# Student fitness to practise notification form

#### December 2024 v4

## Introduction

This notification form is for completion by programme providers only. Placement providers supervising students must refer concerns to the accreditation programme provider.

All Fitness to Practise (FtP) hearing outcomes **(apart from warnings** **or when no action was taken)** imposed by education or training providers **must be reported to the GPhC once the hearing has concluded**.

It should also be made clear by the education and training provider 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 foundation training or when applying to register as a pharmacy professional.

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.

**Important:** **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.

You can find [more information about and guidance on managing fitness to practise concerns in education and training on the GPhC website](https://www.pharmacyregulation.org/education/raising-concerns-about-pharmacy-education-and-training/student-fitness-to-practise-procedures-guidance).

Please complete the relevant sections and send this form to [educationftp@pharmacyregulation.org](mailto:educationftp@pharmacyregulation.org).

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| **Section 1 – provider** | |
| Name of provider: |  |
| Date submitted to the GPhC: | **Click or tap to enter a date.** |
| Contact name: |  |
| Job title: |  |
| Telephone: |  |
| Email: |  |
| Notification in relation to course/qualification type: | MPharm (inc preparatory year) **(please complete section 2)**  OSPAP **(please complete section 2)**  Pharmacy Technician apprenticeship (England only) Pharmacy Technician qualification/programme  **(please complete section 2)**  Independent Prescribing **(please complete section 3)** |
| **Section 2 – student/trainee** | |
| Student/trainee ID number: |  |
| Student/trainee full name: |  |
| The concern(s): |  |
| The nature (category) of the concern(s): | Criminal conviction, caution, reprimand or penalty notice of disorder (PND) or equivalent  Drug or alcohol misuse  Aggressive violent threatening behaviour, including sexual assault, physical violence or verbal abuse  Persistent inappropriate attitude or behaviour  Cheating, plagiarising or collusion  Dishonesty or fraud, including dishonesty outside the professional role  Unprofessional behaviour or attitudes, including breach of confidentiality, harassment, racism or bullying  Health concerns and lack of insight or management of these concerns  Other (please specify:) |
| Date concern(s) occurred: |  |
| Academic year the concern(s) occurred in: |  |
| If MPharm, please indicate the standard course length of the programme undertaken by the student (4 or 5 years) |  |
| Year of study the concern(s) occurred in: |  |
| FtP Hearing outcome date: |  |
| The sanction: |  |
| Any other information deemed to be relevant: |  |
| **Section 3 – registrant (Independent Prescribing only)** | |
| GPhC registration number: |  |
| Registrant’s full name: |  |
| The concern(s): |  |
| The nature (category) of the concern(s): | Criminal conviction, caution, reprimand or penalty notice of disorder (PND) or equivalent  Drug or alcohol misuse  Aggressive violent threatening behaviour, including sexual assault, physical violence or verbal abuse  Persistent inappropriate attitude or behaviour  Cheating, plagiarising or collusion  Dishonesty or fraud, including dishonesty outside the professional role  Unprofessional behaviour or attitudes, including breach of confidentiality, harassment, racism or bullying  Health concerns and lack of insight or management of these concerns  Other (please specify:) |
| Date concern(s) occurred: |  |
| Academic year the concern(s) occurred in: |  |
| Any other information deemed to be relevant: |  |
| **This information will be passed to the GPhC FtP investigations team. They will be in contact with you directly should they need further information.** | |

**Submitting this form to the GPhC**

Once completed, please send to: [educationftp@pharmacyregulation.org](mailto:educationftp@pharmacyregulation.org)  
We will acknowledge receipt of your notification. If you have any queries regarding this process, please do not hesitate to contact us on the email address above.