Health Professions Council
Council Meeting, 6th July 2006

'A disabled person's guide to becoming a health professional' and 'Information about the health reference'

Executive Summary and Recommendations

Introduction

A consultation was held between 7th September 2005 and 9th December 2005 during which the Council sought the feedback of its stakeholders on two draft documents entitled 'A disabled person's guide to becoming a health professional' and 'Information about the health reference'. The documents were produced by the Professional Liaison Group (PLG) for health, disability and registration.

Following the consultation on the draft, a document has been produced which summarises the responses and explains the changes we have made to the documents in light of the feedback. The summary of consultation responses can be found at appendix 1.

The new version of the documents incorporating the amendments can be found at appendices 2 and 3. The document has undergone plain English editing by the Plain English Campaign.

Decision

The Council is asked to agree the following:

- to publish the consultation responses as summarised in the attached document, online;
- to publish the amended documents online and in hard copy (pending any final minor amendments agreed with the Plain English campaign).

Background information

The original consultation document can be accessed at:
www.hpc-uk.org/aboutus/consultations/closed/

Resource implications

None

Financial implications

Sending copies of the new guidance document to those who responded to the consultation.

Producing document in hard copy.

Background papers

None

Appendices

Appendix 1: **‘A** disabled person’s guide to becoming a health professional’ and ‘Information about the health reference’ – responses to our consultation

Appendix 2: A disabled person’s guide to becoming a health professional

Appendix 3: Information about the health reference

‘A disabled person’s guide to becoming a health professional’ and ‘Information about the health reference’ – responses to our consultation

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Introduction

We consulted on our draft documents entitled ‘A disabled person’s guide to becoming a health professional’ and ‘Information about the health reference’ from 7th September 2005 to 9th December 2005.

During the consultation period we also held a meeting where we invited comments and ideas from a small group of charities and disability groups.

We produced ‘A disabled person’s guide to becoming a health professional’ to provide guidance to disabled people who want become health professionals and for staff working in admissions on approved courses.

We produced ‘Information about the health reference’ to give guidance to applicants and to doctors about completing the health reference.

We consulted on these documents so we could assess whether they were useful to applicants, students, admissions staff and others and to ask for feedback as to how we could improve them.

You can download our original consultation document from our website: www.hpc-uk.org.

We will now review the comments we received and make changes to improve the documents. The documents will also undergo editing by the Plain English campaign before publication.

This document

When we had received all of the responses, we considered each response in order to assess the overall opinions of the document and the areas in it might be amended or improved.

In this document the responses to our consultation have been structured around the questions we asked in the consultation document. We firstly go on to consider the feedback we received about the usefulness, style and audience of the documents. We then go to consider comments about each of the documents and the questions we asked about the approach we had taken to certain areas of the documents.

Any reference to page numbers, examples or paragraphs is a reference to the original consultation document. In this document 'A disabled person's guide to becoming a health professional' is referred to as 'A disabled person's guide'.

Your responses

Do you find these documents useful?
We have tried to use clear, modern English, to make the documents easy to understand. Do you think that this approach is successful?
We have tried to write these documents so that they can stand alone, and be used by people who have not seen our other material and are not familiar with our work. Do you think that we have been successful in this?

"I have tried to read the […] document and find it confusing and vague. At the risk of lengthening the document somewhat, I think that it needs to contain some much more concrete information"
- Admissions Tutor

The majority of those who responded to the consultation were broadly supportive of the aims, structure and content of the documents. The Institute of Chiropodists and Podiatrists were positive about how 'A disabled person's guide' viewed disability: 'Overall we think the report is very fair and is giving disabled people every opportunity. It is realistic because many disabled people can perform very competently provided the task is managed and they have had the training'. The British Dietetic Association also felt that there was a 'positive emphasis' in the document to applications from disabled students. However, the Board of Community Health Councils in Wales reported that some had found the document 'condescending' and considered that it did little to encourage disabled people to become health professionals.

We received a number of comments which welcomed the style of the documents. The Equality Commission for Northern Ireland felt that the document was 'well written' and well illustrated with information and examples. The Care Council for Wales said that the documents were 'written in clear and accessible language and succeed in communicating quite complex concepts and procedures in a straight forward manner'.

Other respondents felt that the document would be helpful to a wide audience including disabled students, university staff, medical practitioners, employers and existing registrants. However, the Royal Pharmaceutical Society of Great Britain questioned

whether the format and style of the documents would be appropriate for every audience. Most of those who responded felt that the document could 'stand alone' although some made suggestions for how we might improve the referencing in the document to achieve this aim. Thames Valley University said that they would be suggesting use of the documents by their special needs and admissions teams.

Amongst those who responded from the education sector, there was some concern that 'A disabled person's guide' did not contain enough detail for it to be fully useful and relevant to those involved in making admissions decisions and supporting disabled students on education and training programmes.

One respondent felt that the document only represented a 'preliminary step' toward the task of producing 'clear statements on disability and entrance to courses'. They also felt that the document placed insufficient focus on the rights of the patient and was of limited use in making difficult admissions decisions.

Coventry University felt that the document was a useful starting point but failed to provide 'enough detail to be helpful to universities'. In particular, they felt that the document was predicated on assumptions about university staff and admissions procedures. They asked: 'How are the contents going to be regulated or enforced by the HPC?'

These comments were echoed by the Disability Discrimination Act (DDA) Group of Coventry University who felt that the focus of the document was confusing because it was aimed at too many audiences.

"This is the most useful and constructive guidance for all stakeholders concerning the registration of disabled practitioners I have encountered. It is excellent work"
- Admissions tutor

However, some comments from education providers were more positive toward the document. Anglia Ruskin University said that: 'The University very strongly support them, as clarifying some of the issues raised on recruitment and admission of students and as a useful reference long overdue'. The University of East Anglia felt that the documents were 'useful' and provided a 'comprehensive overview' of the issues in this area.

Whilst most of those who responded felt that disability was treated positively in the document or made no comment, one respondent felt that we had taken a negative approach toward disability. They commented that in the document it appeared that: '… disability is put aside and viewed as something that can affect safety, something that needs to be corrected and something to which you are obliged to respond or the law will

punish you if you don't.' The document, it was suggested, failed to recognise the diversity of disabled people as human beings and their 'essential equality'.

Our comments

We are grateful for the wide ranging nature of the comments we received to the consultation documents.

We intend 'A disabled person's guide' to be a positive guide that provides information for applicants to make informed decisions about becoming a health professional and for them to understand all the different considerations and issues involved. We also intend the document to guide admissions tutors and others involved in the selection of students for approved programmes as to the factors they need to consider when handling applications from disabled people.

We have tried to write the guide so that it is as comprehensive as possible yet is relevant to all the professions we regulate. We also wanted to signpost readers to other appropriate sources for information and advice. We feel there is scope for other organisations, such as professional bodies and education groups to build upon the document to produce further guidance which might be tailored toward more specific topics such as issues which arise in particular professions.

Missing information

Is there any information that we have missed or information that you do not think is correct?

We first consider responses to this question in relation to the referencing of the documents. We then go on to consider the comments about the applicants and admissions staff sections of 'A disabled person's guide…' and then 'Information about the health reference'.

Referencing

A number of those who responded, including Skill: National Bureau for Students with Disabilities, requested that we made specific reference to the role of our standards of proficiency as 'competence standards' under the Disability Discrimination Act. Others

asked if we would make it clearer where students, universities and other interested parties could obtain copies of these standards.

The Equality Commission for Northern Ireland asked that we make reference to them and the applicable disability legislation in Northern Ireland. This would ensure that 'disabled people contact the appropriate organisations for where they live and work and receive the appropriate information and advice'.

There were a number of other helpful comments about the format, layout and referencing of the documents.

Our comments

We will review the document in light of the helpful feedback we received and make any changes that are necessary.

A disabled person's guide to becoming a health professional – introduction and information for applicants

Most of those who commented about the section for applications felt that it provided useful, comprehensive advice. The College of Occupational Therapists commented: 'It is broader than simply a guide of HPC requirements and functions as a broad ranging guide to becoming a health professional rather than just a registrant, including as it does how to apply for courses and posts once qualified. Is this intentional and an appropriate role for the regulator?' An admissions tutor for a speech and language therapy programme said that the document was 'very helpful for disabled applicants in the way it provides them with all the sources of information and help they can access, and it should be commended for that'.

The main areas where comment was made about this section of the document were in relation to post-qualification employability and disclosure of information.

The British Paramedic Association felt that we might include further information advising disabled people about where to go to check the likelihood of employment following registration. They said: 'The paramedic profession is a good example where disabilities of different ranges will have a negative impact on ability to be employed. Such information might prevent a person with disability selecting a course towards registration where they have no chance of employment'.

These views were echoed by Eastern Birmingham Primary Care Trust who also had concerns about post-registration employability. In particular, they expressed concern that reasonable adjustments, whilst possible in the NHS, may not be possible in private practice, education, research or other areas. They also felt that there should be more information in the guide about the decision to train to be a health professional and employment options given the financial and time implications of undertaking study and training. They felt that the document failed to 'place any emphasis on awareness of work options when commencing employment'. The Coventry University DDA Group suggested that we should clearly advise applicants considering applying to an approved course to make themselves aware of the standards of proficiency and their role in registration.

"Students should be encouraged to disclose:

1. ***To allow placement providers time to make reasonable adjustments.***
2. ***As this demonstrates understanding of their professional requirements to adjust their practice and to take account of anything which impairs fitness.***
3. ***Placement supervisors will usually respond positively to disclosures and will support students in making reasonable adjustments.***
4. ***To ensure they are not placed in situations that would be detrimental and to the patient themselves."***

- British Dietetic Association

The Chartered Society of Physiotherapy noted the difference between those who enter the register with a disability and those who become disabled once they are on the register. They expressed concern about what happens after a student has qualified and become registered, in particular in relation to the lack of a guarantee that support provided by education and placement providers would be mirrored in the workplace. They reported: 'There are fears that such students would be set up to fail once qualified and, worse, charges of incompetence be levelled against them as qualified staff.'

A number of respondents thought that it was important that we encouraged disabled students to disclose to providers of clinical placements as well as to education providers. The British Dietetic Association and Society and College of Radiographers both stressed the importance of early and open disclosure. The Society and College of Radiographers felt that the document needed to place greater emphasis on the protection of the public as a failure to disclose a disability could lead to patient harm. They said that 'disclosure of a disability should be actively encouraged and help given to support this'.

The University of Hull similarly felt that we could place more emphasis on the importance of disclosure and suggested ways in which we might achieve this. We could, they suggested, highlight the potential effects of not disclosing information. These could include that 'the uninformed supervisor/mentor's perception of the student's competence [which] may be inaccurate either due to ignorance of the student's individual coping strategies for any given activity or due to the student not being in receipt of additional learning aids'.

A number of those who responded suggested areas of the text in which further clarification or amendment might be helpful. The University of the West of England suggested that we could make the introductory section more concise by referring readers elsewhere for information. They also suggested ways in which we could avoid 'repetition'.

Coventry University DDA Group felt that there was a conflict in the document between the medical and social models of disability. They commented: 'Although the social model of disability is espoused elements of the guide and the processes (health reference for instance) tend to reflect medical model values. They also asked 'What happens if applicants are not registerable with the HPC?' and suggested that we might provide examples of any recent cases to illustrate the point.

Mental health charity Rethink felt that we should establish early on (in the section about the Disability Discrimination Act) what we mean by disability and explain that this includes mental illness. This would avoid any confusion as people often perceive disability as a physical and not a mental impairment.

Skill and the University of Liverpool both made comments about the flow chart which shows the path to becoming a health professional. The University of Liverpool noted that the flowchart did not reflect the possibility of not becoming a health professional. Skill suggested that the box about reasonable adjustments should be placed at the side of the diagram because 'organising reasonable adjustments is not necessarily a part of the process before students are offered a place'.

The University of West of England, Coventry University DDA Group and Unison felt that we needed to make changes to the document where we advise readers that occupational health screening may be required by employers. It was felt that we could amend this section so that it was clear that occupational health screening would be something required of all employees and would not be a special requirement for disabled students. Unison commented: 'The section on Occupational Health Screening should mention that it is against the Disability Discrimination Act to impose any additional or

unreasonable occupational health screening for disabled staff that would not be reasonably expected of able bodied staff'.

A course director for a speech and language therapy programme asked whether we could give clear guidance as to whether education providers should require all applicants to undergo occupational health screening before admission to a course.

Our comments

Our primary role as a healthcare regulator is to protect the public. As such, we are concerned more with questions of registration than with other issues to do with applying for education and training and employment. However, we recognise that issues around registration, education and employment are inter-connected. We have produced these documents in response to the queries we often receive and so that we can help individuals, universities and other professionals to make informed, reasoned decisions.

Some of those who responded to the consultation expressed concern that there was not a guarantee that adjustments put in place at university or clinical placement level would be extended into the workplace. HPC has no power or remit to make employers implement reasonable adjustments for disabled staff. However, employers also have obligations under the Disability Discrimination Act to ensure that they do not unlawfully discriminate against disabled people.

As responsible health professionals, all our registrants, regardless of any physical or mental impairment, have to ensure that they practice safely and effectively within their scope of practice. This includes limiting their practice to those areas where they are able to practice without any risk of harm to patients or themselves. It also includes negotiating with employers any adjustments that are necessary to the practice environment. We explain more about this in our publication 'Managing fitness to practise: a guide for registrants and employers'.

In the section about the responsibilities of applicants we attempted to encourage applicants to disclose their disabilities to course providers so that an early assessment can be undertaken of whether they will be able to meet our standards and the reasonable adjustments which might be necessary to allow this to happen. However, we wanted to acknowledge that applicants are not legally obliged to disclose their disability and we wanted to recognise why some might be reluctant to do so.

We are grateful for the helpful comments in this area and recognise the potential difficulties and dangers if disabled students are not open with placement providers. These

include patient care but also include the placement provider's ability to fairly assess a student's ability and provide necessary support. We will add to the section to suggest that applicants should disclose also to placement providers and to emphasise the importance of ongoing disclosure should their disability change whilst undertaking a programme.
At the time of publishing this document, no applicant has been refused registration on health grounds.

The flow chart shows (very simplistically) the path an individual will take from being interested in becoming a health professional to becoming registered and obtaining employment. We acknowledge on the following page that we have kept the diagram simple and have not included circumstances in which an applicant is not successful in gaining a place on a course or in obtaining registration.

Occupational health screening may be required by some employers following a job offer. We agree that a requirement which means that only disabled members of staff are required to undertake such screening is likely to be considered discriminatory. We will amend this section so that it is clear that occupational health screening is something some employers would require *all* staff to undergo.

It is outside of our remit and role to tell universities whether they should require applicants to undergo occupational health screening prior to admission to a course. Education providers need to make such decisions taking into account their needs, resources and their obligations under the Disability Discrimination Act.

A disabled person's guide to becoming a health professional - Information for admissions staff and reasonable adjustments

"Admissions tutors […] still have to exercise their own judgement when it comes to the suitability of an applicant about whether the adjustments that are required are reasonable. This in itself is fine because admission tutors should be able to make such judgements with the help of their colleagues and the disability unit in their university…."
- Admissions Tutor

A number of those who responded commented on the usefulness of the document to admissions staff involved in making decisions about whether to allow disabled applicants to undertake an approved programme. Two speech and language therapy admissions tutors expressed concern that the document did not give them answers to the questions they routinely asked in the course of making admissions decisions. One said: 'The two questions I approached the document with were "would I have to admit a profoundly deaf person to the SLT course" and "would I have to admit someone with severe mental health problems to the SLT course?". I couldn't work out clear answers to

either.' The other stressed that education providers needed clear guidelines as to the physical or mental health conditions which would be incompatible with the practice of certain professions.

Another admissions tutor felt that the document was unbalanced and gave more useful help to applicants than admissions tutors who needed more information about who to consult when making difficult admissions decisions. However, this respondent also recognised that admissions tutors are well placed to make judgements using their discretion. University College London felt that the document failed to recognise that staff in Higher Education Institutions had good professional relationships with clinicians and were concerned about the fitness to practise of their graduates. There was, instead, the perception of a 'them and us' tone in the document.

Coventry University commented that the document failed to take account of the ongoing decision making process. They said: 'The document places emphasis upon decisions taken at the admission stage to evaluate needs, but does not stress the evolving nature of the process throughout the person's time of study'. Other respondents also drew our attention to circumstances where a student develops a disability or there is a change in their disability whilst they are studying.

The University of Liverpool and Coventry University DDA Group felt that we needed to make it clear that others, apart from Universities and admissions tutors, had duties under the Disability Discrimination Act. The DDA Group felt that we needed to add a specific section to address the duties of practice placement providers not to discriminate against disabled students under the act.

The section on reasonable adjustments drew a number of comments. The College of Occupational Therapists felt that the section was 'very clear and useable'. Unison, on the other hand, felt that we needed to strengthen the section and use more prescriptive language as there is unlikely to be any defence under legislation for refusing reasonable adjustments on the basis of cost. Another respondent asked if we could provide 'more clarification' on reasonable adjustments and the legislation.

The Equality Commission for Northern Ireland felt that we shouldn't say that education providers are not required to make every adjustment a student asks for. This, they said 'detracts from the importance of the reasonable adjustment duty, particularly the anticipatory duty that it placed on colleges and universities'.

University College London questioned whether 'allocating placements according to disability' could be seen as discriminatory to other students. They also noted the need to weigh reasonable adjustments against the necessity to maintain professional and

academic standards. They warned: ‘Only being able to complete a range of restricted placements is not always acceptable.’

The British Association of Art Therapists and British Association of Dramatherapists both expressed concern about applicants for training who have a recent history of mental health difficulties. Whilst recognising the importance of therapists being able to draw on past experiences, both organisations reported that training can be difficult for students who have a past history of mental illness. It was suggested that a statement was needed about the need to have a period of time between the last contact with a mental health service and the commencement of training. It was suggested that this period should be 3 years.

Our comments

We used a number of examples to try and illustrate how this information might be applied to certain situations.

We recognised in the section for education providers (as with the rest of the document) that we were unable to provide exhaustive guidance which was tailored toward the needs to each individual profession we regulated. However, we attempted to provide clear information for admissions staff about the considerations that they need to take into account when making decisions about disabled applicants. We provided a number of ‘worked’ examples to show how the guidance we gave could be applied to real life decisions and to establish ways in which admissions staff might approach other similar situations.

One of those who responded felt that the guide did not give clear answers to whether an applicant with profound deafness or severe mental difficulties could be admitted to a speech and language therapy programme. We feel that the information and examples given in the document, such as the example of an applicant to a chiropody course who has a visual impairment, provide ways in which admissions staff might approach such situations.

In these cases admissions staff would need to properly consider, avoiding blanket judgements, whether the applicant’s disability prevented them from meeting the standards of proficiency for their profession. With the example of an applicant with profound deafness who wished to study to become a speech and language therapist, we feel that it is highly unlikely such an applicant would apply. However, an education provider would be justified in denying that applicant a place if they properly explored all the available options and undertook an informed assessment of whether that applicant could meet the standards of proficiency for the profession.

We look more closely at issues of mental health in a later section about the case studies in the documents.

We acknowledge that disabilities can change during the course of student's study and that because of this a student's needs, such as the adjustments which are necessary, may change. Evaluating the needs of a student and their ability to meet the standards of proficiency is an ongoing process involving staff in higher education institutions, placement providers and student's themselves.

The duties which education providers have under the Disability Discrimination Act extend to other organisations. On page 36 of the consultation document we state that placement providers also have responsibilities not to discriminate against disabled people under the legislation. We decided not to add a separate section for placement providers because we wanted the document to focus primarily on students and admissions staff. However, it is open to other organisations to produce more detailed guidance for placement providers. For example, the Chartered Society of Physiotherapy produces guidance about supporting disabled students on clinical placements.

In relation to the section on reasonable adjustments, we have decided to largely keep this the same as the feedback about this section was generally positive. We have retained the wording on page 39 which says that education providers are not required to make every adjustment requested by a student. The provider must properly consider whether they can make the adjustment but it may be that they are unable to and may therefore be legally justified in not doing so.

It is not within our remit to stipulate the length of time after mental health problems before which an applicant can be admitted to course in arts therapies. Such a blanket judgement may also be unlawful because it would not be based on an assessment of an individual applicant. It is the role of education providers to make individual assessments, avoiding blanket judgements about what such applicants can or can't do and taking into account their obligations under the Disability Discrimination Act.

Information about the health reference

We did not receive many responses which directly commented on the second document, 'Information about the health reference'. Health Professions Wales told us that information for doctors was much needed. Others felt that we needed to make changes to the document so that the role of the doctor in completing the health reference was a lot clearer.

University College London reported concern about a GP 'providing the health reference that students are 'fit for purpose' with a lack of knowledge of the working context'. The College of Occupational Therapists, whilst recognising that it was difficult for the document to be inclusive and yet specific, felt that it was largely unclear what information we were looking for in a health reference. They also felt that we should give more explicit advice to doctors about not completing the reference if they do not gain consent to disclose information which they believe is relevant.

> ***"The implied option here is for a registrant to continue asking different doctors until they find one willing to sign the declaration without disclosing the information. This is not an appropriate response and the document should be more explicit about the impact of such a decision for the protection of the public"*** – College of Occupational Therapists

The Royal Pharmaceutical Society of Great Britain suggested that we might consider emphasising that the applicant for registration has a role in declaring that they are fit to practise; they play 'an active role in the health reference process'. The University of East Anglia questioned why we mentioned a character reference in the document – they asked: 'why is a character reference relevant? Surely the HPC should be focusing on whether the applicant is fit to practice i.e. is their health a barrier to safe and effective work as a health professional?'

Unison made a number of comments for how we could improve the document. They asked if we could make it clearer what would happen if a reference was not suitable because of inadequate information or because it caused concern. They also noted that some conditions might not be consistent with the requirements of particular professions. They cited the example of epilepsy and paramedics who drive and suggested that an example of this kind could enforce the advice given about the difference between a health reference and occupational health screening.

At a meeting held on 5th November 2005, one charity questioned why we needed information from Doctors about infectious diseases and what we did with that information.

The Royal College of General Practitioners welcomed the document. They suggested that we add a statement to advise applicants that their doctor may need to set aside a longer

consultation period in order to examine them (if necessary) and complete the reference, and that this may need to take place outside normal surgery hours.

Our comments

When we ask Doctors to complete a health reference we are not asking them to tell us whether an applicant is 'fit for purpose'. We are also not asking them to tell us about or take into account their professional skills or likelihood of employment.

In the completing the health reference we are asking a Doctor for their professional opinion of the health of their patient and whether it will impair their fitness to practise. By this we mean whether their health might affect their ability to practise safely and effectively in way which poses no risk to patients or themselves. We have taken on board the comments we received about this and will make some minor changes to this document and the section in 'A disabled person's guide…' as a result.

In response to the feedback we received, we have added to the document to make it clear that one of the reasons that a doctor does not feel able to sign the health reference might be because a patient has refused consent for additional information to be provided. We will also refer doctors to guidance produced by the General Medical Council in the following section about providing information in the public interest.

If, after checking a health reference, we had inadequate information we would contact the Doctor and/or applicant concerned and ask for further information. If we had any cause for concern we would ask a registration panel which includes at least one registered medical practitioner and a member of the profession to consider the information and make a registration decision. We cover this in section 3 (page 89), however we will refer readers to this section in the section about checking the health reference on page 75.

We require two references when a person applies for registration. These are a health reference and a character reference. We ask for references so that we can make sure that an applicant is of good health and character to be admitted to the register. We refer to the character reference in the document so that applicants are aware that we require two references when they apply for registration.

We will revise the section on infectious diseases in light of the comments received. We agree that it may not always be necessary to provide this information on the health reference. Our standards of conduct, performance and ethics say that registrants (and prospective registrants) '… must deal fairly and safely with risk of infection'. Therefore it is important that applicants and registrants with infectious diseases demonstrate insight and understanding and take appropriate steps to minimise risks of infection. Therefore,

in line with the other advice we give, we will amend the guidance to make it clearer that a doctor might wish to sign the health reference but provide (with his or her patient's consent) additional information about an infectious disease.

Case studies

Do you think that the case studies provided are useful? Are there any further case studies that are needed?

We received a lot of useful comments about the use of case studies in the documents. A number of respondents suggested ways in which they could be improved or suggested additional case studies we could add.

The majority of those who responded were positive about the existing case studies in the document. Heart of England Foundation Trust said that the case studies were 'informative and illustrate several different professions'. However, some admissions staff felt that the examples lacked profession specific detail. Health Professions Wales said that the document provided 'useful examples which help to clarify issues facing many potential students and those involved in the selection of students'.

Others reported a mixed reaction to the case studies and felt that they needed to be amended to make them more relevant. The Society and College of Radiographers felt that further case studies were not needed but that in some examples we could emphasis the importance of joint assessment in making decisions. They suggested: 'An example could show an assessment taking place in the practice environment with placement educator, the applicant and an adviser with experience of adaptation methods to assess whether reasonable adaptation can be made….'.

A number of those who responded, particularly those from the education sector, felt that the case studies used needed to be more complex in order to reflect 'real life' situations and make them more relevant to those involved in student admissions. One admissions tutor commented: 'Many of the case studies are a bit simplistic and the kind of decisions we normally have to make involve less obvious solutions as the ones suggested here.' The Chartered Society of Physiotherapy said that the examples were felt to be 'rather superficial' and based on the assumption that applicants could be easily 'pigeon holed'.

Manchester University felt that the case studies were helpful but were largely 'non-contentious and overwhelmingly positive'. They recognised that it was important to have a number of positive examples to show how disability need not be a barrier to becoming a

health professional but felt that there were too few examples of where a decision is taken not to admit an applicant. Others responded with similar views.

Some emphasised the need to make it clearer that each profession has different requirements. One respondent cited the example of a Biomedical Scientist who communicated using sign language as one where we could emphasise that decisions are made with a specific profession in mind. The respondent suggested that whilst a biomedical scientist who communicates using sign language and has the assistance of a support worker is appropriate such adjustments may not be appropriate or reasonable in other professions. They suggest that such adjustments 'may be an issue for an SLT who needs communication or physiotherapists or podiatrists who need to use their hands in therapy'. Manchester University similarly suggested that we provide an example to illustrate that certain disabilities might mean a student is able to meet the professional standards in one profession but not in others.

Among those who requested additional case studies, a large number requested that we consider examples relating to mental health problems. Unison said that: 'An example of someone with a mental health problem who is able to continue working with a level of awareness and support would be useful because mental health problems are always difficult cases to resolve…' Hull University suggested that further examples could be helpful 'as this is the category of disability that appears to cause the most concern amongst those making decisions about a student's suitability'.

With specific reference to the case studies, University College London felt that the case study regarding an applicant with bi-polar disorder was 'general' and avoided seriously considering cases where a mental health problem might impair the ability to practise safely. Another respondent felt that the example was 'confusing' and concluded that: 'If someone is felt by placement providers to be unemployable on mental health grounds they will also be felt to be unacceptable as a placement student. I could not work out from the document whether placement providers are entitled to refuse to accept someone with a serious mental health condition that might put clients at risk'.

Health Professions Wales suggested that it would also be helpful to include 'long standing mental health problems which present intermittently'. Others felt that an example of a disability which changes over a period of time would be helpful.

The British Paramedic Association and Skill both suggested that we consider changing the examples in the document given for paramedics. Skill said that the example of a paramedic going into research on page 16 was 'a bit of cliché' and concluded: 'It is unlikely that someone with a mobility impairment would train to be a paramedic. We believe that it would be better to include a different profession […] to reduce the

stereotype of people with mobility impairments going into research in what would otherwise be inaccessible areas of work'.

The British Paramedic Association felt that the example of a paramedic with limited upper body strength being admitted to an education programme after consideration of our standards and possible adjustments was inappropriate. They felt that as both members of a crew often have to move a patient for safety reasons, 'it would not be right to teach limited skills or instruct an assistant to carry out techniques on her behalf'.

The Institute of Chiropodists and Podiatrists commented about the example of a university deciding not to admit an applicant with limited upper body strength because she would be unable to move a patient who became unconscious. They said that this could cause problems as 'it is not always possible to have an assistant available at the vital time, particularly in private practice'. Another respondent felt that the example was 'flawed' because it failed to recognise that a student with limited upper body strength may be unable to work for long periods of time with extended arms, be unable to deal effectively with clinical emergencies, and would be unable to undertake necessary training in manual handling.

One respondent noted, with reference to the example of an applicant to a chiropody and podiatry course with limited vision, that poor vision could mean that a student was unable to achieve a number of the standards of proficiency. The importance of individual assessment and occupational health clearance was emphasised. The respondent said: 'The blanket clearance as suggested in your examples is unhelpful'.

The Chartered Society of Physiotherapy, amongst others, felt that the examples given for reasonable adjustments for wheelchair users were outdated as universities were aware of their responsibilities to this particular group. They also felt that the example given of a student with dyslexia was stereotypical and failed to 'reflect other problems that dyslexics face in practice that are less easy to make adjustments to'. Others said that the example about a student with dyslexia who wanted to complete assignments on computer was outdated as most universities tended not to accept handwritten assignments these days.

Our comments

Throughout the document we attempted to provide case studies which were clear and easy to understand for the all the documents' different audiences.

We agree that there are some disabilities which might meet mean an applicant could meet the professional standards in one profession but not in another. For example, a university

might conclude that, after due consideration, an applicant who communicated only in sign language would be unable to meet the professional standards for speech and language therapists relating to communication. However, the same applicant might meet the professional standards in another profession because reasonable adjustments were possible to allow him or her to practice and meet the standards for communication. We will add a paragraph to the document in which we will specifically illustrate this point, drawing on the existing examples we have used.

In response to the feedback we will add more information about how admissions staff might consider applicants who have mental health problems. We understand that making decisions about applicants with mental health conditions can be difficult and that problems may arise with conditions which are normally under control but can arise intermittently.

Paramedic science education is an area where education and training and employment have traditionally been closely aligned. Whilst the majority of paramedics will still work in traditional emergency ambulance care, paramedics can and do work in a range of practice areas including education, research and independent practice. With the recent Department of Health review, 'Taking healthcare to the patient', the areas in which paramedics work are likely to grow.

The first example of a paramedic taking employment in research demonstrates that health professionals work in a variety of settings and that fitness to practise and fitness to work are separate concepts. The second example demonstrates an assessment against the professional standards and shows how education providers and others should avoid blanket judgements about ability and employability as registrants often work in a variety of areas. Because of this we have decided to retain these examples in the final version of the document.

We included the example of an applicant refused a place on a chiropody and podiatry course because they would be unable to move an unconscious patient because this is an example of a decision taken without consideration of the professional standards for chiropody. We appreciate that it may be helpful and desirable for education providers to include first aid training as part of their courses and that practitioners will wish to know what they need to do in emergency situations. However, the ability to move an unconscious patient is not in the professional standards for chiropody so a decision made solely on this basis is likely to be unlawful.

We recognise that an education provider would wish to undertake a thorough assessment of whether an applicant would be able to meet all of the standards of proficiency and occupational health screening may form part of this consideration. The examples we give

in the document of decisions which are likely to be unlawful are intended to illustrate the importance of careful, individual assessment which is not based upon ‘blanket judgements’ or assumptions of what disabled people can and cannot do.

We do acknowledge, however, that, in order to be accessible to a wide audience and to illustrate specific points, the examples given may be more straight-forward or less complex than some of the decisions which education providers have to make. We further acknowledge that it may be, following a thorough and proper assessment, that an applicant’s disability means they are unable to meet some of the other professional standards.

We will add to the document to make clearer the role of the examples, in providing easy to understand illustrations of the points we make.

‘Disabled people’

Following discussions about terminology informed by the social model of disability, we have used the term ‘disabled people’ in our documents, rather than ‘people with disabilities’ and would welcome your comments on this.

“The term ‘people with disabilities’ lies more with the medical model of disability, focusing on the impairment that the individual has and how their condition disables their participation in society”
- Equality Commission for Northern Ireland

We received a large number of responses to this question. A majority of those who responded were in agreement with our use of the term ‘disabled people’ whilst others reported a division in opinion or preferred use of the term ‘people with disabilities’.

The Independent Healthcare Foundation, National Blood Service, Anglia Ruskin University, NHS Employers and Equality Commission for Northern Ireland all felt that our use of the term was appropriate. Anglia Ruskin University said: ‘We agree with your choice of the term ‘disabled people’ rather than ‘people with disabilities’ as the latter tends to focus on the disability rather than the person.’ NHS Employers felt that we needed to explain in the document why we had chosen to use the term.

Powys Local Health Board felt that the decision should be left to those with ‘relevant expertise’; others suggested that we should ask groups representing disabled people.

Another respondent recognised that this was the term used in the relevant legislation.

Hull University favoured the latter term commenting that the term ‘disabled people’ suggests disability is what defines an individual. Instead, they suggested, use of term ‘people with disabilities’ ‘permits their disability to be perceived as but one of these facets, not the overriding one’. Rethink agreed and said: ‘We prefer people with disabilities because this means first and foremost that they are people.’

Our comments

We decided to use the term ‘disabled people’ following the discussion of the professional liaison group which drafted the documents. This group included health professionals, members of our Council and participation from disability and equality groups. They favoured the social model of disability so chose the term ‘disabled people’ rather than ‘people with disabilities’.

Following the feedback we received, we have decided to retain our use of the term ‘disabled people’.

Advice on employability

In the document ‘A disabled person’s guide to becoming a health professional’, we state that staff of education and training programmes should not advise disabled applicants on the likelihood of their being employed after completing the programme, since to do so may be discriminatory. Is there another organisation that could or should provide this information to applicants?

The majority of those who responded felt, on balance, that we had taken the right approach to this issue. A number of others agreed that this was a difficult issue and there was some discussion about the degree and extent of information and advice that could be given to disabled applicants and students.

Amongst those who felt that advice would be inappropriate, the Equality Commission for Northern Ireland said: ‘Staff within education and training programmes cannot and should not comment on the likelihood of a disabled person being employed or the

willingness of an employer to make reasonable adjustments for a disabled person.' Another respondent asked: 'If it is potentially discriminatory for the HEIs [Higher Education Institutions] to do it, then is it legal for anyone else?'

The University of East Anglia felt that it was debatable as to whether other bodies or organisations should give students and applicants advice. They further concluded that it was to some degree 'inevitable' that applicants would ask education providers or the HPC for advice on their suitability for employment. Skill were not sure whether offering advice would be discriminatory but felt that it could be inappropriate 'as education staff are unable to suggest the likelihood of anyone being employed after completing the course'.

Coventry University said that it would be discriminatory not to advise a disabled student because 'all students are made aware that acceptance upon a course does not guarantee successful qualification, registration with the HPC or future employment'. Rethink agreed, saying that it would be reasonable and not discriminatory to talk about 'the realism of prospects [of employment] and the distinction between registration and obtaining a position'. Others stressed the importance of applicants having enough information (not necessarily advice) to make an informed decision.

We received a number of suggestions for organisations who might be able to offer such advice. Eastern Birmingham Primary Care Trust, amongst others, suggested that professional bodies would be a good source. However, they too added the caveat that any advice should not and cannot be perceived as a guarantee of a job upon graduation, as no students, regardless of disability, have that guarantee.

Thames Valley University suggested that the input of careers advisory services and special needs units might be helpful. The Institute of Chiropodists and Podiatrists suggested that the Disabled Living Foundation might be useful source of advice. Another respondent suggested that the British Council of Disabled people might be able to help.

Our comments

When we said that education and training programmes should not offer advice about the likelihood of employment we meant they shouldn't give advice which restricts or limits the expectations of a disabled person or their likelihood to take up an offer of a place on a programme. For example, an education provider who told an applicant that it was likely he wouldn't get a job at the end of the programme or told an applicant that no employer could offer the reasonable adjustments he would need to practise, would be acting in a discriminatory way.

Registrants draw on their professional skills in a variety of different ways and in a variety of different settings so it is important that disabled applicants are not given advice which is based on blanket assumptions about their employability after they have completed their course.

However, we feel that it is important that disabled applicants (as with other applicants) are given sufficient information to make an informed choice. For example, we think that it is important that all applicants are aware of the distinction between registration and employment. Applicants will also want to be aware of the potential opportunities which might be available when they complete their programme.

In the document we provide the contact details for a number of professional bodies and other organisations that disabled applicants and others can contact for further information and advice.

Respondents

The following is the list of those who provided responses to the consultation.

Where the response has been made on behalf of an organisation we have attributed this in the text. Where the response comes from an individual we have not.

We received some responses after the closing date of the consultation. We have taken these responses into account where we have been able to do so.

We had responses from 35 organisations and 10 individuals, 8 of whom were university staff involved in student admissions (and where it wasn't clear whether the response was being made personally or on behalf of their institution).

We would like to thank all those who responded for their comments.

Anglia Ruskin University
Board of Community Health Councils in Wales
British Association of Art Therapists
British Association of Dramatherapists
British Dietetic Association
British Paramedic Association
Care Council for Wales
Chartered Society of Physiotherapy
College of Occupational Therapists
Eastern Birmingham Primary Care Trust
Equality Commission for Northern Ireland
Health Professions Wales
Heart of England Foundation Trust
Independent Healthcare Forum
The Institute of Chiropodists and Podiatrists
National Blood Service
NHS Employers
Powys Local Health Board
Privy Council
Rethink
Royal College of General Practitioners
Royal College of Speech and Language Therapists
Royal Pharmaceutical Society of Great Britain
Skill: National Bureau for Students with Disabilities

Society and College of Radiographers
Thames Valley University (Faculty of Health and Human Sciences)
Unison
University College London (Department of Human Communication Science)
University of Coventry (Disability Discrimination Act Group)
University of Coventry (Faculty of Health and Life Sciences)
University of East Anglia (School of Allied Health Professions)
University of Hull (Faculty of Health and Social Care)
University of Liverpool (School of Health Sciences)
University of Manchester (School of Psychological Sciences)
University of West of England (Faculty of Health and Social Care)

A disabled person's guide to becoming a health professional

Including information for admissions staff

"I am a disabled person – can I become a radiographer?"

"I am a teacher and one of my students is a wheelchair user. She wants to know if she can train to be a physiotherapist. Who can advise me?"

"My course has received an application from someone with an impairment. Will they be able to complete the course? If they do, can they practise as a dietitian?"

These are some of the issues that this document looks at.

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Who is this document for?
We have written this document to give you more information about disabled people becoming part of the professions that are regulated by us, the Health Professions Council.

You may find this document useful if you are:
- a disabled person who is considering becoming a health professional;
- a careers advisor who may give advice to disabled people; or
- a teacher at a school or sixth-form college.

Another group of people who may find this document useful is people working on approved courses. This group might include:
- admissions staff dealing with approved courses;
- academic staff and disability support staff on approved courses;
- practice placement co-ordinators and supervisors; and
- any employee on an approved course who is developing a disability policy.

This is not a complete list of possible audiences, but it should help to give you an idea of whether this document will help you.

About the structure of this document
We have decided to put all the relevant information about this topic into this one document, to make our role and our processes as clear as possible.

To help you get the information that you need, we have split it up into sections.

- **Section 1** is the **Introduction** and contains information about us and our standards and what we do.

- **Section 2** is called **'Information for applicants'**. It should also be useful for teachers, parents and careers advisors. It is aimed

at disabled people who are thinking of becoming health professionals and the people who advise and support them. In this section, ‘you’ refers to a disabled person who wants to become a health professional.

- **Section 3** is called **'Information for admissions staff'**. It should also be useful for both academic and disability support staff. It may be a useful section for practice placement educators as well. It has information about the responsibilities of education providers, both to people applying for jobs (applicants) and also to us. In this section, 'you' refers to staff making admissions decisions.

- **Section 4** is called **'Extra information'** and has information about reasonable adjustments, finding out more, the glossary and other useful organisations which could be relevant to both applicants and admissions staff.

If you have any questions about the issues that this document looks at, you may find it useful to read the whole of the document to understand what we do and how it may affect you.

Section 1: Introduction

About us (the HPC)

We are the Health Professions Council. We are a health regulator and we were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

Health professionals on our register are called ‘registrants’.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists and orthotists
- Radiographers
- Speech and language therapists

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please see our website at www.hpc-uk.org.

Each of these professions has a ‘protected title’ (protected titles include titles like ‘physiotherapist’ and ‘dietitian’). Anyone who uses one of these titles must be on our register. Anyone who uses a protected title who is not registered with us is breaking the law, and could be prosecuted.

Our register is available on our website for anyone to search, so that they can check that their health professional is registered.

Another important part of our role is to consider any complaints we receive about registered health professionals. We look at every complaint we receive to decide whether we need to take action or not. We may hold a hearing to get all the information we need to decide whether someone is fit to practise.

How we run

We were created by a piece of legislation called the 'Health Professions Order'. This sets out the things that we must do and it gives us our legal power. We have a council which is made up of registered health professionals and members of the public. The Council sets our strategy and policy, and makes sure that we are fulfilling our duties under the Health Professions Order.

The Disability Discrimination Act

The Disability Discrimination Act 1995 (DDA) is a piece of legislation which protects disabled people. There are several parts to the act, which place different responsibilities on different kinds of organisations.

Education providers have responsibilities to their students and applicants to make sure that they are treated fairly.

Employers have a duty to their employees and to applicants.

Under the DDA, we fall into the category of a 'qualifications body'. This is because we award 'registration' which allows people to practise the professions that we regulate. This means that we have certain duties under part 2 of the act, to make sure that our processes are fair and do not discriminate against disabled people.

The Disability Rights Commission is a body which has a role in England, Scotland and Wales to stop discrimination and promote equal opportunities. The equivalent body in Northern Ireland is the Equality Commission for Northern Ireland.

If you would like to read a copy of the codes of practice which set out our responsibilities under the DDA in detail, you can find it on the websites of the Disability Rights Commission and Equality Commission for Northern Ireland (see the section 'Other organisations' at the end of this document for contact details). They also publish information about the responsibility of education providers, employers, service providers and other aspects of the Disability Discrimination Acts 1995.

About registration

Health professionals must register with us before they can use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you will still not be able to call yourself a 'physiotherapist' unless you are registered with us.

Registration shows that the health professional meets our standards for their profession.

Registration exists to show the public that health professionals are fit to practise, and that they are entitled to use the protected title for their profession. It shows that the people on our register are part of a profession with nationally recognised standards set by law.

When we say that someone is 'fit to practise', we mean that they have the skills, knowledge, character and health to do their job safely and effectively.

Approved courses

Most applicants for registration complete an approved course to show us that they meet our standards for their professional skills.

When an organisation wants to set up a course in one of the professions that we regulate, they need to contact us to ask for it to be approved. We will then look at the course to make sure that it meets our **standards of education and training**. We will also make sure that students who complete the course have learnt everything they need to meet our professional standards, which are called the **standards of proficiency**. Registered health professionals called 'visitors' visit the organisation for us, and write a report on how or if the course meets our standards. Depending on the result of this report, we will then decide whether to approve the course.

We publish the list of approved courses on our website, so that anyone who wants to become a health professional registered with us can access it and decide where and how they would like to study.

Education is covered by part 4 of the DDA which was introduced through the Special Educational Needs and Disability Act 2001 (SENDA) in England, Scotland and Wales or the Special Educational Needs and Disability Order 2005 (SENDO) in Northern Ireland. The Quality Assurance Agency also sets out standards for universities in terms of how they deal with disabled people.

Because completing an approved course is the main way that people become registered (the exception is international applicants, who trained outside the UK), it is very important that we let applicants to approved courses, and people working on approved courses, know about our role and our responsibilities under the Disability Discrimination Act 1995. This is another reason why we have produced this document.

Applying for registration

Completing an approved course does not ‘guarantee’ that someone will become registered. But it does show us that the applicant meets our professional standards and so is eligible to apply for registration. We need more information from them to be able to register them.

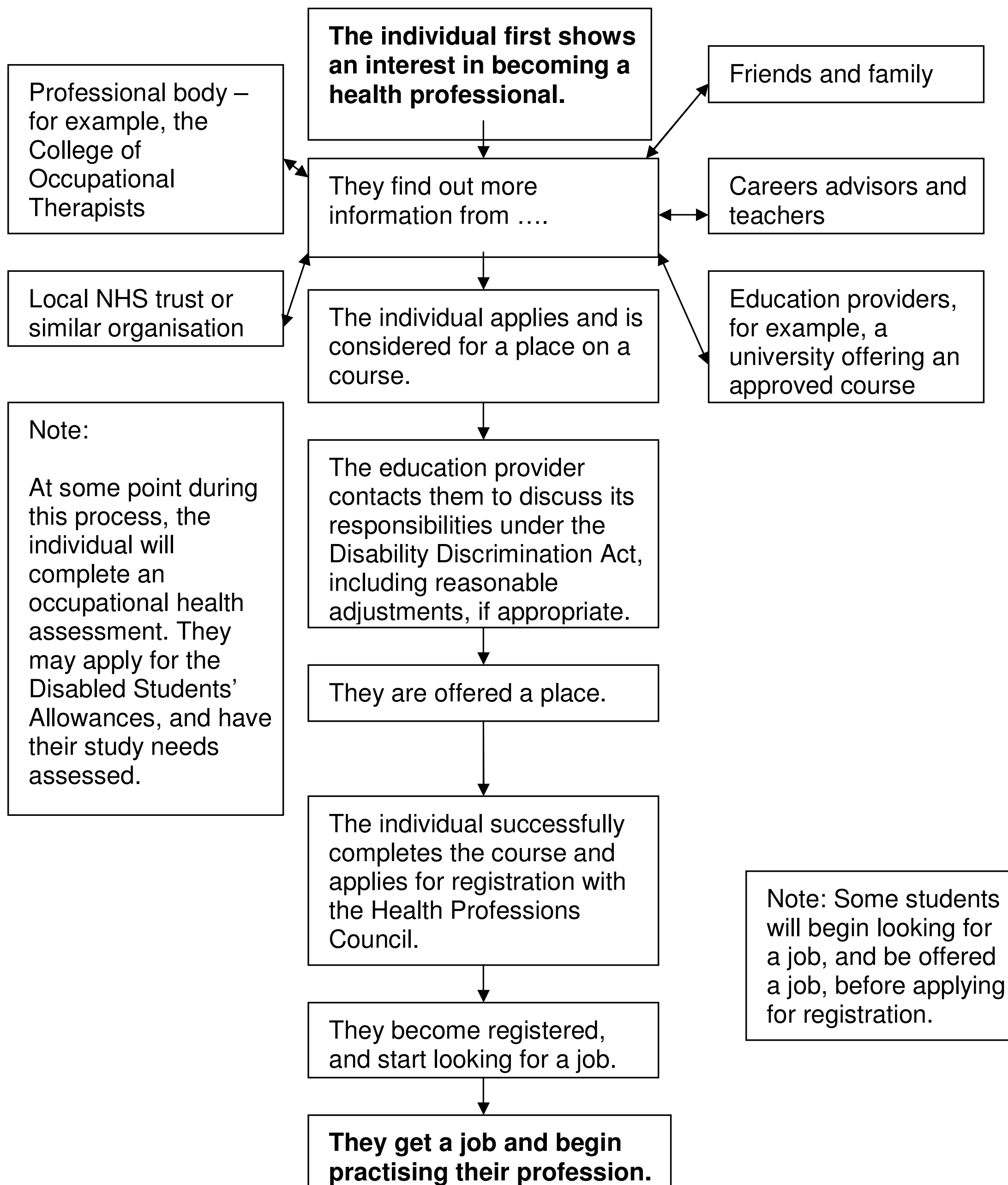
When someone first applies for registration, as part of their application they need to send us information such as a health reference, a character reference, a photograph and a copy of their passport or birth certificate.

Applicants also need to let us know if they have any criminal convictions, and if they have ever been disciplined by another regulator.

All of the information that we need from applicants helps us to make sure that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

Becoming a health professional



The individual first shows an interest in becoming a health professional.
Professional body – for example, the College of Occupational Therapists
Friends and family
They find out more information from ….
Careers advisors and teachers
Local NHS trust or similar organisation
Education providers, for example, a university offering an approved course
The individual applies and is considered for a place on a course.
Note:
At some point during this process, the individual will complete an occupational health assessment. They may apply for the Disabled Students' Allowances, and have their study needs assessed.
The education provider contacts them to discuss its responsibilities under the Disability Discrimination Act, including reasonable adjustments, if appropriate.
They are offered a place.
The individual successfully completes the course and applies for registration with the Health Professions Council.
Note: Some students will begin looking for a job, and be offered a job, before applying for registration.
They become registered, and start looking for a job.
They get a job and begin practising their profession.

What the diagram on the opposite page tries to show is that the path an individual takes to become a health professional is one with many stages, where the person may come into contact with many different organisations.

(To keep the diagram simple, we have not included information about, for example, what happens if an applicant does not get a place on a course, or what happens if an applicant does not get registered with us. Also, some stages in this diagram depend on whether a student tells the education providers about their disability. There is more information about this later on in this document.)

Disabled people may be told that they cannot become a health professional. They may assume that they cannot, or they may not get past one of the early stages of the process. This is part of the reason why we have put this document together – to give information about the whole process and to show where they can get more information from organisations with expert knowledge in this area.

We hope that by publishing the correct information about what is needed to register with us as a health professional, people who might previously not have considered these professions will be able to make an informed choice about their future career.

While you read this document, you should remember that we, the Health Professions Council, are only responsible for the **registration** part of the process. Although we are not responsible for some of the things we mention in this document, we have given more information because we thought that you might find it useful. Wherever we can, we have told you where you can get more information, or the names of the organisations that can help you.

The differences between registration and employment

There is a major difference between being **registered** as a health professional and being **employed** as a health professional.

We register individuals, and we do not deal with matters that are related to employment. In particular, it is important that registration is never seen as a guarantee of employment. Equally, a place on an approved course is not a guarantee of registration.

Guaranteeing 'fitness to practise', which is part of our role as the regulator, is not a guarantee of the **opportunity** to practise. It is also not the same as fitness to work, which is decided at a local level between a registrant and an employer.

Example

> A registered occupational therapist develops pneumonia. She is on sick leave for several weeks while she recovers. Although she is not fit enough to work, she is still on the register, because her 'fitness to practise' is not affected by her illness.

As well as negotiating fitness to work, all employers need to carry out their responsibilities under the Disability Discrimination Act 1995. These include providing an accessible workplace and making reasonable adjustments to tasks. We do not make assumptions about 'how likely' employers are to make adjustments, and we will never refuse to register someone because we don't think that they will be employed. We simply register people who meet our standards.

Example

> A prosthetist and orthotist is registered with us. Because she has back pain, she has negotiated adjustments to her working environment with her employer, including rest periods and a specially designed chair. These arrangements have no effect on her registration, but are negotiated directly between her and her employer.

The difference between registration and employment means that someone who meets all of our standards for their profession may not ever work in some areas of that profession, or may choose not to.

Example

A paramedic has a mobility problem. She completes her paramedic training and is successfully registered. She then takes employment in research.

Meeting our standards

Everyone on our register must meet the standards of proficiency that we have set. The 'standards of proficiency' are the professional standards which health professionals must meet to become registered. (The standards are available from our website at www.hpc-uk.org. If you need a copy in a different format, please contact us. See the section at the end of this document called 'Finding out more from us'.)

The standards of proficiency are made up of 'generic' standards, which all registered health professionals must be able to meet, and 'profession-specific' standards, which only apply to one profession.

An example of a generic standard is that all health professionals must 'be able to practise in a non-discriminatory manner'.

An example of a profession-specific standard is that a registered dietitian must 'be able to advise on safe procedures for food preparation, menu planning, manufacture and handling'.

We set these standards to make sure that wherever and whenever a member of the public sees a health professional, they can be sure that they meet standards which apply consistently across the UK.

We need to know that these standards are being met, but we do not need to know how the standards are met. What this means is that registered health professionals can make adjustments in their own practice to meet our standards without being concerned that they can't be registered with us.

Example

A biomedical scientist uses British Sign Language (BSL), and has a BSL interpreter who works with her so that she can communicate with her colleagues. Using the BSL interpreter means that she can communicate effectively. So, she can meet the standard of proficiency which says that anyone who registers with us must:

‘be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers’.

A registrant using a personal assistant or support worker would also have to make sure that they continued to keep our standard about respecting confidentiality. (The personal assistant would normally have to keep to the employer’s policies about confidentiality.) But what this example shows is that a register can make adjustments to their practice, still meet our standards, and stay registered.

We don’t publish a list of ‘approved’ ways of meeting our standards. We feel that this level of detail is best negotiated directly, between an applicant and their university to begin with, and then later in the health professional’s career, between them and their employer.

We believe that individuals know most about what they can and cannot do, and that universities are the best sources of information about how they can deliver a course to make sure that the disabled student still meets our standards.

We do not want to have a definite list which might prevent some people from registering. We want to make sure that decisions are made about individuals based on that individual’s ability to meet our standards and practise safely.

Scope of practice

All registrants must only practise within what we call their 'scope of practice'.

A health professional's scope of practice is the area or areas of their profession in which they have the knowledge, skills and experience to practise safely and effectively, in a way that meets our standards and does not pose any danger to themselves or to the public. A health professional's scope of practice may change over time, and every health professional should be aware of their scope of practice and make sure that they only practise within it.

When a health professional comes onto the register for the first time, they need to meet all of the standards of proficiency for their profession (see note [1] below).

The standards of proficiency say, 'We do recognise that your practice will change over time and that the practice of experienced registrants frequently becomes more focused and specialised than that of newly qualified colleagues, because it relates to a particular client group, practice environment, employment sector or occupational role. Your particular scope of practice may mean that you are unable to demonstrate that you continue to meet each of the standards that apply for your profession.

'So long as you stay within your scope of practice and make reasonable efforts to stay up to date with the whole of these standards, this will not be problematic.

Note: The exception to this is applicants for 'grandparenting' route A, who need to show three out of the last five years 'lawful, safe and effective practice' before they can be registered. This route to registration is only open for a limited time for each profession, and then closes. There is more information about grandparenting on our website at www.hpc-uk.org

However, if you want to move outside your scope of practice, you must be certain that you are capable of working safely and effectively, including undertaking any necessary training and experience.'

After a health professional has registered with us, their scope of practice may change so that they can no longer show that they meet all of the standards of proficiency. This may be because:

- of specialisation in their job;
- of a move into management, education or research;
- of a disability or a health issue;
- their fitness to practise in certain areas is affected for another reason. A changing scope of practice is not necessarily a cause for us to take action or a cause for concern.

Example

A speech and language therapist's first job after graduating was one where she worked entirely with children. She worked in this area for nearly 10 years, building up considerable expertise.

When the opportunity came to manage a team of speech and language therapists who worked with a variety of different patients, clients and users, she felt that her skills in other areas needed refreshing. With the support of her new employer, she received training, and completed private study to update her skills and make sure that she could safely extend her scope of practice to effectively practise in her new role.

Example

An occupational therapist with multiple sclerosis became ill again. He became concerned about his ability to perform certain aspects of his job safely and effectively.

He discussed his condition with his employer, and together they agreed various changes to the way that he worked. For example, he would be accompanied on home visits by an assistant. The assistant would also perform any manual handling that was needed. The employer and the employee would investigate the 'Access to Work' scheme (see the glossary) which could provide funding needed for these adjustments. The employer agreed that support would be ongoing, and also that they would continue to meet regularly, to make sure that the adjustments made could be reviewed and changed if necessary. The employee agreed to update his employer on any further changes in his condition.

In the example above, the registrant has a responsibility to make sure that he keeps to our standards. However, on top of this, the employer has responsibilities under the Disability Discrimination Act. The example shows how these two different responsibilities can work together to make sure that the public is protected, and also that the disabled person is protected.

The examples above are about health professionals whose scope of practice changed over time. Other health professionals may have a restricted scope of practice, for various reasons, from the time when they first register.

Registrants have to restrict or adapt their practice where any factor (health, disability conduct, or anything else) may affect their fitness to practise. This applies to every registrant, not only those who consider themselves to have a health condition or disability.

Example

Section 2b.5 of the standards of proficiency says that the people who register must 'be able to maintain records appropriately'. It goes on to say that the people who register

must also ‘be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines’.

If the person registering knows that their handwriting is normally considered to be difficult to read, they may take steps to print their notes in block capitals, or to keep electronic patient records, to make sure that they can be used effectively by their colleagues. In this way, the person registering is taking reasonable steps to adjust their practice to make sure that they meet the standard. If the person registering has dyspraxia (developmental co-ordination disorder), they may negotiate extra time with their employer to produce the patient records. This would be a reasonable adjustment.

Other examples of people who may make adjustments to meet this standard include someone with a sight difficulty who uses a dictaphone or adapted laptop computer to help them take their notes, or someone with dyslexia who might prefer to keep electronic notes. In each case, the person registering has taken reasonable steps to make sure that they met this part of the standards of proficiency.

Section 2: Information for applicants

Can I be a health professional?

We regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists and orthotists
- Radiographers
- Speech and language therapists

If you want to work in one of the professions listed above, you will need to gain a place on an approved course, successfully complete that course, register with us (the Health Professions Council) and then gain a job.

You can see a flow diagram of this entire process on page 8.

The part of the process that we deal with is your registration with us. However, we have put information in this document about other parts of the process (gaining employment, for example) because we thought that it would be useful for you to have all this information in one place. We have referred throughout this document to other organisations who may be able to support you or give you information as you progress through the different stages of becoming a health professional.

If you are wondering whether you can become a health professional, this document probably won't be able to give you a definite 'yes' or 'no' answer, as each case is looked at individually. But it can tell you what:

- you need to do to find out whether you can become a health professional;
- how you can find out more;
- the organisations you will need to get in touch with; and
- the decisions that you and others will need to make.

Incorrect information

People may have different ideas about the abilities that you need to become a health professional, but sometimes these ideas are not true.

Example

A person who uses a wheelchair is interested in becoming a radiographer. Her friends have told her that she cannot become a radiographer because she would not be able to get up stairs to the different wards.

This is incorrect advice, because to be registered with us as a radiographer, the applicant needs to meet the professional standards for that profession. Being able to get up and down stairs is not a professional standard. (If she did become registered, it would be her employer's responsibility under the Disability Discrimination Act to make reasonable adjustments that allowed her to practise.)

Example

Admissions staff at a university are discussing someone who has applied to their chiropody and podiatry course. The applicant has told them that she has limited upper-body strength and the staff are concerned that she could not be a

chiropodist because if she had a patient who became unconscious, she would not be able to move them.

If the admissions staff made a decision on this basis, it would be likely to be unlawful for three reasons.
Firstly, because they would need to contact the applicant and get more detailed information, such as an occupational health assessment or risk assessment (or both) before making assumptions about what she couldn't do. Under the Disability Discrimination Act, the admissions staff need to avoid treating the applicant less favourably, and avoid using stereotypes and judgements on what disabled people can do.

The second reason is that the admissions staff would need to explore what reasonable adjustments could be made for the person to complete the course. They would need to make their decisions with the reasonable adjustments in mind.

The final reason why this would be unlawful is because being able to move an unconscious patient is not part of what makes someone a chiropodist. It is not in the professional standards for chiropody.

These professional standards are called the **standards of proficiency**. If you apply to an approved course, then as part of assessing your application, the admissions staff will try to decide whether they can deliver the course in such a way that you can meet these standards. They may contact you to discuss this with you. (See also the section called 'Meeting our standards' on page 11.)

Your responsibilities

You do not have to disclose your disability when you apply for a course. (Telling a university about your disability is called 'disclosing'.) The university has a responsibility to give you various

opportunities to disclose your disability, and to encourage you to disclose it in a safe and confidential way.

However, we would strongly recommend that you do so. This will make sure that the university has time to make the necessary arrangements well before you arrive.

In particular, the university can only act on the information that it knows about. This means it may not be able to give you the support that you need if you have not told admissions staff that you have a disability. In particular, you may find that the earlier you tell the university, the more time that they have to prepare the reasonable adjustments that you need.

Even if you do disclose your disability, you may choose not to give the admissions staff permission to tell anyone else (this is called ‘permission to disclose’). But if you do give the admissions staff permission to disclose, they can share information about your needs with people you name, for example, staff on practice placements.

Some people do not want to disclose their disability because they are concerned about discrimination. While we can’t guarantee that discrimination will never happen, we can reassure you that universities have specific responsibilities not to discriminate against disabled applicants, and they need to treat you fairly, otherwise you may be able to take them to court.

You can always ask your university about its disability or equality policy, or ask to talk to the university’s disability service.

If you are applying to a course which is approved by us, we strongly recommend that you discuss your disability with your university before you apply, so that they can make an informed decision about how and whether you can meet our standards. The university needs information from you, so that they can decide how to help you show

how you meet our standards. It will also allow them to assess whether any of the standards are likely to cause you difficulties.

In particular, your disability may mean that you cannot meet the standards, or that the university isn't able to make reasonable adjustments to the programme. If this is the case, the university may want to talk to you about alternative courses, or other ways in which they can support you.

How will my application be assessed?

When you apply to a course that is approved by us, you are entitled to have your application assessed fairly and in a way that meets relevant laws.

On page 25 of this document you can read the advice that we give admissions staff. You can find out more from the university about their admissions requirements and other information about assessing applications. However, as far as we are concerned, the only thing that we ask the university to do is make sure that at the end of the course, you are able to meet our standards of proficiency. (These are the professional standards that we set for each profession, that people must meet to be registered with us). The standards of proficiency can be met in a variety of ways, which can include adjustments made by individuals, employers or universities.

If you are considering applying for a course that we have approved, you can always ask the staff whether they have read this document. If they haven't, they can download it from our website.

What if I think I have been treated unfairly?

If you think that you have been unfairly denied a place because of your disability, you can take action.

You should contact the university first and follow their internal complaints process.

If, having followed this, you need to take the issue further, you can do so. Skill: the National Bureau for Students with Disabilities, publish information about this on their website, including two information booklets which you may find useful.

- ‘Making a complaint’ is a document with information about how to complain.
- ‘Disability discrimination post-16 Education: the five-step test’ will help you decide whether disability discrimination may have taken place.

To take further action, you should contact the Disability Rights Commission or Equality Commission for Northern Ireland. The contact details for Skill, the Disability Rights Commission and the Equality Commission for Northern Ireland are at the back of this document.

How do I get the help I need?

If you gain a place on an approved course, and if the course providers are told about your disability, you would be entitled to support.

Depending on who funds your course, the most significant source of financial support to you may well be the Disabled Students’ Allowances. The allowance covers any extra costs that are directly associated with your disability, for example, the cost of a non-medical helper or any specialist equipment or travel. (Please note that this is only available to home students. However, some universities may have funding for overseas students with support needs.)

To find out more about the Disabled Students’ Allowances, you can get in touch with the disability officer at the university you are applying to.

If you haven't yet decided where to apply to, you could contact Skill, the National Bureau for Students with Disabilities, who have published an information sheet called, 'Applying for Disabled Students' Allowances'. Their contact details are at the back of this document.

There are differences in funding between the four home countries, depending on who funds your course. If you contact your university's disability service, they should have information on the support available for disabled students in their institution, under their funding arrangements.

As part of your entry to the course, your university may ask you to have some form of occupational health check. This will apply to all students, and not only those who have disclosed a disability.

During your course

During your course, it is important that you have a realistic understanding of whether you can do tasks safely and effectively. Your ability to do certain tasks or the level of support you might need to carry them out may change over time.

We would strongly recommend that you continue to disclose any important information about your disability during your course, particularly to university and placement staff.

Providing information to placement staff can allow them to arrange any necessary support or adjustments that you need to practise safely and effectively and meet our standards.

This can help make sure that staff on placements can accurately assess your ability and whether you have met our standards, so that they can make sure that you are not put in situations which might pose a risk to you or to your patients or clients.

After graduation – applying for registration

After you have graduated from an approved course, you will need to apply for registration with us.

As part of your application, you will need to get your GP to complete a health reference. There is more information about this in our document, 'Information about the health reference'.

However, the most important thing to remember is that we do not ask your doctor to assess whether your disability affects your professional skills. At this stage, because you have completed an approved course, your qualification shows that you meet the standards of proficiency for your profession.

We will ask your doctor for any information about your health which may affect your fitness to practise – that is, any information about your health which might affect your ability to practise safely and effectively in a way which poses no risk to patients or clients.

The GP who completes your health reference needs to have been your doctor for three years or more, or to have had access to your medical records for the last three years. For this reason, you may find things easier if you register with a GP in your university town at the beginning of your course. Your 'old' GP will then send over your

notes and your new GP will have all the information they need when you ask them to complete your health reference.

When you apply for registration with us, you are entitled to have your application for registration considered fairly and legally. We need to know that you can meet our standards, and we cannot make registration decisions on any basis other than our standards and the need to protect the public.

If your application for registration is refused, you can appeal against this decision. First, you can appeal to us. If you do, we will put together an appeal panel to look at your application and any extra information that you want to give us. Then, if this is not successful, you can apply to the courts.

If you want more detailed information on how to appeal against a decision we have made, please see our website at www.hpc-uk.org, or contact us.

After graduation – employment

When you have registered with us, your next step is to start to practise. (Or you might choose to apply for jobs while you are still studying and gain a job offer which depends on your eventual registration.)

When you are applying for jobs, you should be aware that employers also have certain duties under the Disability Discrimination Act – not to discriminate against you, to consider your application fairly and to make reasonable adjustments so that you can work effectively.

The Disability Rights Commission and Equality Commission for Northern Ireland both publish a code of practice for ‘employment and occupation’ which describes the duties of employers and helps disabled people to understand the law. The contact details for these organisations are at the end of this document.

After graduation – occupational health screening

Once you have been offered a job, your employer may ask you to take part in some kind of occupational health screening, which normally applies to all staff. This is related to the responsibilities of employers not to unlawfully discriminate against disabled staff.

This will normally be a form or questionnaire, which you fill in and then send direct to the occupational health providers that your employer uses. They may then contact you for more information, or ask you to go to a meeting or interview.

If this happens, it may be helpful for you to do some preparation beforehand. For example, it could help if you can clearly describe how adjustments made in your placements have overcome the barriers to your practice. You could describe reasonable adjustments that have been made to your tasks and academic work.
You could also describe your disability in a positive light, showing how your experience may have given you skills that are useful in the workplace. For example, having an assistant may have helped you to gain good organisational skills, communication skills, and budget management.

This kind of evidence will help to show how you practise safely and effectively.

Section 3: Information for admissions staff

In this section, we try to deal with the responsibilities of admissions staff when considering applications from disabled people for places on education programmes. We also provide some information (and sources of further information) about supporting students on programmes and providing reasonable adjustments.

We have included several examples which we hope will help you think about the sorts of things you need to consider when making decisions about disabled people. We recognise that some situations are often more complicated than the examples we have given and that decisions need to be made on an individual basis. However, we hope that they still provide useful illustrations of how you might approach similar situations.

The responsibilities of admissions staff

You have certain responsibilities as a member of staff working in admissions on a course approved by us.

You have duties under part 4 of the Disability Discrimination Act 1995.

Also, because your course is approved by us, you also have a responsibility to us to make sure that graduates from your course meet our standards of proficiency.

How you meet these duties is up to you, but we suggest that when assessing applications you should first consider the reasonable adjustments that you could make to the for the applicant. This would be a duty under part 4 of the Disability Discrimination Act.

Having considered this, you might then want to separately consider whether, having made these adjustments, the applicant would meet the standards of proficiency at the end of the course.

Example

A person with dyslexia applies for a course in occupational therapy. He meets the admission conditions for the course and could be offered a place.

The admissions tutor contacts the applicant to discuss his needs. The applicant says that he would prefer to be able to complete assignments on computer rather than by hand. He also asks if he could have access to lecture notes in advance so that he can follow the lectures more easily.

The admissions tutor discusses this need with the programme team and with the university disability officer.

Assignments normally need to be word-processed so no adjustment is needed. Following discussion, the university decides that they would be able to make the other adjustment (and indeed that it would be likely to be unlawful if they did not make this adjustment).

The admissions tutor decides that the adjustment needed would be 'reasonable' and would be possible. She then moves to the second stage of the process – considering whether, having made this adjustment, the applicant would be able to meet the standards of proficiency.

She gets a copy of the standards of proficiency for occupational therapy and reads through them. She reads that occupational

therapists must be able to make and keep patients' notes. Looking back at the information she has received from the applicant, she is reassured that he would be able to take patient notes. She is assured that the university can deliver the course to make sure that when he graduates, the applicant would meet all of the standards and so she offers the applicant a place.

Example

An applicant to a chiropody and podiatry course says that she has a sight difficulty. The university contacts her to gain more information. They discuss her sight difficulty with her, and get more information from an occupational health assessment. From this, they learn that her vision is extremely limited and that she can see very little, or nothing, of objects that are close to her.

The admissions staff are concerned that because of the extent of her sight difficulty, she will not be able to meet some of the standards of proficiency.

In particular, they note that the standards for chiropodists and podiatrists (2b.4) say that people registering must be able to 'carry out surgical procedures for skin and nail conditions'.

They are concerned about the applicant's ability to perform scalpel work, which forms an important part of the course.

They discuss this with the practice placement co-ordinators, who agree that surgical and scalpel work is such an important part of their work that it is considered to be a professional skill,

without which someone is not able to be a chiropodist or podiatrist.

They contact the university disability officer, to discuss the possibility of an assistant helping the applicant with this part of the course. After some discussion about the assistant's role, they reach a decision that this is not a possible way forward. The admissions staff and the disability officer decide that an assistant could not help the student with surgical work because such a system would rely on the assistant's surgical skills, knowledge and experience, and would not use the applicant's skills.

The university decides not to offer her a place. They contact the applicant to discuss with her the other health courses they offer which may be more appropriate for her.

Example

A person with limited upper body strength applied to a paramedic training course. The staff on the course were concerned that she would not be able to do the moving and carrying which was necessary to work as a paramedic.

However, they looked at the standards of proficiency for paramedics, and noted that registered paramedics must, 'understand and be able to apply appropriate moving and handling techniques'.

They considered that the applicant to the course would be able to learn about all moving and handling techniques, and that they could teach her how to apply those techniques which were 'appropriate' to her (that is, those that she could complete safely with no risk to the patient or to herself). They also felt that she would be able to instruct an assistant to carry out certain techniques on her behalf. So, they offered her a place.

Not making assumptions about employment

When considering applications, it is important to realise the factors that you can take into account, and those that you cannot.

When you look at an application, you should decide:

- whether the applicant meets your admission conditions;
- whether you can deliver your course to the applicant in a way that meets their needs, making reasonable adjustments if necessary; and
- whether at the end of the course, having made any necessary adjustments, the graduate will meet our standards of proficiency.

You should not make any assumptions about the likelihood of the applicant being employed at the end of the course, as this would be likely to be discriminatory.

Example

An applicant to a speech and language therapy course said in her application that she had bipolar disorder (see the glossary). The admissions staff received an occupational health assessment and more information from the applicant. They were confident that they could accept the student, who met their admissions conditions.

However, from informal discussions with colleagues who worked in clinical practice, they felt that there was little likelihood of a speech and language therapist with bipolar disorder being employed within the NHS. They felt that employers could be worried about her contact with children or vulnerable adults. So, they did not offer her a place on their course.

This would be likely to be **unlawful,** because such a judgement may be discriminatory and could be based on assumptions or stereotypes about disabled people.

Even if the admission staff are trying to be helpful to the applicant (for example, because they don't want her to experience the frustration of studying for three years and then not getting a job), this is still unlawfully putting barriers in the way of a disabled person becoming a health professional.

Mental health

We recognise that making decisions about applicants who disclose mental health conditions can be challenging, particularly if that condition is intermittent.

As with any other applicant, it is important that you properly explore the nature and extent of the disability, avoiding stereotypes or assumptions. You need to consider whether the applicant can meet the professional standards for their profession and whether any reasonable adjustments can be made.

With more serious conditions, you may have to assess the safety of the applicant, students, patients and other people in the education and placement environment. This might include using occupational health services.

Whether the applicant has insight and understanding into their own condition will be an important factor in your decision. An applicant will have insight and understanding if they have a realistic, informed idea of their condition. This might include considering whether they have been successfully involved in their own treatment.

Individual assessment

The examples we have given show that it is important that you treat every case individually and avoid stereotypes or judgements. Considering each application individually in the ways we have explained means that you are not making assumptions about disabled people or disability but instead making an informed decision based on the individual applicant.

This means that it isn't possible for us to come up with a complete list of disabilities which would, would not or might affect an applicant's ability to meet our standards.

Sometimes, it might be that an applicant would be able to meet the professional standards in one profession but not those in another. For example, a university might decide that although an applicant with a visual impairment wouldn't be able to meet all of the standards of proficiency for chiropody and podiatry, they could meet the standards for another profession.

Early communication

An important part of meeting your responsibilities is to consider all aspects of an applicant's course before they begin studying. What you want to avoid is a student beginning the course, and difficulties arising during the course which you could have dealt with or predicted earlier on. This would cause the student – and staff – unnecessary stress and difficulty.

When considering applications, you will often find that people applying to your course will already have developed different ways of working. They may already have a good idea of what they would need from you to be able to take part fully in your course, and experience of staff making these changes in their college, or in their previous employment. Talking to them as early as possible about

their ideas, their concerns, and their needs, will help make sure that you consider all the relevant factors.

However, some students may not know what they need, and may need to discuss this with the disability service.

It may be helpful to contact everyone who has disclosed a disability, to put them in contact with your disability officer.

If you offer someone a place, you should still contact them about making preparations. Some adjustments can be made quickly, whereas others will take time. For example, reminding lecturers and tutors to provide handouts in different formats may take very little time, but organising alternative arrangements for practice placements may take more time to set up.

However, you should remember that even when an applicant has disclosed their disability, you will still need to get permission from them to tell other people about it before you can tell anyone else involved in delivering the course. You should contact your disability service to find out your institution's policy on disclosure and responsibilities.

In all cases, early communication between you and the student will help to make sure that things run smoothly.

Example

A person with chronic fatigue syndrome applies for a place on an orthoptics course. He wants to study the course part-time, and in particular needs to structure his practice placements so that he can work shorter days over a longer period, take a rest during the day, and possibly delay his practice placements if he needs to take a break to recover.

The student gives permission to disclose their disability so the course team contact their placement providers and are confident that they would be able to arrange practice placements which offer accommodation, which would allow the applicant to take a break in the day. They also give all their practice placement educators information about supporting disabled students.

The university then contacts the applicant to discuss the arrangements they could make. The discussion covers what they could do if he needed to defer for a year, how they could support him in keeping his knowledge up to date, and how they could help him come back into the university after time away.

Because they are confident that they can make arrangements before he arrives, and that he can meet the standards of proficiency, the university offer him a place. They also arrange that once he has started the course, they will meet regularly with him and the disability officer to make sure that their strategies for helping him are useful and are still working.

Practice placements

Practice placements are a vital part of approved courses, as they give students the chance to apply their learning to real patients in the practice environment.

It is important to realise that students **do not** need to be able to do all types of practice placement before they can register with us. Some disabled students may not be able to complete certain types of practice placement, but there may be other placements in which they would be able to learn and practise successfully. You should not assume that students cannot complete placements, or make judgements about certain disabilities.

Example

A course team were considering the practice placements for a student occupational therapist who had a speech difficulty after having a car accident and a tracheotomy some years previously.

The speech difficulty meant that, when meeting new people, the student occasionally used strategies such as writing down what he wanted to say, to make sure that people understood him. The student had found that once staff, colleagues and students had some experience of communicating with him, they could understand his speech without him having to write it down.

The course team met the student to discuss the placements that would be most helpful to him. He said he was worried about practice placements and the barriers which he might face. The course team discussed with him the adjustments they could make. In particular, they offered to visit him before the placement started. They mentioned that all students on placements were visited at least once. They suggested to him that they could visit him during his first week, and again later in the placement if this would be helpful to him, and provide reassurance.

The staff discussed with him one particular placement available, which dealt exclusively with adults with communication disabilities. They discussed with him whether this placement would be appropriate or useful, as the patients' understanding of his speech could be a barrier to his learning on the placement and to the patients' treatment. The student suggested that writing, his usual method of communicating with someone who could not understand his speech, may not be effective in this situation.

> They decided with the student that this placement was unlikely to be the most useful one, either for the student’s learning or for the patients.
>
> However, this was not a barrier to him completing the course. The team agreed that there were other placements which he could complete and also agreed that avoiding this placement would not have a negative effect on his learning.

This example shows how you need to find placements which give your disabled students the best chance of showing how they meet our standards.

However, this does not replace your extra responsibility to tackle inaccessible placements. You need to make sure that your placements are suitable for disabled students and also that you have a process for tackling placements that are not.

Organisations that provide practice placements also have a direct duty not to discriminate against disabled people under the Disability Discrimination Act 1995.

For more information about the responsibilities of organisations which provide practice placements, see the code of conduct for ‘employment and occupation’ produced by the Disability Rights Commission or Equality Commission for Northern Ireland. The Quality Assurance Agency also publishes codes for universities on placements.

To make sure that you protect the rights of your disabled students, you may want to provide specific information to your placement providers about supporting disabled students. You may want to include information about disabled students in the training that you give placement providers, or you may want to find specific placements which meet the needs of individual students.

Beyond our standards on practice placements (which make up the whole of standard 5 of our standards of education and training), we do not have specific requirements on the systems you put in place, but we have suggested the above as possible ways of making sure that you meet your responsibilities.

The Chartered Society of Physiotherapy (CSP) has produced a document called ‘Supporting disabled physiotherapy students on clinical placement’ which you may find useful as it provides more detailed information, a lot of which is relevant to all of the professions that we regulate. This document is available on the CSP’s website (see the contact details at the end of this document).

Keeping a record

To make sure that you are meeting your responsibilities under the Disability Discrimination Act, we strongly recommend that you keep a record of the decision-making process that you went through, including the people whose opinions and advice you sought, and the reasons for any decisions made.

Your university may have procedures and forms for you to fill in to do this.

You could also ask the applicant to sign that the information you have written down is correct, whether they are happy for it to be passed on, to whom and for what purpose.

Once you have made a record, you must keep this information confidential under the Disability Discrimination Act and the Data Protection Act.

By keeping this information, you will be able to refer to your process and the information you have received if anyone asks any questions about any of your decisions.

Section 4: Extra information

What is a ‘reasonable’ adjustment?

The idea of ‘reasonableness’ is vital to the Disability Discrimination Act. It means that people who provide education have a duty to find out how they can adapt their course to meet the needs of students with disabilities.

Whether or not an adjustment is reasonable depends on many factors, including:

- the cost of the adjustment; and
- the effect of the adjustment.

The idea of reasonableness means that education providers have to look at whether they can make the adjustment. But they do not have to make every adjustment that a student asks for.

However, an education provider cannot claim that an adjustment is not unreasonable only because it is expensive or inconvenient.

Example

A university tells a person who uses a wheelchair that it cannot offer them a place because their buildings are not wheelchair accessible. They have been told informally that getting a ramp and a lift would be too expensive. So, the university does not offer the person a place because the adjustments needed are not reasonable because they would cost money.

This would be likely to be **unlawful** because they have not properly assessed the reasonableness of the adjustments needed.

Example

A university receives an application from a student who uses a wheelchair. They get an access audit done of their buildings,

which highlights some considerable work that needs to be done to make their sites wheelchair accessible. They can only afford to complete this work in stages, over five years.

They contact the student to ask about adjusting their timetabling so that the student only has to use ground-floor teaching space during their first year.

Although the university cannot afford all of the physical adjustments that the student needs, they are still looking at other ways of meeting the student's needs.

There is more information about adjustments and about reasonableness in documents produced by the Disability Rights Commission (their contact details are at the back of this document).

In particular, a document published by the Disability Rights Commission called 'Code of Practice: Post 16 Education and Related Services' contains much more detailed information about the legal responsibilities of education providers.

Finding out more from us

The easiest way to find out more information about us and our processes is to have a look at our website at www.hpc-uk.org

Here we publish information about how we work, including the list of courses that we approve, all of our forms, news releases and much more.

If the information that you need is not on our website, you can also contact us at:

Health Professions Council
Park House
184 Kennington Park Road

London
SE11 4BU.

Phone: 020 7582 0866
Fax: 020 7820 9684
E-mail: info@hpc-uk.org

Other organisations

Here we have listed some other organisations who may be able to offer you help and information.

Association of Clinical Scientists (ACS)
C/o Association of Clinical Biochemists
3rd floor
130-132 Tooley Street
London
SE1 2TU

Phone: 020 7940 8960
Fax: 020 7403 8006
Email: admin@assclinsci.org
Website: www.assclinsci.org

The Association of Clinical Scientists is the professional body for clinical scientists.

The Association of Operating Department Practitioners (AODP)
PO Box 1304
Wilmslow
Cheshire
SK9 5WW

Phone: 0870 746 0984
Fax: 0870 746 0985

E-mail: office@aodp.org
Website: www.aodp.org

The Association of Operating Department Practitioners is the professional body for operating department practitioners.

Association of Professional Music Therapists
26 Hamlyn Road
Glastonbury
BA6 8HT

Phone: 01458 834919
Website: www.apmt.org
E-mail: APMToffice@aol.com

The Association of Professional Music Therapists is the professional body for music therapists.

British Association of Art Therapists
24-27 White Lion Street
London
N1 9PD

Phone: 020 7686 4216
Website: www.baat.org
E-mail: info@baat.org

The British Association of Art Therapists is the professional body for art therapists.

British Association of Dramatherapists
41 Broomhouse Lane
London
SW6 3DP

Website: www.badth.org.uk
Phone: 020 7731 0160
E-mail: Gillian@badth.demon.co.uk

The British Association of Dramatherapists is the professional body for dramatherapists.

British Association of Prosthetists and Orthotists
BAPO Secretariat
Sir James Clark Building
Abbey Mill Business Centre
Paisley
PA1 1TJ

Websitewww.bapo.com
Phone: 0141 561 7217

The British Association of Prosthetists and Orthotists is the professional body for prosthetists and orthotists.

British Dietetic Association
5th Floor
Charles House
148/9 Great Charles Street Queensway
Birmingham
B3 3HT

Website: www.bda.uk.com
Phone: 0121 200 8080

The British Dietetic Association is the professional body for dietitians.

The British Dyslexia Association
The British Dyslexia Association
98 London Road
Reading
RG1 5AU
Website: www.bdadyslexia.org.uk

For enquiries about dyslexia:
Helpline: 0118 966 8271.
E-mail: helpline@bdadyslexia.org.uk

For general enquiries:
Phone: 0118 966 2677
Fax: 0118 935 1927

The British and Irish Orthoptic Society
Tavistock House North
Tavistock Square
London
WC1H 9HX

Website: www.orthoptics.org.uk
Phone: 020 7387 7992

The British and Irish Orthoptic Society is the professional body for orthoptists.

The British Paramedic Association
British Paramedic Association
28 Wilfred Street
Derby
Derbyshire
DE23 8GF

Website: www.britishparamedic.org
E-mail: exec.bpa@britishparamedic.org
Phone: 01332 746356

The British Paramedic Association is the professional body for paramedics.

Chartered Society of Physiotherapy
14 Bedford Row
London
WC1R 4ED

Website: www.csp.org.uk
Phone: 020 7306 6666

The Chartered Society of Physiotherapy is the professional body for physiotherapists.

The College of Occupational Therapists
(also known as the British Association of Occupational Therapists)
106-114 Borough High Street
London
SE1 1LB

Website: www.cot.co.uk
Phone: 020 7357 6480

The College of Occupational Therapists is the professional body for occupational therapists.

It runs a forum for occupational therapists with disabilities, which you can find on-line at http://www.cot.org.uk/forum/intro.php

The COT also publishes the following documents which you may find helpful

- ‘Guidance on disability and learning’
- ‘Responsibilities of the placement provider’

Department of Education (Northern Ireland)
Rathgael House
43 Balloo Road
Bangor
Co Down
BT19 7PR

Website: www.deni.gov.uk
Phone: 028 9127 9279
Fax: 028 9127 9100

The Department for Education and Skills (DfES)
Moorfoot, Sheffield
Department for Education and Skills
Moorfoot
Sheffield
S1 4PQ

Website: www.dfes.gov.uk

www.aimhigher.ac.uk
E-mail: info@dfes.gsi.gov.uk
Phone: 0870 000 2288

The Department for Education and Skills can give you information about education in England, including copies of the leaflet ‘Bridging the gap: a guide to the Disabled Students Allowances (DSAs) in higher education’.
They can also give you information about funding for higher education in England.

Disability Rights Commission
DRC Helpline
Freepost MID02164
Stratford upon Avon
CV37 9BR

Website: www.drc-uk.org
Phone: 08457 622 633
Textphone: 08457 622 644
(You can speak to an operator at any time between 8am and 8pm, Monday to Friday.)
Fax: 08457 778 878

The Disability Rights Commission publishes information about the duties of individuals and organisations under the Disability Discrimination Act. Their codes of practice are particularly useful for education providers.
There is also a section of their website about the rights of disabled people in education.

Education and Library Boards
Website: www.education-support.org.uk

The contact details for the five Northern Ireland Education and Library Boards are on this website.

Employers' Forum on Disability
Nutmeg House
60 Gainsford Street
London
SE1 2NY

Phone: 020 7403 3020
Fax: 020 7403 0404
Minicom: 020 7403 0040
E-mail: website.enquiries@employers-forum.co.uk
Website: www.employers-forum.co.uk

The Employers' Forum on Disability is the employers' organisation focused on the issue of disability in the workplace.

Employers' Forum on Disability (Northern Ireland)
Banbridge Enterprise Centre
Scarva Road Industrial Estate
Banbridge
BT32 3QD

E-mail: info@efdni.org.uk
Phone or textphone: 028 4062 4526
Fax: 028 4066 9665
Website: www.efdni.org.uk

Equality Challenge Unit
3rd Floor
4 Tavistock Place
London
WC1H 9RA

Phone: 020 7520 7060
Fax: 020 7520 7069
E-mail: info@ecu.ac.uk

The ECU works to promote employment equality in higher education.

Equality Commission for Northern Ireland
Equality House
7 - 9 Shaftesbury Square
Belfast
BT2 7DP

Phone: 028 9050 0600
Textphone: 028 90 500589
E-mail: information@equalityni.org
Website: www.equalityni.org

The Equality Commission for Northern Ireland publishes information about the duties of individuals and organisations under the Disability Discrimination Act. Their codes of practice are particularly useful for education providers.

Health Professions Wales (HPW)
Student Awards Unit
2nd Floor, Golate House
101 St Mary Street
Cardiff
CF10 1DX

Phone: 029 2026 1400
Fax: 029 2026 1499
E-mail: info@hpw.org.uk

The Student Awards Unit grants student bursaries in Wales, including the Disabled Students' Allowances and childcare allowance.
The student awards unit is currently housed at HPW, but will be moving in April 2006.

Institute of Biomedical Science (IBMS)
12 Coldbath Square
London
EC1R 5HL
England

Phone: 020 7713 0214
Website: www.ibms.org

The IBMS is the professional body for biomedical scientists.

Mind
15-19 Broadway
London
E15 4BQ

Phone: 020 8519 2122
Mind infoline: 0845 7660163
Fax: 020 8522 1725
E-mail: contact@mind.org.uk

Mind is an organisation which offers information to people with mental-health conditions, and campaigns for better support.

Quality Assurance Agency

Head Office
Southgate House
Southgate Street
Gloucester
GL1 1UB

Phone: 01452 557000
Fax: 01452 557070
E-mail: comms@qaa.ac.uk

RNID
19-23 Featherstone Street
London
EC1Y 8SL

Phone: 0808 808 0123
Textphone: 0808 808 9000
E-mail: information@rnid.org.uk

RNID offers a range of services for deaf and hard-of-hearing people, and provides information and support on all aspects of deafness, hearing loss and tinnitus.

Royal College of Speech and Language Therapists
2 White Hart Yard
London
SE1 1NX

Website: www.rcslt.org
Phone: 020 7378 1200

The Royal College of Speech and Language Therapists is the professional body for speech and language therapists.

Royal National Institute of the Blind (RNIB)
105 Judd Street
London
WC1H 9NE

Website: www.rnib.org.uk
Helpline: 0845 766 9999
Phone: 020 7388 1266
Fax: 020 7388 2034

If you or someone you know has a sight problem, the RNIB can help. The staff on their helpline can put you in touch with specialist advice services, and give you details of support groups and services in your area. They can also provide you with free information on:

- eye conditions;
- making the most of your remaining vision – magnifiers and lighting;
- registering a blind or partially sighted person;
- benefits and your rights; and
- living with sight loss.

Skill: National Bureau for Students with Disabilities
Head Office
Chapter House
18-20 Crucifix Lane
London
SE1 3JW

Information service (open Tuesdays 11.30am to 1.30pm and Thursdays 1.30pm to 3.30pm) Phone: 0800 328 5050 and 020 7657 2337
Minicom: 0800 068 2422
Website: www.skill.org.uk
E-mail: info@skill.org.uk

Skill publish a number of useful documents and information leaflets in hard copy and on their website.
In particular, you may want to read the following.

- The Disability Discrimination Act part 4. A guide for senior managers in further education colleges and in local education authority adult and community education
- Disability discrimination post-16 education: the five-step test
- Applying for Disabled Students' Allowances

The Society of Chiropodists and Podiatrists
1 Fellmonger's Path
Tower Bridge Road
London
SE1 3LY

Phone: 020 7234 8620
Website: www.feetforlife.org

The Society of Chiropodists and Podiatrists is one of the professional bodies for chiropodists and podiatrists. There are several other organisations which represent registered chiropodists, and all of their details are posted on our website.

The Society and College of Radiographers
207 Providence Square
Mill Street
London

SE1 2EW

Website: www.sor.org
Phone: 020 7740 7200

The Society and College of Radiographers is the professional body for radiographers.

Student Awards Agency for Scotland
Gyleview House
3 Redheughs Rigg
Edinburgh
EH12 9HH

Website: http://www.student-support-saas.gov.uk
Phone: 0845 111 1711

Glossary

Access to work	Access to work is a scheme that is run through job centres. As well as giving advice and information to disabled people and employers, Jobcentre Plus pays a grant, through Access to Work, towards any extra employment costs that result from a person's disability. You can find out more from www.jobcentreplus.gov.uk
Allegation	Allegation is the word used in the Health Professions Order for when someone complains that a health professional on our register does not meet our standards. We tend to use the word 'complaint' because we think this is easier to understand.
Applicant	Someone who is applying to an approved course, or someone who has completed an approved course and is applying for registration with us.
Approved course	A course that has been approved by us. This means that it meets our standards of education and training, and that graduates from that course meet the standards of proficiency. A list of approved courses is published on our website.
Arts therapist	Arts therapists are regulated by us. An art, music or drama therapist encourages people to express their feelings and emotions through art, such as painting and drawing,

music or drama.

Biomedical scientist	Biomedical scientists are regulated by us. A biomedical scientist analyses specimens from patients to provide information to help doctors diagnose and treat disease.
Bipolar disorder	Also known as manic depression. It is a mental illness which causes very 'high' and 'low' moods.
Chiropodist	Chiropodists are regulated by us. A chiropodist diagnoses and treats disorders, diseases and deformities of the feet.
Chronic fatigue syndrome	Extreme tiredness lasting six months or more.
Clinical scientist	Clinical scientists are regulated by us. A clinical scientist monitors specialist tests for diagnosing and managing disease. They advise doctors on using tests and interpreting information, and they also carry out research to understand diseases and develop new therapies.
Council	The council is the group of elected health professionals and appointed members of the public who set our strategy and policies.
Course	See also 'Programme'.
DDA	DDA stands for Disability Discrimination Act.
Dietitian	Dietitians are regulated by us. A dietitian

uses the science of nutrition to develop eating plans for patients to treat medical conditions. They also work to promote good health by helping people to change their food choices.

Disability Discrimination Act	This is a piece of legislation which protects disabled people. You can find out more from www.disability.gov.uk
Disability officer	Most universities will have a disability officer who is available to advise staff on how they can meet the needs of students with disabilities, as well as advising applicants.
Disabled Students' Allowance	The Disabled Students' Allowance covers any extra costs that you have to pay during your course that are directly associated with your disability, for example, the cost of a non-medical helper or any specialist equipment or travel.
DSA	See 'Disabled Students' Allowance'.
Dyspraxia (developmental co-ordination disorder)	A disorder in the organisation of movement which leads to associated problems with language, perception and thought.
Education provider	Education provider is the term that we use for any organisation which provides education that leads to an approved qualification. We will normally use this term on our website

and in our literature because not all education providers are universities.

However, to make this document clear and easy to understand, we have used the term 'university' throughout, to mean education provider.

Fitness to practise	Someone's 'fitness to practise' is their ability to practise their profession in a way which meets our standards. When we say that someone is 'fit to practise', we mean that they have the skills, knowledge, character and health to do their job safely and effectively. We also mean that we trust them to act legally.
Health Professions Order	This is the legislation that created the Health Professions Council.
Health reference	A health reference is part of the information that we need from people applying to join the register. This is signed by a doctor to confirm that the person is fit to practise their profession.
Occupational therapist	Occupational therapists are regulated by us. An occupational therapist uses specific activities to limit the effects of disability and promote independence in all aspects of daily life.
Operating department practitioner	Operating department practitioners (ODPs), are regulated by us. An operating department practitioner is involved in assessing the

patient before surgery and provides individual care.

Order ‘The order' means the 'Health Professions Order 2001'. This is also sometimes referred to as the 'Order in Council'.

Orthoptist Orthoptists are regulated by us. An orthoptist specialises in diagnosing and treating sight problems involving eye movement and alignment.

Orthotist See ‘Prosthetists and orthotists’.

Paramedic Paramedics are regulated by us. Paramedics provide specialist care and treatment to patients who are either acutely ill or injured. They can give a range of drugs and carry out certain surgical techniques.

Personal assistant We have used the terms ‘personal assistant’ and ‘support worker’ in this document to refer to people who support disabled people. This term should not be confused with an assistant practitioner, for example, a physiotherapy assistant.

Physiotherapist Physiotherapists are regulated by us. Physiotherapists deal with human functions and movement, and help people to achieve their full physical potential. They use physical approaches to promote, maintain and restore wellbeing.

Podiatrist — Podiatrist is another word for chiropodist. See the entry 'Chiropodist', above.

Practice placement — All courses that are approved by us must include practice placements. These are an opportunity for the students to gain workplace experience of their intended profession.

Professional body — Each of the professions that we regulate has at least one 'professional body'. The professional body represents its members and the profession. It promotes and raises the profile of the profession, and develops its learning. Membership of a professional body is optional, although many registered members choose to be a member so they can benefit from the services they offer, which may include professional insurance and a magazine or journal.

Programme — ‘Programme’ is the word that we use for a course. We use the word 'programme' in our information and documents because some of the education that health professionals take to become registered is not a 'course' in the traditional sense. An example of this is the training for biomedical scientists, who often complete a degree, then do a period of practical work with a portfolio to get their 'certificate of competence' which then allows them to apply for registration. However, to make this document clear and easy to understand, we have used 'course'

throughout, to mean any kind of education which we approve.

Prosthetist	Prosthetists and orthotists are regulated by us. Prosthetists and orthotists are responsible for all aspects of supplying prostheses and orthoses for patients. A prosthesis is a device that replaces a missing body part. An orthosis is a device fitted to an existing body part to improve its function or reduce pain.
Protected title	Each of the professions that we regulate has a 'protected title' (like 'physiotherapist' or 'dietitian'). Only people who are on our register can use these titles. Anyone who is not on our register and uses a protected title is breaking the law, and could be prosecuted.
Qualifications body	Under the Disability Discrimination Act, we (the Health Professions Council) are called a 'qualifications body', because we award people registration, which allows them to practise their profession.
Radiographer	Radiographers are regulated by us. Diagnostic radiographers produce and interpret high-quality images of the body to diagnose injuries and diseases, for example, x-rays, ultrasound or CT scans carried out in hospital. Therapeutic radiographers plan and deliver treatment using radiation.
Register	The register is a list that we keep of health professionals who meet our standards. We

	publish the register on our website, so anyone who wants to check a health professional's registration can do so on-line, free of charge.
Registrant	The term 'registrant' refers to a health professional who is on our register.
Speech and language therapist	Speech and language therapists are regulated by us. A speech and language therapist assesses, treats and helps to prevent speech, language and swallowing difficulties.
Standards of proficiency	These are the professional standards for each profession. Health professionals must meet these standards to become registered.
Support worker	See ‘Personal assistant’.
University	See also 'education provider'

Information about the health reference

Information about our health reference, for applicants for registration and for doctors

“I have a health condition – will this stop me getting registered?”

“What is the purpose of the health reference?”

“I am a doctor – how can I complete my patient’s health reference?”

“I have a disability – will this have an effect on my health reference?”

These are some of the issues that this document looks at.

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Who is this document for?

We have put together this document to provide more information about the health reference. The health reference is one of the pieces of information which people applying to be registered with us (applicants) need to send in as part of their application.

You may find this document useful if you are:

- a **doctor** who needs to complete a health reference for your patient;
- **applying** to us to be registered;
- considering applying to be registered; or
- in the final year of your course and collecting the information for your application.

You may also find this document useful if you are:

- working in education, and advising students on their applications to be registered; or
- considering doing a course that we have approved, but worried about applying for registration at the end.

This is not a complete list of possible audiences, but it should help to give you an idea of whether this document will help you.

About the structure of this document

To help you to get the information you need, we have split this document up into sections.

- Section one is the **Introduction** and contains information about us, our standards and what we do. This section is for doctors **and** for applicants.

- Section 2 is called **Information for doctors**. It is aimed at doctors who are asked by their patients to sign their health reference. 'You' in this section refers to the doctor who will complete the reference.

- Section 3 is called **Information for applicants**. It contains information for people who are going to apply to register with us and who need to get a health reference from their doctor. 'You' in this section refers to the applicant who will apply for registration.

- Section 4 is called **Extra information**. It is the final section and contains the glossary and our contact details.

If you have a particular interest in the health reference, you may find it helpful to read the whole document.

Section 1: Introduction

About us (the HPC)

We are the Health Professions Council. We are a health regulator, and we were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

Health professionals on our register are called 'registrants'.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists and orthotists
- Radiographers
- Speech and language therapists

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please see our website at www.hpc-uk.org.

Each of these professions has a 'protected title' (protected titles include titles like 'physiotherapist' and 'dietitian'). Anyone who uses one of these titles must be on our register. Anyone who uses a protected title who is not registered with us is breaking the law and could be prosecuted.

Our register is available on our website for anyone to search, so that they can check that their health professional is registered.

Another important part of our role is to consider any complaints we receive about registered health professionals. We look at every complaint we receive, to decide whether we need to take action or not. We may hold a hearing to get all the information we need to decide whether someone is fit to practise.

How we are run

We were created by a piece of legislation called the ‘Health Professions Order’. This sets out the things that we must do, and it gives us our legal power. We have a council which is made up of registered health professionals, and members of the public. The council sets our strategy and policy, and makes sure that we are fulfilling our duties under the Health Professions Order.

About registration

Health professionals must register with us before they can use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you will still not be able to call yourself a ‘physiotherapist’ unless you are registered with us.

Registration shows that the health professional meets our standards for their profession.

Registration exists to show the public that health professionals are fit to practise, and that they are entitled to use the protected title for their profession. It shows that the people on our register are part of a profession with nationally recognised standards set by law.

When we say that someone is ‘fit to practise’, we mean that they have the skills, knowledge, character and health to do their job safely and effectively.

Applying for registration

Completing an approved course does not ‘guarantee’ that someone will become registered. But it does show us that the applicant meets our professional standards and so is eligible to apply for registration. We need more information from them to be able to register them.

When someone first applies for registration, as part of their application, they need to send us information which includes a health reference, a character reference, a photograph and a copy of their passport or birth certificate.

Applicants also need to let us know if they have any criminal convictions, and if they have ever been disciplined by another regulator.

All of the information that we need from applicants helps us to make sure that:

- they are who they say they are;
- they meet our standards; and
- we can contact them if we need to.

The differences between registration and employment

There is a major difference between being **registered** as a health professional and being **employed** as a health professional.

We deal with registering individuals, and we do not deal with matters that are related to employment. In particular, it is important that registration is never seen as a guarantee of employment. Equally, a place on an approved course is not a guarantee of registration.

Guaranteeing ‘fitness to practise’, which is part of our role as the regulator, is not a guarantee of the **opportunity** to practise. It is also not the same as fitness to work, which is decided at a local level between the person registering (the registrant) and an employer.

Example

A registered occupational therapist develops pneumonia. She is on sick leave for several weeks while she recovers. Although she is not fit enough to work, she is still on the register, because her ‘fitness to practise’ is not affected by her illness.

As well as negotiating fitness to work, all employers need to carry out their responsibilities under the Disability Discrimination Act 1995. These include providing an accessible workplace and making reasonable adjustments in recruitment, selection and employment. We do not make assumptions about ‘how likely’ employers are to make adjustments, and we will never refuse to register someone because we don’t think that they will be employed. We simply register people who meet our standards.

Example

A prosthetist and orthotist is registered with us. Because she has back pain, she has negotiated adjustments to her working environment with her employer, including rest periods, and a specially designed chair. These arrangements have no effect on her registration, but are negotiated directly between her and her employer.

The difference between registration and employment means that someone who meets all of our standards for their profession may not ever work in some areas of that profession, or may choose not to.

Example

A paramedic has a mobility problem with her legs. She completes her paramedic training and is successfully registered. She then takes employment in research.

Meeting our standards

Everyone on our register must meet the standards of proficiency that we have set. The ‘standards of proficiency’ are the professional standards which health professionals must meet to become registered. (The standards are available from our website at www.hpc-uk.org. If you need a copy in a different format, please contact us. See the section at the end of this document called ‘Finding out more from us’.)

The standards of proficiency are made up of ‘generic’ standards, which all registered health professionals must be able to meet, and ‘profession-specific’ standards, which only apply to one profession.

An example of a generic standard is that all health professionals must ‘be able to practise in a non-discriminatory manner’.

An example of a profession-specific standard is that a registered dietitian must ‘be able to advise on safe procedures for food preparation, menu planning, manufacture and handling’.

We set these standards to make sure that wherever and whenever a member of the public sees a health professional, they can be sure that they meet standards which apply consistently across the UK.

We need to know that these standards are being met, but we do not need to know how the standards are met.

What this means is that registered health professionals can make adjustments in their own practice to meet our standards without being concerned that they can't be registered with us.

Example

A biomedical scientist uses British Sign Language (BSL), and has a BSL interpreter who works with her so that she can communicate with her colleagues. Using the BSL interpreter means that she can communicate effectively. So, she can therefore meet the standard of proficiency which says that anyone who registers with us must:

‘be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers’.

Anyone who registers who uses a personal assistant or support worker would also have to make sure that they continued to keep our standard about respecting confidentiality. (The personal assistant would normally have to keep to the employer’s policies about confidentiality.) But what this example shows is that a registrant can make adjustments to their practice, still meet our standards and stay registered.

We don’t publish a list of ‘approved’ ways of meeting our standards. We feel that this level of detail is best negotiated directly, between an applicant and their university to begin with, and then later in the health professional’s career, between them and their employer.

Scope of practice

Registrants must only practise within what we call their ‘scope of practice’.

A health professional’s scope of practice is the area or areas of their profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to themselves or to the public. A health professional’s scope of practice may change over

time, and every health professional should be aware of their scope of practice and make sure that they only practise within it.

When a health professional comes onto the register for the first time, they need to meet the whole of the standards of proficiency for their profession (see note [2] below).

The standards of proficiency say, ‘We do recognise that your practice will change over time and that the practice of experienced registrants frequently becomes more focused and specialised than that of newly qualified colleagues, because it relates to a particular client group, practice environment, employment sector or occupational role. Your particular scope of practice may mean that you are unable to demonstrate that you continue to meet each of the standards that apply for your profession.

‘So long as you stay within your scope of practice and make reasonable efforts to stay up to date with the whole of these standards, this will not be problematic.
However, if you want to move outside your scope of practice, you must be certain that you are capable of working safely and effectively, including undertaking any necessary training and experience.’

After a health professional has registered with us, their scope of practice may change so that they can no longer show that they meet all of the standards of proficiency. This may be because:

- of specialisation in their job;
- of a move into management, education or research;
- of a disability or a health issue; or

Note: The exception to this is people applying through ‘grandparenting’ route A, who need to show three out of the last five years ‘lawful, safe and effective practice’ before they can be registered. This route to registration is only open for a limited time for each profession, and then closes. There is more information about grandparenting on our website at www.hpc-uk.org

- their fitness to practise in certain areas is affected for another reason. A changing scope of practice is not necessarily a cause for us to take action or a cause for concern.

Example

A speech and language therapist's first job after graduating was one where she worked entirely with children. She worked in this area for nearly 10 years, building up considerable expertise.

When the opportunity came to manage a team of speech and language therapists who worked with a variety of different patients, clients and users, she felt that her skills in other areas needed refreshing. With the support of her new employer, she received training and completed private study to update her skills and make sure that she could safely extend her scope of practice to effectively practise in her new role.

Example

An occupational therapist with multiple sclerosis become ill again. He became concerned about his ability to perform certain aspects of his job safely and effectively.

He discussed his condition with his employer and together they discussed and agreed various changes to the way that he worked. For example, he would be accompanied on home visits by an assistant. The assistant would also perform any manual handling that was needed. The employer and the employee would investigate 'Access to Work' (see the glossary) which could provide funding needed for these adjustments. The employer agreed that support would be ongoing and also that

they would continue to meet regularly, to make sure that the adjustments could be reviewed and changed if necessary. The employee agreed to update his employer on any further changes in his condition.

In the example above, the registrant has a responsibility to make sure that he keeps to our standards. However, on top of this, the employer has responsibilities to their employee under the Disability Discrimination Act. The example shows how these two different responsibilities can be combined to make sure that the public is protected, and also that the disabled person is protected.

The examples above are about health professionals whose scope of practice changed over time. Other health professionals may have a restricted scope of practice, for various reasons, from the time when they first register.

The health reference

The health reference is part of the application pack. The text of the health reference form makes up part of our 'rules', which are approved by Parliament.

The doctor is asked to fill in the form to tell us that the applicant's health does not affect their fitness to practise.

The doctor may:

- be the applicant's doctor (for three years or more);
- be a doctor who has examined the medical records of the applicant over the past three years; or
- have performed a medical examination.

The reference is then sealed in an envelope and sent to us as part of their application.

Confidentiality

We do not need a consent letter from an applicant, giving the doctor permission to sign that they are fit to practise. This is because when an applicant asks their doctor to provide a health reference, they are giving their permission for the doctor to give it by filling in the form.

When we receive an application, it is processed by registration officers at our offices in London. All of our members of staff have to sign a data protection statement before they start working for us which means that they will not release applicants' or registrants' information to anyone else. Our data protection policy means that all the information we hold about our registrants and applicants is stored securely.

Who can sign the health reference?

Our rules, which are approved by Parliament, say that an applicant must give us a health reference if they want to be registered with us. This needs to be signed by a doctor, which in the rules means a 'registered medical practitioner'. This means, in most cases, that the doctor who signs the reference must be registered with the General Medical Council. However, in the case of international applicants, the reference can be signed by someone who is registered with the equivalent regulator outside the UK.

The doctor must not be a relative of the applicant.

The doctor must also either have been the applicant's doctor for three years, or have access to their medical records from the past three years. If this is not possible (for example, if the applicant is an asylum seeker) the doctor can carry out a medical examination to help them complete the health reference.

Please note that the rules specifically say that the health reference must be completed by a registered medical practitioner and so it cannot be completed by any other health professional.

Checking the health reference

Our registration department checks health references at random to make sure that the information we receive is accurate. This check will normally involve contacting the practice to make sure that the doctor whose details are given works there, and contacting the General Medical Council to make sure that the doctor is registered.

We explain what might happen if we have any concerns about the information provided with the health reference in the section ‘After you’ve got your health reference’ on page X.

Disabilities and the health reference

We recognise that there is a debate around disabilities and how far these are considered to be issues of ‘health’. For example, some disabled people may be in excellent health. Some disabled people may have a health condition which is not related to their disability.

There are different views about this and we recognise that some disabled people may have a health issue as well as their disability, or they may consider themselves to have a health issue rather than a disability. Equally, some doctors may have different ideas about what concerns ‘health’ and what concerns a ‘disability’.

Our aim is to protect the public, and we do not feel that we can give an answer as to whether or when these issues are linked, or separate. For this reason, when writing this document, we have included information about disabled people and information about the protection given to disabled people by the law, particularly by the Disability Discrimination Act. We will continue to review this document, and we will charge it if good practice in this area changes.

Character reference

We also ask applicants to send in a character reference as part of their application.

A character reference needs to be provided by ‘a person of professional standing in the community’. This can include a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, justice of the peace, minister of the church, rabbi, imam or other religious official acceptable to us.

The person who gives the character reference must also have known the applicant for at least three years and must not be related to them. Some applicants ask their doctor to complete their character reference as well as their health reference.

Section 2: Information for doctors

This section contains guidance about the information that we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they want to become registered with us. Their health reference must be signed by a registered medical practitioner (see page 13 of this document). You may also want to read the note on page 13 about confidentiality, if you haven't already read it.

Good health

When you complete your patient's health reference, you do not need to assess whether they are 'healthy'. This is because someone may be unwell, they may have a condition which they need treatment for or they may be disabled, but they will still be able to practise their profession safely.

Example

An applicant has had diabetes for several years. She manages her diabetes with insulin, which she injects herself. After completing her course, she visits her doctor to ask her to complete her health reference.

The doctor looks at her patient's notes and discusses with her patient how she is currently managing her condition. Although there are many details about the diabetes history available to the doctor, she does not feel that any of these are relevant to her patient's ability to practise her profession. So, she signs the health reference without mentioning her patient's diabetes.

Professional skills

You may be asked to complete a health reference and be concerned that the person does not have the professional skills that they need to become registered in that profession.

However, you should be aware that the purpose of the health reference is not to assess the applicant's professional skills. This assessment is made by their education provider (usually a university), who decide whether they can graduate from the relevant course. In graduating from a course that we have approved, they must have the professional skills that they need to practise.

In particular, if you are concerned that your patient's disability means that they are not able to practise, you should be aware that their education provider (normally a university) will have made sure that they can meet our standards for their professional skills as part of their course. You do not have to make this assessment.

You do not need to be immediately familiar with a profession, and the different areas in which people of that profession practise, to sign an applicant's health reference.

Example

> A student has just completed her course in orthoptics, and is about to apply to be registered with us.
>
> Her doctor is not familiar with the profession and is not sure what areas the profession covers. However, from looking at her patient's records, she can see that there are no health issues which would raise questions about public safety and so she is confident that she can sign the health reference form.

Changes of finding a job

When completing a health reference, you may be concerned about the chances of your patient finding a job in their profession. However, you should be assured that the purpose of the health reference is not to assess whether the applicant is likely to find work.

Employment issues are separate from registration with us and are dealt with by employers and applicants separately. When we register someone, we want to know that they meet our standards and this is the only basis on which we can make registration decisions.

Many of the professions on our register work direct with patients in what might be called a 'traditional' clinical setting. However, not all health professionals work like this and we recognise that there are some people (particularly some disabled people) who may be able to meet our professional standards, and work successfully in some areas of their profession but not in others. You do not need to assure us that the person is physically able to complete a full working day, for example, and you do not need to tell us whether you believe that the person is able to work in certain environments. These decisions are the responsibility of the health professional and their employer, after they are registered.

For more information, please see 'The differences between registration and employment' on page 7.

Your professional opinion

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will affect their fitness to practise. We are asking you to consider whether there is anything to do with your patient's health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

You need to look at the evidence available to you at the time and make a reasoned, professional judgement about the information that you think we need to know.

Your professional opinion should be influenced by the fact that any employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act.

Also, in writing the health reference for your patient, you are providing them with a service. The Disability Discrimination Act covers service providers, which means that your patient may be protected under part 3 of the Disability Discrimination Act. You should make sure that any information that you give us avoids stereotypes, assumptions and judgements about disabled people, but instead contains only information about your individual patient, based on their individual circumstances.

Public protection and any extra information you give us

We were set up to set standards to protect the public. This means that we only need to know information about someone's health which may affect the safety of the patients, clients or users that they come into contact with during their job.

We do not, for example, need someone's full medical history. In fact, we would encourage you not to complete a health reference with a full medical history, as we do not want to receive information that is not relevant to protecting the public. Details of operations that your patient has had, medication prescribed and so on are not necessarily relevant to someone's fitness to practise. What the health reference asks you to do is to make a professional decision about the information that is relevant to their fitness to practise.

You do no not need to provide extra information on your patient's health reference, but you can if you want to.

You should decide what information is relevant. We suggest, however, that the kind of information that **may** be relevant could include infectious diseases, alcoholism and mental-health issues that might affect patient safety (including information on whether the condition can be or is managed with medication or other treatment).

Comment: Explin.

We are not suggesting that mental-health issues necessarily affect a person's fitness to practise, but you may find that questions of insight and understanding (see below) are relevant to some mental-health issues. It is important that you do not assume that someone is 'dangerous' based on a stereotype about their disability. Instead you should base any information that you give on an informed, professional decision about that individual and any risk that they pose to the public.

Example

A student has graduated and returned from travelling for several months. While away, she was involved in a serious accident and needed urgent treatment. She was then flown home for continuing treatment and therapy.

She is still recovering and is getting her application for registration ready for when she is able to return to work. She asks her doctor to complete her health reference. Her doctor is assured that although she has been extremely unwell, there are no issues around her accident which would jeopardise her ability to practise safely. Her doctor takes into account the fact that, once registered, she will be have to take steps to make sure that she only practises in those areas where she is confident she can meet our standards.
So, the doctor signs her health reference, giving no further information about the applicant's accident.

Example

A student has had clinical depression for more than five years, during which time she has been taking various anti-depressants. She discusses with her doctor how her medication is helping her to control her depression and that she has been taking it successfully for almost a year. She also discusses how she has managed her depression while studying, by managing stressful situations, recognising the early signs of stress and

receiving counselling, and she has found out how she can continue to do this when she is working.
Her doctor is confident that although her depression is long-term, it presents no risk to the public. So, she signs her patient’s health reference, giving no further information about her clinical depression.

Example

An applicant to the register has been receiving treatment for alcoholism for several years (please note that alcoholism and drug misuse are not covered by the Disability Discrimination Act).
The applicant is honest about his alcoholism and thinks that he will be able to control his condition.

After a discussion with his patient, the doctor is reassured that his alcoholism will not affect his fitness to practise, but is still concerned that this may be a factor which could affect public safety. So, he signs the health reference but, with the patient’s permission, gives brief information about his patient’s alcoholism treatment.

Patient permission for providing extra information

Because a health reference is a necessary part of registration with us, you should assume that when someone asks you to provide a reference, they are only giving permission for you to provide a positive reference.

This means that if you need to give us more information about your patient’s health, you should ask for your patient’s permission to do this. If your patient does not give permission, you should not provide the extra information.

Insight and understanding

In some circumstances, whether the patient has insight and understanding into their health will affect what information that you give on their form. This is particularly likely to be relevant when your patient has issues with their mental health, but may be relevant to any health condition that affects someone's fitness to practise.

The two examples below show how the same health condition may lead to a different outcome, based on the insight and understanding of the applicant.

Example

Someone with epilepsy asks his doctor for a health reference. The doctor looks over her patient's records and discusses the health reference with her patient.
She notes that he has had epilepsy since he was a child. He has been taking the same kind of medication for over two years, and has not had a seizure during this time. He tells her of his plans for combining his work with his condition, including telling his colleagues and keeping a small supply of his medication safely at work.

The doctor is assured that her patient's insight and understanding into his condition, and the way that he is involved in his continuing treatment, means that his epilepsy would not affect his ability to practise his profession. So, she signs the health reference form and does not put any information on it about his epilepsy, as she does not consider that it is needed.

Example

Someone with epilepsy asks his doctor for a health reference. The doctor looks over her patient's records and discusses the health reference with her patient.

She discusses medication with her patient and he tells her that he does not like taking his medication, and often avoids taking it as he experiences side-effects. Because of this, he has had seizures recently and several times has run out of medication when he has not picked up a prescription. The patient is defensive about his medication, mentions that he may not tell his employers about it as he is worried about discrimination, and is not willing to discuss ways of managing his epilepsy.

The doctor is concerned that her patient's lack of insight and understanding into his condition may affect his ability to deal with patients. So, she asks her patient's permission to give brief information about his epilepsy. The patient agrees to this, and she completes the reference.

We explain how to deal with patients who do not agree to you providing extra information on page x.

Is this an occupational health check?

An occupational health check is normally carried out on behalf of an employer. It concerns someone's ability to work in a specific work environment. It is not the same as the health reference, because the health reference is about the person's registration (that is, their ability to meet our standards) and is not tied to one specific place of employment, or any area in which they practise.

Example

An applicant to the register has a disability which means that she cannot stand for long periods of time. She is applying to be registered as a biomedical scientist, and her doctor is concerned about how she will manage work in the laboratory, where she may need to stand.

Having discussed this with the applicant, the doctor realises that concerns about standing would be an employment issue (which the employer could tackle through reasonable adjustments) and do not affect the applicant's ability to practise lawfully, safely and effectively.

So, the doctor signs the health reference and does not include details of the applicant's disability.

What will happen as a result of me filling in the health reference?

After you have completed a health reference and the applicant has sent it to us, we may contact you if we need to get more information. If we have to do this, we will get permission from the applicant first.

Once the applicant is registered with us, if we held a hearing about that person's health, it is very unlikely that we would contact you to question your original decision.

If we became aware that a doctor had filled in a health reference form fraudulently, we would tell the General Medical Council. However, if a doctor makes a reasoned, professional decision about the information that they need to tell us, this is extremely unlikely to happen.

You should also be aware that any person who provides any reference about someone (including, for example, a reference for a job application) has a duty of care both to the person who asks for the reference and to the organisation or person on whose behalf the reference is prepared. The person providing the reference could be liable for damages if the person who is the subject of the reference suffers loss which is caused by negligence because of, for example, carelessness on matters of fact or opinion.

This is why we ask that when you complete the health reference, you make a reasoned, professional opinion about the information that you give us.

How will this affect my patient?

We will make a decision about whether to register the applicant based on all of the information that we receive about them, including the health reference that you complete.

We realise that some doctors may be concerned that their decision about the health reference will affect their patient's future career. Giving us extra information about your patient's health does not necessarily mean that we will refuse to register them. We will take account of relevant information when we make registration decisions, and we are aware that we need to act reasonably, with public protection as our main aim.

What if I do not want to sign the reference?

If you are not willing to sign the form to confirm that, in your professional opinion, your patient's health will not affect their fitness to practise, you should tell your patient your decision.

If you asked the patient for permission to add more information but they said no, you may feel that you cannot sign the reference without providing this.

If you are not willing to give a reference because you believe that your patient may not be fit to practise, you may only tell us about this with your patient's permission. If you cannot get this permission from your patient, you cannot give us this information unless there is a public interest in doing so which outweighs your duty of confidentiality owed to your patient.

If you need to tell us about your concerns

If you have not given your patient a health reference because you believed that their health would affect their fitness to practise, you may, in certain circumstances, tell us the reasons why. You can do this without your patient's permission and, in exceptional cases, where your patient has withheld consent.

However, in doing so, you must be satisfied that the benefits of telling us outweigh the public and the patient's interest in keeping the information confidential. This means you must balance the possible harm, both to the patient concerned and to overall public trust in doctors, against the benefits which are likely to arise from telling us the information.

The effect of this public interest test will be that telling us about confidential information is only appropriate in extreme circumstances, such as where your patient:

- is or may be violent;
- has a communicable disease; or
- poses a serious risk to their potential patients or clients.

If you do need to tell us why you haven't provided a health reference, you will need to tell the patient that you are going to do so, record any steps taken to get permission and the reasons why you need to give the information. Keeping a record of this will help to show how and why you have made this decision.

The process above means that there may be circumstances where a doctor is not willing to give a health reference because of information about that person's health, but where they are not concerned enough to give the information without the patient's permission.

You might wish to consider the guidance produced by the General Medical Council called 'Confidentiality: protecting and providing information'. You can access this from their website at www.gmc-uk.org.

Infectious diseases

Our standards of conduct, performance and ethics say:

‘You must take precautions against the risks that you will infect someone else. This is especially important if you suspect or know that you have an infection that could harm others, particularly patients, clients and users. If you believe or know that you may have such an infection, you must get medical advice and act on it.
This may include the need for you to stop practising altogether, or to change your practice in some way in the best interests of protecting your patients.’

This means that people with HIV, or with diseases like hepatitis, are not necessarily excluded from being registered. (People with these conditions are protected by the Disability Discrimination Act). The Department of Health issues guidance on employing health professionals with HIV or hepatitis, which says that the risk of health professionals passing the virus to patients is very low. It sets out steps that infected health professionals can take to make sure that they do not pass on their disease.

Once someone is on our register, it is important that they take appropriate precautions against infection. This would include telling their employer (if they have one) and taking precautions which are realistic and appropriate to the area or areas in which they work.

For this reason, if your patient has a disease like HIV, or hepatitis, we do not necessarily need to know. However, after considering all the information in this document, you may feel (with your patient’s permission) that it is important to include some of this information on the health reference. You should be reassured that as long as the applicant can keep to our standards above, this will not necessarily mean that we will reject their application.

After your patient has been registered

If your patient is successful in their application for registering with us, they can then practise in the UK using the protected title for their

profession (examples of protected titles include ‘radiographer’ and ‘biomedical scientist’). There is a full list on our website.

After they first apply to become registered, we will ask them to ‘self-declare’ their health when they renew their registration. Everyone must renew their registration every two years. When they renew, they will need to sign a statement confirming that there have been no changes to their health which would affect them practising their profession safely and effectively.

Also, most people who register with us will go through occupational health checks when they find a job.

We do not monitor the health of everyone who registers with us through ongoing health checks or similar assessments. Everyone is responsible for making sure that their practice remains safe, and restricting their practice if they need to, to keep to our standards. Also, anyone can complain to us that the health of anyone registered with us is affecting their fitness to practise. If we receive a complaint, we will investigate it to see if we need to take action to protect the public.

Section 3: Information for applicants

Fees

Your doctor may charge you a fee to complete your health reference. Fees can vary between practices. You may want to check when you make your appointment what the fee will be.

Asking your doctor for a health reference

You may find it useful to read through the sections we have written for your doctor, which show the kinds of information that we need your doctor to give us.

If you think that your health condition may affect your doctor's decision to sign your reference, you may want to do some preparation before you visit your doctor. You may want to ask your practice receptionist for an appointment to have a discussion with your doctor. You could send your doctor a copy of this document before your appointment, giving them time to have a look at it before you see them.

Think about the questions that your doctor may ask and prepare some answers.

You could discuss with your doctor how you have managed the placements that you completed as part of your course, for example, and what you and your placement educators have done to make sure that you can practise safely and effectively.

The Disability Discrimination Act and disabled people

The Disability Discrimination Act defines a disabled person as 'someone with a physical or mental impairment that has a substantial, adverse, long-term effect on their ability to carry out normal day-to-day activities.' 'Long-term' is defined as lasting more than 12 months.

Anyone who falls within this definition is protected by the Disability Discrimination Act. You can find out more information about the specific ways in which you are protected by contacting the Disability Rights Commission or the Equality Commission for Northern Ireland.

You may not consider yourself to have a disability, but nonetheless you will still be protected by the law if you fall within the definition above. Having a disability will not necessarily affect your health. See page 14 for more information.

After you've got your health reference

When your doctor has completed your health reference, it should be put in a sealed envelope. Keep this with your character reference (also in a sealed envelope) and send it to us with the rest of your application.

If your doctor has signed your health reference and has not said that your health would affect your fitness to practise, you will be registered with us (depending on the rest of the information that you need to send us, including your character reference and registration fees).

If your doctor has given us information about your health, this does not necessarily mean that we will not register you. Instead, we will consider the information you have provided to decide whether we need to ask a registration panel to consider your application.

The registration panel

If information about you is sent to a registration panel, we will write to you to let you know, because this may delay your registration by a short time.

We will write and tell you about the date of the panel at least 14 days before it takes place and invite you to send us any more information that you would like the panel to consider.

The panel meets in private and will include at least one person from the profession you want to be registered in and at least one member of the public.

The panel will meet in private to look at all the written information available and decide whether:

- to register you;
- to reject your application for registration; or
- to ask for more information before making a decision.

Please note that at the time of this document being published, we have not refused to register anyone for health reasons.

If your doctor will not sign your reference

If your doctor will not sign your reference because they do not want to complete this kind of paperwork (which is a decision your doctor is entitled to take), you can ask another doctor who has access to your medical records from the last three years to complete your health reference.

If your medical records are not available, for example because you are claiming refugee status or because they have been lost, or you have not had a doctor for some time, you can ask a doctor to examine you and complete your health reference on this basis.

If your doctor will not sign your reference because they believe that your health may affect your fitness to practise, you should be aware that, in some serious circumstances, your doctor may tell us the reasons why they have not given you a health reference. See the section of this document called 'If you need to tell us about your concerns' on page 24 for more information about this process. We believe that this is very unlikely to happen (and at the time of this document going to print, it has not happened yet).

If this happened, your doctor would first ask for your permission to tell us. If you do not give your permission, in some circumstances they could still tell us about their concerns.

If this did happen, we would give the information provided by your doctor to a registration panel when you apply for registration. This would not mean that we would automatically refuse your registration. We would look at all the information available to us relating to your individual circumstances.

Your right of appeal

If we do not register you, you can appeal against our decision. First of all, you can appeal to us.

We will then arrange a panel which will include a doctor, at least one member of the public and one person from the profession you want to be registered in. The panel will look at the information that led to your registration being refused and will also look at any information that you want to be taken into account.

You can appeal on paper only, or you can go to the hearing yourself. Whichever way you choose to have your appeal considered, we can make the hearing accessible for you. We just need to know your needs beforehand so that we can meet them for you. For example, we can provide documents in other formats, we can hold the hearing in an accessible building, or we can provide a British Sign Language interpreter, or an assistant, as appropriate.

As well as any assistant or interpreter that you need, you can bring someone with you to the appeal. This could be a solicitor, union representative, colleague or friend, who can support or represent you.

If this appeal to us is not successful, you can appeal to the courts against our decision.

Section 4: Extra information

Finding out more from us

The easiest way to find out more information about us and our processes is to have a look at our website at www.hpc-uk.org

Here we publish information about how we work, including the list of courses that we approve, all of our forms, news releases and much more. Our website has been designed to be as accessible as possible and meets the Web Accessibility Initiative's guidelines.

If the information that you need is not on our website, you can also contact us at:

Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU.

Phone: 02075820866
Fax: 020 7820 9684
E-mail: info@hpc-uk.org

Glossary

Access to work	Access to work is a scheme that is run through job centres. As well as giving advice and information to disabled people and employers, Jobcentre Plus pays a grant, through Access to Work, towards any extra employment costs that result from a person's disability. You can find out more from www.jobcentreplus.gov.uk
Allegation	Allegation is the word used in the Health Professions Order for when someone complains that a health professional on our register does not meet our standards. We tend to use the word 'complaint' because we think this is easier to understand.
Appeal	When we make a decision about someone's registration, they can appeal against that decision, first to us and then to the courts.
Applicant	When we say 'applicant' in this document, we mean someone who is applying to register with us. In other information we produce, 'applicant' may refer to someone who is about to apply, or is applying, to an approved course.
Application pack	The term 'application pack' refers to the forms, guidance notes, and documents which together make up all the information that an applicant needs to apply to register with us.
Approved	A course that has been approved by us. This

course	means that it meets our standards of education and training, and that graduates from that course meet the standards of proficiency. A list of approved courses is published on our website.
Art therapist	An art, music or drama therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama.
Biomedical scientist	A biomedical scientist analyses specimens from patients to provide information to help doctors diagnose and treat disease.
Chiropodist	A chiropodist diagnoses and treats disorders, diseases and deformities of the feet.
Clinical scientist	A clinical scientist monitors specialist tests for diagnosing and managing disease. They advise doctors on using tests and interpreting information, and they also carry out research to understand diseases and develop new therapies.
Council	The council is the group of elected health professionals and appointed members of the public who set our strategy and policies.
Dietitian	A dietitian uses the science of nutrition to develop eating plans for patients to treat medical conditions They also work to promote good health by helping people to change their food choices.

Disabled person	The Disability Discrimination Act defines a disabled person as ‘someone with a physical or mental impairment that has a substantial, adverse, long-term effect on their ability to carry out normal day-to-day activities’. 'Long-term' is defined as lasting more than 12 months.
Fitness to practise	Someone's 'fitness to practise' is their ability to practise their profession in a way which meets our standards. When we say that someone is ‘fit to practise’, we mean that they have the skills, knowledge, character and health to do their job safely and effectively. We also mean that we trust them to act legally.
General Medical Council	The regulator for doctors in the UK.
Health Professions Order	This is the legislation that created the Health Professions Council.
Health reference	A health reference is part of the information that we need from people applying to join the register. This is signed by a doctor to confirm that the person is fit to practise their profession.
Occupational therapist	An occupational therapist uses specific activities to limit the effects of disability and promote independence in all aspects of daily life.
Operating department practitioner	Operating department practitioners (ODPs) are involved in assessing the patient before surgery and provide individual care.

Order	The ‘order' means the 'Health Professions Order 2001'. This is also sometimes referred to as the 'Order in Council'.
Orthoptist	An orthoptist specialises in diagnosing and treating sight problems involving eye movement and alignment.
Orthotist	See ‘Prosthetists and orthotists’.
Paramedic	Paramedics provide specialist care and treatment to patients who are either acutely ill or injured. They can give a range of drugs and carry out certain surgical techniques.
Personal assistant	We have used the terms ‘personal assistant’ and ‘support worker’ in this document to refer to people who support disabled people. This term should not be confused with an assistant practitioner, for example, a physiotherapy assistant.
Physiotherapist	Physiotherapists deal with human functions and movement, and help people to achieve their full physical potential. They use physical approaches to promote, maintain and restore wellbeing.
Podiatrist	Podiatrist is another word for chiropodist. See the entry 'Chiropodist' above.
Practice placement	All courses that are approved by us must include practice placements. These are an opportunity for the students to gain workplace

Comment: Explain.

experience of their intended profession.

Professional body	Each of the professions that we regulate has at least one 'professional body'. The professional body represents its members and the profession. It promotes and raises the profile of the profession, and develops its learning. Membership of a professional body is optional, although many registered members choose to be a member so they can benefit from the services they offer, which may include professional insurance and a magazine or journal.
Professional Liaison Group (PLG)	This is a committee we set up for a certain period of time, to look at a certain project. The group who helped to draft this document were the 'Health, Disability and Registration Professional Liaison Group'.
Prosthetist	Prosthetists and orthotists are responsible for all aspects of supplying prostheses and orthoses for patients. A prosthesis is a device that replaces a missing body part. An orthosis is a device fitted to an existing body part to improve its function or reduce pain.
Protected title	Each of the professions that we regulate has a 'protected title' (like 'physiotherapist' or 'dietitian'). Only people who are on our register can use these titles. Anyone who is not on our register and uses a protected title is breaking the law, and could be prosecuted.
Qualifications	Under the Disability Discrimination Act, we (the

body	Health Professions Council) are called a 'qualifications body', because we award people registration, which allows them to practise their profession.
Radiographer	Diagnostic radiographers produce and interpret high-quality images of the body to diagnose injuries and diseases, for example, x-rays, ultrasound or CT scans carried out in hospital. Therapeutic radiographers plan and deliver treatment using radiation.
Register	The register is a list that we keep of health professionals who meet our standards. We publish the register on our website, so anyone who wants to check a health professional's registration can do so on-line, free of charge.
Registered medical practitioner	A doctor who is registered with the General Medical Council, or an equivalent organisation outside the UK.
Registrant	The term 'registrant' refers to a health professional who is on our register.
Registration panel	If we receive more information in a health reference, we will make it anonymous and send it to a health panel for a decision. The registration panel will then decide whether to register the person, to reject the application, or to ask for more information.
Scope of practice	A health professional's scope of practice is the area or areas of their profession in which they have the knowledge, skills and experience to

practise lawfully, safely and effectively.

Speech and language therapist	A speech and language therapist assesses, treats and helps to prevent speech, language and swallowing difficulties.
Standards of proficiency	These are the professional standards that we set, which applicants must meet before they can be registered with us. They set out the professional skills that we need.
Support worker	See 'Personal assistant'.

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