that the GMC will consider any issue that calls their fitness to practise into question when they come to apply for registration. This includes incidents that occur during the PA course, and in exceptional circumstances those that happened before they started their course.
15. PA course providers should make students aware, before they apply for registration, of the requirements in the GMC's [declaration of fitness to practise](#)<sup>\*</sup>. Any action taken by a course

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<sup>\*</sup> See [www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide](http://www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide)

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provider or HEI (including documented support plans) that led to a formal process to investigate concerns about a student's professionalism or behaviour should be declared to the GMC, unless the outcome of the formal process was no further action. Course providers may keep a record of any concerns, for their future reference, that haven't led to a formal investigation process or referral to a panel/committee or hearing. Course providers should remind students that if they have any concerns about what they should declare to the GMC, they should refer to the GMC's guidance '[What to tell us when you apply](#)'\* in the first instance.

16. If there is a concern that a student may be refused registration, the GMC may be able to give advice on the possible outcomes of an application based on the disclosed facts of the case. It is important to note that this would not bind the GMC to a particular decision at the point of registration. If students, course providers or HEI staff, or any other person have concerns, they should seek advice as early as possible.

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\* See [www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide/medical-school-concerns](http://www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide/medical-school-concerns)

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## When should students be given pastoral care and student support?

17. Giving support to students is pivotal in helping to prevent issues of behaviour or in connection with a health condition becoming more serious and a greater cause for concern<sup>\*</sup>. Students may be affected by many issues during their PA course, including financial and family or other social issues, or related to a health condition. Course providers should be aware that overseas students may have particular support needs due to their unfamiliarity with their new home and work environment. When concerns arise, course providers should give their students access to appropriate support and adjustments to help manage these issues<sup>†</sup>.
18. It's important that support is made available to students who are going through formal fitness to practise procedures. Written procedures should also include the requirement to give support to students from the outset of the process.
19. Course providers should give their students clear information about the range and type of support services available. Staff should be aware of the details of what support is available and direct students to an appropriate service if necessary.
20. Support services may include:
  - student health services (including mental health)
  - disability support services
  - occupational health services
  - confidential counselling services
  - support services through the student union – this may include peer support, and financial, housing and legal help or advocacy
  - personal tutors.

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<sup>\*</sup> See *Promoting excellence* Standard S3.1. [www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence](http://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence)

<sup>†</sup> See *Welcomed and valued* for guidance on how to support disabled learners. [www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/welcomed-and-valued-supporting-disabled-learners-in-medical-education-and-training/how-can-medical-schools-apply-their-duties](http://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/welcomed-and-valued-supporting-disabled-learners-in-medical-education-and-training/how-can-medical-schools-apply-their-duties)

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Course providers may also wish to signpost students to medical defence organisations who can support students through fitness to practise processes.

## Working together and sharing information

21. PA course providers should foster an open, transparent and supportive environment and encourage students to discuss problems openly with appropriate staff. There should be named or dedicated service within the HEI so that students know whom they can go to for advice and support, in addition to their own personal tutor. Staff and students should work together to address any issues, wherever possible.
22. There may be circumstances where information will need to be shared with relevant staff so they can provide support – but this should be done with the student’s consent. Staff should make clear to students that information may be shared without their consent in limited circumstances – if there is a potential risk to colleagues, patients or the student themselves.
23. In such circumstances, disclosure of information should be limited to that which is relevant to the issue and should only be shared with those who have a legitimate need to know. This duty to share information in limited circumstances applies to course provider and HEI staff, and to independent practitioners who provide support services.
24. Course providers should make sure they regularly review the support a student is getting. They should monitor whether the support is helping to address the issues the student has, and find out what else, if anything, needs to be done.
25. It is very important for the wellbeing of students that pastoral care and academic progress are kept separate where possible. Staff involved in making decisions on a student’s academic progression should not provide pastoral care.
26. It may be helpful to refer to the GMC and MSC’s jointly produced guidance for medical schools and medical students on [Supporting medical students with mental health conditions](#)\*. The guidance also sets out some general principles medical schools can use to support students with physical health conditions.

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\* See [www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/supporting-medical-students-with-mental-health-conditions](http://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/supporting-medical-students-with-mental-health-conditions)

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## Considering health and disability issues

27. In most cases, health conditions and disabilities do not affect a PA student's fitness to practise, as long as the student:
- demonstrates appropriate insight
  - seeks appropriate medical advice
  - follows treatment.
28. PA course providers must make adjustments, where possible, to allow a student to fulfil the core competencies of their course and enable them to study and work safely in a clinical environment.\*
29. All students should register with a local general practitioner (GP), who will be able to offer them independent support and continuity of care while they are on their PA course. Supervisors and tutors, who are involved in teaching a student, should not also be involved in providing their healthcare or occupational health assessments.
30. A GP or medical doctor who treats a student should not also be involved in occupational health assessments of fitness to practise, because this is a conflict of interest with their role as a therapeutic advocate. Similarly, occupational physicians are contractually obliged to give independent assessments of fitness to practise, so can't also provide medical treatment services.
31. Students with health conditions – in particular, those with mental health conditions – are often identified as having problems because they display unprofessional behaviour that is out of character, such as poor attendance or failure to engage with their studies. Course providers should give their staff training to help them identify, at an early stage, students whose behaviour indicates an underlying health condition.
32. Course providers can use low-level concerns processes to identify and support students with health conditions. They can also use their fitness to practise procedures where making adjustments and providing support have been tried without success. The fitness to practise process can help students by making sure they access the support that will enable them to complete their course.

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\* You can find more detail on how medical education organisations can make reasonable adjustments, as well as examples of adjustments medical schools have made, in our [Welcomed and valued](#) guidance.

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33. When a student has a health condition, it's important to consider their fitness to study – whether they are well enough to participate and engage in their programme. The Higher Education Occupational Physicians group publishes [fitness to train standards for medical students\\*](#) on its website, which course providers may find helpful.

## Referring a student to occupational health

34. PA course providers should refer students who have been diagnosed with a health condition to the HEI's occupational health provider so they can get an appropriate assessment. If it would be helpful and the student consents to it, the student's treating specialist can give the course provider their opinion on whether the student should remain on the course. This advice is likely to be along the lines of one of the following.

- **Medically fit to remain on the course**

This may include recommendations about any reasonable adjustments (following consultation with the disability support office) and may also suggest the option of regular reviews through the occupational health service.

- **The need for an interruption from the course**

This is usually recommended where a student needs to take time out to access appropriate treatment or if they need a period of stability. Any return to the course should be dependent upon a further review through the occupational health service to confirm the student's medical fitness. If the course provider does not consider such a review appropriate, they should give a clear, documented explanation as to why.

- **Referral to an independent specialist for further advice**

This may be recommended by an occupational health physician in a limited number of complex cases (often involving mental health conditions). Such a referral would be made with the student's informed consent. The independent specialist will produce a report, which they will send to the occupational health service. The occupational health service will discuss the report with the student, before sending further information and advice to the course provider.

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\* See [heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730794HEOPS\\_Medical\\_Students\\_fitness\\_standards\\_2015\\_v12.pdf](https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730794HEOPS_Medical_Students_fitness_standards_2015_v12.pdf)

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35. Students should be able to self-refer to the occupational health service if they have concerns that a health condition may affect their academic performance or fitness to practise. The occupational health service should reassure the student that any information it receives during such a consultation is confidential and will only be shared with the student's informed consent, unless the occupational health practitioner considers that the student is a potential risk to others or themselves. The occupational health service should encourage the student to consent to share their occupational health report with their course provider.
36. Following an occupational health assessment, any subsequent report from the occupational health service should address:
- the issue of the student's medical fitness to study or practise
  - any necessary adjustments or support needed
  - the need for reviews
  - any expectations of the student – for example, compliance with medication.
37. The treating practitioner has the same duty of confidentiality to students as to any patient.\* If the student doesn't consent to the disclosure of information about them, the practitioner can only disclose it if either it is required by law or they judge disclosure to be in the public interest.
38. In some cases, the occupational health practitioner may ask the student to give consent for the disclosure of medical information to let them provide appropriate care and ongoing support. For example, if a student returns to their course after taking time off due to a health condition, it may be helpful for the student, the disability support office, the occupational health practitioner and the treating specialist to discuss what steps they might take to minimise future problems.
39. In some cases, course providers may need to monitor the extent to which a student is following a treatment programme to make sure they are fit to study or practise. The occupational health service is in an ideal position to do this, in consultation with the treating specialist.

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\* See the GMC's guidance *Confidentiality* for more information, available at [www.gmc-uk.org/confidentiality](http://www.gmc-uk.org/confidentiality).

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## Making adjustments to accommodate a student's needs

40. PA course providers must make reasonable adjustments for students with a disability to allow them to achieve the outcomes for PAs required by the GMC. Although adjustments can't be made to the outcomes themselves, reasonable adjustments can be made to learning and assessment methods. In all cases, any reasonable adjustments should be subject to regular review. You can find further information in the GMC's guidance, [Welcomed and valued](#)<sup>\*</sup> and in the Higher Education Occupational Physicians group's [General Guidance on adjustments for students training in regulated professions](#)<sup>†</sup>.
41. If a student is receiving ongoing support for a health condition, it may be appropriate to arrange their placements in locations where they can receive continuity of care with the same healthcare professionals.
42. Course providers should make clear to students that in some circumstances equivalent adjustments might not be available in the workplace after they qualify. Course providers may find it helpful to ask local clinical placement providers what reasonable adjustments they are able to make. This will help course providers to give students better information about what reasonable adjustments may be realistic in the workplace, which will help students to make informed decisions about progression through their PA course.
43. In rare circumstances, a chronic or progressive health condition may mean it isn't possible for a student to meet all the outcomes required by the GMC for graduation. Also, in a small number of cases, a health condition may mean a student's fitness to practise is impaired.
44. If a student can't demonstrate the necessary competencies and all options for support and adjustments have been explored without success, it may be necessary to begin formal fitness to practise procedures. Course providers must continue to support students throughout this process.

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<sup>\*</sup> See [www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued](http://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued)

<sup>†</sup> See [heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730240General\\_guidance\\_on\\_adjustments\\_for\\_students\\_training\\_in\\_regulated\\_professions\\_v23.pdf](http://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730240General_guidance_on_adjustments_for_students_training_in_regulated_professions_v23.pdf)



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## How should PA course providers deal with concerns they receive about a student's health or behaviour?

45. Allegations about a student's health or behaviour may come from a number of sources, including:
- members of course provider or HEI staff
  - staff who work in placement provider organisations
  - occupational health physicians
  - fellow students – the circumstances by which this information comes to light should be carefully examined
  - the police
  - self-referral – perhaps declaration of a criminal matter
  - members of the public
  - anonymous complaints, through a raising concerns policy or through the media.
46. PA course providers and HEIs should make sure their procedures have sufficient flexibility to receive allegations from a number of sources. They should also make sure procedures clearly define how cases are evaluated.
47. Course providers should also consider how they will deal with anonymous complaints and how they can gather evidence in these circumstances. Anonymous complaints can limit a course provider's ability to take action, as it will be more difficult to investigate and gather evidence. It may be appropriate to deal with such complaints under the course provider or HEI's anonymous complaint or raising concerns policy.
48. In some situations, such as where there is an allegation of plagiarism, it may be appropriate to consider the case under both academic and fitness to practise procedures. In these circumstances, course providers should conduct the academic process first and conclude it before beginning the fitness to practise process. This will avoid the student facing simultaneous disciplinary procedures for the same allegation.
49. Course providers' procedures on dealing with concerns should also make clear how and when they communicate allegations to the student. Course providers must give allegations to the student in writing before beginning any investigation. They should also give the

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student information about the fitness to practise process and the support available to them during it.

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# How should PA course providers deal with low-level professionalism concerns?

## Identifying low-level concerns

50. PA students must meet all the outcomes for PA education by the time they graduate, including behaving according to ethical and legal principles. PA course providers are required to have formal processes in place for assessing these requirements. Any system for identifying, raising and monitoring low-level professionalism concerns should work in conjunction with existing systems for assessment.
51. Students who experience difficulties due to a health condition may display unprofessional behaviour that raises concern. It is important for course providers to have a system to identify students who display such behaviour, since this may be an early indicator of more significant misconduct or health concerns.
52. Low-level professionalism concerns may be identified and raised by a number of sources, such as personal tutors, staff on placement or other students ([see paragraph 45](#)). For example, some medical schools have a card or points system for flagging unprofessional behaviour and such systems have the advantage that they can also be used to recognise and promote exemplary professional behaviour.
53. Having a formal process for reporting and monitoring low-level professionalism concerns – such as lateness, not handing in work on time and missing lectures – will allow course providers to identify any unprofessional behaviour and to address it before it leads to more significant fitness to practise issues.
54. It's important for course providers to give clear guidance to staff on their process for reporting any concerns about students and to make sure this guidance is clearly available to anyone who may wish to use it.
55. Course providers should also tell students how they will identify and monitor unprofessional behaviour, and what its consequences will be. Course providers should be open and transparent with students and give clear and consistent advice.

## Taking action on low-level concerns

56. There should be clear processes for dealing with and making decisions about persistent low-level concerns. For medicine courses, many medical schools have a group or committee to

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address persistent low-level concerns and make decisions about whether a student has reached the threshold of their fitness to practise being impaired. In other schools, a senior staff member, such as the dean or year tutor, is responsible for doing this.

57. Whatever method PA course providers use, they should define a set of rules governing how the process will be handled and make these available for students.
58. It is not practical to define a particular number of low-level concerns that mean a student's behaviour has reached the threshold for a referral to fitness to practise procedures. Course providers must consider students' behaviour on a case-by-case basis. Course providers must be consistent in their assessment of whether a student has reached the threshold for referral to fitness to practise procedures, taking into consideration the student's previous behaviour and any patterns of persistent misconduct.
59. As a rule, a course provider should consider whether the student's behaviour indicates they may be a risk to patients or the public, or may undermine public confidence in the PA profession, when they decide whether the student has met the threshold for referral to fitness to practise procedures.
60. Whatever outcome or action the committee or individual decides to take in relation to a low-level concern, it must be clearly justified and explained to the student. In addition, the implications of repeating the behaviour should be detailed for the student in writing. Course providers should keep a record of all the decisions they make in relation to low-level concerns so they can follow up on persistent instances of poor behaviour.
61. In some circumstances, a student's behaviour or pattern of behaviour may depart significantly from the expected standards of professionalism outlined in *Achieving good medical practice: guidance for physician associate and anaesthesia associate students*, but not reach the threshold for referral to fitness to practise procedures. In these circumstances, as well as monitoring future behaviour, it may be appropriate to issue a warning to the student without referring their case to a student fitness to practise panel or committee (see [Table 2](#)).

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# PA student fitness to practise

## What do we mean by student fitness to practise

62. *Good medical practice interim standards for physician associates and anaesthesia associates* describes what is expected of all PAs registered with the GMC. The opening paragraph says: *'Good physician associates ... make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.'*<sup>\*</sup>
63. This explains what the GMC requires from registered PAs. But it is relevant to PA students too, who are also in a privileged position, and have access to patients who may be vulnerable. PA course providers should not let a student continue their studies unrestricted, or let them graduate, if their conduct suggests they may be a risk to patients or the public.
64. Students are in a learning environment at the start of their professional career. When a course provider considers the fitness to practise of a student, it is appropriate to reflect on the severity of the behaviour, the insight shown by the student and the year of study, as well as the likelihood of repeat behaviour and how well the student will respond to support.
65. Expectations of students are likely to change over the course of their studies. For example, misdemeanours in the early part of their course - when a student has greater scope to demonstrate remediation - may have less of an impact on a student than misdemeanours in the latter part of their course, when there is less time before they must meet the requirements for graduation.
66. Course providers should be aware that when concerns are raised about a student in the latter part of study, there may not be sufficient time to resolve them. If a concern about a student's fitness to practise is raised close to the date of graduation, then the course provider should consider the amount of time the student will have to demonstrate remediation. It may be necessary to require a student to repeat all or part of a year, if

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<sup>\*</sup> *Good medical practice: interim standards for physician associates and anaesthesia associates* (para 1): [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-pas-and-aas/good-medical-practice-interim-standards-for-physician-associates-and-anaesthesia-associates/professionalism-in-action](http://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-pas-and-aas/good-medical-practice-interim-standards-for-physician-associates-and-anaesthesia-associates/professionalism-in-action)

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appropriate. But in cases where there is an outstanding, justifiable concern over a student's fitness to practise, the course provider must not graduate the student.

## The threshold of student fitness to practise

67. In deciding whether to refer students to fitness to practise procedures, PA course providers should consider how a student's behaviour or health might affect patient and public safety, or the public's confidence in the medical profession. Investigators and panellists must consider, on a case-by-case basis, whether a student's behaviour or health has crossed the fitness to practise threshold.
68. The following questions can help when considering this threshold. Course providers should be mindful that this advice is only illustrative of the sort of concerns about behaviour or health that could call a student's fitness to practise into question and the outcome in all cases will depend on the particular circumstances.

**Has a student's behaviour deviated from the guidance set out in *Achieving good medical practice: guidance for physician associate and anaesthesia associate students* or a course provider's own code of conduct? And might it, as a result, have harmed patients or put patients, colleagues or themselves at risk of harm?**

An incident or a series of incidents that cause concerns to personal tutors and academic or clinical supervisors can be evidence of harm or risk of harm. A series of incidents can suggest persistent failings that are not being, or cannot be, safely managed through pastoral care or student support. For example, a persistent failure to engage with studies, follow instructions and heed educational advice.

**Has a student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients, teachers or colleagues?**

An isolated lapse in conduct, such as a rude outburst, may not itself suggest that the student is not fit to practise. But persistent misconduct, which indicates a lack of integrity on the part of the student, an unwillingness to behave responsibly or ethically, or a serious lack of insight into obvious professional concerns, would bring a student's fitness to practise into question.

Persistent misconduct, such as being disruptive in teaching sessions, showing challenging behaviour towards clinical teachers, failing to accept criticism and repeatedly not responding to communications, may also be grounds for considering a student has reached the threshold of impairment.

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**Have attempts to improve a student's behaviour or health failed and does the course provider identify a remaining unacceptable risk to patient safety or public confidence in the profession?**

If a course provider has tried to give a student support or educational remediation to address some, or all, of the issues that are causing concern, but these measures have failed, it's likely that the student's fitness to practise will be called into question. For example, the student may have been given a warning for previous misconduct and been told that a repeat of the behaviour would indicate impairment of fitness to practise and formal proceedings.

**Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?**

Behaviour that shows a student has acted without regard for a patient's rights or feelings, or has abused their position as a PA student, will usually give rise to questions about fitness to practise. For example, if a student deliberately misleads patients by not displaying their student identity badge to obtain consent to carry out an examination.

**Has a student behaved dishonestly, fraudulently or in a way designed to mislead or harm others?**

Deliberate dishonesty or fraudulent behaviour will call into question a student's fitness to practise, especially if there is a pattern of this kind of behaviour. Examples may include plagiarism, cheating, dishonesty in reports and logbooks or forging the signature of a supervisor.

**Might the student's behaviour undermine public confidence in the profession generally if the course provider did not take action?**

The course provider should take action if a student's behaviour might undermine trust in the medical profession. The principle of public confidence in the profession applies to PAs.

Patients must be able to trust PAs with their lives and health, so PAs must make sure that their conduct justifies their patients' trust in them and the public's trust in their profession (*Good medical practice: interim standards for physician associates and anaesthesia associates*, paragraph 65).

Students are training to join their profession and therefore the same principle applies. In relation to students, some factors course providers could consider might include, for example:

- misuse of social media

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- receiving a criminal caution\* or conviction
  - failing to comply with the regulations of the course provider, HEI, hospital or other organisation
  - dishonest and fraudulent behaviour.

### **Is a student's health condition or disability compromising patient safety?**

Course providers don't need to start fitness to practise procedures just because a student has a health condition, even if the condition is serious. But they might need to if the student is not following medical advice to minimise the risk to themselves and colleagues. Or if the student does not have insight into the impact of their condition and how it might compromise patient safety.

## **Considering fitness to practise on the grounds of health**

69. PA course providers should consider fitness to practise procedures for a student with a health condition (including addiction) in the following circumstances.

- Where there are significant concerns about the student's fitness to practise or about patient safety. For example, if a student's health condition appears to be uncontrolled or where there is evidence that the student is not following treatment or advice.
- Where there is a significant risk of relapse or loss of insight, which may be characteristic of a condition, for example addiction or certain mental health conditions.
- If the student fails to seek and follow measures and adjustments set by occupational health or others that are designed to enable them to complete the course.
- If a health condition continues to impact on the student's ability to engage with the course after adjustments have been made.
- Where there are significant misconduct issues linked with a health condition. For example, where a student is convicted of a misuse of drugs offence.

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\* Due to differences in Scottish law, for students based on a course in Scotland: receiving a caution cannot lead to student fitness to practise procedures or be a reason for a student's fitness to practise being found to be impaired. This only applies to students based on courses in Scotland, and not to Scottish students on courses based in England, Wales or Northern Ireland.



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70. Course providers should consider the following factors to decide if intervention is needed.

- Whether there is risk to patients (now or in the future), staff, fellow students or to public confidence in the profession.
- Whether the student has insight into their condition.
- Whether the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies or activities appropriately.

## Reasons for impaired fitness to practise in PA students

71. [Table 1](#) gives examples of the sorts of behaviour that might indicate a student's fitness to practise is impaired. The examples vary in seriousness. In some cases, the behaviour itself might indicate a need to refer the student directly into fitness to practise procedures. Other examples are less serious on their own, but if they happen repeatedly or in combination, or if there are aggravating factors, there may also be grounds for referral to a fitness to practise investigation.
72. Students must meet the outcomes of PA education to qualify as a PA. There is some overlap between the expected professional behaviour of students and the assessed outcomes of PA education in relation to professionalism. Therefore, course providers may have a formal means of assessing some of the behaviour outlined in this table.

## Referring a student to fitness to practise procedures

73. If a student's behaviour suggests they may be a risk to patients or the public, or may undermine public confidence in the profession, it is appropriate to consider their fitness to practise through a formal procedure.
74. The decision to refer to a fitness to practise investigation may be based on evidence considered by a low-level concerns committee or by an individual, depending on the PA course provider's process. It could be because of a single significant event or a pattern of behaviour, and may also be the result of educational remediation that has failed to resolve the issue.
75. In exceptional circumstances, a student may be referred to fitness to practise procedures because of a health condition that is preventing them from meeting the required competencies, even after reasonable adjustments have been made.

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## What is the role of the investigator?

76. The course provider or HEI should appoint an investigator (or investigators) to consider cases that have been referred to fitness to practise procedures. The course provider may already have informally gathered evidence to help them decide whether to refer a student to fitness to practise procedures.

The role of the investigator, or investigators, is to gather evidence to inform a decision on whether the student's fitness to practise is impaired. This decision will be made by the fitness to practise panel or committee.

77. The investigator:

- should not, as far as possible, be the student's personal tutor or anyone else who is involved in supporting the student or making decisions about their academic progress
- must be appropriately trained and able to carry out an effective investigation in a proportionate way, considering both the interests of patients and the public and those of the student
- should keep a full record of the investigation.

78. It is helpful for the investigator to order the record of the investigation chronologically. To give a balanced account of the facts that the panel or committee will consider, the investigator should include records of complaints, meetings, interviews and statements, and any evidence of positive behaviour in support of the student. After reviewing the evidence, the investigator should make a written report of the results of the investigation, which details all the evidence gathered.

79. The investigator should present their findings to an investigation committee or individual in an equivalent, decision-making role. Depending on the nature of the issue, the findings may be presented directly to a fitness to practise panel or committee. This may be appropriate for serious misconduct issues or convictions.

80. If the concerns committee, panel members or relevant decision maker considers the student's behaviour is serious or persistent enough to call into question their fitness to continue on their PA course, or their fitness to practise as a PA after graduation, they should refer the case to a fitness to practise panel or committee for an independent decision. They should do this even if there are mitigating factors such as a health condition.

81. If the investigation committee or relevant decision maker does not consider there is sufficient evidence to call into question a student's fitness to practise, the course provider or HEI should deal with the student's behaviour in another way. For example, it may be

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appropriate to issue a warning or require the student to undertake educational remediation, such as completion of a piece of reflective writing, or meeting the terms of an educational agreement, while continuing to provide any appropriate support for the student.

82. It is not appropriate for an investigator to be the decision maker, since there may be a conflict of interest if an investigator were called to present the case on behalf of the course provider in a subsequent fitness to practise hearing.

## What are the possible outcomes of an investigation?

83. At the end of an investigation, the investigation committee or relevant decision maker can decide on a number of possible outcomes. They can:
- conclude the case with no action
  - issue a warning
  - refer the case to a fitness to practise panel or committee.

## Warnings

84. Warnings are appropriate when a student's behaviour is significantly different from expected standards. Warnings are a formal response intended to maintain professional values and prevent a repeat of the behaviour. Students should be offered adequate support to address any underlying reasons for their behaviour. See [Table 2](#) for factors to consider when deciding on a warning.
85. The investigation committee or relevant decision maker must make clear to the student what will happen if they repeat the behaviour for which they have received a warning. A breach of a warning may be taken into account by a committee or panel in relation to a future case against a student, or the breach itself may comprise misconduct serious enough to lead to a referral to a fitness to practise investigation. The warning should remain on the student's record, and the student must be aware of their responsibilities regarding disclosure when applying to the GMC for registration.

## Referral to a fitness to practise committee or panel

86. The role of the fitness to practise committee or panel is to make an independent decision on a student's fitness to practise, based on the evidence gathered and presented to them by the investigator. The committee or panel should take into account the balance between patient

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and public safety, the interests of the PA student, and the need to maintain confidence in the profession.

87. Committees or panels should consider any guidance set by the GMC and work in accordance with the regulations and procedures of the course provider or HEI. Procedures should be set out in writing and made available to students.
88. Committees or panels must consider each case on its own merits and circumstances and make decisions on the balance of probabilities about the facts of the case and use their own judgement to determine whether the student's fitness to practise is impaired.
89. The committee or panel can find that:
  - the student has sufficiently addressed any concerns relating to conduct or a health condition which poses a risk to patients or the public, or any risk to undermining the public's confidence in the PA profession. The committee or panel should then conclude that the student's fitness to practise is not impaired. An appropriate outcome in such a case may be no warning or no sanction.
  - the student's fitness to practise is not impaired, but the committee or panel may issue the student with a warning if their behaviour has significantly departed from expected standards. This warning should give details of the behaviour and the consequences of any similar behaviour (see *Warnings* above).
  - the student's fitness to practise is impaired, in which case the committee or panel will need to consider any mitigating or aggravating factors when deciding an appropriate outcome or sanction. Any sanction should be proportionate to the student's behaviour and deal effectively with the fitness to practise concern.
90. The committee or panel should set out in writing the outcome of the hearing (the determination). This document should give detailed reasons about why the committee or panel came to its decision. The determination should include the details of any sanctions imposed, the reasons for them and any relevant timescales and mechanisms for review.
91. The GMC requires any student who has been through a formal fitness to practise procedure to declare this on their application for registration, unless the outcome of the formal process was no further action. The committee or panel should include information about this requirement in the outcome letter. The GMC will also require evidence that any conditions have been completed and appropriately monitored and reviewed.
92. There should be a clear, formal appeals process. Course providers should make sure students are aware of their right to appeal against decisions of the fitness to practise panel, and of the process for doing this.

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## Fitness to practise committee or panel

### Composition and training

93. PA course providers' fitness to practise procedures must describe clearly the composition of the committee or panel.
94. The committee or panel must include as a minimum a registered PA practitioner.
95. Course providers should also consider including on panels:
  - someone from outside the course
  - someone with legal knowledge
  - a student representative who does not know the student being investigated
  - where the concerns are related to a health condition, a relevant health specialist, for example a psychiatrist or occupational health physician. This person should not be involved in the treatment of the student.
96. Committee or panel members should have appropriate experience and receive training for their role. There should also be a clear description of the requirements of the role. Panellists must:
  - know and understand the rules and regulations of fitness to practise and disciplinary matters at the faculty or HEI
  - know and understand the outcomes of PA education and the relevant guidance, such as *Achieving good medical practice: guidance for physician associate and anaesthesia associate students* and this guidance
  - be fair-minded and willing to hear the full facts of the case before reaching a decision
  - be prepared to seek appropriate expert advice, especially in cases involving health or impairment issues
  - make sure fitness to practise proceedings are fair and proportionate.

### Committee or panel hearings

97. Course providers and HEIs must make sure their proceedings are fair and transparent. Among other things, they should:
  - take steps to establish that there are no conflicts of interest between investigators, panellists and the student

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- set up appropriate procedures without unnecessary delay
  - include in their policy how a hearing may proceed in the absence of the student
  - make sure both the student and the representatives of the course provider or HEI have a complete copy of all the information given to the committee or panel
  - make sure all parties have an equal opportunity to present evidence
  - make sure that panellists apply the civil standard of proof - 'on the balance of probabilities' - to their findings of fact
  - be prepared to hold hearings in public if that is what the student wants (except hearings involving health conditions, which should be held in private)\*
  - make sure that decisions and sanctions are proportionate
  - make sure decisions, and reasons for them, are explained and given in writing
  - consider what to do if there is a split vote. For example, it may be appropriate for the chair to have the casting vote. Alternatively, course providers may wish to consider having an odd number of panellists to avoid this situation.

## Support and representation for PA students at committee or panel hearings

98. Course providers should encourage students to have a supporter or legal representative present at fitness to practise hearings. The students' union may also be an important source of advice and support. Course providers' fitness to practise procedures should set out how support and representation will work in practice.
99. A student who is subject to fitness to practise procedures should be given written guidance to explain:
  - what will happen at all stages of the process
  - where they can get support
  - guidance to help them put together information for their hearing.
  - The course provider should also give the student an indicative timeframe for the process.

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\* This does not mean students and others should have unlimited access to proceedings - course providers can set rules as to how a public hearing will be held.

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## Witnesses at committee or panel hearings

100. If individuals or experts have information the committee or panel should consider, they should be asked to give an account of this information in writing. In certain circumstances, it may be appropriate for course providers or HEIs to invite witnesses to be present at a committee or panel hearing to give verbal evidence. This may be required if clarification is needed about information given in a witness's statement or if there are conflicting accounts of information given by two witnesses. The representatives of the course provider or the student should be given the opportunity to ask questions of any witness who is invited to give evidence during a committee or panel hearing.

## What are the outcomes of a fitness to practise committee or panel?

101. A fitness to practise committee or panel may decide on one of a number of possible outcomes (see [Table 2](#)).

If the student's fitness to practise is not impaired, the committee or panel can apply:

- no warning or sanction
- a warning.

If the student's fitness to practise is impaired and requires a sanction, the committee or panel can:

- apply conditions
- suspend the student from the PA course
- expel the student from the PA course.

## Warnings

102. A fitness to practise committee or panel may decide to issue a warning to a student as an outcome if there is a significant departure from expected standards, but the student's fitness to practise is not impaired and does not require a sanction (see *Warnings* above, and [Table 2](#)).

## Sanctions

103. The purpose of a sanction (conditions, suspension or expulsion) is to protect patients and the public, to maintain confidence in the profession, and to make sure that a student whose

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fitness to practise is impaired is dealt with effectively. This includes possibly being removed from their PA course. Sanctions are not intended as a punishment for the student and, with the exception of expulsion, should give a student the opportunity to learn from their mistakes.

104. Committees or panels should consider whether a sanction will protect patients and the public, and maintain professional standards. They should consider sanctions in a stepwise order, starting with the least severe sanction first and progressing to the next if they think a lesser sanction is not appropriate in relation to the circumstances of the case.
105. It is important that, when a panel or committee decides to impose a sanction, they make it clear in their determination that they have considered all the available options. They should also give clear reasons for imposing a particular sanction, including any mitigating or aggravating factors they took into account in making their decision. They should also explain the intended purpose of the sanction in the determination.
106. The determination should include an explanation if a particular length of sanction was considered appropriate and include the date it is effective from.
107. If a student's fitness to practise will be considered again at a review hearing, for example to determine if any remediation has been successful, the determination should specify when and who will do this. For example, would it be by the same committee or panel?
108. The panel or committee should outline in their determination letter the student's right to appeal against any sanction. They should also give information about how to appeal and include any associated timings in the determination.
109. The determination letter should also make clear the requirements for disclosure to the GMC when the student applies for registration.
110. Course providers should have a clear policy on how long warnings and sanctions will remain on a student's record. This should be at least the length of time it usually takes for a student to get registration with the GMC. If the panel or committee considers it necessary, the sanctions can remain on the course provider's record after the student has applied for registration.

## Conditions

111. Conditions are appropriate when there is significant concern about the behaviour of a student, where a health condition may or may not be a contributory factor. This sanction should be available after a committee or panel hearing and only if the committee or panel is satisfied that the student might respond positively to remediation and closer supervision, and has displayed insight into their problems. The committee or panel should consider any



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evidence, such as reports on the student's academic or professional performance, health and behaviour, and any other mitigating or aggravating factors.

112. The committee or panel should make the objectives of any conditions clear, so a student knows what is expected of them. Conditions should be:
- specific
  - proportionate
  - workable
  - time bound
  - measurable
  - monitored.
113. The committee or panel should specify how compliance with the conditions will be measured and who will be responsible for monitoring. They should also make clear to the student the consequences of breaching any conditions.
114. When reviewing a case where conditions have been imposed, the committee or panel should consider whether the conditions remain appropriate.
115. Before imposing conditions, the committee or panel should satisfy itself that:
- the problem can be addressed through conditions
  - the objectives of the conditions are clear
  - the conditions will be appropriately monitored
  - any future assessment will take into account whether the objectives have been achieved, and whether patients are going to be at risk if the conditions are removed.
116. If a committee or panel has found a student's fitness to practise impaired because of a health condition, the conditions should relate to the medical supervision of the student as well as to supervision on clinical placements.
117. A committee or panel should not impose conditions if they have found that the student's fitness to practise is not impaired.

## Suspension from PA course

118. PA course providers should consider whether the nature of a concern means the student should be temporarily suspended while the concern is investigated. This may be appropriate immediately after the concern has been raised, or in response to evidence that arises during the investigation or fitness to practise hearing. It may also be a proportionate response

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where a student is charged with a serious criminal offence but has not yet been convicted. Any suspension must be made to protect patients, colleagues, the student in question, or other students. Course providers should make sure the decision is proportionate, fair, documented and evaluated on a regular basis.

119. Suspension prevents a student from continuing with their course for a specified period, and from graduating at the expected time. Suspension is appropriate for concerns that are serious, but not so serious as to justify expulsion from the course. See [Table 2](#) for points to consider when deciding if it is appropriate to suspend a student.
120. It's important that course providers have a process in place to make sure a student who returns from suspension understands the seriousness of the findings that led to their suspension and demonstrates insight. This process should also permit consideration of whether any conditions or remediation work is required. It may be appropriate to convene a student fitness to practise panel or committee, or a lower-level committee, to consider these matters before the student returns from a period of suspension, depending on the course provider's internal procedure.

## Expulsion from PA course

121. The committee or panel can expel a student from a PA course if they consider it is the only way to protect patients, carers, relatives, colleagues or the public. The course provider and HEI should advise the student on options available to them, and where appropriate, help the student transfer to a different course. But the nature of the student's behaviour may mean they should not be accepted onto health professional-related courses or, indeed, on any other course.
122. Expulsion, the most severe sanction, is appropriate if the course provider or HEI considers that the student's behaviour is fundamentally incompatible with continuing on a PA course or subsequently practising as a medical professional. See [Table 2](#) for points to consider when deciding if it is appropriate to expel a PA student.
123. Students who are expelled from a PA course should be added to the excluded student database\*, which is hosted by the Medical Schools Council. They should be told in writing that they will be added to the database and given a chance to appeal the decision to place them on the database.

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\* It is intended for PA schools to access the excluded students database when regulation begins

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124. Course providers and HEIs should review their fitness to practise procedures to include appropriate measures to address a situation where before a conclusion is reached, a student with a fitness to practise concern either leaves voluntarily, or successfully or unsuccessfully completes the course. All cases that reach a hearing should come to a formal decision and conclusion, even if the student leaves before the hearing has concluded. Course providers must give the student a full opportunity to participate in the hearing, even if they have left.

## Reviewing a student's fitness to practise following a sanction

125. Students who receive a sanction, short of expulsion, should also receive ongoing supervision or monitoring, or both, to satisfy the course provider regarding their continued fitness to practise. They should also be given remedial or pastoral support, or both. If the student is in the early stages of their PA course, it may be valuable to support them to reflect on their fitness to practise at least at the end of their first year.

## Timescales for fitness to practise procedures

126. Course providers and HEIs should make sure documentation about their fitness to practise procedures includes timescales for the various stages of the procedures. It should include timescales for the investigation and hearing stages, taking into account how long a student may be prevented from continuing their course.

127. Any time limits imposed under the process should include reasonable notice periods, which will allow a student enough time to prepare for and attend a hearing. It is in everyone's best interests for defined timescales to be adhered to if possible, but they should be flexible enough to reflect what is reasonable under the circumstances. It should be possible to shorten timeframes if a student presents an immediate, significant risk or to extend them in exceptional cases to make sure the procedure is fair (for instance, to make sure everyone required to attend the meeting is available).

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## Expelling students on health grounds

In exceptional circumstances, PA course providers and HEIs may expel students on health grounds. This approach is consistent with a health condition being a reason for impaired practice when the GMC applies the test of fitness to practise to applicants for registration and may therefore be a reason for the GMC refusing registration. This differs from the GMC's fitness to practise processes, as registered medical professionals cannot be removed from the register on purely health grounds, although they can be suspended indefinitely from the register in certain circumstances. But PA students are not registered medical professionals – they are training to join a profession and therefore it may be necessary to remove them from the course to protect patients.

The difference in a student fitness to practise context is that it does not involve a decision to erase someone from the register and therefore remove their ability to practise their profession. Ultimately, a decision whether to expel a student on health grounds is a matter for the course provider. Such a decision would result in expulsion from a particular PA course, and it would only be appropriate where it was deemed by the course provider to be a necessary step to protect the public. It would not prevent a student from being able to apply to re-join another PA course in the future, providing the public protection concerns have been addressed.

A student can be removed from the course if they consistently fail to manage their health condition, have a lack of insight into the impact their health has on others or consistently fail to follow the advice of their treating physician. This should be done through a formal fitness to practise process managed in line with the guidance in this document.

In these instances, the course provider must show they have taken steps to support the student to continue on the course and have sought to offer adjustments to allow the student to continue. Course providers should also seek expert advice from a qualified clinician.

If a student fitness to practise panel or committee believes a student should be expelled because of a health condition, they should consider the following questions.

- How long has the student been on the course, and what opportunities has the course provider given them to show they are able to manage their condition?
- Does a pattern of behaviour suggest the student fails to manage their health condition in certain contexts?

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- Is there a pattern of behaviour that shows a student consistently fails to have insight into the impact their health condition might have on patients and their peers?
  - Is there a pattern of behaviour that shows the student fails to follow the advice of their treating physician in relation to their health condition?

Course providers can also remove students from the course if they have a health condition or disability that means they will not be able to meet the outcomes of their PA course (see [paragraphs 27-44](#)). This is a different situation from the one outlined above, and the views of occupational health physicians and other specialists will be crucial in supporting course providers to make this decision. Course providers should also consider the ability of the student to meet the outcomes within a reasonable time and the impact of prolonged absences from the course on learning, including the currency of knowledge.

All decisions related to expelling a student because of a health condition must be made on a case-by-case basis. There are no health conditions that should automatically lead to expulsion – course providers must follow guidance, including that set out in this document, to make sure their decisions are fair and proportionate. Course providers may also find it helpful to read [Welcomed and valued](#)<sup>\*</sup> and [Supporting medical students with mental health conditions](#)<sup>†</sup>, which give guidance on how medical schools can support students with disabilities and mental health conditions.

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<sup>\*</sup> See [www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/welcomed-and-valued-supporting-disabled-learners-in-medical-education-and-training](http://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/welcomed-and-valued-supporting-disabled-learners-in-medical-education-and-training)

<sup>†</sup> See [www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/supporting-medical-students-with-mental-health-conditions](http://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/supporting-medical-students-with-mental-health-conditions)

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## Confidentiality and disclosure

128. PA course providers should be aware of the importance of information storage and confidentiality issues. In some cases, it may be appropriate to keep certain documents separate from a student's file and use cross-reference markers. Course providers must comply with the *Data Protection Act 2018* and the UK General Data Protection Regulation to protect the confidentiality of students.
129. Course providers should also make clear in their public documents and on their websites that personal information may be passed to other organisations, including the GMC and other PA course providers. For example, the GMC may be notified if there was a concern about a student's health or conduct that led to a formal process, so this could be considered at the point of registration.
130. Course providers must have clear guidelines on the disclosure of information in situations where a student's fitness to practise has raised concern.
131. The Information Commissioner's Office (ICO) has previously indicated that when fitness to practise concerns are raised, 'a balancing decision would need to be made between the rights of the individual student and the likelihood of a real risk to the public.'<sup>\*</sup> This will have implications for the responsibilities of, for example, occupational health practitioners, teachers, trainers, personal tutors and students.
132. Furthermore, the ICO said all students should be informed that, in addition to any other purposes for which their personal data may be used, information may also be shared with supervisors in circumstances where it is clear there would be a likelihood of real risk to the public if that information was not disclosed. This should be supported by clear, agreed procedures for sharing information between course providers and other organisations.
133. Course providers should make sure there are transparent and appropriate processes that will allow GPs or healthcare providers to raise concerns about PA students, if necessary. For example, where locally applicable, it may be appropriate to use the occupational health service, student support services, or a named academic or administrator as the first point of contact. Any exchange of confidential medical information should be carried out in the interests of protecting patients and the public, and preferably with the knowledge and

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<sup>\*</sup> Correspondence from the Information Commissioner's Office (2008).

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consent of the student in question. For more information, see the GMC's guidance, [Confidentiality](#).

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## Appeals committees and panels

134. PA course providers and HEIs should have a fair and transparent process for appealing the findings of the student fitness to practise committee or panel, which should be clear and compliant with equality and diversity requirements. Those who have been closely involved in giving support to a particular student, and those who served on the committee or panel that considered that student's case, should not sit on the appeals panel.
135. Course providers should make sure their fitness to practise procedures clearly state the scope of and process for appeals, including:
- the circumstances in which an appeal can be made
  - whether the appeal will be considered by a committee or panel or an individual
  - whether there will be a hearing or simply a reconsideration of the decision based on the papers originally submitted to the panel
  - whether the appeals committee or panel (or individual) can reconsider the facts of the case or is limited to deciding whether due process was followed
  - whether the appeals committee or panel (or individual) can itself make a new decision on impairment, or whether they can simply refer the case back to a new fitness to practise committee or panel
  - the composition of the appeals committee or panel, taking on board the advice in this guidance on committee or panel composition and training, and in particular the requirement that a registered PA must sit on the appeals committee or panel
  - details of further stages of appeal if they exist, and information on what students can do if they have exhausted the appeals process but still disagree with the outcome.
136. If the outcome of a case is overturned, following appeal either to the HEI or student ombudsman (see [paragraph 146](#)) because of a failing to follow due process, this does not overrule any decision about whether a student is fit to practise. In these circumstances, the case will need to be reconsidered by the course provider or HEI following appropriate procedures but still giving due consideration to any potential impairment of a student's fitness to practise.
137. HEIs responsible for hearing appeals should be aware that PA students are training to join a registered profession. This means they are expected to behave professionally throughout their course. It is very important that HEIs bear in mind the future safety of patients when considering any matter relating to a student's fitness to practise.



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138. It is important to note that even if an appeal is successful the GMC will make its own decision on fitness to practise on the point of registration.

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## External complaints

139. When the course provider and HEI procedures for an appeal have been exhausted, students have a right to pursue a complaint with the relevant student ombudsman or equivalent. For the four countries of the UK these are:

- for England and Wales, the [Office of the Independent Adjudicator](#)
- for Scotland, the [Scottish Public Services Ombudsman](#)
- for Northern Ireland, the [Northern Ireland Public Services Ombudsman](#).

140. These bodies will carry out an impartial review of a student's complaint and will focus on whether the course provider and HEI have followed their own procedures. They will also consider whether decisions were reasonable, evidence-based and justified. You can find further information specific for the relevant country on the ombudsmen's websites.

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# Table 1 - Fitness to practise for PA students – key areas of concern

A PA student's behaviour must justify the confidence that patients and the public have in them.

Course providers can still take action in the light of any misconduct, even if there is no criminal caution or conviction relating to any of these matters.

## Misconduct

This includes issues that raise a question about a student's honesty, trustworthiness or character.

## Cheating or plagiarism

### Examples of behaviour

- Cheating in examinations
- Signing peers into taught sessions from which they are absent
- Passing off the work of others as your own
- Sharing with fellow students or others, details of questions or tasks from exams you have taken
- Forging a supervisor's signature or falsifying feedback on assessments, logbooks or portfolios

## Dishonesty or fraud, including dishonesty outside the professional role

### Examples of behaviour

- Falsifying research
- Committing financial fraud
- Creating fraudulent CVs or falsifying other documents
- Misrepresentation of qualifications

- 
- Falsifying signatures on documents such as portfolios
  - Failure to declare relevant misconduct issues or health conditions to course provider or HEI
  - Wilful withholding or misrepresentation of health conditions (eg blood-borne viruses)

## Misconduct and health conditions relating to drug or alcohol use

### Examples of behaviour

- Driving under the influence of alcohol or drugs
- Misuse of prescription medication
- Alcohol consumption that affects clinical work, the work environment, or performance in the educational environment
- Drug use that affects clinical work, the work environment, or performance in the educational environment - this may include legal highs
- Dealing, possessing or supplying drugs, even if there are no legal proceedings
- A pattern of excessive alcohol use

## Aggressive, violent or threatening behaviour

### Examples of behaviour

- Assault
- Physical violence
- Bullying
- Harassment
- Stalking
- Online bullying or trolling

## Failing to demonstrate good professional practice

### Examples of behaviour

- Misuse of social media, such as criticising placement providers
- Breach of confidentiality

- 
- Misleading patients about their care or treatment
  - Culpable involvement in a failure to obtain proper consent from a patient
  - Sexual, racial or other forms of harassment or bullying
  - Inappropriate examinations or failure to keep appropriate boundaries in behaviour
  - Unlawful discrimination

## Persistent inappropriate behaviour

### Examples of behaviour

- Uncommitted to work or a lack of engagement with training, programme of study or clinical placements
- Neglect of administrative tasks
- Poor time management
- Non-attendance
- Poor communication skills
- Failure to accept and follow educational advice and unwillingness to learn from feedback given by others
- Being rude to patients, colleagues or others
- Unwillingness to learn from constructive feedback given by others
- Being disruptive in teaching sessions or the training environment
- Challenging behaviour towards clinical teachers or not accepting criticism
- Failing to answer or respond to communications within a reasonable time.

## Convictions and cautions

- **PA students whose school is based in England or Wales**

A conviction or caution in the British Isles for a criminal offence (or a conviction elsewhere for an offence that would be a criminal offence if committed in England or Wales). See [What to](#)

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[tell us when you apply for registration](#)\* for further guidance.

- **PA students whose school is based in Northern Ireland**

A conviction or caution in the British Isles for a criminal offence (or a conviction elsewhere for an offence that would be a criminal offence if committed in Northern Ireland). Legal advice should be sought on protected cautions under Northern Irish law.

- **PA students whose school is based in Scotland**

A conviction (but not a caution) in the British Isles for a criminal offence (or a conviction elsewhere for an offence that would be a criminal offence if committed in Scotland).

## Examples of behaviour

- Possessing, dealing or supplying illegal drugs
- Theft
- Physical violence
- Fare avoidance
- Financial fraud
- Child pornography
- Child abuse or any other abuse
- Sexual offences<sup>†</sup>

## Physical or mental health condition

Health conditions and insight or management of these.

### Examples of behaviour

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\* See [www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide/cautions-and-convictions](http://www.gmc-uk.org/registration-and-licensing/join-the-register/what-to-tell-us-when-you-apply-guide/cautions-and-convictions)

<sup>†</sup> PA course providers can still take action in the light of any misconduct, even if there is no criminal caution or conviction relating to any of these matters

- 
- Failure to seek appropriate treatment or advice from an independent and appropriately qualified healthcare professional
  - Failure to follow the requirement to tell your course provider or HEI if you have a serious health condition
  - Refusal to follow medical advice or care plans, or to comply with arrangements for monitoring and reviews
  - Failure to comply with reasonable adjustments to ensure patient safety
  - Failure to recognise limits and abilities or lack of insight into health conditions
  - Failure to be immunised against common serious communicable diseases (unless contraindicated)

## **A determination that fitness to practise is impaired**

A determination by a body in the United Kingdom responsible under any enactment for the regulation of a health or social care profession to the effect that the person's fitness to practise as a member of that profession is impaired, or a determination by a regulatory body elsewhere to the same effect.

## **A determination, regardless of whether or what sanction was imposed**

### **Examples**

- A finding of impairment of fitness to practise by a health or social care regulatory body.
- A previous finding of impairment of fitness to practise by a HEI or course provider that was not disclosed on application for admission.

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## Table 2 – Outcomes of an investigation or fitness to practise committee or panel

This list is not exhaustive, but highlights factors to consider. Sanctions (conditions, suspension or expulsion) may be appropriate when most or all of the factors listed are apparent. To keep the terminology simple, references to panel in this table mean a fitness to practise panel or committee.

### No action

Is a possible outcome of: **Investigation or panel.**

- The student's fitness to practise is not impaired
- There is no risk to patients or to public confidence
- The student has insight into any medical condition
- In cases of health, the student is seeking appropriate treatment, following the advice of the people treating them, and adjusting their studies appropriately.

### Warning

Is a possible outcome of: **Investigation or panel.**

- The student's fitness to practise is not impaired
- Their behaviour does not present a risk to patients or to public confidence
- The student's behaviour raises concern and is a significant deviation from expected standards
- The concerns are serious enough that if there were a repetition, it would be likely to result in a finding of impaired fitness to practise
- The concern warrants a formal recording to help identify repeat behaviour.

### Referral to fitness to practise panel

Is a possible outcome of: **Investigation only.**

- The student's fitness to practise may be impaired



- 
- The breach of professional values is serious and may present a risk to patients or to public confidence
  - The student does not show insight into the situation
  - The student is likely to repeat the behaviour
  - There is evidence that the student is inherently incapable of following good practice and professional values. For example, they have received previous warnings or are in breach of agreed conditions
  - A decision maker decides that the evidence is sufficient to put before a fitness to practise panel.

## Condition

is a possible outcome of: **Panel only**.

- The student's fitness to practise is impaired
- The conditions will protect patients during the time they are in force
- The student has shown sufficient insight, and is willing to respond positively to support and conditions
- There are identifiable areas of the student's studies in need of further assessment or remedial action
- The student has genuine insight into their health condition, is aware of compliance with the guidance on health and has agreed to abide by conditions relating to their medical condition, treatment and supervision
- Patients will not be put in danger either directly or indirectly as a result of the conditions.

## Suspension

is a possible outcome of: **Panel only**.

- The student's fitness to practise is impaired
- The breach of professional values is serious, but not fundamentally incompatible with the student continuing on a PA course – expulsion not justified to protect patients and the public. But, given the seriousness, any sanction less than suspension would not be in the public interest

- 
- The student's judgement may be impaired, in cases that relate to the student's health, and there is a risk to patient safety if the student were allowed to continue on the course even under conditions
  - There is no evidence that the student is inherently incapable of following good practice and professional values. For example, they have not received previous warnings, nor are they in breach of agreed conditions
  - The panel is satisfied the student has insight and is not likely to repeat the behaviour
  - There will be appropriate support for the student when they return to the course.

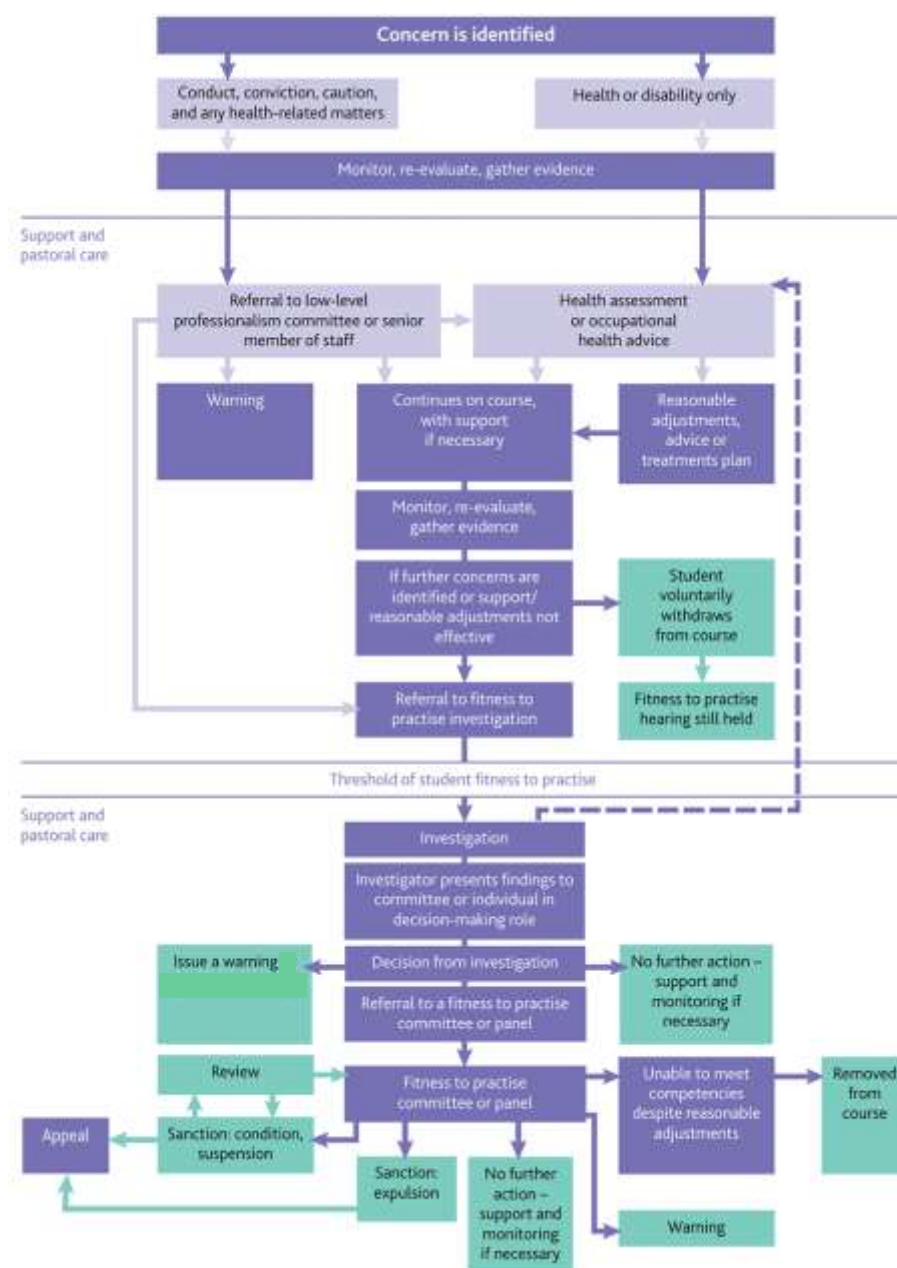
## Expulsion

is a possible outcome of: **Panel only.**

- The student's fitness to practise is impaired
- The student has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients
- The student has shown a reckless disregard for patient safety
- The student has seriously departed from the principles set out in PA and AA generic and shared learning outcomes and *Achieving good medical practice: guidance for physician associate and anaesthesia associate students*
- The student has behaved in a way that is fundamentally incompatible with being a PA
- The student has committed offences of a sexual nature, including involvement in child pornography
- The student has violated a patient's rights or exploited a vulnerable person
- The student has abused their position of trust
- The student has committed offences involving violence
- The student has been dishonest, including covering up their actions, especially when the dishonesty has been persistent
- The student has put their own interests before those of patients
- The student has persistently shown a lack of insight into the seriousness of their actions or the consequences.

# Appendix: Example illustration of managing professionalism concerns and fitness to practise issues

An example illustration of the process for managing professionalism concerns and fitness to practise issues in relation to PA students. This illustration is intended as a reference only – course providers or HEIs may have different local process structures. The diagram illustrates that a critical component at all stages of the process is student support and pastoral care.



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