

Guidance on managing fitness to practise concerns in education and training

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V1.2



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Version control tracker

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| V1.2 | 13 May 2024 | Updated wording to make clear that only fitness to practise hearing sanctions (other than warnings) should be reported to the GPhC and not sanctions relating to other hearings. | Philippa McSimpson, Quality Assurance Manager (Education) |

About this document

What this guidance is about?

This guidance focuses on the fitness to practise of individuals on courses and in training leading to registration as pharmacy professionals in Great Britain (GB) and Northern Ireland (NI).

This guidance is intended to provide advice to everyone involved in the education and training of pharmacy professionals about their responsibilities in relation to the fitness to practise of students and trainees.

This guidance may also be useful for students and trainees who want to learn more about fitness to practise in education and training. We have also provided case studies for students, trainees and others to accompany the guidance.

This guidance supersedes our *Guidance on student fitness to practise procedures in schools of pharmacy* (revised in July 2018). It also includes pharmacy technician education and training.¹

It should be read alongside the relevant standards:

- the GPhC's standards for pharmacy professionals (2017)² in GB or the PSNI's professional standards of conduct, ethics and performance for pharmacists in NI (2016)³
- the GPhC's education and training standards⁴.

For the remainder of the document, reference to the GPhC should be replaced with PSNI in Northern Ireland, except where separate procedures are detailed.

Status of this guidance

This guidance has been issued by the General Pharmaceutical Council (GPhC), the statutory regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales.

Implementing this guidance, in part or in full, will help those delivering education and training to aspiring pharmacy professionals to meet the standards. Our legislation states that individuals only have the right to be entered on the Register if we are satisfied that they meet our education and training requirements and are fit to practise⁵.

¹ There is no register of pharmacy technicians in Northern Ireland.

² **Standards for pharmacy professionals**

³ **Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland**

⁴ See **Standards for the initial education and training of pharmacy technicians** (2017) 5.10, our current **Standards for the initial education and training of pharmacists**, 1.1 and 4.6 and 5.13 in our **draft revised standards**.

⁵ **Pharmacy Order**, Article 20(1)(a)(ii). In Northern Ireland see the Pharmacy (Northern Ireland) Order 1976, Article 8.

Who this guidance is for?

This guidance is aimed at a number of people across the education and training sector including:

- schools of pharmacy providing MPharm degrees and Overseas Pharmacists' Assessment Programmes (OSPAP)
- awarding bodies and course providers of pharmacy technician courses (including courses provided at a distance)
- providers of pharmacist (pre-registration) and pharmacy technician training (including employers, supervisors and/or tutors of students and trainees)
- national commissioning bodies (NHS Education Scotland (NES), Health Education England (HEE) and Health Education and Improvement Wales (HEIW))
- students and trainees undertaking pharmacist and pharmacy technician education and training.

For many individuals and organisations who provide or manage training in a pharmacy workplace, the guidance will be relevant to them through the agreement they have to provide training as part of a GPhC approved programme or course.

Registered pharmacy professionals in postgraduate education and training

GPhC approved education and training for those who are already registrants, such as independent prescribing courses, must have mechanisms to identify, investigate and where appropriate, refer concerns. As pharmacist independent prescribers in training are already registered professionals, serious concerns about the fitness to practise of an individual on a course must be reported to the GPhC. Education and training providers may undertake their own disciplinary processes, but only the GPhC will consider and decide whether registered pharmacy professionals are fit to practise.

This principle is also relevant to other providers of education and training courses for registered pharmacy professionals.

Part 1: The scope of student and trainee fitness to practise

Defining fitness to practise

1. Fitness to practise is about being of good character, being responsible and being worthy of the trust and confidence of the public and one's peers.
2. A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character and health necessary to do their job safely and effectively, and when they act professionally and meet the principles of good practice set out in our various standards, guidance and advice.
3. It is about being professional. The duty to act professionally at all times applies equally to those in education and training settings and those registered as pharmacy professionals. It should not be confused with issues of academic performance or development of skills, although there may be a link between an academic issue and a fitness to practise concern, for example dishonesty demonstrated through plagiarism. The case studies for this guidance are designed to help illustrate the context in which concerns about fitness to practise can arise.
4. A student or trainee's fitness to practise is called into question when their conduct or health raises a serious or persistent cause for concern about their ability or suitability to continue on a course or complete their training (see section 2 for what constitutes a serious concern). This includes, but is not limited to, the possibility that they could put students, trainees, health and care professionals, patients and members of the public at risk, and the need to maintain trust in the profession.

How do the standards for pharmacy professionals apply to education and training?

5. The standards for pharmacy professionals explain the knowledge, attitudes and behaviours that are required from all pharmacists and pharmacy technicians⁶. They describe how safe and effective care is delivered and are a statement of what people expect from pharmacy professionals. They also reflect what pharmacy professionals have told us they expect of themselves and their colleagues.
6. They are important to the education and training of those on courses leading to registration for two reasons:
 - a. Learning to demonstrate the standards in an educational context is part of their progress towards registering and practising as a pharmacy professional⁷

⁶ **Standards for pharmacy professionals.** In relation to pharmacists in Northern Ireland see: PSNI, **Professional standards of conduct, ethics and performance for pharmacists in Northern Ireland.**

⁷ NB they will already apply to those training to be pharmacist independent prescribers

b. Students and trainees have access to patients, information and medical products that is generally reserved for registrants. Demonstrating the standards is also part of ensuring the safety of training.

7. The GPhC's standards for pharmacy professional's states the following in relation to students and trainees⁸:

"The standards for pharmacy professionals are relevant to all pharmacy students and trainees while they are on their journey towards registration and practice. The standards explain the knowledge, attitudes and behaviours that will be expected of students and trainees if they apply to join the register. They should be interpreted in the context of education and training and used as a tool to prepare students and trainees for registration as a pharmacy professional. Pharmacy students and trainees should consider the standards as they move closer to registration and professional practice, and should read them alongside other relevant documents that are provided by initial education and training providers.

"The standards should be used as a tool to prepare for registration and qualification and should be read alongside other relevant documents that are provided by their education and training provider. It will help aspiring professionals understand what demonstrates good fitness to practise and, as a consequence, what is needed to demonstrate professionalism."

8. In Northern Ireland, being fit to practise as a pharmacy student or trainee means demonstrating the knowledge, attitudes and behaviours that will be expected of students and trainees if they apply to join the Register in NI.

Roles and responsibilities

9. To ensure consistency, safe training and the maintenance of public confidence in all pharmacy professionals, we have incorporated a requirement to have fitness to practise procedures in place into all our revised standards for all pharmacy professional education and training. These procedures aim to identify and address or refer concerns about students and trainees. They are in place to protect the public, maintain public confidence in the pharmacy profession and encourage students to be mindful that professional standards apply at all times.

Figure 1: The standards for pharmacy professionals



⁸ Standards for pharmacy professionals, page 5.

10. Fitness to practise in an education and training context must be considered on a case-by-case basis through an education and training provider's own fitness to practise procedures, guided by this document. If an education or training provider has suitable fitness to practise procedures in place already for another regulated healthcare profession in training, they can be adapted as necessary⁹.
11. Where a concern is sufficiently serious to affect a student or trainee's suitability for initial registration this must be reported to the GPhC once an FtP hearing has concluded. The GPhC will use this information to assess an individual's fitness to join the register.¹⁰ The GPhC will also collect aggregated information on fitness to practise activity to inform policy development and quality assurance activities.

Accountability for acting on concerns in courses where responsibility for training is shared

12. Different organisations may share responsibility for the student or the trainee's progress towards registration. For example, education providers are responsible for students and trainees completing a course of education, and training providers are responsible for students and trainees acquiring the learning outcomes in the workplace. Our standards require that agreements are in place to outline roles, responsibilities and lines of accountability in this training.
13. Our requirements to identify and address concerns applies equally to all organisations involved in education and training leading to registration or annotation – including employers of students or trainees (captured under the term 'training providers' in this guidance). In practice, one organisation may take the lead in acting on a concern on behalf of all parties. However, all organisations should agree on the procedures to follow if and when a concern is raised. This should be set out in agreements that govern the provision of training at the start of training.

Employers of pre-registration trainees

14. Employers of pre-registration pharmacy trainees¹¹ share the obligation to protect patients and the public. As with other education settings they have a role to prevent, identify, investigate, and either address or refer a concern about a trainee's fitness to practise if they become aware of one. It is therefore important that employers put patient safety and the safe practice of future pharmacy professionals above all other considerations when a concern is raised about a trainee.
15. Employers should also ensure any issues they identify that may affect a trainee's fitness to practise are reported to the GPhC, so that they can be considered when the trainee makes an application to register. Employers will have standard policies and processes to deal with misconduct and other

⁹ The GPhC is content for education and training providers to collaborate with other providers of the same or similar courses, as principles of fitness to practise are transferable across different health professions. Providers may also benefit from pooling cases, as this may in turn help providers to develop robust processes, expertise in their use and make it easier to involve external representation in the process.

¹⁰ In Northern Ireland, fitness to practise concerns regarding pre-registration trainees will be considered as fitness to practise matters once the person joins the register and regulatory action may be taken.

¹¹ Concerns about students completing pre-registration training on a fifth year as part of a five-year integrated degree should be addressed through their university's process for concerns.

concerns about an employee through established processes and these should be sufficient to address most concerns.

16. This guidance should help employers understand what kinds of issues are likely to raise concerns about fitness to practise. They can seek support and advice from the GPhC when necessary.

Student and trainee responsibilities

17. Students and trainees will be expected to meet the standards for pharmacy professionals. This means engaging with the standards and putting the principles into practice as appropriate to their education and training. It is important that students and trainees learn to recognise where their conduct or health may put others at risk or undermine trust in the profession. They should take steps to maintain their fitness to practise, for example, seeking support or treatment for any health issues that have the potential to affect their practice.
18. It is also important that students and trainees are open and honest with their education and training provider about support needs and issues that may affect fitness to practise. Students and trainees are encouraged to raise health and conduct issues proactively with their education and training providers so that:
 - any support and adjustments can be arranged, to help prevent such issues becoming fitness to practise concerns
 - they can prepare for future practice.
19. Proactively raising issues can also help to demonstrate that a student or trainee has insight or understanding of the potential impact of their conduct, behaviour or health.
20. A student or trainee should declare any outcome from a fitness to practise hearing to the GPhC when they make an application to register, apart from warnings or where no action was taken.

How education and training providers can support learners in these obligations

21. Education and training providers should:
 - make these obligations clear to students or trainees applying to or on their programmes
 - provide opportunities for students or trainees to raise issues with their education or training provider
 - make it clear that the purpose of this is not to punish but to provide appropriate support and prepare for eventual practice
 - recognise that students and trainees may be learning to recognise and respond to this responsibility.

The role of the GPhC

22. It is important to note that the GPhC **does not** have any legal jurisdiction to participate in student and trainee fitness to practise cases and is not a fitness to practise adjudicator or an appeal body for students and trainees in any education setting. Our role, and those of education and training providers, is outlined in the table below.

Table 1: Roles and responsibilities

| What role do the education and training providers (including employers) play? | What responsibilities do students and trainees have? | What role does the GPhC play? | What role do employers of pre-registration trainees play? |
|--|--|--|--|
| <p>Education and training providers:</p> <ul style="list-style-type: none"> will implement fair, transparent and clear fitness to practise procedures. will inform students and trainees about their fitness to practise procedures. will develop and implement agreements about how issues arising in training will be managed. will inform students and trainees about the routes of appeal of their decisions. will communicate with other education and training organisations to inform and manage concerns as necessary. will monitor the use and outcomes of their processes. will inform the GPhC of any FtP hearing outcomes (apart from warnings or when no action was taken) imposed on students or trainees. will inform students and trainees of their responsibility to disclose the determination to the GPhC. | <p>Students and trainees are expected to:</p> <ul style="list-style-type: none"> meet the standards for pharmacy professionals. recognise when their health or conduct may affect their fitness to practise and seek appropriate support. inform the GPhC of any FtP hearing outcomes (apart from warnings or when no action was taken) they receive during their education or training. | <p>The GPhC:</p> <ul style="list-style-type: none"> accredits and approves courses of pharmacy education against standards, which include fitness to practise and support. will not participate in student fitness to practise cases. is not an appeal body for students or trainees. in the most serious cases, may remove trainees from the pre-registration scheme. review applications to the register and, at this point, make the final decision in relation to an individual's eligibility to register as a pharmacy professional.¹² will act on concerns about registered pharmacy professionals that arise in an education setting (such as independent prescribing education and training) collect aggregated data about student and trainee fitness to practise for regulatory purposes (see section 4 below). | <p>Employers:</p> <ul style="list-style-type: none"> will have processes to identify, investigate and act on any concerns raised about trainees they employ. will consider whether any issues identified and dealt with through their established processes have the potential to affect a trainee's fitness to practise. will inform the GPhC of any issues which have the potential to affect the trainee's fitness to practise. manage and resolve concerns about a trainee's conduct or health locally as appropriate, making use of local support systems and processes as available. inform trainees who leave or are dismissed from employment that they should disclose any issues that may affect their fitness to practise should they apply for another pre-registration training post. |

¹² See paragraph 11, footnote 10 above in relation to the differing approach in Northern Ireland.

Equality, diversity and fitness to practise

23. Education and training providers are required to make sure all aspects of education and training are based on principles of equality and diversity. There are several places in this document where equality and diversity issues are raised in the context of specific parts of the fitness to practise process. In general, providers should:
- monitor the use and outcomes of fitness to practise processes by equality and diversity characteristics to improve their teaching, signposting and support, and to identify themes or trends related to equality and diversity
 - consider how equality and diversity issues raised in other educational or professional contexts may impact on their own processes. There are known themes and trends in the use and outcomes of fitness to practise processes in pharmacy and more widely. Understanding these may support providers to take preventative approaches and ensure fair processes
 - provide information and accessible policies for those who may need to raise concerns about a student or trainee
 - provide training for those with specific roles in student fitness to practise processes. This should include equality and diversity issues relevant to fitness to practise. Examples of issues which may be relevant include understanding sources of bias, the impact of cultural differences for example around perceptions of apologies, or the impact of health or disability on fitness to practise.

Health and fitness to practise

24. The presence of adverse physical or mental health may present a risk to the student or trainee's ability to practise safely or effectively. In most cases, health matters will not raise formal fitness to practise concerns. However, students and trainees who experience difficulties with their health may display conduct that raises concern. Ideally, the student or trainee will recognise and raise this themselves, or the issue(s) will be identified, and addressed before they become fitness to practise concerns. This in turn will result in appropriate input and support from the education or training provider. This may include occupational health, student and trainee support and personal tutors.
25. Unmanaged and unacknowledged health matters can lead to future problems if not addressed early. Students and trainees should learn to take responsibility for their own physical and mental health; part of being fit to practise is recognising when your own health has the potential to jeopardise your ability to practise safely and effectively.
26. Education and training providers should encourage all students and trainees to register with an easily accessible GP (and other healthcare professionals as appropriate), who will be able to offer them support and continuity of care.
27. Those who experience difficulties with their health should be encouraged to discuss in advance their health matters with their prospective education or training provider, and to keep them updated on any developments during their studies, placement or employment. If, for whatever

reason, despite adjustments being made and all reasonable avenues explored, concerns remain about a student or trainee's fitness to practise, it may be appropriate to pursue the matter through a fitness to practise process. This is of particular importance in cases where the individual fails to engage with treatment or shows no insight into their health condition. Education and training providers should seek input and/or advice from specialist occupational health services to do this.

28. In education and training settings, health conditions are likely to require sensitive management throughout the students or trainee's progression along the course, with regular discussions, reviews and evaluations of any adjustments made. Students and trainees should ensure that they attend their medical appointments and keep their education or training provider updated on any significant developments that may affect the adjustments put in place, or their ability to continue the course safely.
29. In addition, students and trainees should be willing to engage in any assessments that may reasonably be required to ensure effective monitoring of their health and any adjustments. It is important to note that students and trainees have the same rights to confidentiality as other patients.
30. Specialist occupational health services should assess and advise on the impact of an impairment or health problem on any student or trainee's fitness to practise and, where appropriate, advise on adjustments in liaison with disability advisers. They should not usually become involved in treatment. If compliance with a treatment programme is necessary to ensure patient safety is not compromised, the relevant service should act as the point of liaison with treating healthcare professionals.
31. Education and training providers should make sure they have transparent and appropriate processes for all those involved in pharmacy education and providers of healthcare to students and trainees to raise concerns about students and trainees. For example, where locally applicable, it may be appropriate to use the occupational health service, student support services, or named academic, training course director, supervisor HR department or administrator as the first point of contact. Any exchange of confidential information should be in the interests of protecting patients and the public and should, wherever possible, be with the knowledge and consent of the student or trainee in question.
32. Providers should also be aware that while concerns may arise as a result of an underlying health or disabilities, the individual who is the subject of a concern may be unaware of the underlying concern or may not have a diagnosis. This is particularly relevant for mental health conditions, or conditions such as dyslexia.
33. The possibility that an individual has underlying health condition or disability may emerge at any point in the management of a concern. Providers should ensure that information on recognising where this may be the case is included in guidance and training around fitness to practise processes, and that where an underlying disability or health issue is suspected, an individual can be referred appropriately to occupational health for diagnosis and/or support.

Supporting students and trainees with mental health conditions

34. Students and trainees with a mental health condition should receive support if a concern has been raised about them. It is also important to consider whether the issue could be resolved through

alternative means outside of formal processes which can aggravate some conditions. However, there will be circumstances where a student or trainee's conduct calls into question their fitness to practise and they also have a mental health condition. Their behaviour may need to be addressed by fitness to practise processes in tandem with support.

35. Mental health is recognised as a possible contributor to concerns and as an issue that may affect an individual's engagement with support and fitness to practise processes. It is important that mental health and its impact is covered in information and training for those involved in fitness to practise processes and that the impact of mental health conditions is considered at relevant points throughout any fitness to practise process.

Supporting students and trainees with progressive illnesses

36. If a student or trainee has a chronic or progressive illness which could affect their fitness to practise, an occupational health physician should keep the student or trainee's health and fitness status under review and advise on new adjustments if needed.

Disability and fitness to practise

37. Similar principles apply to students and trainees who may have a disability. While a disability may have an impact on a student or trainee's practice, the presence of a disability does not necessarily mean that an individual's fitness to practise is impaired.
38. Students and trainees who have a disability should be encouraged to raise and discuss them in advance. Education and training providers must consider these on a case-by-case basis with appropriate support from others, such as occupational health or disability advisors.
39. Education and training providers are required to make reasonable adjustments to accommodate students and trainees who have a disability¹³. They must consider further or different reasonable adjustments if required by the student or trainee if the original adjustment does not address the issue. This requirement applies equally to training providers who employ their trainees.
40. It is important to consider each case individually and not to make assumptions about what a student or trainee with a disability can or cannot do, or to assume that adjustments made for other students and trainees will be transferable to different individuals with the same (or a similar) disability.
41. As for those with health issues, if, for whatever reason, despite adjustments being made and all reasonable avenues explored, concerns remain about a student or trainee's fitness to practise, it may be appropriate to pursue the matter through a fitness to practise process. This is of particular importance in cases where the individual shows no insight into the impact of their disability on their practice. Education and training providers should seek input and/or advice from specialist occupational health services to do this.
42. As is the case with health concerns, education and training providers should manage these issues sensitively and carry out regular reviews and evaluations of any adjustments made.
43. We have provided some case examples of how concerns involving a student's fitness to practise have been effectively dealt with.

¹³ A disabled student or trainee can be treated 'more favourably' than someone who is not disabled under the law.

Part 2: Recognising, reporting and preventing concerns

Recognising, reporting and preventing fitness to practise concerns

44. It is important to identify concerns that may present a risk to students and trainees, health and care professionals, or the public. Issues should be acted on swiftly either to take action to investigate a concern or to take steps before the concern becomes a fitness to practise issue.

Recognising concerns

45. Education and training providers have a responsibility to identify concerns about health, conduct, or professionalism, and investigate and provide support when appropriate to do so. It can be difficult to know when something could be a fitness to practise concern. It can help to consider the following elements to make a decision on a student or trainee fitness to practise:
- the seriousness of the behaviour in question
 - patterns of behaviour
 - the likelihood of repeat behaviour.
46. It can also help to consider whether any one or more of the following is compromised by a person's behaviour:
- protection of patients and the public
 - public confidence in the profession
 - the wider public interest
 - the safety or practice of other health and care professionals.
47. Set out below are areas of concern that may call into question whether a student or trainee is fit to practise. It indicates the most common concerns identified by education and training providers and reflects the regulator's experience of dealing with applications to register as a pharmacy professional. Some of these examples are expanded on in our case studies. It is not an exhaustive list but examples include:
- drug or alcohol misuse: driving with excess alcohol or under the influence of drugs; alcohol consumption that affects work or the work environment; misusing therapeutic or illicit drugs; possessing or dealing illicit drugs, even if there are no legal proceedings
 - aggressive, violent or threatening behaviour: assault; sexual assault; physical violence, bullying; verbal abuse.
 - persistent inappropriate attitude or behaviour: lack of commitment to academic work; neglect of administrative tasks; poor time management; infrequent or non-attendance; poor communication; failure to accept or follow educational advice; failure to follow health and

safety requirements; or failure to follow the rules and regulations governing education and training

- cheating or plagiarising: cheating in examinations or passing off others' work as one's own
- dishonesty or fraud, including dishonesty outside the professional role: falsifying research; falsifying qualifications; misrepresentation; financial fraud; fraudulent CVs or other documents or students signing in for other students to misrepresent attendance
- unprofessional behaviour or attitudes: breach of confidentiality; sexual, racial or other forms of harassment; failure to observe appropriate boundaries in behaviour; persistent rudeness; bullying; unlawful discrimination; misuse of social media (for example disclosing personal information, bullying or threatening behaviour)
- health concerns and lack of insight or management of these concerns: failure to seek appropriate medical treatment or other support; failure to follow medical advice or care plans, including monitoring and reviews, in relation to maintaining fitness to practise; failure to recognise limits and abilities or lack of insight into health concerns; treatment-resistant conditions, which might impair fitness to practise. See the section on health below
- criminal conviction relating to: theft; financial fraud; possession of illegal substances; creating or obtaining child pornography; child abuse or any other abuse.

Reporting concerns

48. Everyone involved in the education or training of a student or trainee have a responsibility to raise concerns where they encounter them. Providers should make policies and guidance available for staff to make them aware of and support them to meet this responsibility, including protecting the confidentiality of those raising concerns where it is appropriate to do so.
49. Everyone involved in the management of concerns in education and training settings needs to know who is responsible for addressing any fitness to practise concerns and to whom a report should be made. Agreements between education and training providers should set out how concerns will be identified, investigated, addressed or referred, reflecting that there is a responsibility on both education and training providers to raise concerns. In this arrangement, training providers are likely to need to have their own processes to investigate and address or refer concerns. No individual or organisation should assume that it is someone else's responsibility to raise a concern.
50. Education and training providers should ensure that they have effective mechanisms in place to ensure that people have the confidence to raise concerns effectively. Within any education or training course, it should be clear who concerns relating to an individual on a course should be raised with. Concerns or allegations may come from a number of sources, including:
 - the student or trainee themselves (self-referral)
 - fellow students or trainees
 - members of staff at the education or training provider
 - an awarding organisation
 - members of the public

- the police
 - anonymous sources
 - tutors and supervisors
 - employers
 - health and care professionals
 - employees and/or staff.
51. Where an individual or organisation becomes aware of a potential concern about an individual student or trainee, they must raise this to the appropriate person or organisation using agreed systems at the earliest opportunity. This may mean sharing the concern with:
- a school of pharmacy providing an MPharm degree or an Overseas Pharmacists' Assessment Programmes (OSPAP)
 - an awarding body or a course provider of pharmacy technician courses
 - a provider of pharmacist (pre-registration) or pharmacy technician (including employers of students and trainees)
 - an awarding body
 - a national commissioning body (NES, HEE or HEIW).

Preventing fitness to practise concerns

52. A number of groups (education and training providers, health and care professionals, as well as fellow students and trainees and individual students and trainees themselves), have a role in preventing issues becoming fitness to practise concerns. Education and training providers should ask students and trainees to raise issues about their own fitness to practise proactively and provide opportunities for them to do so.
53. Where appropriate, education and training providers, should support students and trainees to remain in the education setting when there are concerns around their fitness to practise.
54. Education and training providers must ensure students and trainees have access to support for their academic study, general welfare and career advice¹⁴. Making sure this support is in place, effective and taken up can help to identify issues and prevent them becoming fitness to practise concerns.
55. It is important to consider whether the behaviour which called into question a student or trainee's fitness to practise is better addressed through support (for example, remedial tuition or placements) rather than through a panel hearing.

¹⁴ See:

- *Standards for the initial education and training of pharmacy technicians* 7.3
- *Standards for the initial education and training of pharmacists* 6.4
- *Standards for the education and training of pharmacist independent prescribers* 8.1

56. Support available from education and training providers; and other organisations and services might include:
- personal tutors
 - mentors
 - remedial teaching, placements, assessments or supervised learning events
 - services or processes designed to support students or trainees in need of additional support (such as Health Education England's Trainee Requiring Additional Support (TRAS) process, Pharmacist's Advice and Support Service (PASS) in NI or similar)
 - occupational health services and disability advice services (such as Access to Work)
 - student or trainee health services
 - support services available via a student union or similar body (including health services, peer support or mentoring or advocacy)
 - dedicated support organisations (such as Pharmacist Support)
 - employers' Human Resource (HR) functions, and any employee support services offered (such as support for health (including mental health), personal or professional issues)
 - the student or trainee's GP
 - a defence organisation
 - The Association of Pharmacy Technicians (APTUK)
 - The Royal Pharmaceutical Society (RPS).
57. Giving support to students and trainees is pivotal in helping to prevent issues of behaviour or health becoming more serious and a greater cause for concern. Students and trainees may be affected by many issues during their time at an education or training provider. Health, financial, workload pressures and family or other social issues can lead to disengagement and more apparent fitness to practise issues if not addressed at an early stage. Providers should have arrangements to act where these issues lead to crises or emergencies, including immediate steps to prevent harm to the individual in question or others and then refer the incident into standard support or fitness to practise mechanisms.
58. A detailed understanding of professionalism and what it means to be an aspiring professional as well as the importance of being open and honest about any issues they may have can support their continuing fitness to practise. This alongside the presence of a culture in which concerns can be raised can also contribute to a preventative approach.
59. Education and training providers should be proactive in offering access and signposting to support charities or services offered by representative or defence organisations. They should also make sure that occupational health assessments act as a gateway to assistance if an employee considers they need these services.
60. Education and training providers should also consider mechanisms or approaches to enable students and trainees to learn from previous mistakes and prevent further concerns arising. While this may not be appropriate in all cases, providers could consider:

- continuing to engage with a student or trainee once a concern is resolved
- developing reflective action plans to help prevent recurrence
- identifying where/who to refer to or what support to provide if an issue re-occurs in future
- monitoring whether a concern is addressed and managed.

61. In short, a concern, once concluded, shouldn't mean the process of reflection and learning stops.

Disciplinary procedures

62. As well as fitness to practise, organisations may also have other disciplinary or misconduct procedures, such as those related to academic misconduct or for employment matters. Students and trainees may be subject to both fitness to practise and other misconduct processes. Where this happens, education providers should:

- ensure students and trainees are aware of the different processes that they may be subject to
- provide information to students and trainees about the distinct purposes of different processes, and the different outcomes possible
- sequence the two processes so that an individual is not facing the same allegation simultaneously as part of more than one separate processes
- normally consider fitness to practise after other processes have concluded; a concern about academic misconduct or an employment issue may itself trigger consideration of an individual's fitness to practise.

Part 3: Making sure fair, robust procedures for managing concerns are in place

The key principles that underpin fitness to practise

63. We understand that not all fitness to practise procedures are the same. The volume of concerns, the types of concerns and the setting in which concerns occur can all influence how these processes are structured. However, the principles outlined below should form the foundation of any fitness to practise process and care should be taken to balance this with providing a supportive function.
64. Education and training providers are responsible for devising their own fitness to practise procedures and rules. This will likely involve an investigation and an adjudication stage.
65. It is important to remember that fitness to practise proceedings must not be about punishment.
66. To ensure an appropriate and balanced fitness to practise/disciplinary process is adopted, the GPhC encourages those in education and training settings to consider the following principles when devising their own procedures:
 - fairness and proportionality
 - efficiency and robustness
 - consistency and transparency.

Key stages of the process

67. Once a concern is raised the process will usually have the following components depending on the seriousness of the issue:
 - **Action to address an immediate concern**

If the nature of a concern suggests there is immediate risk to the safety of patients, the public, other health and care staff or the individual themselves immediate action should be considered. This could for example mean excluding a student or trainee from an education or training environment on a precautionary basis while an investigation takes place. Such a decision should not be made lightly but should put the safety of the individual or others first.
 - **Investigation**

Concerns should be investigated efficiently, effectively and proportionately by providers. This means investigating concerns to make sure the right action is taken. There is no set time on how long an investigation should take but it should be thorough and not be subject to unnecessary delay given the impact the outcome could have on the student or trainee
 - **Hearing**

Should the investigation conclude that a hearing is necessary then the concern will be referred to a panel who will decide on the appropriate outcome based on the evidence.

68. The following process will usually apply:

Figure 2: key stages of the process for addressing concerns



Fairness and proportionality

69. Questioning an individual's fitness to practise is a serious matter and the consequences of doing so can be significant. Those responsible for conducting investigations and making decisions must act with honesty and integrity, balancing fairness towards the individual subject to the investigation and the public interest in a thorough investigation. Each case should be considered on its own merit but, as far as possible, it is desirable to act consistently. Processes and decisions need to be transparent.
70. Students and trainees should be informed about their education and training providers processes to manage concerns in pharmacy education and training and the circumstances in which concerns may be raised. Education and training providers should be clear about what support is available to reassure students and trainees that concerns will be dealt with fairly; this may encourage students and trainees to speak up if they have concerns about their own fitness to practise, as well as their peers. An efficient and effective fitness to practise process relies upon the reporting of concerns without a culture of fear.
71. The onus on being fair and proportionate also extends to the hearing stage of the fitness to practise process. Education and training providers can demonstrate that their decision-making process for fitness to practise is fair and proportionate in many ways including by:
- accessible advice for all parties about the process and timescales
 - clear communication and regular updates for all parties throughout the investigation
 - separation of those conducting investigations and those making decisions
 - ensuring that the student or trainee has access to the full results of the investigation and is given adequate time and information to prepare their response prior to a hearing taking place
 - ensuring that a hearing panel is constituted so its members are free from any perceived conflict of interest or bias with regard to the person involved in the case
 - ensuring that the decision details the facts proven and the reasons why the determination has been made and why a particular outcome has been chosen
 - training for those making decisions
 - using the principle of proportionality and considering outcomes in ascending order of severity
 - allowing student and trainee representation during FtP hearings
 - existence of an appeal process and information on this is published.

72. Not all learners who are the subject of concerns will engage fully with the process, but providers should ensure every reasonable opportunity to do so is given so that a fair and proportionate outcome can be reached. They should recognise that non-engagement may be the result of a range of underlying issues, including health conditions. Providers should consider the reasons for non-engagement and consider whether steps or adjustments, such as providing further information, support, or delaying a hearing, may facilitate engagement with process in future.
73. Those responsible for devising fitness to practise procedures should clearly explain how they make sure their processes are fair and proportionate. Any procedures that are implemented should make sure that they don't unfairly discriminate on the basis of lifestyle, culture, or social or economic status. This includes characteristics protected by legislation¹⁵, that apply to further and higher education establishments. All those involved in the process are expected to work towards these aims at all times during the fitness to practise process.

Efficiency and robustness

74. Those responsible for devising procedures have a duty to ensure they have a robust and efficient mechanism to ensure that all those applying for registration are fit to practise. An efficient and robust system is one that optimises the resources available to it to achieve the intended purpose. This can include the following:
- outcomes that are robust, based on thorough examination of the evidence and taken in line with established good regulatory practice and legal frameworks
 - decisions based on relevant and credible evidence instead of a reliance on hearsay evidence and assumptions
 - ensuring that the fitness to practise or disciplinary process is concluded in a timely manner
 - having clear channels of communications and making sure progress is relayed between the student or trainee and the education or training provider
 - conducting meetings and interviews with appropriate notice for the student or trainee and make and retain accurate records
 - making decisions on the basis of one standard of proof – ‘on the balance of probabilities’.

Consistency and transparency

75. Consistency and transparency are crucial to an effective fitness to practise process. All the people involved in a case, including students and trainees, health and care professionals, patients and members of the public expect processes to be efficient and joined up. This helps to ensure that there is confidence in the process and the profession more widely. Other ways in which this can be demonstrated include:

¹⁵ For more information about the protected characteristics, see <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics> (accessed 25 September 2019). In Northern Ireland, see <https://www.equalityni.org/Legislation>

- ensuring that hearing panel members are provided with the full results of the investigation and the student or trainee’s response to it, briefed on the procedures to be followed and provided with the standards against which a student or trainee’s situation is to be reviewed
- making sure that the student or trainee are aware of their rights (appeal, for instance)
- drafting clear and unambiguous allegations using plain English – the student or trainee needs to understand exactly what it is they are accused of and must be able to properly respond to the allegation. If they are accused of dishonesty, make that clear
- maintenance of accurate records throughout the process
- hearings to be properly recorded by way of transcripts or minutes
- carrying out internal or external audits of fitness to practise processes and decisions.

Investigations and hearings

76. Those involved in the training and education of pharmacy professionals may have academic or disciplinary procedures, HR processes, a fitness to practise panel or other structures already in place. Consideration will need to be given to which is appropriate in a particular situation. For example, it is possible for a matter to amount to a disciplinary issue without raising fitness to practise concerns, and vice versa. In some circumstances, an issue may look like a disciplinary matter, but investigations could reveal wider fitness to practise concerns and the case may need to progress as such.
77. Once a concern has been raised and initial enquiries have taken place to establish available information to support the issue the following factors should be taken into consideration to determine whether it should be referred for a full investigation.

When deciding whether there are reasonable grounds to investigate further, the following should be taken into consideration:

- The seriousness of the concern
- The likely availability of sufficient evidence to support the concern
- Whether the concern suggests the student or trainee may have breached any relevant professional standards or guidance or education and training provider rules or regulations
- The outcome of any investigation by another body such as an employer, or the police.

Investigations

78. If an investigation is deemed necessary, an investigator may then undertake a full investigation to decide whether there is sufficient evidence to suggest that a student or trainee’s fitness to

practise is impaired. To do this they should gather the relevant evidence and assess it against the following framework to inform a decision as to whether the case should be progressed to the decision stage of proceedings (a hearing). The processes for appointing an investigator should be agreed in advance. While not all organisations will be able to provide a completely independent individual to carry out the investigation, the individual appointed should be able to carry out the investigation impartially.

79. The following factors may also inform a decision to refer to a hearing.
- the conduct and actions of the student or trainee in the lead up to, during and after the issue occurred
 - the stage the student or trainee is at in their initial education and training
 - whether their actions were reckless or intentional
 - whether the concern reflects a recurring issue
 - whether they acted with openness and honesty
 - whether they have learnt from the incident
 - whether they have taken remedial action, for example by having training or making changes to their practice
 - whether previous guidance or advice has been issued about the same or similar matters.

The case will progress to the hearing stage if there is sufficient evidence to suggest:

Conduct or performance

- it presents an actual or potential risk to patient or public safety
- it undermines, or is likely to undermine, confidence in the pharmacy professions
- there has been a serious or persistent failure to meet one or more of the applicable standards for pharmacy professionals, or
- the honesty or integrity of the student or trainee can no longer be relied upon

Health

- there is adverse physical or mental health which presents a risk to the student or trainee's ability to practise safely or effectively.

Fitness to practise hearings

80. A decision on the facts, impairment and outcome will be made at a hearing. Those involved in hearings should be fully trained on the education or training provider's approach and procedures,

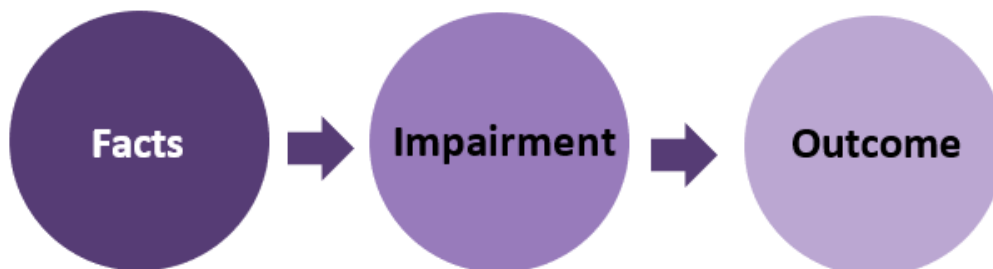
to ensure fairness and protect the integrity of the process. Training could include, for example, understanding the purpose of fitness to practise, making a decision as well as Equality, Diversity and Inclusion (EDI) particularly in the context of health concerns.

81. There are challenges around the composition of a panel depending on the education or training setting. At a minimum, a panel should be made up of people that have appropriate expertise and experience and should normally include people who are not involved in the education or training of the learner. Introducing people that are not employed by the education or training establishment is encouraged where possible.
82. There is no recommended panel size but those running processes are advised to consider:
 - what is required for fair and objective decision-making
 - the impact the size of a panel may have on the opportunities each party in a hearing has to present their case. Where possible, aiming for a diversity amongst panellists
83. Those running processes are also advised to consider when panels should receive expert input from a clinical advisor to provide information on issues related to health or disability or its impact (see also 27 and 29 above)

Making a decision at a hearing

84. A panel will establish the facts, it can take representations from witnesses and representatives. If the facts are not established then there will be no further action. If the facts have been established it can proceed to consider whether the student or trainee's fitness to practise is impaired or not. Information on what to consider when deciding on impairment is set out below.
85. If they decide that the student or trainee's fitness to practise is not impaired then no further action will be taken. If they decide that the student or trainee's fitness to practise is impaired, the panel must then make a decision on an appropriate and proportionate outcome. Full and clear reasons for the decision and outcome, with clear written determinations and/or outcome letters, should be given.
86. Making a decision will follow this simple pathway.

Figure 3: making a decision at a hearing



What to consider when deciding on impairment

87. The panel should take into account relevant factors, which include whether or not the conduct or behaviour:
- presents an actual or potential risk to patients or to the public
 - has brought, or might bring, the profession of pharmacy into disrepute
 - has breached one of the fundamental principles of the profession of pharmacy
 - shows that the integrity of the student, trainee or pharmacist independent prescriber in training can no longer be relied upon.
88. The panel should also consider whether:
- the conduct which led to the concern is able to be addressed
 - the conduct which led to the concern has been addressed
 - the conduct which led to the concern is likely to be repeated
 - a finding of impairment is needed to declare and uphold proper standards of behaviour and/or maintain public confidence in the profession
 - whether the individual has, or may have, unaddressed support needs.

Outcomes

89. The decision as to the appropriate outcome should follow the decision on impairment. The decision-makers should have regard to the relevant protocol to see what outcomes are available to them. When considering the outcome they should take into account any relevant mitigating or aggravating circumstances. Mitigation can include demonstrating insight or remediation. Aggravating factors can be the lack of insight and remediation as well as the seriousness of the issue or harm caused.

Insight

90. When conduct or behaviour raises potential fitness to practise concerns, the student or trainee in question may not understand the implications of what they have done. A failure to understand why something calls fitness to practise into question can be of concern in itself, as it may indicate an inability to appreciate risk and, in turn, a potential for repetition of the behaviour.
91. Insight goes beyond showing remorse and regret, it is about understanding why particular conduct or behaviour potentially calls fitness to practise into question and what steps are required to remedy any shortcomings, as well as a willingness to engage with such steps. Insight may be demonstrated by self-reporting of concerns and engagement with any investigations. Education and training providers may consider that the student or trainee's insight is relevant to the treatment of the concern and the student or trainee's progression through the fitness to practise process. Insight must not, however, distract those responsible for pursuing fitness to practise concerns from investigating serious concerns. In some cases, despite the student or trainee having demonstrated insight, the public interest may require a thorough investigation into potential fitness to practise concerns.

Remediation

92. Having appropriate procedures in place across education and training settings can help to ensure patient safety and public trust in the profession and support the remediation of students and trainees while maintaining patient safety.
93. In broad terms, remediation refers to rectifying or correcting a certain behaviour that has generated concerns. More specifically, in the context of fitness to practise, remediation is where a student or trainee addresses concerns about their conduct, behaviour or health.
94. Remediation can take a number of forms, including volunteering, expressions of regret or apology (reparations), coaching, mentoring, training, and rehabilitation.
95. There isn't a set way to demonstrate remediation. Each case is different and the way in which a student or trainee can show they have remediated will depend on the specific circumstances. But regardless of the nature of the case, key elements are:
 - reflection and self-assessment or sincerely expressing remorse
 - taking steps to improve by learning from mistakes
 - putting measures in place to prevent similar events from recurring and having evidence of the steps taken and measures put in place
 - any efforts to remediate should be driven by the student or trainee.
96. Remediation as a process is continuous and can require a significant investment of time and resources. Students and trainees will need to be aware of this and ensure they are dedicated to demonstrating remediation for their actions. But in the long-term, when successful, it helps the individual in becoming a better healthcare professional in the future.

Behaviour and attitude

97. Evidence of the student or trainee's behaviour and attitude before, during and after the incident in question and before and during proceedings, is also important – for example, co-operation with the investigation or being candid when things go wrong. The panel may want to consider whether the registrant has shown any remorse or set out to put things right – including by offering an apology. Evidence may also be presented by way of references and testimonials.

Available outcomes

98. Possible outcomes at the decision-making stage include:
 - no further action
 - the student or trainee receives advice on their future conduct.
99. If the student or trainee's fitness to practise is impaired, the following outcomes, beginning with the least severe, are available:
 - the student or trainee receives a warning
 - conditions

- suspension from a pharmacy course or placement/employment
 - expulsion from a pharmacy course or placement/employment.
100. The panel should consider the available outcomes starting with the least severe and moving to the next outcome only if satisfied that the lesser one is not sufficient.
101. It should be made clear to students that, although they can withdraw from an accredited course for legitimate reasons, they should not be permitted to do so to avoid a consideration of their fitness to practise. It should be made clear, if they do eventually withdraw, whether:
- it will be possible for them to return to the course
 - they can transfer to a different course at the same institution or continue with training
 - they may be subject to fitness to practise procedures if they return to complete their studies.
102. When a provider uses conditions, or suspension, they should have a clear purpose for doing so and this should be supported by monitoring and review as appropriate to the case. It should be made clear to the student/trainee what monitoring or subsequent review is required following an outcome of this type.

Outcomes and when they may apply

Table 2: different fitness to practise hearing outcomes and when they may apply

| Outcome | When this may apply |
|------------|--|
| Advice | The concerns do not amount to an impairment of fitness to practise, for example there is no risk to patient safety, but are serious enough to require a formal response through advice. |
| Warning | There is no continuing risk to patients or the public but there is a need to demonstrate to a student or trainee, and more widely to their peers, that the conduct fell below acceptable standards. |
| Conditions | There is evidence of poor performance, or significant shortcomings in a student or trainee's ability to practise, and the panel is satisfied that the student or trainee may respond positively to conditions, for example, retraining and supervision. There is no significant risk posed to the public. |
| Suspension | The panel considers that a warning or conditions are insufficient to deal with any risk to patient safety or to protect the public. It may be required when necessary to highlight the conduct of the student or trainee is unacceptable and unbecoming a member of an aspiring member of the pharmacy profession. |
| Removal | Removing a student or trainee from the course/placement is reserved for the most serious conduct. The panel should consider this outcome when the student or trainee's conduct is fundamentally incompatible with being a registered professional. |

Appeal procedures

103. All fitness to practise procedures should clearly state the scope and process for appeals. Education and training providers must make sure that students and trainees are aware of their right to appeal against decisions of the fitness to practise panel, and of the relevant procedures. A student or trainee may appeal against a decision but only on one or more of the grounds outlined by the education or training provider. These may include:
- procedural irregularity
 - prejudice and/or bias
 - availability of new evidence which could not reasonably have been expected to be presented to the original hearing
 - the disproportionate nature of the outcome.
104. Appeals policy documents could include, among other things, details on:
- limiting the appeals panel's role to referring the case back to another fitness to practise hearing
 - whether appeal hearings can reconsider the facts of the case or are limited to deciding whether due process was followed
 - the composition of appeals panels, taking on board the advice in this guidance on panel composition and training.
105. In relation to any given case, there should be no cross membership of a hearings panel and an appeal panel. In relation to any given case there must be no conflict of interest. For example, the investigator(s) concerned, or level leader cannot be a member of the appeal panel.
106. Education and training providers should be aware that students with concerns about how their case has been investigated, or the decision made, may raise these with the Office of the Independent Adjudicator (OIA), the Scottish Public Services Ombudsman (SPSO), or the Northern Ireland Public Services Ombudsman (NIPSO) although the student must first pursue their complaint through the provider's appeal process. Education and training providers who are not members of the OIA, SPSO or NIPSO schemes should provide students and trainees with information on similar services or organisations they can complain to.

Part 4: Communication, support and advice

Support for students and trainees in the fitness to practise process

108. Education and training providers should recognise that being subject to a fitness to practise investigation can be a daunting and stressful experience. As such, anyone going through a fitness to practise or disciplinary issue should be offered the necessary support. Training providers should also bear in mind that trainees raising concerns about their peers may well have worries and concerns, and support should also be offered to those affected.
109. Support can be offered in many different ways, including:
- student and trainee support services
 - disability services
 - occupational health service
 - confidential counselling
 - peer-to-peer support
 - confidential helpline
 - tutor/employer support.
110. Anyone who provides pastoral care for a student or trainee, including their personal tutor or supervisor, should not normally undertake the investigation or sit on the fitness to practise panel. It may be challenging in some settings to achieve this in practice. However, it is important that every effort is made to ensure this does not occur by inviting experienced persons from other institutions or professional fields to undertake investigations or sit on panels.
111. Education and training providers should inform students and trainees that anyone providing support or pastoral care must inform the appropriate person if there is a reasonable belief that their behaviour or health raises, or may raise, fitness to practise concerns, or poses a risk to themselves or others.

Support for students and trainees in fitness to practise hearings

112. Education and training providers must allow students and trainees to be represented at fitness to practise hearings or to have a supporter present. There should be no bar to legal representation¹⁶. Education and training providers' fitness to practise policy documents must set out how this will work in practice. The representation and support must protect the student and trainee's rights in accordance with the Human Rights Act 1998.
113. An education and training provider's fitness to practise policy documents must be clear about how equality and diversity are incorporated into their procedures, including the Equality Act 2010 in GB or the Northern Ireland Act 1998 Part VII Equality of opportunity Section 75 in NI. This must

¹⁶ Where FTP concerns are identified in respect of employed trainees, employers should also consider relevant HR guidance and law on this matter.

include the need for reasonable adjustments to be made for those students and trainees who need them in hearings.

114. Processes should be in place to allow for clear and prompt communication at all stages with everyone involved whenever fitness to practise concerns emerge. These processes should be clearly stated in the education and training provider's documents such as admissions statements, course handbooks and fitness to practise policy documents.

Communication and accountability

115. All education and training providers should have systems to report and address concerns about a student or trainee. Where responsibility for education and training is shared between two or more organisations, the process should be set out in agreements between the different organisations involved. All those involved in the education and training of students and trainees should be aware of this process and be able to use it.
116. Students and trainees should be open and honest with their education provider about issues that affect their fitness to practise.
117. Education and training providers should be clear about how they share concerns about a student or trainee. It may help to have named points of contact for this purpose set out in agreements between the different organisations responsible for education and training.
118. Concerns should be disclosed in a timely manner. Concerns that have the potential to impact on the safety of students and trainees, health and care professionals, patients and members of the public or anyone else, as well as public confidence in pharmacy should be addressed as soon as possible.
119. Organisations and individuals involved in education and training should transfer information about concerns (or potential concerns) between different parts of education and training. The purpose of transferring this information should be to:
 - ensure the safety of students and trainees, health and care professionals and patients and members of the public
 - support the student and trainee.
120. This could include:
 - transfer between different placements in a single course
 - transfer from one employer to another
 - transfer from one education provider to another
 - transfer from an education to a training provider.
121. The individual should be made aware of the transfer of information and it should take place with their consent in most cases. On some occasions, it may be necessary to transfer confidential or sensitive information without consent (see below). Any information transferred for these reasons should be factual in nature and the transfer should be in accordance with the law on protecting information.

122. Wherever possible, agreements should be in place to cover the transfer of information:
- between education and training providers who share responsibility for a stage of education or training should include this in agreements governing the management of this training
 - between organisations who are responsible for a discrete stage of education or training from which the student or trainee transfers to or from another stage should consider putting agreements in place with organisations responsible for other stages of education.
123. Students or trainees should share information about any concerns raised about themselves that were concluded at another provider if they transfer. Education and training providers should, where possible, share concerns about safety and suitability to register proactively if a student or trainee has transferred to a different provider.

Confidentiality and disclosure

124. Maintaining confidentiality is an important duty, but there are circumstances when it may be appropriate to disclose confidential information. Confidential information relevant to a concern about a student or trainee's fitness to practise can and should be shared where it is necessary and proportionate to do so, and if certain criteria are met. It may be necessary and proportionate to disclose confidential data if that information it is needed to identify and/or address a concern.
125. Education and training providers should include procedures for disclosing any confidential/sensitive information in their processes for managing concerns. They should follow this process and seek advice, including legal advice, if they are unsure about whether a disclosure is appropriate. These procedures should comply with the General Data Protection Regulations (GDPR) (EU) 2016/679, Data Protection Act 2018 and other relevant legislation. These considerations apply both to an individual who is subject of the disclosure and others, such as those raising a concern, especially as raising a concern may put an individual at risk.
126. Students and trainees should be made aware of the possibility of concerns being raised about them and that information about them, including potentially confidential information, may need to be disclosed as part of the concern. Education and training providers should set out the circumstances where they may do so to students. They should aim to be as transparent as possible with students and trainees when concerns are raised. They should also have clear guidelines on the disclosure of information about cases that reach a hearing.
127. In raising a concern, the person doing so should consider the rights of the individual and whether they are outweighed by the likelihood of risk to patients and the public. Disclosures of confidential information about a student or trainee should be guided by the public interest in doing so. In circumstances where it may be appropriate to do so, those raising concerns should consider:
- whether it is possible to obtain consent for a disclosure or to encourage the student or trainee in question to disclose the information themselves.
 - whether time and/or advice can be taken over the decision, or whether delay is not practical, for example if this may cause a risk to another person.
128. Any disclosures should be limited to relevant information only and to relevant individuals.

Declaring to the GPhC

129. All fitness to practise hearing outcomes (apart from warnings or when no action was taken) imposed by the education or training providers should be disclosed to the GPhC. It should also be made clear by the education and training providers that it is also the student or trainee's responsibility to disclose any relevant outcomes (apart from warnings or when no action was taken) from a panel to the GPhC on application to begin pre-registration training and or/when applying to register as a pharmacy professional.

Table 3: what should be reported to the GPhC and when

| | What they should report to GPhC | When they should do so |
|---|---|--|
| Student or trainee | If they have been through an FTP process and received an outcome, apart from a warning | When they make an application to GPhC (to join pre-registration or a register) |
| Education or training provider | Details including identifiable details in all cases in which the outcome was a sanction, apart from a warning | Within standard reporting to GPhC |
| | Anonymised details of all uses of the FTP process in year, including monitoring or low-level concerns | Within standard reporting to GPhC |
| Employer of a pre-registration trainee | Any concerns identified through local processes that may affect a trainee's fitness to practise | When any process to investigate and act on a concern is complete |

