

Education and Training Committee, 7 March 2013

Guidance for disabled people wanting to become health and care professionals

Executive summary and recommendations

Introduction

In 2006, we published guidance for disabled people interested in training to become a health professional registered with us – ‘A disabled person’s guide to becoming a health professional.’

This guidance is now out of date and needs to be revised and republished. The short attached paper outlines plans for reviewing and revising the existing guidance, including commissioning research to engage with disabled students. A copy of the existing guidance and a draft research brief are attached.

Decision

The Committee is invited to discuss the attached paper and in particular to:

- agree the plans outlined for reviewing and revising the guidance;
- provide any comments on the content of the research brief; and
- provide any comments on the existing guidance and how it might be improved.

Background information

The HCPC is required to consult its stakeholders whenever it publishes guidance or standards. The HCPC normally consults for a minimum of twelve weeks.

Resource implications

The resource implications are accounted for in planning for the 2013-2014 financial year and will be accounted for in the 2014-2015 financial year. They include the following.

- Undertaking desk research as necessary.
- Commissioning research including shortlisting and supporting / managing the appointed research team.
- Revising the guidance and writing papers for Council and Committee.

- Consulting on the revised guidance including writing consultation document; arranging the consultation; and consultation analysis.

Financial implications

- Commissioned research – we anticipate a budget of up to £25,000. This cost is accounted for in the draft Policy and Standards budget for 2013-2014.

Appendices

- Draft invitation for research proposals – Guidance for disabled people wanting to become health and care professionals.
- HPC (2006). A disabled person's guide to becoming a health professional.

Date of paper

25 February 2013

Guidance for disabled people wanting to become health and care professionals

1. Introduction

- 1.1 In 2006, we published guidance for disabled people interested in training to become a health professional registered with us – ‘A disabled person’s guide to becoming a health professional.’
- 1.2 This guidance is now out of date and out of print and needs to be revised and republished.

2. About the existing guidance

- 2.1 The existing guidance was put together by the Health, Disability and Registration Professional Liaison Group (PLG). The guidance was subject to a public consultation and published in 2006.
- 2.2 The primary purpose of the guidance is to provide information to disabled people to help overcome any (perceived) barriers to them becoming qualified in their chosen profession and becoming registered with us. The guidance also includes information for staff working for approved education providers about their responsibilities when making decisions about disabled applicants and students.
- 2.3 The guidance was not reprinted as part of the name change from HPC to HCPC. This is because the content is out of date and requires substantial revision for a number of reasons.
 - Since the publication of the guidance, the Disability Discrimination Act and other equalities legislation have been replaced by the Equality Act 2010.
 - The number of professions regulated by the HCPC has increased from 13 to 16 since the guidance was published.
 - The guidance requires updating to take account of changes to the HCPC’s standards, guidance, policy and practice. For example, the health reference requirement for entry to the Register has now been replaced with a self-declaration.
 - Some of the existing content might be improved. For example, some of the examples used in the document may be less helpful or realistic than others.

- The reference sources given in the document are out of date, with many of the organisations referenced having been abolished; merged; or changed their names since the guidance was published. The Executive is publishing an updated list on the website, which means that it can be more readily kept up-to-date.

3. Reviewing and revising the existing guidance

- 3.1 In 2012-2013, the Executive began to revise the existing guidance to reflect changes in the HCPC's standards and policy and to legislation.
- 3.2 However, the Executive has identified the need to involve key stakeholders in reviewing and revising the guidance. A formal public consultation would be required on the revised guidance prior to finalisation and publication.
- 3.3 The Executive has identified two key groups that it will be particularly important to engage with as part of the review process.
- Disabled students who are studying on HCPC approved programmes and, if possible, disabled registrants.
 - Educators, admissions staff and staff working in disability services.
- 3.4 The Executive plans to commission research as part of the work in this area. The primary aim of the research is to benefit from the experience of disabled students and their views about the content and accessibility of the guidance. However, the draft brief also proposes that research will take place with educators, admissions staff, and staff who work in disability services, supporting disabled students who are training.
- 3.5 Whilst these are the core target groups for involvement prior to consultation, the Executive is aware that there will be other stakeholders with experiences and expertise in this area, including disabled registrants and professional bodies. The Executive will explore other ways of gaining the input of other groups, possibly via the use of an online survey tool, distributed through relevant networks and social media.
- 3.6 In addition, the Executive plans to undertake desk research including looking at the similar guidance now produced by other regulators and other sources of information such as resources published by the Equality and Human Rights Commission and the Equality Commission for Northern Ireland. This will also inform revision of the existing guidance. Legal advice will also be sought as appropriate at key stages.

4. Indicative timetable

The following is an indicative timetable for the completion of this work.

Action	Timetable
Invitation for research proposals (8 weeks to deadline)	March 2013
Further preparatory work including desk research	To May 2013
Deadline for research proposals	May 2013
Research team appointed	June 2013
Deadline for final research report	November 2013
Finalise revisions to guidance	November 2013 to February 2014
Discussion / approval of guidance for public consultation	March 2013 (Education and Training Committee and Council)
Public consultation (12 weeks)	April to July 2014
Consultation analysis and revised guidance for approval	September 2014 (Education and Training Committee and Council)
Publication of revised guidance	October 2014

- See appendix 1 for detailed expected timescales for the research. The proposed completion date for the research assumes that interviews / focus groups are likely to take place in September and October 2013.

INVITATION FOR RESEARCH PROPOSALS

Guidance for disabled people wanting to become health and care professionals

1. Purpose and research aims

- 1.1 The overall purpose of this project is about revising the HCPC's guidance document first published in 2006: 'A disabled person's guide to becoming a health professional.' This document provides guidance to disabled people wanting to become health (and care) professionals (i.e. a registrant in one of the professions regulated by the HCPC) and for admissions staff in making decisions about applications from disabled people to their programmes.
- 1.2 The research aims are as follows.
- To gather the views and experiences of disabled students studying on HCPC approved programmes to inform advice on proposed revisions to the existing guidance.
 - To gather the views and experiences of other groups such as admissions staff, educators and staff working in student disability services to inform advice on proposed revisions to the existing guidance.
 - To provide advice on possible changes to the guidance in line with the Equality Act 2010 and the ways in which HCPC approved education providers meet their duties under the Act.
 - To generate illustrative examples drawn from HCPC registered professions which can be included in the revised guidance.
- 1.3 We are seeking proposals to achieve the aims outlined above within the budget available for this research. However, we expect that as a core the research will include the following.
- Focus groups and/or interviews with disabled students studying on HCPC programmes; and with other groups such as admissions staff, educators and staff working in disability services.
 - A final report drawing on the information gathered above to provide advice about possible changes to the guidance, including illustrative examples.

2. About the HCPC

- 2.1 The Health and Care Professions Council (HCPC) is an independent professional regulator set up to protect the public. We register the members of 16 different professions. We set and maintain standards which cover education and training, behaviour, professional skills and health; approve and monitor educational programmes which lead to registration; maintain a register of people that successfully pass those programmes; and take action if a registrant's fitness to practise falls below our standards.
- 2.2 We were set up in 2002 and now regulate 16 health and care professions (c. 310,000 registrants), including, for example, biomedical scientists, occupational therapists, practitioner psychologists and prosthetists and orthotists. 15 of these professions are regulated on a UK basis.
- 2.3 On 1 August 2012 we became responsible for regulating social workers in England. We were renamed the 'Health and Care Professions Council' to reflect our new remit.
- 2.4 The number of professions we regulate may increase in the future. It is Government policy that in the future we will become responsible for regulating practitioners who dispense unlicensed herbal medicines and public health specialists from 'non-medical' backgrounds.

3. Our role in quality assurance of education and training programmes

- 3.1 We currently approve 937 programmes delivered by 152 education providers. Although most programmes are delivered or validated by a Higher Education Institution (HEI), we also approve programmes delivered by other providers including by employers and professional bodies. Programmes are approved against our standards of education and training which are common across all the professions that we register. These standards cover such areas as admissions; curricula; programme management and resources; and assessment.
- 3.2 We assess programmes against the standards of education and training at approval visits. The assessment is carried out by 'visitors', registrants in each of the professions we regulate, who make recommendations about approval to our Education and Training Committee. This may include recommending that certain conditions should be set before approval is granted. We grant open-ended approval subject to on-going checks to ensure that our standards continue to be met through the 'Annual monitoring' and 'Major change' processes.
- 3.3 A programme that successfully meets the standards of education and training will allow a student by completion to meet the standards of proficiency, the threshold standards for safe and effective practice in each profession. If a student completes successfully an approved programme they are eligible to apply for registration, subject to health and character checks and payment of the registration fee.

4. Health, disability and registration

- 4.1 This section provides background information about the guidance and about how the HCPC approaches issues of health, disability and registration.

A disabled person's guide to becoming a health professional

- 4.2 A disabled person's guide to becoming a health professional was published in 2006. The guidance was developed by a Professional Liaison Group (PLG) and was subject to a public consultation.
- 4.3 The primary aim of the guidance is to provide information to disabled people to overcome any perceived boundaries to disabled people becoming qualified in their chosen profession and becoming registered with us. The guidance also includes information for staff working for approved education providers about their responsibilities when making decisions about disabled applicants and students.
- 4.4 The guidance was generally well received when it was first published. However, since its publication the number of professions regulated by the HCPC has increased from 13 to 16 with the addition of practitioner psychologists, hearing aid dispensers and social workers in England.
- 4.5 The guidance is now out of print and out-of-date. In particular, it requires amendment to bring it into line with the Equality Act 2010 and to reflect changes in the HCPC's standards and policies. We anticipate that to avoid any revised guidance going out-of-date very quickly, the section on other organisations for advice and support will be removed and will be kept separately on our website so that it can be more readily updated.
- 4.6 The guidance was originally published alongside a separate guidance document: 'Information about the health reference.' This is now an historic document as a result of our decision to remove the health reference requirement for applicants for registration (see paragraph 4.15). Another guidance document 'Managing your fitness to practise' was also published for registrants – this publication has been superseded by other publications.

Standards of education and training

- 4.7 Our standards of education and training (SET) require that education providers have to demonstrate the following relevant to health and disability in order for programmes to be approved, or to continue to be approved, by us.
- 4.8 SET 2.4: 'The admissions procedures must apply selection and entry criteria, including compliance with any health requirements.'

This means that the education provider has to provide clear information to applicants about any health requirements, for example, if immunisations were

required. The supporting guidance is clear that the education provider has a responsibility for ensuring that they make any reasonable adjustments in line with relevant legislation.

- 4.9 SET 2.7: 'The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students, together with an indication of how these will be implemented and monitored.'
- 4.10 SET 3.11: 'There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.'

The supporting guidance says that we expect the education provider to demonstrate how their systems support all students, including disabled students.

- 4.11 SET 4.1: 'The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.'

The supporting guidance says that by considering how their students can meet the standards of proficiency, education providers can take account of any reasonable adjustments that might be made to the way the programme is delivered for disabled students.

Health and character

- 4.12 Once someone has successfully completed an HCPC approved programme they will be eligible to apply to be registered with us, subject to health and character checks.
- 4.13 As part of this, applicants are asked to sign a declaration in the following terms: 'I declare that my physical and mental health does not impair my fitness to practise in the profession to which my application relates.' If an applicant is unable to sign this declaration, they are asked to provide more information.
- 4.14 The guidance notes for applications say the following.

'When we talk about 'health' we mean health conditions which may affect an applicant's fitness to practise. We are not asking whether an applicant is 'healthy'. This is because someone may be unwell or may have a health condition which they manage appropriately but they may still be able to practise their profession safely. We do not need information about any health condition unless it affects your fitness to practise. We recognise that a disability may not be seen as a health condition. So, we only need information

about a disability or health condition if it affects your fitness to practise...Having a disability should not be seen as a barrier to becoming a health and care professional.'

- 4.15 This declaration replaced our previous arrangements whereby a health reference completed by a doctor was required from every applicant for registration. This requirement was removed as we considered that it was disproportionate; could potentially be a barrier to disabled people; and was not well understood by doctors.
- 4.16 Where an applicant declares information which might raise concerns about their fitness to practise (i.e. their ability to manage their disability or health condition safely), this will be considered by a registration panel. The panel considers all the information to decide whether that person should be registered. It is extremely rare for an applicant to be declined registration on the basis of their physical or mental health. Where a decision is made to decline an application for registration, this is subject to appeal.
- 4.17 We have produced a separate guidance document ('Guidance on health and character') about how we consider health and character information from applicants and registrants, which includes some information for education providers about the factors to consider in deciding whether an applicant with a conviction or a health condition should be offered a place on a programme.

Standards of conduct, performance and ethics

- 4.18 The standards of conduct, performance and ethics (SCPE) describe our expectations of registrants' behaviour. They are also relevant to 'prospective registrants' (students). They say the following.

- 4.19 SCPE 4: 'You must provide (to us and any other relevant regulators) any important information about your conduct and competence.'

We removed the previous requirement for registrants to inform us of changes to their health when the standards were re-published in 2008. However we do sometimes receive information from registrants ('self-referrals') about health conditions. In most circumstances this information indicates that the registrant is meeting our standards (see SCPE 12) below and therefore no further action is necessary.

- 4.20 SCPE 12: 'You must limit your work or stop practising if your performance or judgement is affected by your health.'

Registrants are required to seek appropriate advice and act accordingly, which may include making changes to their scope of practice or stopping practising as appropriate.

- 4.21 Where a registrant declares information about their health which may indicate that these standards are not being met, this may lead to an investigation through our fitness to practise process. As part of that process we can also consider complaints to effect that a registrant's fitness to practise is impaired by reason of their physical or mental health. If a case requires referral to a hearing, a separate Health Committee exists to hear cases. Such cases are small in number and typically concern situations in which a registrant does not have sufficient insight into the impact of their condition and this has led to harm or the risk of harm to themselves or others.
- 4.22 We have published 'Guidance on conduct and ethics' for students to build upon the SCPE to explain what this means for students. The SCPE is currently being reviewed in a separate exercise.

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5. Scope of proposed research

- 5.1 This section outlines the scope of the proposed research. We welcome proposals which meet the research aims outlined in this brief. However, we expect the research will include but will not necessarily be limited to the following.

Focus groups and interviews

- 5.2 The HCPC regulates 16 diverse health and care professions. We expect that the research with disabled students will involve focus groups and/or interviews and will involve students studying on HCPC approved programmes across a range of different HCPC regulated professions, with due regard to that diversity. We acknowledge that it may be unlikely to be feasible to involve students from all HCPC regulated professions.
- 5.3 We would be particularly interested in benefiting from the experience of disabled students on HCPC approved programmes and how these experiences might inform improvements to the existing guidance. For example, exploring concerns they may have had when thinking about applying to a programme; making an application; or studying on the programme. We want to benefit from disabled students' views about the content (e.g. is anything missing?) and accessibility (e.g. style, structure, tone) of the existing guidance.
- 5.4 The HCPC does not hold personal data on students who are studying on approved programmes. We expect the appointed researchers to be able to negotiate access with disabled students on HCPC approved programmes in order to complete the research.
- 5.5 We also expect that the research will include focus groups and/or interviews with other groups including admissions staff making decisions about applications for places on programmes from disabled people; educators delivering programmes to disabled students; and staff in disability services supporting disabled people in the learning environment. We expect that this will include individuals drawn from a range of different programmes and professions.

Equality Act 2010

- 5.6 Since the guidance was published, the Equality Act 2010 has come into force. As a result, the guidance is now out-of-date. We have begun the process of updating the guidance so that references to legislation are updated appropriately. However, as part of this work, we would value advice on possible changes to the guidance in line with changes to legislation and associated guidance documents and how these are implemented in practice.

- 5.7 In this regard, we particularly want to ensure that the guidance (see section three) is realistic and relevant to education providers who are making decisions in line with legislation and relevant policy guidance about applicants to programmes and about disabled students.
- 5.8 In assessing proposals for this research overall, we will be looking for demonstrated expertise in these matters. We would expect the appointed researcher(s) / research team to draw upon that expertise and the results of the primary research in developing the advice.

Case studies

- 5.9 The existing guidance includes a number of examples which cover the following areas.
- Differences between registration and employment.
 - Scope of practice.
 - Assumptions about the ability of disabled people.
 - Communication.
 - Practice placements.
- 5.10 These examples were originally developed by a working group which included educators and disability groups. The purpose of the examples is to illustrate, for example, what is meant by a reasonable adjustment, and how educators might approach balancing the need to ensure that such adjustments are put in place, whilst ensuring that the HCPC's standards are met. However, we consider that some of the examples used in the existing guidance, whilst illustrating important points, might be less fit for purpose than others.
- 5.11 We expect the appointed researcher(s) / research team to develop a range of examples which can be used within the revised guidance. We want these examples to be clear, concise and accessible but as 'real life' as possible, so that they reflect accurately the issues faced by disabled people and educators and how they can be negotiated and overcome.

Final report

- 5.12 The report of the completed research will be used by the HCPC to complete its revisions of the guidance, before views are sought from a wider range of stakeholders during a public consultation.
- 5.13 The final report is likely to include the following.

- Information about the research methodologies adopted.
- Findings from the focus groups and/or interviews.
- Advice and recommendations to the HCPC in light of the research findings including illustrative examples.

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6. Next steps and anticipated timescale

- 6.1 Proposals for this work should be submitted by email to Michael Guthrie, Director of Policy and Standards by no later than **10 May 2013**. Please email: michael.guthrie@hcpc-uk.org.
- 6.2 There is no prescribed format for submitting research proposals. However, they should include the following.
- A proposal for how the research would be conducted.
 - An outline timescale including key milestones.
 - Any ethical considerations or approval needed.
 - The researcher(s) CV(s).
 - A breakdown of costs.
- 6.3 We anticipate the following timescales for this work. Please note, in the event that the number of proposals received delays the process of appointing the researcher(s) / research team to carry out this work, these dates may change. The overall completion date would be revised accordingly with the agreement of the appointed researcher(s) / research team.

Action	Timetable (TBC)
Deadline for proposals	10 May 2013
Shortlisting	By 24 May 2013
Interviews / meetings with shortlisted researcher(s) / research team(s) (if required)	By 14 June 2013
Researcher(s) / research team appointed	By 21 June 2013
Deadline for final report	1 November 2013 (with a draft report available for comment prior to this date).

- 6.4 We anticipate a budget of up to **£11** (depending on the scope of the research). This budget is inclusive of all costs, including VAT (if applicable).

Shortlisting criteria

6.5 Our decision to shortlist or appoint will be based on the research brief, and on an overall assessment of how far the proposal has addressed the HCPC's needs. We will particularly assess research proposals as to the extent to which they meet or exceed the following indicative criteria.

- The proposal demonstrates understanding of the role of the HCPC as a regulator.
- The proposal demonstrates understanding of the stated research aims and the purpose of the HCPC's standards and guidance.
- The proposal describes an appropriate methodology which is consistent with the research aims.
- The scope of the proposed research includes an appropriate range of HCPC regulated professions.
- The proposal demonstrates that the researcher(s) / research team have proven experience and expertise in disability issues and the Equality Act 2010 as it affects education and training.
- The proposal represents value for money.

7. References

Standards and guidance

Health Professions Council (2006). A disabled person's guide to becoming a health professional.

<http://www.hcpc-uk.org/publications/brochures/index.asp?id=111>

Health and Care Professions Council (2008; reprinted 2012). Standards of conduct, performance and ethics.

<http://www.hcpc-uk.org/publications/standards/index.asp?id=38>

Health and Care Professions Council (2009; reprinted 2010). Standards of education and training.

<http://www.hcpc-uk.org/publications/standards/index.asp?id=183>

Health and Care Professions Council (2010; reprinted 2012). Guidance on conduct and ethics for students.

<http://www.hcpc-uk.org/publications/brochures/index.asp?id=219>

Health and Care Professions Council (2012). Guidance on health and character.

<http://www.hcpc-uk.org/publications/brochures/index.asp?id=220>

Other references

Health and Care Professions Council (2010). Removing the health reference as a requirement for registration – Analysis of responses to the consultation.

<http://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=98>

Health and Care Professions Council (undated). UK application pack (including guidance notes).

<http://www.hcpc-uk.org/apply/uk/forms/>

HCPC Register – current statistics

<http://www.hcpc-uk.org/aboutregistration/theregister/stats/>

A guide for prospective registrants and
admissions staff

A disabled person's guide to becoming a health professional

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Who is this document for?

“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.

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 coordinators 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 / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists / 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.

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 the 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, and 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 people who apply to our Register 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 (SEND0) 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 have 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.

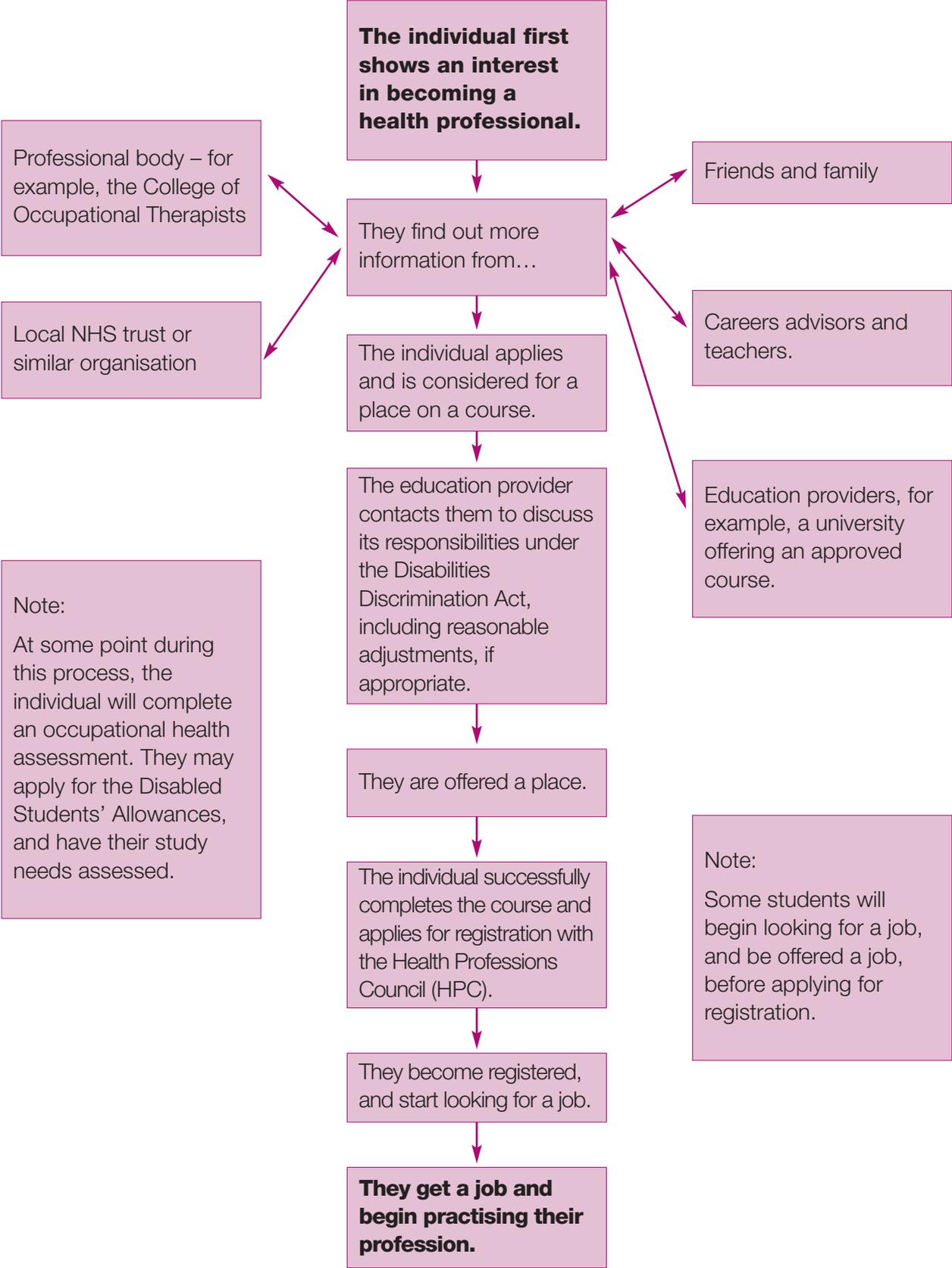
Section 1: Introduction

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



What the diagram on the previous 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.)

A disabled person 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 think that you might find it useful. Wherever we can, we tell 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 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 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 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.

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

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. (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)

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
- 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 '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 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 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.

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 coordination 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 people applying to become a health professional

Can I be a health professional?

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists / 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 five.

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 think that it will be useful for you to have all this information in one place. We refer 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 seven.)

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 15 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 the **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 doctor 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 doctor 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 doctor in your university town at the beginning of your course. Your ‘old’ doctor will then send over your notes and your new doctor 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 experience.

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 refer people to other sources of 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 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 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 coordinators, 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 (comes and goes).

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, other 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 sight difficulty 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 (put off) 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 the 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 courses 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 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 the following address.

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

Phone: +44 (0)20 7582 0866

Fax: +44 (0)20 7820 9684

Email: policy@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: info@assclinsci.org
www.assclinsci.org

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

The College of Operating Department Practitioners (CODP)

197-199 City Road
London
EC1V 1JN

Phone: 0870 746 0984
Fax: 0870 746 0985
Email: office@codp.org
www.aodp.org

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

Association of Professional Music Therapists

61 Church Hill Road
East Barnet
Hertfordshire
EN4 8SY

Email: APMToffice@aol.com
www.apmt.org

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
Email: info@baat.org
www.baat.org

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

British Association of Dramatherapists

Waverley
Battledown Approach
Cheltenham
Gloucestershire
GL52 6RE

Phone: 01242 235515
www.badth.org.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

Phone: 0845 166 8490
Email: lorna@bapo.com
www.bapo.com

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

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

The British Dietetic Association is the professional body for dietitians.

The British Dyslexia Association

98 London Road
Reading
RG1 5AU

For enquiries about dyslexia

Helpline: 0118 966 8271
Fax: 0118 935 1927
Email: helpline@bdadyslexia.org.uk
www.bdadyslexia.org.uk

For general enquiries

Phone: 0118 966 2677

The British and Irish Orthoptic Society

Tavistock House North
Tavistock Square
London
WC1H 9HX

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

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

The British Paramedic Association

28 Wilfred Street
Derby
Derbyshire
DE23 8GF

Phone: 01332 746356
Email: exec.bpa@britishparamedic.org
www.britishparamedic.org

The British Paramedic Association is the professional body for paramedics.

Chartered Society of Physiotherapy

14 Bedford Row
London
WC1R 4ED

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

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

The College of Occupational Therapists (COT)

– also known as the British Association of Occupational Therapists
106-114 Borough High Street
London
SE1 1LB

Phone: 020 7357 6480
www.cot.org.uk

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

The COT runs a forum for occupational therapists with disabilities, which you can find online 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
Balloo Road
Bangor
Co Down
BT19 7PR

Phone: 028 9127 9279
Fax: 028 9127 9100
Email: mail@deni.gov.uk
www.deni.gov.uk

Disability Rights Commission

DRC Helpline
Freepost MID02164
Stratford upon Avon
CV37 9BR

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
www.drc-uk.org

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

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
Email: website.enquiries@employers-forum.co.uk
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

Phone or textphone: 028 4062 4526
Fax: 028 4066 9665
Email: info@efdni.org.uk

Equality Challenge Unit

7th Floor
Queen's House
55-56 Lincoln's Inn Fields
London
WC2A 3LJ

Phone: 020 7438 1010
Fax: 020 7438 1011
Email: 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
Email: information@equalityni.org
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.

Institute of Biomedical Science (IBMS)

12 Coldbath Square
London
EC1R 5HL
England

Phone: 020 7713 0214
Email: mail@ibms.org
www.ibms.org

Other organisations

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
Email: 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
Email: comms@qaa.ac.uk

RNID

19-23 Featherstone Street
London
EC1Y 8SL

Phone: 0808 808 0123
Textphone: 0808 808 9000
Email: 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

Phone: 020 7378 1200
www.rcslt.org

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

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

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
Minicom: 020 7450 0620
Email: info@skill.org.uk
www.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
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

Phone: 020 7740 7200
www.sor.org

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

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

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 arts 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 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 twelve months.

Disabled Students' Allowances

The Disabled Students' Allowances cover 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' Allowances'.

Dyspraxia (developmental coordination 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 are regulated by us. An operating department practitioner is involved in assessing patients 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 'Prosthetist'.

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'.

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 online, 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 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'.

University

See 'Education provider'.

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184 Kennington Park Road
London SE11 4BU

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fax +44 (0)20 7820 9684
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Publication code: 20060805dPOLPUB (printed August 2007)
This document has been produced using trees from sustainable forests

