Introduction
Where a programme of study requires the student to undertake practical training in a quasi-professional role in relation to clients, or where the qualification provides a direct licence to practise, the University has a duty to ensure that the student is fit to practise. In order to protect present or future clients and to comply with the requirements of the Health and Care Professions Council (HCPC) and the Royal College of Speech and Language Therapists, Newcastle University has established a procedure for dealing with student-related fitness to practise issues.

The University has a duty to ensure that no member of the public is harmed as a consequence of participating in the training of health care professionals. The welfare and safety of actual or potential clients is the University’s paramount concern.

In addition, the University has a duty of care to its students, and must ensure that any decisions are made with the best interests of the student at heart, as part of its support and welfare strategy. This includes being sure, as far as is possible, that the student is fit to undertake the rigours of a demanding programme of study and a demanding profession.

The following relates to the standards of conduct, performance and ethics that all students must subscribe to. Students are required to signal their understanding of this procedure by signing the Code of Professional Conduct in Appendix 2.

1 Interface with Academic Progress and Disciplinary Procedures

1.1. Students on professional programmes are subject to the usual University procedures regarding academic progress and discipline, in addition to fitness to practise procedures.

1.1.1 Concerns about a student’s fitness to practise arise in a variety of ways and each case is considered on an individual basis. However in all cases, concerns will be brought to the attention of the Director of Clinical Education and appropriate Degree Programme Director who will collate all the evidence and forward it to the Dean of Undergraduate or Dean of Postgraduate Studies for a decision on the most appropriate way to proceed.
1.2 The following give examples of how cases may arise:

1.2.1 Students who fail to make satisfactory progress in academic studies or in assessed clinical work shall be considered by the Board of Examiners, Director of Clinical Education and appropriate Degree Programme Director, which shall determine the appropriate course of action. If, during deliberations, concerns come to light about the student’s suitability to practise professionally on grounds of health or conduct, then the fitness to practise procedure shall be initiated. The fitness to practise procedure may be initiated independently of these progress procedures (see 2 below).

1.2.2 Misconduct as normally defined in the University, committed by a student on a professional programme, shall be dealt with under the University’s Student Disciplinary Procedure; this is behaviour which is judged to constitute either improper interference, in the broadest sense, with the functioning or activities of the University, or those who work or study in the University, or action which otherwise damages the University. However, certain conduct, for example drug abuse, may be regarded more seriously if engaged in by a student registered for a programme which leads to the right to practise professionally.

1.2.3 A student may be referred following a leave of absence when an issue of fitness to practise has arisen or continues to be of concern. In such cases, the procedure outlined below will not apply. Instead, a report from the student’s healthcare practitioner will be required in order to assist in determining whether the student is ready to resume his/her studies.

1.2.4 An unsatisfactory DBS disclosure will result in a student being automatically referred to the fitness to practise procedure. An unsatisfactory disclosure is one which reveals conduct that contravenes the professional code of conduct laid down by the Health and Care Professions Council.

1.2.5 A student whose Board of Examiners feels that they will be unable to certify, at the end of a student’s studies, that the student is fit to practise.

1.2.6 During consideration of a disciplinary offence by the University Disciplinary Committee, information or evidence may emerge which raises questions about a student’s fitness and suitability to treat clients, or to practise professionally, even though it would not support a finding of misconduct; for example, there may be health problems, mental or physical, including issues relating to drink or drugs. Such a case would be referred for consideration under the fitness to practise procedure.

2 Fitness to Practise Procedure

2.1 A student may be referred to the University’s Speech and Language Sciences fitness to practise procedure by the University Disciplinary Committee or directly by following the appropriate procedure below.

2.2 A referral or an allegation of concern about health or conduct must be made in writing, signed by the person making the referral and submitted to the Pro-Vice-Chancellor of the Faculty. In exceptional circumstances the Pro-Vice-Chancellor has the right to withhold the identity of the individual making the allegation if maintenance of confidentiality is considered appropriate.
2.3 The Pro-Vice-Chancellor shall designate a pool of investigators from amongst senior academic staff members and shall appoint one member of that pool to investigate.

2.4 The investigating member of staff shall interview the student concerned and the maker of the allegation. In any such interview, the student may choose to be accompanied by a friend or tutor. Notes of the interview(s) shall be taken by an administrator from the Faculty. The administrator shall also accompany the investigator when interviewing any witness where practicable.

2.5 The investigator shall also consult the Director of Clinical Education and appropriate Degree Programme Director and other senior staff as appropriate. If the allegation has been made by the Director of Clinical Education or the Degree Programme Director, the investigator shall consult another appropriate member of senior staff.

2.6 The investigator shall have access to the student’s records in order to determine whether the allegation relates to an emerging pattern of behaviour.

2.7 When there are concerns about a student’s suitability for professional practice on grounds of health or conduct, the investigator may require the student to consult an appropriate healthcare practitioner who shall be asked to submit an independent report on the student’s state of health. This healthcare practitioner shall be independent of any professional responsible for treatment of the student. The referral to an appropriate health practitioner shall be made via the Occupational Health Service used by the Faculty.

2.8 If the investigator advises the Pro-Vice-Chancellor that there is no case to answer, the Pro-Vice-Chancellor shall confirm in writing to the student that no further action shall be taken.

2.9 If the investigator advises the Pro-Vice-Chancellor that the allegation does not constitute a fitness to practise issue but does constitute misconduct under the University’s Disciplinary Procedure, the Pro-Vice-Chancellor shall inform the student that the matter has been referred to the Student Progress Service.

2.10 If the investigator advises the Pro-Vice-Chancellor that there is an issue of fitness to practise which the student has acknowledged and agreed to address, the Pro-Vice-Chancellor may, in consultation with the Director of Clinical Education, appropriate Degree Programme Director and Academic Registrar, permit the student to continue his/her studies with or without conditions. Where appropriate, the Director of Clinical Education/Degree Programme Director or nominee may issue the student with an informal Fitness to Practise warning. This warning would be held on the student record until the end of their studies. Should no further issues arise, this informal warning would not be declared to employing Trusts or Regulators as part of a Transfer of Information process. Should further issues arise leading to formal consideration of Fitness to Practise, the informal warning would form part of the student record for consideration at investigation and potential subsequent panel.

2.11 If the investigator advises the Pro-Vice-Chancellor that there is an issue of fitness to practise which the student does not recognise or is unwilling or unable to address, the Pro-Vice-Chancellor shall convene a Fitness to Practise Panel. The decision to convene a Fitness to Practise Panel shall be taken in consultation with the Academic Registrar or appointed officer and Health Trust staff (where appropriate).

2.12 No student shall be allowed to graduate while a fitness to practise case is pending.

3 Suspension of Studies
3.1 The Pro-Vice-Chancellor of the Faculty may suspend the student pending the outcome of the investigation, providing there are reasonable grounds for believing that there may be serious or undesirable consequences if the student is permitted to remain in the University or in clinical practice placements. The Pro-Vice-Chancellor may only exercise this authority after consulting the Academic Registrar or appointed officer, and if applicable, having taken advice from appropriate staff within the relevant Health Trust.

3.2 The period of suspension must be specified and shall not normally exceed twenty-eight days. In the event that the period of suspension is extended beyond twenty-eight days, the Pro-Vice-Chancellor shall review the suspension every twenty-eight days. The period of suspension may be extended until the Panel hearing, if the investigation determines that there may be serious or undesirable consequences if the student is permitted to return to the University or clinical practice placements. The Pro-Vice Chancellor has the authority to revoke any suspension at any time should new evidence be deemed to suggest this course of action.

3.3 Any student who is deemed by the Pro-Vice-Chancellor not to be engaging with the procedure may risk having his/her studies suspended in order to ensure his/her own health and safety and that of his/her clients.

4 Purpose of Fitness to Practise Panel

4.1 The Panel shall consider any student on a professional Speech and Language Therapy programme whose health, behavioural patterns, or professional conduct give rise to serious concern that he or she will not be fit to practise. Guidance on health or behavioural problems which may make students unsuitable for professional practice is given in Appendix 1.

4.2 The University is responsible under the Consolidated Health Professions Order 2001 certifying to the Health and Care Professions Council that each speech and language therapy student is fit to be fully registered.

5 Membership of Fitness to Practise Panel

5.1 The Pro-Vice-Chancellor of the Faculty shall designate staff and external members from whom membership of the Fitness to Practise Panel shall be drawn. These shall include senior members of staff in the Faculty, NHS staff who are honorary members of the University, appropriately experienced individuals external to the University, individuals who have specialist expertise in matters relating to student health.

5.2 Each Fitness to Practise Panel shall have five members and be constituted as follows:

- Dean of Undergraduate Studies or Dean of Postgraduate Studies or nominee (Chair)
- Four other members to include:
  - two senior members of the Faculty. At least one of these should normally be registered with the Health and Care Professions Council as a Speech and Language Therapist.
  - at least one person external to the Faculty
• at least one individual external to the University of Newcastle, for example, a member of NHS staff, a member of another University, a speech and language therapist.

*One individual may fulfil more than one of the listed criteria for the constitution of the Committee.

The Academic Registrar or appointed officer shall appoint a Secretary to the Panel.

The panel may include a senior member of the Faculty of Medical Sciences who is not qualified to practise in a healthcare profession provided that there is an appropriately qualified panel member present.

The person who has conducted the initial investigation shall not serve as a member of the Panel.

Wherever possible, the Panel shall not include any member of staff directly involved in teaching the student within one year of the referral to the Panel.

The Panel shall not include anyone directly connected with the case under consideration.

6 Powers of the Fitness to Practise Panel

6.1 In the case of an undergraduate student or postgraduate student, the Panel has the power to decide:

a) That the student is fit to practise and is
   i) permitted to continue with the programme;
   ii) permitted to continue with the programme under supervision as defined/required by the Panel;
   iii) permitted to continue with the programme with a variation in the pattern of study;
   iv) permitted to continue with the programme but that a formal reprimand be placed on his or her file;
   v) to be subject to any other action considered appropriate by the Panel to enable the student’s successful completion of the remainder of the programme.

b) That the student is not fit to practise and:
   i) is required to suspend his or her studies for a specified period of time, following which the Panel shall review the situation and decide whether to re-admit the student to the programme;
   ii) the student’s studies on his or her current programme of study be terminated, but that the student be permitted to follow the approved academic (non-clinical) route for their programme of study.
   iii) the student’s studies be terminated and the student be required to withdraw from the University. Subject to the recommendation of a Board of Examiners, the student shall receive any exit award to which he or she is entitled.

6.2 Where a student is allowed to continue with the programme, or when the studies have been temporarily suspended, he or she may be required to meet with a Committee on further occasions in order that progress can be monitored.
7 Procedure for Hearings of the Fitness to Practise Panel

7.1 The Secretary to the Panel shall be responsible for arranging the hearing. This will include:

i) notifying the student that a case has been referred to the Panel, of the substance of the case, of the procedure to be followed, of the membership of the Panel; and of the date of the hearing;

ii) identifying members of the Panel, in consultation with the Pro-Vice-Chancellor, or his or her nominee;

iii) convening the hearing;

iv) providing documentation to all parties before the hearing;

v) making a written account of the proceedings.

7.2 Any written communication to the student shall be posted to the registered semester-time address last supplied by the student, and to his or her home address. It is the student’s responsibility to ensure that the current address is known to the Faculty.

7.3 The investigating member of staff shall submit a report to the hearing. This may comprise reports prepared by a number of members of University and NHS staff, and a report from an independent health care practitioner.

7.4 The student shall be invited to submit a written statement and may submit statements from other persons in support of himself or herself.

7.5 Factual information about the student’s progress on the programme shall also be provided.

7.6 Documents must be submitted to the Secretary a minimum of five working days before the hearing. The Secretary shall ensure that all documents are provided to all parties before the hearing.

7.7 The student shall have the right to attend the hearing of the Panel in person. If the student fails to attend without reasonable explanation, the Panel shall consider the case in the student’s absence. The Chair shall have discretion as to what constitutes a “reasonable explanation”.

7.8 Members of the University who may have information relevant to the case may be required by the Chair to attend the hearing to give evidence.

7.9 At the discretion of the Chair, the Panel may also call upon other persons (whether or not a current member of the University) to provide advice on specific aspects of the case in writing or in person.

7.10 The University’s case shall be presented by the Director of Clinical Education or his/her nominee.

7.11 The student is entitled to be accompanied by one other person. An accompanying person may be, for instance, his or her tutor, friend, representative of a professional body or legal representative. The student must give notice 5 working days in advance of the hearing as to who will be accompanying him or her. In relation to any other parties, attendance is a matter for the Chair to determine in the exercise of discretion.

7.12 Without prejudice to the specific provisions of this paragraph, the Chair of the Panel may determine the procedure for the hearing. The following is intended as a guide to the conduct of the hearing.
7.12.1 Prior to the hearing the Secretary of the Panel shall ensure the student has copies of all documents circulated to members of the Panel and is aware of the proceedings to be followed.

7.12.2 The student, the accompanying person or representative, (if attending) and members of staff required to attend under section 7.8 and 7.9 shall join the hearing.

7.12.3 The Chair shall introduce by name and explain the functions of the members of the Panel, the staff, and any others present.

7.12.4 The Chair shall explain the powers of the Panel, as set out in 6 above.

7.12.5 The Chair shall invite the Director of Clinical Education (or nominee) to make an opening statement and then invite the Panel to ask questions. Other staff attending shall be offered the same opportunity to make a statement and may be asked questions.

7.12.6 The Chair shall explain that the Panel will wish to hear directly from the student in his/her own words and shall invite the student to make a statement.

7.12.7 Members of the Panel shall be invited to question the student.

7.12.8 The Chair shall invite any other person(s) called upon by the Chair to attend the hearing (as referred to in sections 7.8 and 7.9 to make a brief statement, and shall then invite the Panel to ask questions.

7.12.9 At each stage the Chair has discretion to allow reciprocal questioning by the various parties.

7.12.10 Once the Chair is satisfied that the Panel has completed their questioning and the student and staff have had a full opportunity to convey information to the Panel, both the student and invited members of staff shall withdraw.

7.12.11 The Panel shall then discuss the case.

7.12.12 If for any reason the Panel requires further clarification of any aspect of the case from either student or staff members they must be all invited back into the hearing while the questioning takes place. When the Chair so determines, they shall then leave the hearing again.

7.12.13 The Panel shall make its decision.

7.12.14 The decision, and any findings of fact, shall be communicated to the student and the other parties as within 24 hours of the hearing and subsequently in writing.

7.13 The outcome of the Panel hearing shall be communicated in writing to the originator of the referral and a copy placed on the student file.

7.14 The facts found by the Panel as well as any subsequent sanctions resulting from this may be communicated to appropriate University (including Student Wellbeing), Deanery or Trust staff should it be found that the sharing of such information is necessary for the purposes of either the fitness to practise process or in order to allow a student to receive appropriate support.
Fitness to Practise hearing papers relating to a Fitness to Practise allegation shall be
retained securely and separately from the student’s file for the duration of the student’s
registration in the Speech and Language Sciences Section. Access shall only be permitted,
other than to the data subject under the terms of the Data Protection Act, should another
Fitness to Practise issue arise in relation to the same student and then only for the
purpose of informing the investigator and any Panel as to any relevant prior history.
Fitness to Practise case material shall subsequently be destroyed in accordance with the
University policy on document retention.

8 Appeals

8.1 A student wishing to appeal against the decision of the Fitness to Practise Panel may
appeal to the Student Progress Service if any of the following grounds apply:
   a) there is new evidence available which could not reasonably have been brought to
      the attention of the Fitness to Practise Panel; or
   b) there has been a procedural irregularity; or
   c) the decision of the Fitness to Practise Panel was one which no reasonable body
      could have reached.

8.2 Students may discuss the appeals procedure with the Student Progress Service, King’s
Gate. Students are also strongly advised to seek impartial advice from their Personal
Tutor or DPD. General advice on submissions may also be sought from the appropriate
Officers of the Newcastle University Students’ Union or from the Student Advice Centre.

8.3 Notification of intent to appeal should be lodged with the Head of the Student Progress
Service within 14 working days of the Fitness to Practise Panel hearing using the
University’s standard Level 2 appeals procedure and form http://www.ncl.ac.uk/students/progress/Regulations/SPS/appeals.htm

8.4 All documentation as part of an appeal submission must be submitted to the Head of the
Student Progress Service within 14 days with the Appeal.

8.5 Students shall provide a detailed written statement identifying the precise grounds relied
on for the appeal. Where new evidence is presented on appeal, the appeal must state
why this evidence was not brought to the attention of the Fitness to Practise Panel. The
case presented to the Fitness to Practise Panel should also be rehearsed in the
documentation submitted.

8.6 Once an appeal has been accepted, an Appeals Committee shall be appointed. The Head
of Student Progress Service shall appoint three members of the Academic Appeals Panel
(with one to act as Chair) to form a Committee.

9 Outcome of the Appeal Hearing

9.1 The Chair shall verbally inform the student of the outcome of the appeal hearing
following deliberations unless for some good reason the hearing is adjourned; the
student shall be informed by the Chair if this is necessary. Following the hearing,
written confirmation of the outcome shall be sent to the student. Full reasons for the
Committee’s decision will follow.

9.2 The Appeal Committee may uphold the decision of the Fitness to Practise Panel or
uphold the appeal and refer the case back to the relevant Pro-Vice-Chancellor in order
for a way forward for the student to be identified.

9.3 There is no further appeal within the University. Provision for independent external
review is made through the existence of the Office of the Independent Adjudicator. The
Independent Adjudicator's role is to review the application by the University of its own
internal procedures. Further information about the Adjudicator’s role is available from
http://www.ijahe.org.uk/.

Appendix 1

Guidance for Fitness to Practise Panel

Health or conduct problems which make students unsuitable for professional practice

These notes are intended for guidance only. It is not possible to draw up a definitive statement
of instances of ill health or conduct that make a student unsuitable for professional practice, and
in each case the Panel shall have regard to the degree of ill health or unsuitable behaviour. It
should be noted that inappropriate behaviour can raise concerns about a student’s health and,
therefore, these two issues cannot be considered to be mutually exclusive.

Health

When students are referred to the fitness to practise procedure on health grounds via the
Occupational Health Service used by the Faculty, the investigator may require the student to see
a health care practitioner (for example, a psychiatrist or a counsellor), who would be asked to
submit independent advice on the student’s health to the investigator, which will subsequently
be made available to the Panel. This health care practitioner would be independent of any
professional responsible for treatment of the student.

The health care practitioner should be asked to advise on the nature of the student’s illness, the
prognosis, and the likely impact on the student’s ability to practise professionally, response to
treatment and willingness to undergo treatment, how the illness affects the student’s ability to
communicate with patients, and whether there is a possibility of the student being a danger to
themselves, or to a patient.

Students referred in this category could include those with severe, intractable psychiatric illness,
which would render them a danger to patients, those who develop a physical illness which would
preclude them from practising in any branch of their profession, or those with personal
characteristics which prevent them from fulfilling their professional responsibilities.

Students suffering from a serious communicable disease may be referred to the Panel. The Panel
should take account of the requirements pertaining to that particular profession, the student’s
response to treatment, and their willingness to co-operate with a required or recommended
course of action.

While patient care is paramount, there is a need for a non-judgmental approach in instances of
student ill health which places substantial weight on the therapeutic needs of the student. It is
necessary also to distinguish between temporary conditions, which may be resolved, and those
which may last twelve months or more and amount to disabilities under the Equality Act 2010.
Problems with Conduct

Students on these programmes should be familiar with and act with due regard to the Code of Professional Conduct for their profession, and are expected to behave in a professional, ethical, and moral manner at all times.
The nature of their programme of study means that these students have contact with patients, sometimes referred to as clients, in a hospital or community setting, and will have responsibility for patients once qualified. Any behaviour therefore which places a patient at risk or gives rise to concern about the student’s future commitment to the protection and safety of patients, should be considered by the Panel.
Such behaviour includes:
- violence or threat of violence
- indecency, or sexual advances to patients or health-professional staff
- questionable professional attitude towards both patients and health-professional staff
- verbal abuse
- conviction for a criminal offence, the nature of which should be taken into account
- abuse of alcohol, drugs or solvents to an extent likely to impair performance
- drug dealing
- theft from patients

In cases of drug or alcohol abuse it is recommended that the Speech and Language Sciences Section consider the following points. It would also be relevant to consider these points with reference to all students in the Section and all the behaviours listed above:
- Is the (behaviour) a single, aberrant act, or recurrent and persistent?
- Is the (behaviour) associated with underlying anxiety or depression? If so, these require treatment.
- Is the (behaviour) recognised as a problem by the student?
- Does the student accept that there is a need for change?
- Will the student accept help?

The Panel should take account of the degree of unsuitable behaviour. Depending upon the degree of the unsuitable behaviour, the Panel might take account of whether the student has previously received a warning about his or her conduct, and, where appropriate, whether the student has been offered or has received treatment.
Gross instances of the following unprofessional behaviour, or repeated instances of such behaviour despite advice and warnings, should also be considered by the Panel:
- Disclosure of confidential information relating to patients, unless there is patient consent, legal compulsion, or it is considered to be in the public interest. In the latter two cases, it would be expected that the student would consult his or her supervisor before acting.
- Putting patients or colleagues at risk of infection with a serious communicable disease by reckless behaviour.
- Putting patients or colleagues at risk by failure to follow appropriate procedures, failure to comply with instructions, or reckless behaviour.
- Dishonesty.
- Failure to protect the dignity, privacy, autonomy and safety of patients, and to respect the customs, values and spiritual beliefs of patients.
- Inflicting unnecessary pain or distress on patients.
- Entering into a relationship which may exploit a patient sexually, physically, emotionally, financially, socially, or in any other manner.
This guidance draws heavily on the following documents, and the Panel should always refer to the Code of Professional Conduct relevant to the case it is considering:

*Health and Care Professions Council: Standards of Proficiency, 2014*

*Health and Care Professions Council: Standards of Conduct, Performance and Ethics, 2016*

*Health and Care Professions Council: Guidance on Conduct and Ethics for Students, 2016*

*General Medical Council: Student Health and Conduct*

*General Medical Council: Good Medical Practice*

*General Dental Council: First Five years*

*General Dental Council: Standards for Dental Professionals*

*The British Psychological Society; Professional Practice Guidelines Division of Clinical Psychology*
NEWCASTLE UNIVERSITY
SCHOOL OF EDUCATION, COMMUNICATION AND LANGUAGE SCIENCES
SPEECH AND LANGUAGE SCIENCES SECTION
FITNESS TO PRACTISE PROCEDURE Appendix 2

CODE OF PROFESSIONAL CONDUCT

TO BE SIGNED BY STUDENTS AT THE START OF EACH ACADEMIC YEAR AND HELD IN THEIR PERSONAL FILE.

The Code of Professional Conduct is taken from the Guidance on Conduct and Ethics for Students updated by the HCPC in 2016. The full document can be found on the HCPC website. The Guidance is based on the Standards of Conduct, Performance and Ethics that apply to HCPC registrants and those applying to be registered. Although the HCPC do not regulate students, there is an expectation that students will understand and adhere to the standards in preparation for when they apply. As a student studying to become a professional, you have certain responsibilities which are set out below.

1 Promote and protect the interests of service users and carers
   – You should treat service users and carers as individuals, respecting their privacy and dignity.
   – You should make sure that you have consent from service users or other appropriate authority before you provide any care, treatment or other services.
   – You should follow your education provider’s or practice placement provider’s policy on consent.
   – You should make sure that before you provide any care, treatment or other services, the service user is aware that you are a student.
   – You should respect a person’s right to have their care, treatment or other services carried out by a professional and not a student.
   – You should treat everyone equally and not discriminate against anyone because of your personal views.
   – You should keep relationships with service users and carers professional.

2 Communicate appropriately and effectively
   – You should be polite and considerate to service users, other students and staff at your education provider and practice placement provider.
   – You should listen to service users and carers and take account of their needs and wishes when carrying out any care, treatment or other services.
   – You should take all reasonable steps to make sure that you can communicate appropriately and effectively with service users and carers.
   – You should communicate effectively and co-operate with members of staff at your education provider and practice placement provider to benefit service users and carers.
   If you are experiencing any difficulties or other issues which may affect your learning or ability to successfully participate in your programme, you should tell your education provider and practice placement provider.
   – You should use all forms of communication appropriately and responsibly, including social media and networking websites.

3 Work within the limits of your knowledge and skills
   – You should make sure that you are appropriately supervised for any task that you are asked to carry out.
   – You should ask for help when you need it.
   – You should be aware of any restrictions which apply to you in carrying out certain tasks and follow any relevant policies of your education provider or practice placement provider.
   – You should recognise that opportunities for carrying out any unsupervised tasks will vary during your programme and may depend on your knowledge, understanding, skills and experience.
– You should only carry out an unsupervised task if you feel that you have the appropriate knowledge and skills to do so safely and effectively.
– You should take responsibility for your own learning.
– You should be aware of and follow any guidance issued by your education provider or practice placement provider for working with service users and carers.
– You should ask for, listen to, think about and respond proactively to feedback you are given.

4 Delegate appropriately
– You should recognise that the opportunities for delegation will vary during your programme depending on your knowledge, understanding, skills and experience.
– You should discuss the delegation of tasks with an appropriate member of staff at your education provider or practice placement provider before you take any action.
– You should follow local policies or guidelines on delegation and working with others produced by your education provider or practice placement provider.
– If you give tasks to another person to carry out on your behalf, you should make sure that they have the knowledge, skills and experience to carry out the tasks safely and effectively. The education provider or practice placement provider should support your decision to delegate.
– You should explain to service users and carers when you have asked another person to provide any care, treatment or other services.

5 Respect confidentiality
– You should keep information about service users and carers confidential, and only use it for the purpose for which it was given.
– You should follow local policies or guidelines on confidentiality produced by your education provider or practice placement provider.
– You should remove anything that could be used to identify a service user or carer from information which you use in your assessments or other academic work related to your programme.
– If any confidential information raises concerns about the safety or wellbeing of someone, you should discuss this promptly with an appropriate member of staff at your education provider or practice placement provider.

6 Manage risk
– You should make sure that you take all appropriate steps to limit the risk of harm to service users, carers and others.
– You should not do anything that you think will put someone in danger or at unacceptable risk.
– You should follow your education provider’s or practice placement provider’s policy on managing risk.
– You should be aware that you may put your service users or yourself at risk if your performance or judgement is affected by your physical or mental health.
– You should ask for appropriate support and adapt your study or stop studying if your performance or judgement is affected by your physical or mental health and could put service users, yourself or others at risk.
– You should get advice from a doctor or other appropriate professional if you are worried about your physical or mental health.

7 Report concerns about safety
– If you are worried about the safety or wellbeing of service users, carers or others, you should speak to an appropriate member of staff at your education provider or practice placement provider promptly.
– You should put the safety and wellbeing of service users before any personal concerns, for example, about assessments, marks, other work related to your programme, employment prospects or other personal gain.

8 Be open when things go wrong
– You should tell an appropriate member of staff at your education provider or practice placement provider if something has gone wrong in any care, treatment or other services you have carried out involving a service user.
– You should co-operate with members of staff at your education provider and practice placement provider if something has gone wrong in any care, treatment or other services you have carried out involving a service user.
– You should learn from this experience.
– You should tell an appropriate member of staff at your education provider or practice placement provider if a service user or carer wants to raise concerns about any care, treatment or other services they have received.
9 Be honest and trustworthy
– You should make sure that your conduct and behaviour does not damage public trust and confidence in your profession.
– You should be aware that your conduct and behaviour outside of your programme may affect whether or not you are allowed to complete your programme or register with us.
– You should not claim that you have knowledge, skills, qualifications and experience which you do not.
– You should be honest about your role with service users, carers and others.
– You should make sure that your personal appearance is appropriate for your practice placement environment.
– You should follow your education provider’s or practice placement provider’s policy on attendance.
– You should follow your education provider’s policies on ethics when carrying out research.
– You should make sure that all attendance, achievement and assessment records are completed accurately and truthfully.
– You should reference other people’s work appropriately and not pass it off as your own.
– You should provide constructive feedback on the quality of your teaching and learning experience in both the education and practice placement setting.
– You should provide, as soon as possible, any important information about your conduct, competence or health to your education provider and practice placement provider.
– You should tell your education provider, as soon as possible, if you are charged with, convicted of, or accept a caution for, any offence.
– You should co-operate with any investigation into your conduct or competence.

10 Keep records of your work with service users and carers
– You should make sure that the records you keep are clear and accurate.
– You should help to protect records from being damaged, lost or accessed by someone without permission.
– You should follow your education provider’s or practice placement provider’s policy on record keeping.

I understand that the contents of this document do not absolve me from complying with other University regulations currently in force. I understand that completing this course confers eligibility to apply to join the Health and Care Professions Council Register, but does not guarantee that I will be able to join the Register. The requirements of the Health and Care Professions Council or Newcastle University Regulations, including the Speech and Language Sciences Section Fitness to Practise Procedure, may be revised from time to time and I will comply with any revision.

I (FULL NAME) ........................................................................................................

HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE ABOVE CODE OF PROFESSIONAL CONDUCT AND FITNESS TO PRACTISE. I PERMIT MY SCHOOL OR THE UNIVERSITY TO MAKE MY PERSONAL DATA AVAILABLE, ON A CONFIDENTIAL BASIS, TO MEMBERS OF A FITNESS TO PRACTISE COMMITTEE CONVENELED TO CONSIDER MY FITNESS TO PRACTISE.

(SIGNATURE) ..........................................................  (DATE) ............................