

Education and Training Committee, 4 June 2015

Results of consultation on revised guidance for disabled people wanting to become health and care professionals

Executive summary and recommendations

### **Introduction**

We have been reviewing our guidance for disabled people interested in training to become health and care professionals, which was last published in 2006. We commissioned research to inform the review and revision of the guidance document: 'Health, disability and becoming a health and care professional'. At its meeting on 11 September 2014, the Committee agreed the draft revised guidance for public consultation.

We publicly consulted on the draft guidance between 1 October 2014 and 16 January 2015. The Executive has now updated the revised guidance document, taking into consideration the responses received.

The consultation response analysis and revised draft guidance are attached for the Committee's consideration, approval, and recommendation to Council.

### **Decision**

The Committee is invited to:

- discuss the attached paper;
- agree and recommend to the Council the revised guidance as set out in appendix one (subject to minor editing amendments and formal legal scrutiny); and
- agree and recommend to the Council the text of the consultation analysis document (subject to minor editing amendments and formal legal scrutiny).

### **Background information**

- Paper for Education and Training Committee, 11 September 2014, (enclosure 5 at <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=676>)
- Paper agreed by Council, 25 September 2014, (enclosure 8 at <http://www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=678>)

### **Resource implications**

The resource implications include arranging publication and dissemination of the guidance. These resource implications are accounted for in the Policy and Standards, and Communications departments planning for 2015/16.

### **Financial implications**

The financial implications include publication of the revised guidance once agreed. This will be accounted for in Policy and Standards Department budgeting for 2015-2016.

### **Appendices**

- Appendix one: Revised guidance for disabled people wanting to become health and care professionals following the consultation

### **Date of paper**

12 May 2015

## **Consultation on draft guidance on ‘Health, disability and becoming a health and care professional’**

Analysis of responses to the consultation on draft guidance on ‘Health, disability and becoming a health and care professional’, and our decisions as a result.

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## 1. Introduction

### About the consultation

- 1.1 We consulted between 1 October 2014 and 16 January 2015 on draft guidance on 'Health, disability and becoming a health and care professional'.
- 1.2 We informed a range of stakeholders about the consultation including programme leaders on HCPC approved programmes, professional bodies and employers, advertised the consultation on our website, and issued a press release.
- 1.3 We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this responses document from our website:  
[www.hcpc-uk.org/aboutus/consultations/closed](http://www.hcpc-uk.org/aboutus/consultations/closed).

### About us

- 1.4 We are a regulator and were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called "registrants".
- 1.5 We currently regulate 16 professions:
  - Arts therapists
  - Biomedical scientists
  - Chiropodists / podiatrists
  - Clinical scientists
  - Dietitians
  - Hearing aid dispensers
  - Occupational therapists
  - Operating department practitioners
  - Orthoptists
  - Paramedics
  - Physiotherapists
  - Practitioner psychologists
  - Prosthetists / orthotists
  - Radiographers
  - Social workers in England
  - Speech and language therapists

## About this document

- 1.6 This document summarises the responses we received to the consultation and sets out our decisions as a result.
- 1.7 The document is divided into the following sections.
- **Section two** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
  - **Section three** provides a high level summary of responses we received to the consultation.
  - **Section four** summarises in more detail the responses we received to the consultation.
  - **Section five** outlines our comments on the responses we received and describes the changes we will make as a result.
  - **Section six** lists the organisations that responded to the consultation.
- 1.8 In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

## **2. Analysing your responses**

- 2.1 Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.

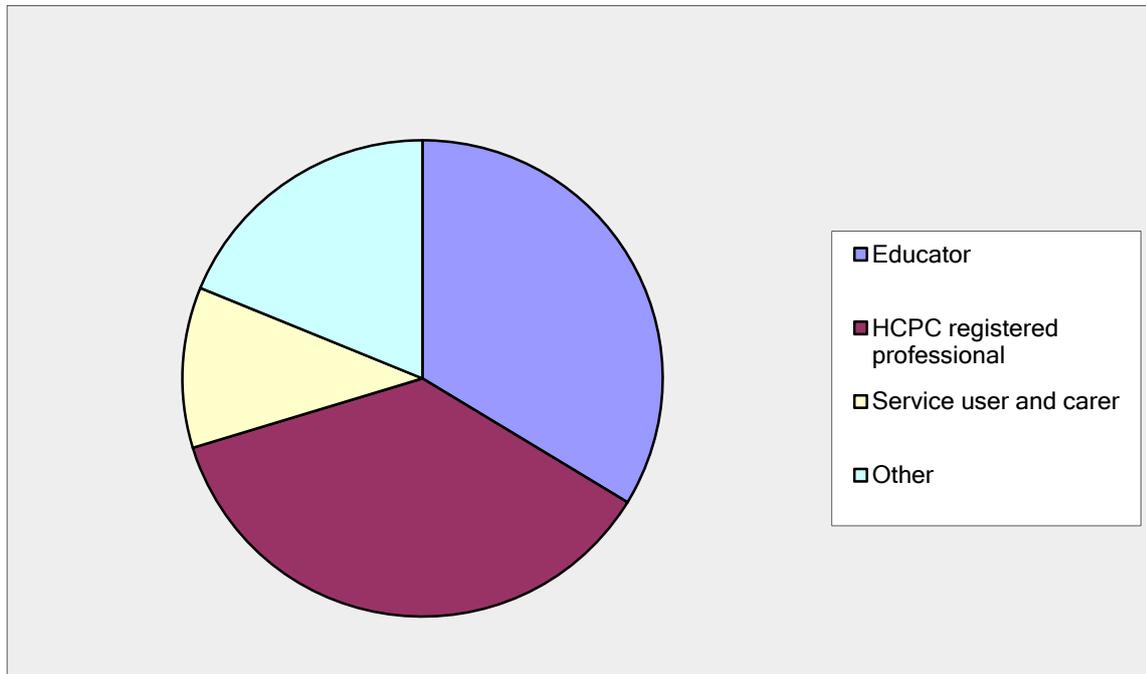
### **Method of recording and analysis**

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, then provided their comments in a free textbox. Where we received responses by email or by letter, we recorded each response in a similar manner.
- 2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

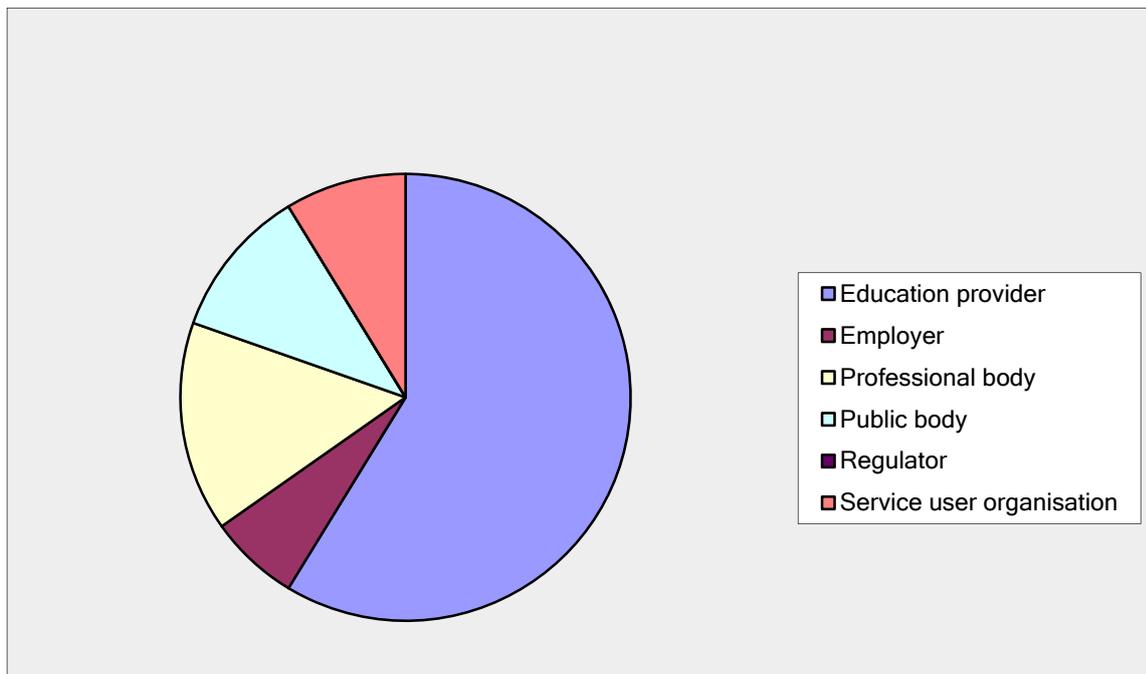
### **Statistics**

- 2.4 We received 150 responses to the consultation. 101 (67 per cent) of responses were received from individuals and 49 (33 per cent) from organisations. Of the 101 individual responses, 37 (37 per cent) were from HCPC registered professionals.
- 2.5 The breakdown of respondent types is shown in the graphs which follow

**Graph 1 – Breakdown of individual responses**



**Graph 2 – Breakdown of organisation responses**



**Table 1 – Breakdown of responses to each question**

Question	Yes	No	Partly	Don't know	Answered question	No answer
Q1. Is the guidance clear and easy to understand?	77 (82%)	3 (3%)	13 (14%)	1 (2%)	94	56
Q2. Could any parts of the guidance be reworded or removed?	25 (28%)	46 (51%)	13 (14%)	7 (8%)	91	59

**Table 2 – Breakdown of responses by respondent type**

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Question 1	40 (77%)	3 (6%)	8 (15%)	1 (2%)	37 (88%)	0	5 (12%)	0
Question 2	11 (22%)	28 (55%)	7 (14%)	5 (10%)	14 (35%)	18 (45%)	6 (15%)	2 (5%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.
- Questions 1 and 2 included sub-questions that invited long answer responses. Question 3 invited any further comments rather than 'yes' or 'no' answers so has not been included in the above table. A summary of responses to these questions can be found in section 4 of this document.

### 3. Summary of responses

- 3.1 The vast majority of respondents expressed their support for the draft guidance or qualified their support by suggesting various additions or improvements.
- 3.2 Many respondents indicated that they felt the draft guidance sent out a positive message about disabled people becoming health and care professionals.
- 3.3 Just over half (51 per cent) of respondents considered the draft guidance did not require any amendment.
- 3.4 Many respondents who considered that parts of the guidance could be reworded or removed, provided comments and suggestions about wording and content.
- 3.5 Several commented on the format of the guidance. In general the document was considered to be clearly laid out and the use of separate sections for students and education providers was welcomed. A small number of respondents considered the document to be too long.
- 3.6 A large number of respondents welcomed the guidance on disclosing disabilities. They considered it was helpful to students and education providers by encouraging disabled students to share information that would allow reasonable adjustments to be properly planned and put in place.
- 3.7 Some respondents commented on the responsibilities of education providers to disabled people. They considered the guidance about this was positive and clear overall and informative about the law on disability. A small number of respondents provided a range suggestions to add more detail about legal responsibilities.
- 3.8 A significant number of respondents welcomed the guidance about reasonable adjustments for disabled students and considered the content to be helpful and well-illustrated with case studies and examples.
- 3.9 A large number of respondents voiced their support for the use of case studies within the draft guidance. The range and format of case studies was considered good by many. Other respondents suggested various amendments to them or sought additional case studies.

- 3.10 Several respondents commented that the guidance did not address mental health issues sufficiently. They considered the guidance focused more on physical health conditions and some suggested addressing this by including case studies about students with mental health conditions.
- 3.11 A number of respondents suggested the guidance would be strengthened by including more information about occupational health assessments and encouraging students to use these services.

## 4. Responses to the consultation

### Summary

- 4.1 There was overall support among respondents for the draft guidance 'Health, disability and becoming a health and care professional'. Some respondents qualified their support by suggesting further amendments to the guidance or areas for further consideration.
- 4.2 The comments we received are summarised below, structured around the common themes in the responses received.

### Format and style

- 4.3 The majority of respondents (82 per cent) considered that the guidance as drafted was clear and easy to understand. Several respondents commented that overall it was well written and useful for its intended audience.
- 4.4 A few respondents suggested amendments to the language used in the guidance to make it more accessible and applicable to target readers, such as:
- simplifying the language so that it is more accessible for readers with learning disabilities, for example to a lower target reading age; and
  - rewording some of the language so that it is more relevant to the social work profession.
- 4.5 A significant number of respondents commented on the format of the document. Many commented that the guidance is well laid out, clearly signposted and welcomed the use of separate sections for students and education providers.
- 4.6 Several respondents suggested ways to further improve the format of the document, including the following.
- Shortening the length of the document, in particular by removing information about the remit of HCPC. Alternatively, two respondents suggested moving this to the end of the document, after the guidance to students and education providers.
  - Modifying the contents page into three distinct sections to make it clearer.
  - Use of more indented subheadings through the guidance to break up the text.
- 4.7 Several respondents commented on the flow chart which illustrates the process of

becoming a health and care professional. Most of these respondents welcomed its inclusion or qualified their support by suggesting ways to improve it, such as the following.

- Simplifying the appearance of the flow chart by removing some boxes.
- Including a stage for administrative screening and meeting basic entrance requirements.
- Clarifying that education providers will assess all aspects of applications to make a decision on whether to offer a place. A few respondents considered that the wording suggested that all disabled applicants will be offered a place.
- Putting more emphasis on occupational health assessments.

4.8 A small number of respondents suggested including additional flow charts within the guidance to illustrate certain processes in more detail, such as education providers making reasonable adjustments.

## Language

4.9 Several respondents commented on the use of the terms 'disabled people' and 'disabled person' in the draft guidance.

- A few respondents considered the term to be negative, for example that it labels people by their disability, rather than treating them as individuals.
- However one respondent explicitly welcomed the use of the term.
- Two respondents considered that the explanation about the use of the term 'disabled people' within 'Who is this document for?' was positive and helpful.
- A small number of respondents suggested alternatives to 'disabled person', such as 'person with a disability' or 'differently abled person'.
- A number of respondents sought further clarification on the specific conditions and impairments covered by the terms 'disability' and 'disabled person'.

4.10 A few respondents commented that some terms such as 'health condition', 'disability' and 'impairment' were not used consistently throughout the guidance, specifically that:

- 'disability' and 'impairment' were sometimes used interchangeably; and

- the legal definition of disability was not consistent with the social model definition of a disabled person.

## **Disclosure of disabilities**

- 4.11 Many respondents welcomed the guidance on disclosing disabilities. In general they considered it was positive and encouraging to students and would help education providers in putting reasonable adjustments in place.
- 4.12 Several respondents felt that this area could be further strengthened by emphasising the importance of disclosure in the process of making reasonable adjustments. They suggested the following changes.
- Stating the possible consequences of not disclosing a disability. These respondents expressed concerns that students may not understand the impact that choosing not to disclose, or not disclosing until they are on a programme, may have on education providers being able to make planned adjustments. Respondents particularly sought to highlight that this may affect student and patient safety, or students' ability to continue on the programme.
  - Highlighting the importance of sharing information about disabilities with practice placement providers, since adjustments on placement may be less straightforward and require more time to put in place than at higher education institutions.
- 4.13 A number of respondents raised concerns about disclosure or identification of disabilities after a student has started a programme or become registered. Some of these respondents sought specific guidance for education providers on handling this, particularly on making reasonable adjustments. There were a number of other suggestions to strengthen this area of the guidance, including the following.
- Emphasising that a change in health condition may impact on an individual's programme or registration and the importance of continued disclosure throughout programme and career.
  - Linking the guidance on continued disclosure to the separate guidance document on health and character to illustrate that this is part of an overall requirement that continues throughout registration.
- 4.14 A number of respondents made a range of other suggestions to further strengthen the guidance on disclosure. Key points included the following.

- Providing further information for students on the process of disclosure at application and during the programme.
- Explicitly advising education providers to ensure that their disclosure processes and systems are clear and accessible to students.
- Explaining the difference between disclosing a disability and completing equality and diversity monitoring forms, to ensure students are informed about the processes related to sharing information about their disabilities.
- Using the term 'share' in addition to 'disclose' to indicate that students may choose to share only some information about their disability, rather than make a full disclosure, which may encourage more students to do so.

### **The responsibilities of education providers**

4.15 A number of respondents considered that the updated guidance clearly expresses the responsibilities that education providers have to disabled people wanting to become health and care professionals.

4.16 Several respondents commented on the section of the guidance about the Equality Act 2010 ('the Act'), which has replaced the legislation referred to in the existing version of the guidance. Overall the information included was considered useful, though a number of respondents made suggestions to further improve this section, such as:

- providing greater clarity on the definition of disability according to the Act, and naming the conditions covered by this definition;
- acknowledging that the definition of disability used in the Act is based on a medical definition which may exclude some people from protection who are otherwise considered to be disabled;
- explicitly addressing those who may not fall under this legal definition of disability but do consider themselves to have a disability; and
- informing students that under the Act employers are prohibited from asking health related questions before candidates are selected.

4.17 Several respondents sought to strengthen areas of the guidance by including additional references to specific legislation. These included the following.

- Referring to the Act within 'Responsibilities of education providers' which states that they have "duties in law' to ensure disabled students and

applicants are treated fairly”.

- Referring to actual laws within ‘considering applications’ in a number of places, such as where it refers to ‘specific legal duties under equality and anti-discrimination laws’.
- Reference to the Act was preferred where the guidance on ‘Making reasonable adjustments’ explains that the law does not say what is reasonable.
- Providing the specific reference for the ‘direct duty’ that practice placement providers have to not discriminate against disabled people under the law.
- Clarifying that treating students fairly may not equate to treating them the same, by stating Equality and Human Rights Commission (EHRC) guidance: "It is never unlawful to treat disabled students (or applicants) more favourably than non-disabled students (or applicants)".

4.18 The guidance on making reasonable adjustments to programmes and admissions is discussed in detail below. However, some respondents sought greater emphasis on a number of other responsibilities education providers have to students with disabilities, including:

- the duty to assess disabilities individually, with clarification about why there is not a list of disabilities that may restrict entry to health and care professions; and
- the responsibility to offer sufficient support and opportunities for students to discuss their learning requirements, from application to graduation.

### **Reasonable adjustments**

4.19 A significant proportion of responses related to the section of the guidance on reasonable adjustments. This was welcomed as an important part of the guidance and considered to be helpfully illustrated with case studies and examples.

4.20 Several respondents felt that more detail about reasonable adjustments would strengthen the guidance such as listing the full set of possible factors that may determine which adjustments are reasonable as set out in the Act.

4.21 A number of other suggestions to strengthen the guidance on reasonable adjustments were made, such as:

- clarifying that the purpose and scope of adjustments is to provide a comparable opportunity, rather than to guarantee entry to, or successful completion of a programme;
- emphasising to education providers their legal requirement to make reasonable adjustments to the admissions process for disabled students; and
- emphasising the need for education providers to be increasingly aware of accessibility when designing environments.

## **Practice placements**

4.22 Overall, guidance on practice placements was welcomed by many respondents and considered to be an improvement from the previous guidance. These respondents particularly focused on the section directed at staff in practice placement providers and welcomed the inclusion of this as a separate section within the guidance.

4.23 We received a number of comments about the guidance on making reasonable adjustments to practice placements. A number of suggestions to improve this part of the guidance were made that included the following.

- Providing more detailed and challenging examples of making reasonable adjustments to illustrate a range of more complex needs and innovative solutions to deal with them.
- Clarifying with examples that there are occasions when curriculum demands mean that reasonable adjustments cannot be made in practice placements. For example a highly pressured emergency response practice placement may not be suitable for someone with a stress-related disorder, or a placement where drug calculations are integral for someone with dyscalculia.
- Emphasising the need for education and practice placement providers to take into consideration that in some circumstances there will be a longer timescale for putting reasonable adjustments in place.

4.24 A few respondents considered that it could be strengthened by addressing the collaboration between education providers and practice placement providers. Suggestions to improve this area of the guidance included the following.

- Emphasising the importance of consulting all parties involved when

considering reasonable adjustments to ensure that they can be, and are, properly put in place.

- Broadening the message on the importance of early and continued communication across HEIs, also to between education providers and practice placement providers.
- Acknowledging that it may be difficult or not possible for education providers to challenge placement providers to make adjustments and providing guidance on handling this.

4.25 Several respondents provided other suggestions to improve the guidance for practice placement providers, including:

- making it clearer that the guidance applies to practice placement providers, not just education providers;
- clarifying how disabled students may be able to demonstrate all required proficiencies without being able to undertake every type of placement; and
- advising 'generic' admissions and occupational health staff to consult with profession-specific staff and practitioners in order to plan appropriate placements and make reasonable adjustments.

### **Case studies and examples**

4.26 A large number of respondents welcomed the addition of case studies and examples to illustrate specific points in the guidance. They generally felt they were helpful, covered a good range of professions and disabilities, and enabled readers to draw comparisons between the circumstances of one profession, or disability, to another.

4.27 Specifically, the student case study within 'during your programme' was felt to be helpful and provide a good level of detail to illustrate how complex needs can be met with reasonable adjustments. The example about a student with bipolar disorder was also welcomed by a number of respondents for specifically illustrating a mental health condition and also clarifying the distinction between qualifying and gaining employment.

4.28 Several respondents highlighted a number of examples they found less helpful or considered were too simplistic or vague, including the following.

- The language used in the case study about a student with chronic fatigue syndrome (page 14) was not thought to sound authentic.

- The example about a radiography student who uses a wheelchair (page 14/15) was thought not to address the functional aspects of the job and whether this person would be able to use necessary equipment in order to meet the standards.
  - The example about a physiotherapy student with rheumatoid arthritis (page 15) did not contain enough detail on how her arthritis affected her ability to manage certain aspects of the programme and therefore how reasonable adjustments enabled her to meet the standards.
  - The practice placement coordinator case study (page 26) did not provide enough detail on what the difficulties experienced by the student were to allow a full understanding of how the reasonable adjustments met her needs, nor was the profession being trained for stated.
- 4.29 Several respondents sought inclusion of more complex and challenging examples with more detail which are more closely applicable to real life cases.
- 4.30 A number of respondents commented that the case studies and examples mostly had positive outcomes which may give the false impression that this is representative of real life. Some of these respondents sought to address this by including examples in which applicants are considered not able to meet the standards and are not accepted on to a programme, in order to provide a more balanced picture about the application process.
- 4.31 There were a number of requests for specific examples to be added to the guidance. This included the following areas.
- Dyspraxia which was felt to be underrepresented but important given it may affect a significant number of potential applicants.
  - Reasonable adjustments making use of contemporary IT based solutions which was felt to be an area practice placement providers often ask questions about.
  - A non-disabled student who has to adapt or restrict their scope of practice to show that scope of practice issues are not just restricted to people with disabilities.
  - Examples to illustrate the changing workplace environment such as mobile working to ensure that students consider this when applying to a course.
  - An example to illustrate an admissions advisory panel effectively making

decisions on profession specific applications.

- 4.32 Several respondents were concerned that mental health issues were underrepresented in case studies, since there was only one about bipolar disorder while the others all related to physical impairments. This area is discussed in more detail below.

## **Mental health**

- 4.33 There were a significant number of responses indicating that compared to physical disability, the guidance does not sufficiently address mental health conditions. Some of these responses raised concerns about stigma and discrimination around mental health problems, and therefore the importance of offering guidance to help educators and practice placement providers ensure they offer equal treatment.
- 4.34 Many respondents called for more explicit reference to mental health conditions throughout the guidance. A large majority of these sought further examples to illustrate how specific reasonable adjustments can be considered and put in place for those with mental health disabilities. Suggestions included adding:
- a case study and/or examples of possible reasonable adjustments that can be made for students with specific mental health problems; and
  - guidance to educators and practice placement providers specifically on handling complex, emerging or deteriorating mental health conditions during practice placements.
- 4.35 There was strong opposition to the specific reference to disclosure of mental health conditions within the guidance to education providers on 'delivering the standards of proficiency'. It was felt that this singled out and potentially discriminated against those with mental health conditions by suggesting that intermittent mental health conditions are more challenging and need extra caution than those with intermittent physical impairment. It was suggested that this paragraph be removed from the guidance, or amended so as not to suggest mental health issues should be treated with extra caution.
- 4.36 Concerns were raised by a small number of respondents that some mental health conditions may not be classified as disability under the definition given in the Act. Guidance to clarify and address this was sought by a number of respondents.

## **Occupational Health Assessments**

4.37 Several respondents sought to improve the reference to occupational health in the guidance. These respondents made a range of suggestions to strengthen the guidance on this theme, including the following.

- Providing more information about the process of occupational health assessments.
- Highlighting the role of occupational health screening in programme admission processes and in identifying adjustments.
- Encouraging students to be proactive in making use of occupational health services when seeking employment.
- Explicitly including Occupational health professionals under 'who is this document for'.

## **Additional information and comments**

4.38 A number of respondents commented on sources of additional information to the guidance, and gave suggestions to strengthen this, including:

- signposting to a wider range of sources of information about support and funding such as Access to Work and Positive about Disability schemes;
- amending glossary definitions for social workers, operating department practitioners and dyslexia;
- adding glossary entries for dyspraxia, occupational health professional and practice placement coordinator;
- providing URLs to specific pages on the HCPC website where the standards are located;
- stating how alternative guidance formats can be accessed; and
- adding a web link to the Act.

4.39 A few respondents made a range of additional suggestions to improve the guidance, which did not come under the themes already summarised. Suggestions included the following.

- Providing guidance to education providers on enabling students to ‘assess’ themselves prior to application.
- Explicitly advising education providers to ensure they make information about career support available to students, including Access to Work.
- Extending the guidance to registrants.
- Being more explicit about confidentiality with relation to the process of disclosure.
- Specifically referring to risk assessments before application and after acceptance on to a programme.
- Providing guidance on, or recognising, the issue of making disabled students aware of the challenges they may face in gaining employment without discriminating.

### **Consultation process**

4.40 A number of respondents commented that they had not been aware of the consultation until relatively late in the process. One respondent also commented that they had not been aware of the existing guidance before the consultation and sought wider circulation of the document. Another indicated they would welcome the distribution of this guidance widely to both NHS and independent occupational health services used by practice placements and education institutions.

## **5. Our comments and recommendations**

- 5.1 We have considered carefully all the comments we received to the consultation and have used them to revise the draft guidance. The following explains our decisions in some key areas.

### **Language**

- 5.2 The majority of respondents to the consultation said that they thought the guidance was clear and easy to understand. However, we received some common suggestions about how it might be improved.
- 5.3 There was a debate about our use of the term ‘disabled people’, which some respondents considered to be negative. Having carefully considered the comments, on balance, whilst we are sensitive to debates about language, we have decided to retain this term. ‘Disabled people’ is a term which is in common usage, for example, by the Equality and Human Rights Commission (EHRC).
- 5.4 We received other comments suggesting that we might have been inconsistent with our use of the terms ‘health condition’ and ‘disability’ in the guidance. We were inconsistent in places, so we have made a small number of amendments to rectify this. We have also included text at the beginning of the document to explain our use of these terms. In places in the guidance, where we are talking, for example, about health declarations that all applicants need to complete, not just disabled people, we use both terms. Where in the guidance we are referring to law which protects disabled people, for example, when we are talking about reasonable adjustments, we have referred to ‘disability’.

### **The law on disability**

- 5.5 We received a number of comments about what we had said about the Act and other laws which affect disabled people and education providers and some comments that we should refer more specifically to the legislation.
- 5.6 We want the guidance – not just the section for disabled people – to be accessible as far as possible to a wide range of audiences, including importantly to disabled people. So, our approach has been to refer to the legislation by name in setting out the legal definition of disability in section one, and then to refer only generally to the legislation elsewhere in the guidance.

5.7 However, we have made a number of changes for clarity as a result of this feedback. These changes have included restructuring the information about the Act in section one, particularly to be clearer that the emphasis of the Act is on the impact of a person's health condition and that some people may not consider themselves to be disabled but may be protected under the Act, whereas others may consider themselves to be disabled, but may not be. We have amended language in the guidance to avoid inferring that education providers are required to treat disabled people the same as other students, as they may need to treat them more favourably. We have also made an explicit reference earlier in the guidance to the responsibilities under the law of practice placement providers to make reasonable adjustments for disabled students.

### **Reasonable adjustments**

5.8 The content in the guidance on reasonable adjustments was generally well received. However, we have made some improvements as a result of the consultation feedback.

5.9 We have placed more emphasis on the importance of collaboration and early communication between education providers and practice placement providers to make reasonable adjustments. This helps to ensure that reasonable adjustments are practicable and implemented effectively.

5.10 We have also updated the list of factors in section three that might influence whether an adjustment is reasonable for an education provider to make, so that it is more in line with Equality and Human Rights Commission (EHRC) guidance.

### **Case studies and examples**

5.11 We are pleased that the majority of respondents welcomed the case studies and examples and thought they were helpful.

5.12 Although there was some criticism that one of the case studies was inauthentic, all the case studies were developed with students and staff involved in education and training and so represent their own words. We have reviewed the case studies, and, on balance, we are content that the range and content of the case studies is appropriate. However, we will gauge the reception of the guidance when it is published and we will develop more case studies to publish on our website if it becomes clear that this would be helpful.

- 5.13 One theme in the consultation was an observation that the examples and case studies almost exclusively focused on physical rather than mental health conditions. Whilst we do not want to develop new case studies at this stage which would risk inauthenticity, we do agree that the guidance could benefit from a further example about reasonable adjustments for a student with a mental health condition. We will add a further example to the guidance in this area.

### **Consultation process**

- 5.14 We received a small number of comments about the consultation process, with respondents saying that they had not been aware of the consultation until relatively late or that they were not aware of the previous version of the guidance.
- 5.15 A link to the consultation was emailed to our consultation list of professional bodies, employers, public bodies, individuals, service user groups and others, as well as to programme leaders on HCPC approved programmes. We also included information about the consultation in a press release, in our newsletters and promoted it on social media.
- 5.16 We know that once the guidance is finalised one challenge is making sure that it is readily accessible to those who might be interested in it, for example, to staff working in careers or disability services who might be giving advice to disabled people who are thinking about training to be a health and care professional or who work on approved programmes. We are developing a range of communications activities to achieve this. We also want to develop a dedicated section for the guidance on our website. This will include full written versions of the case studies abridged in the guidance, filmed case studies and links and references to sources of further support and advice.

### **Other changes**

- 5.17 We have made a number of other changes to improve the content and clarity of the guidance, including the following.
- We have updated the flow diagram about the process of becoming a health and care professional to make it clearer (section two).
  - We have strengthened our messages on early disclosure for students (section two), by explaining how this can help make sure that effective adjustments are put in place, particularly at practice placements where they may take more time to organise.

- We have added more information to section two about occupational health assessments and their purpose.
- We have provided extra clarity about why students do not necessarily need to do all types of practice placement to demonstrate that they meet the standards of proficiency for their chosen profession (section three).
- We have added a new sub-section to section three for education providers about students who develop or disclose a disability whilst on a programme.
- We have removed specific reference to the disclosure and assessment of mental health conditions; we received strong feedback that this is inappropriate and unnecessary.
- We have amended terminology throughout the guidance to avoid the unintended inference that all disabled people will necessarily be successful in being offered a place on a programme (e.g. they also have to meet academic criteria) or in completing programmes.
- We have updated the glossary by adding further definitions and by making minor amendments for clarity to the definitions of other terms.

## 6. List of respondents

We have listed below the organisations that responded to the consultation.<sup>1</sup>

Academy for Healthcare Science  
Association for Perioperative Practice  
Bradford College  
British Chiropractic and Podiatry Association  
British Dietetic Association  
Canterbury Christ Church University (OT and SLT)  
Cardiff University  
Cardiff and Vale University Health Board  
Cardiff Metropolitan University (Centre for Speech and Language Therapy)  
Chartered Society of Physiotherapy  
College of Occupational Therapists  
Cwm Taf University Health Board  
Keele University (School of Health and Rehabilitation)  
Leeds Beckett University  
Mencap  
National Association of Educators in Practice (NAEP)  
New School of Psychotherapy and Counselling  
NHS Education for Scotland  
NHS National Services Scotland  
Northumbria University (Healthcare Doctorate in Clinical Psychology)  
North Wales Community Health Council  
Public Health Agency, Northern Ireland  
Society and College of Radiographers  
Scottish Ambulance Service  
Sheffield Hallam University (two responses, including Faculty of Health and Wellbeing)  
Kingston University (School of Social Work)  
Shaping our lives  
The Patient and Client Council  
University College London (Speech and Language Therapy)  
University of East Anglia (two responses, including School of Health Sciences)  
University of Exeter  
University of Leicester (School of ODP)  
University of Manchester (School of Psychological Sciences)  
University of Plymouth

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<sup>1</sup> A small number of respondents selected that they were responding on behalf of an organisation on the online survey tool but did not give their organisation's name. These responses have been counted as organisation responses but are not listed here.

University of Portsmouth (School of Health Sciences and Social Work)  
University of Salford  
University of Sheffield  
University of Surrey  
University of Worcester (Institute of Health and Society, Disability Special  
Interest Group)  
Wave-length Social Marketing CIC

## **Health, disability and becoming a health and care professional**

A guide for disabled people about becoming a health and care professional regulated by the HCPC – includes information for education providers.

EDUCATION AND TRAINING COMMITTEE 4 JUNE 2015

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## Who is this document for?

We have written this document to give you more information about disabled people joining the professions that are regulated by us, the Health and Care Professions Council (HCPC).

In this guidance, we refer to someone working in one of the 16 health, psychological or social work professions we regulate as a 'health and care professional'. A full list of the professions we currently regulate can be found on page five.

You may find this document useful if you are:

- a disabled person who is considering becoming a health and care professional;
- a careers advisor who is giving advice to disabled people;
- working in education and training and making decisions about disabled students applying to an approved programme;
- teaching, supervising or supporting disabled students on approved programmes or practice placements; or
- an occupational health professional making assessments about disabled students.

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

### About the structure of this document

To help you get the information you need, we have divided this document into four sections. There are different sections for disabled people and education providers, though information in each section might also be useful to both these groups and to others.

- Section 1, **Introduction**, contains information about us, our standards and what we do. This section is for everyone.
- Section 2, **Information for disabled people**, is aimed at disabled people who are interested in becoming health and care professionals. It may also be useful for the people who advise and support them, such as teachers, parents and careers advisors. In this section, 'you' refers to a disabled person who wants to become a health and care professional.

- Section 3, **Information for education providers**, is aimed at people involved in the education and training of health and care professionals, for example, admissions staff, people working in disability support roles, academic staff and practice placement educators. It contains information about the responsibilities of education providers, both to people applying for places on approved programmes and also to us. In this section, 'you' refers to staff in education providers making decisions about admissions and those supporting and teaching disabled students.
- Section 4, **More information**, explains how to find more information about this topic. This section also contains a glossary of terms used in this document.

### **Language**

We recognise that language about disability can be a sensitive topic.

We have used the terms 'disabled person' and 'disabled people' throughout this document. These terms have been informed by the social model of disability which considers that barriers caused by attitudes in society, as well as environmental and organisational barriers, disable people. In the social model, disability can be prevented by removing the barriers affecting people with health conditions.

However, we are aware that there is much debate about the use of this language, and that 'people with a disability' may be preferred by some. We have included the legal definition of a disability in the Equality Act 2010 on page seven.

### **Health conditions**

In this guidance we sometimes talk about a person having 'a disability or health condition'. This is where we are referring to our responsibilities to **all** applicants for registration and to registrants (or to their responsibilities to us) and not just to disabled people. This language is also useful because some people may not consider themselves to be disabled or they may have a health condition which does not fall within the definition of a disability under the law.

Where we are referring to the specific legal protection for disabled people under the law, for example, when we are talking about education providers making reasonable adjustments, we use the language of 'disabled' and 'disability'.

### **Examples and case studies**

This document includes a number of short examples and case studies. These are intended to provide an indication of how the information in this document might be applied in practice.

The case studies are real life examples developed by adapting case studies that were created through interviews with disabled students and staff involved in education and training who participated in some research which was carried out for us.

The full case studies in audio and video format are available to view on our website. Case studies have been published with the permission of the people involved.

EDUCATION AND TRAINING COMMITTEE 4 JUNE 2015

## Section 1: Introduction

### About us

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

Professionals on our register are called 'registrants'. We currently regulate 16 professions.

- Arts therapists
- Biomedical scientists
- Chiropodists and podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists and orthotists
- Radiographers
- Social workers in England
- 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 ([www.hcpc-uk.org](http://www.hcpc-uk.org)).

Each of these professions has at least one 'protected title' (protected titles include titles like 'paramedic' and 'dramatherapist'). 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.

You can see our Register on our website. Anyone can search it, so they can check that a professional is registered.

Another important part of our role is to consider any complaints we receive about professionals registered with us. 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'.

## **Other professions**

Other organisations regulate a number of different health and care professions, such as doctors, nurses, dentists and others. If you are interested in training in any of these professions this document may still include some helpful guidance. However, you may also wish to contact the organisation responsible for regulating the profession you are interested in. We have provided the contact details for all of the health and care regulators in the UK on our website.

## **How we are run**

We were created by the Health and Social Work Professions Order 2001. This sets out the things that we must do and it gives us our legal powers. We have a Council which is made up of health and care professionals and members of the public. The Council sets our strategy and policy and makes sure that we are fulfilling our duties under the law.

Health and care professionals must register with us before they can use a protected title for their profession. This means that even if you have completed a programme in operating department practice, for example, you will still not be able to call yourself an 'operating department practitioner' unless you are registered with us.

## **Approving education programmes**

Part of our role includes approving education programmes. Health and care professionals must complete these programmes to become registered with us. However, completing an approved programme does not guarantee that someone will be able to register with us. Sometimes a student who has completed an education programme declares very serious information which may mean that we reject their application for registration. This happens only very rarely.

## **Our Register**

Being on our Register shows that a professional meets our standards for their profession.

We have a Register to show the public that health and care 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.

## **The Equality Act 2010**

The Equality Act 2010 ('the Act') is legislation that applies in England, Wales and Scotland. It protects people from discrimination, harassment or victimisation. It does this by specifying a number of 'protected characteristics'. It is against the law to discriminate against anyone because of:

- age;
- being or becoming a transsexual person;
- being married or in a civil partnership;
- being pregnant or having a child;
- disability;
- race including colour, nationality, ethnic or national origin;
- religion, belief or lack of religion or belief;
- sex; and
- sexual orientation.

Disability is defined in the Act as a physical or mental impairment that has a substantial or long term negative effect on a person's ability to do normal daily activities. In the Act, substantial is defined as more than minor or trivial and long term is defined as twelve months or more.

This means that people with a range of health conditions are included in this definition. The Act does not provide a list of health conditions that are considered to be disabilities. It is important to note that people who may not usually describe themselves as disabled may be protected by the Act if the effects of their health condition are negative, long term and substantial on normal day-to-day activities. It is also possible that other people may consider themselves to be disabled, but might not fall within the definition of the Act.

The Act places emphasis on the impact of a health condition - whether the effects of a person's health condition are negative, long term and substantial on normal day-to-day activities. So it is important that organisations do not make judgements based on assumptions or stereotypes.

There are several parts to the Act, which place different responsibilities on different kinds of organisations in relation to the protected characteristics.

- Education providers have responsibilities to their students and applicants to make sure that they are treated fairly. This includes making reasonable adjustments for disabled people. Like all public bodies they are subject to the 'public sector duty'. This means they are also required to take steps to actively promote equality of opportunity and foster good relations between people who share a protected characteristic and people who do not.

- Practice placement providers also have responsibilities to make sure that they do not discriminate and to put in place reasonable adjustments for disabled students on placements.
- Under the Act, 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 also have duties to ensure that our processes are fair and do not discriminate against disabled people. Like education providers, we too are subject to the public sector duty.
- Employers have a responsibility to treat their employees and applicants fairly, and are required to put in place reasonable adjustments for disabled employees.

The Equality and Human Rights Commission has responsibility for the promotion and enforcement of equality and non-discrimination laws in England, Scotland and Wales. You can find further information about the responsibilities of different organisations under the Equality Act 2010 on its website.

### **Disability Discrimination Act for Northern Ireland**

The Equality Act 2010 does not extend to Northern Ireland. There the Disability Discrimination Act 1995 continues to apply, as modified by the Disability Discrimination (Northern Ireland) Order 2006. This is supplemented by other orders, including the Special Education Needs and Disability Order (Northern Ireland) 2005 which relates to education. Most of the information set out above in relation to disability is very similar under the law in Northern Ireland, including the definition of a disability and the duties of different organisations.

The Equality Commission for Northern Ireland is responsible for promoting and enforcing equality and anti-discrimination laws in Northern Ireland. You can find further information about the law in Northern Ireland and the duties of different organisations under it by visiting their website.

### **Registration process**

We ask applicants to declare information about their health when applying for registration by completing a health declaration. The declaration states that the applicant's health does not affect their ability to practise safely and effectively. We do not need information about any health condition or disability unless it affects a person's fitness to practise.

If an applicant is unsure about whether their health condition or disability affects their ability to practise safely and effectively, it is important that they provide us with information so that we are able to make decisions about their registration. However, it is very rare that any information we do receive about an applicant's health affects their registration with us.

More information about applying for registration and completing the health declaration is contained in section two.

### **Meeting our standards**

The standards of proficiency are the professional standards which applicants must meet to become registered. Approved education providers are required to make sure that students completing their programmes meet these professional standards.

When an applicant discloses a disability to an education provider, admissions staff will need to make a decision about whether the applicant will be able to meet the standards of proficiency for the relevant profession. As there is often more than one way in which each professional standard can be met, this will include consideration of reasonable adjustments that would enable the applicant to meet these standards.

We do not set a list of approved ways of meeting our standards because we are not concerned with the way that an applicant meets the standards, only that they meet them. We also consider that individuals know most about what they can and cannot do and that the way in which an individual may meet the standards is best negotiated directly between an applicant and their chosen education provider. This will make sure that decisions made about applicants to approved programmes are based on their individual ability to meet our standards.

### **Scope of practice**

Once someone has met our standards and been registered with us, we expect them to practise safely and effectively within their scope of practice.

A 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.

We recognise that a professional's scope of practice will change over time. This may mean that they are unable to demonstrate that they meet all of the standards that apply to the whole of their profession. This may be because of:

- specialisation in their job;
- a move into management, education or research;
- a health condition or a disability; or
- another reason that affects their fitness to practise in certain areas.

As long as a professional makes sure that they are practising safely and effectively within their scope of practice and does not practise in areas where they are not proficient do so, this will not be a problem. All health and care professionals have to restrict or adapt their practice where any factor may affect their fitness to practise, not just disabled people.

- **Example:** The health of an occupational therapist with multiple sclerosis deteriorates. He realises that he is unable to continue to perform certain aspects of practice unaided safely and effectively. He discusses his condition with his employer to agree various changes to the way he works, including the provision of an assistant to perform any manual handling.

### Registration and employment

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

We register individuals, and we do not deal with matters that are related to employment. In the same way that a place on an approved programme is not a guarantee of registration, it is important that registration is never seen as a guarantee of employment for any professional on our Register.

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

- **Example:** A paramedic 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.
- **Example:** A prosthetist with back pain negotiates adjustments to his working environment with his employer, including rest periods and a specially designed chair. These arrangements have no effect on his registration, but are negotiated directly between him and his employer.

## **Section 2: Information for disabled people**

### **Becoming a health and care professional**

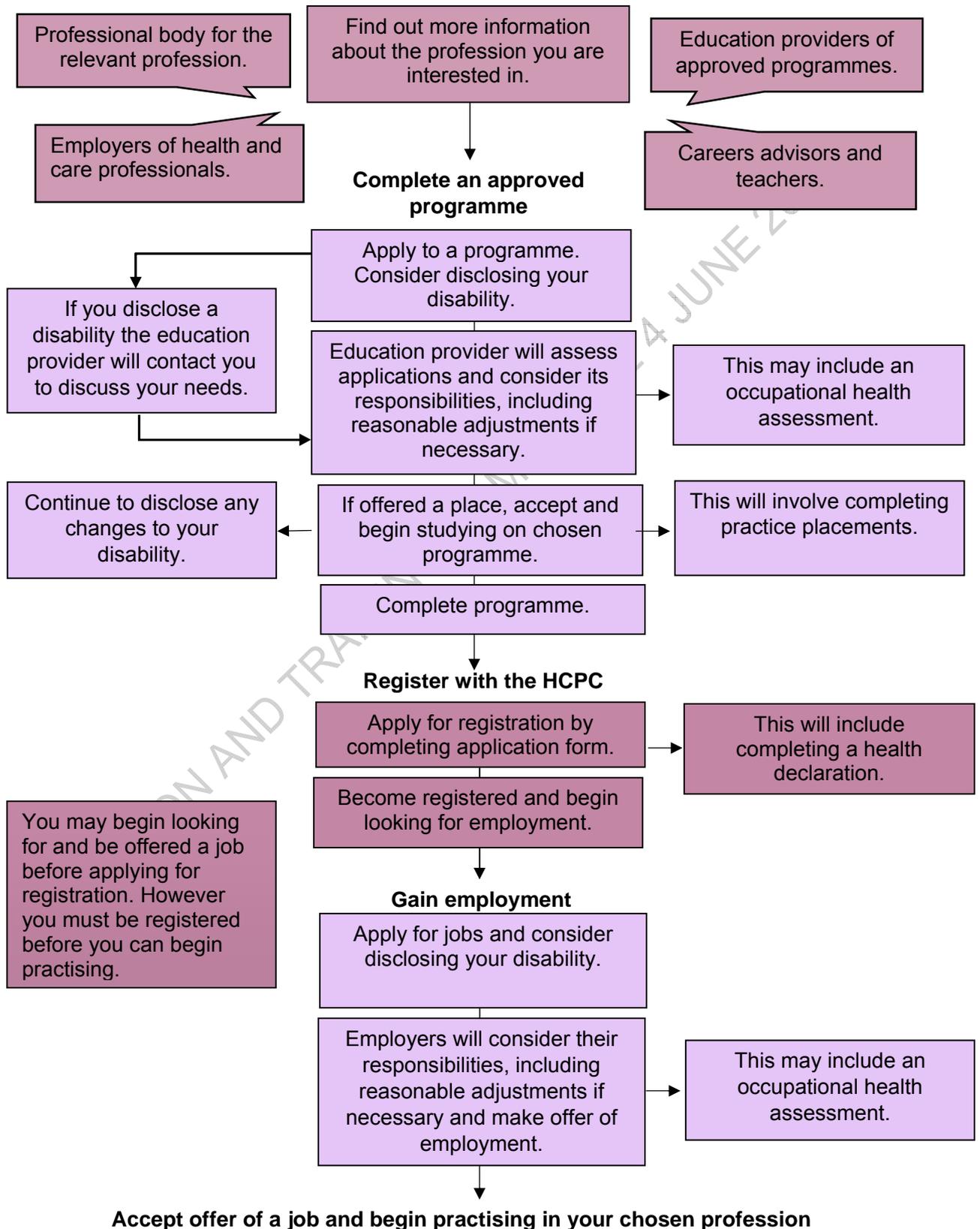
We are aware that some people may assume that disabled people cannot become health and care professionals. However, many disabled people undertake successfully approved education and training, register with us and go on to practise safely and effectively with or without adjustments to support their practice.

While we are only responsible for the registration part of the process for becoming a health and care professional, we want to encourage those with the desire and potential to become health and care professionals to consider education and training and a career in a profession regulated by us. We consider that disabled people have a positive contribution to make to the professions we regulate, and have unique experiences which would be of benefit to service users and carers. We hope that the information in this section will go some way to ensuring that disabled people considering becoming a health and care professional can make decisions about their future career.

This section will not be able to definitively answer whether you are able to become a health and care professional as each case will need to be considered individually. However, it will provide you with information about the process of becoming a health and care professional, what decisions you and others will have to make throughout this process and how you can find out more information.

If you want to work in one of the professions we regulate, you will first need to complete an approved programme and then register with us. Once you are registered you will then be able to seek employment in your chosen profession. These stages are illustrated in the diagram on page 12, which shows that the path to becoming a health and care professional is one with many stages, involving a number of different organisations.

## The process of becoming a health and care professional



As any other registrant, make sure that you continue to be able to practise safely and effectively

## **Applying to an approved programme**

In order to practise in one of the professions we regulate, you will need to complete a programme approved by us. A full list of the programmes we approve can be found on our website. You will be able to find more information about admissions requirements for particular programmes by visiting the education provider's website or by contacting them directly.

## **Disclosing a disability**

When applying to an education programme, you will have the opportunity to disclose your disability. While education providers have a responsibility to give you various opportunities to disclose this information in a safe and confidential manner, it is your decision whether you do so. We would strongly recommend that you do.

An education provider can only act on the information that it knows about. If you do not tell admissions staff that you have a disability, they will be unable to make an informed decision about your ability to complete the programme and may be unable to provide you with the support and adjustments you may need. Disclosing a disability will also mean that the education provider will be able to consider whether it needs to make any adjustments to the selection process for the programme.

When disclosing a disability, you can choose whether or not to give the admissions staff the permission to tell anyone else – this is known as 'permission to disclose'. If you do give admissions staff this permission, they will be able to share information about your needs with people you name, for example, staff on practice placements. This will ensure that you get the necessary support at all stages of your programme. This is important because sometimes putting the most effective adjustments in place, for example, at practice placements, can take some time, so disclosing your disability at an early stage can help make sure that early plans can be made to put these in place.

Some people may not want to disclose their disability because they are worried about possible discrimination. However, education providers have specific legal responsibilities not to discriminate against disabled applicants.

If you would like further information about your education provider's duties, you can ask to see their disability or equality and diversity policy and speak to their disability service (if they have one).

### **Student case study**

I chose to disclose that I have chronic fatigue syndrome during the admissions process because, like with anything else, help is only available if you ask for it. Based on my disclosure and subsequent meetings with the disability support tutor, I have received helpful and supportive advice and strategies for coping. Ultimately, help can't be provided if people don't know that it's needed. It's up to you to decide who you want to tell, and I have found that the best thing to do is get to know people so you can determine who you want to tell so that they can support you. It's important that you're not afraid to admit that you may need help, because it's there for a reason.

A full version of this case study is available on our website.

### **Skills and knowledge**

It is up to education providers to ensure that their programme is managed and delivered in a way that means students completing it meet our standards of proficiency. These are the professional standards of entry to a profession that students completing an approved programme must be able to meet. As mentioned in the introduction, there is often more than one way to meet the standards of proficiency, and this may include adjustments made by individuals, education providers and practice placement providers.

When applying to an approved programme, as part of assessing your application the education provider will decide whether any of the standards are likely to cause you difficulties and consider whether they can deliver the programme in such a way that you can meet these standards. This will include consideration of any reasonable adjustments that can be made. At this stage education providers are likely to contact you for more information about your disability to inform their consideration, which may involve inviting you to take an occupational health assessment (see page 21 for more information about occupational health assessments).

We are aware that people sometimes have misconceptions about certain disabilities in relation to particular professions. However, we do not publish a list of disabilities that will restrict your entry to the professions we regulate. We want to make sure that decisions made are about an individual's ability to meet our standards and not based on assumptions about disabilities. Education providers should therefore only turn down applications that would otherwise receive an offer if they are unable to put adjustments in place that would allow an applicant to meet our standards of proficiency.

- **Example:** A person who uses a wheelchair is interested in becoming a radiographer. Her friends have told her that she may be unable to do so

because she would not be able to get up stairs to different wards. However, being able to get up and down stairs is not one of the standards of proficiency for radiographers. While this person may need reasonable adjustments in a study or work environment, being unable to use stairs would not prevent her from meeting the professional standards for entry into radiography.

### **Student case study**

I have Spina bifida which means that I use crutches, have restricted physical ability and catheterise. My journey to becoming a speech and language therapist began in sixth form where I spoke to form tutors and careers advisors about what kind of professions would be open to me. They were very helpful and encouraging and provided me with lots of information. I also took time to do research of my own about the different professions in relation to my interests and abilities. I also contacted course administrators at universities to learn more about the programmes and their environments. I made sure I was honest with people about my abilities and the support I would need to make sure it was going to work for me and be accessible. This meant that by the time I was offered a place at the university I was excited and ready to go.

A full version of this case study is available on our website.

### **Alternative pathways**

On some occasions, an individual's disability may prevent them from training to become the health and care professional they wish. If this is the case for you, this will be because there are no reasonable adjustments an education provider could put in place that would enable you to meet the standards of proficiency for the relevant profession.

However, it is important to recognise that while you may be unable to meet the standards of proficiency for one particular profession, you may still be able to meet those for another. For example, while restricted mobility may prevent entry to a profession that undertakes a lot of physical activity, it is unlikely to prevent entry to a profession which does not. You may also be able to work in a related role in health and care that is not regulated by us, for example, as a health or social care support worker.

### **Unfair treatment**

When you apply to an education and training programme, you are entitled to have your application assessed fairly and in a way that meets relevant laws.

If you think that you have been unfairly denied a place because of your disability, you can take action. In the first instance you should contact the education provider in question and follow their internal complaints process.

To take further action, you can contact the Equality and Human Rights Commission or the Equality Commission for Northern Ireland who have responsibility for enforcing equality and non-discrimination laws and will be able to advise you of your options. The contact details for these organisations, alongside a number of other useful organisations, are provided on our website.

### **During your programme**

If you gain a place on an approved programme and your education provider is told of your disability, you will be entitled to a range of support. This may include reasonable adjustments to enable you to fully participate in the programme, such as accessible resources, extra time and note takers. It may also include financial support to help you cover any extra costs that are directly associated with your disability.

- **Example:** A physiotherapy student with rheumatoid arthritis had difficulty taking notes and performing some physiotherapy treatment techniques. Disability services at her university were able to provide her with a note taker and a grant to buy an adapted laptop. Her lecturers were able to provide her with alternative treatment techniques to replace those that caused her discomfort.
- **Example:** A social work student with dyslexia has adjustments to allow her to access lecture notes in advance, word process written exams or use a scribe, and is given extra time to undertake any reading work.

For more information about the types of reasonable adjustments that education providers may be able to put in place, please see pages 23-24.

To find out more about the help and support available to you in the place of study to which you are applying, you should contact their disability services. A range of other organisations and charities may also be able to provide you with information about further help and support available specific to your health condition or disability. An up to date list of contact details for a number of relevant bodies is available on our website.

### **Student case study**

I am profoundly deaf with a visual impairment and I was anxious about being able to keep up with the teaching programmes at university. After an assessment to determine my needs I was allocated a package of resources to help me. This meant that I could utilise a communication support worker who took notes for me and used sign language to convey anything I could not hear. I also was able to access a radio aid system which proved invaluable as I could control the volume of other people's voices. With this support I was able to graduate with a first class degree. I am very proud of what I have managed to achieve and looking forward to gaining employment.

A full version of this case study is available on our website.

### **Continued disclosure**

During your programme, 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 to relevant staff about your disability throughout your programme. This will make sure that any adjustments you have in place can continue to provide you with the most effective support.

It may also be the case that you develop a disability during your programme. In these instances, we would encourage you to disclose your disability to the appropriate staff. This will make sure that you receive any support or adjustments you may need to help you manage your condition and participate fully in your programme.

### **Practice placements**

All programmes approved by us must include practice placements. These are an opportunity for students to gain workplace experience in their intended profession.

Providing information to practice placement staff about your disability can allow them to arrange any necessary support or adjustments that you need to practise safely and effectively in the workplace environment. This can help make sure that staff are able to assess accurately your ability and whether you have met our standards. It will also make sure that you are not put in situations which might pose a risk to you or to your service users.

To ensure that you get the appropriate support and adjustments it is important that you discuss these with your practice placement provider before your placement about your needs. This will ensure that they are able to put necessary

support in place before you start. Some examples of adjustments to practice placements can be found in the section for education providers on page 30.

Your education provider is likely to have mechanisms in place to ensure the transition to your practice placement, such as a pre-placement meeting, but you may wish to contact your practice placement coordinator or disability services about these provisions.

### **Student case study**

I have restricted mobility and use crutches, and given this was concerning about going on placement. My university was really supportive in organising my placement and identified and contacted a potential placement who agreed that they were likely to be accessible. I then contacted the practice placement educator to discuss my mobility needs and how we could make it work. I explained that I would be unable to push wheelchair users and the educator said I would be able to see service users who were able to walk, or that they would provide me with an assistant to push wheelchair users. My university was very helpful in liaising with the educator to ensure that all arrangements were in place before I started placement. I think it's really important to know that sometimes the placement staff are just as nervous as you are and that being honest and open ensures everyone understands the situation and knows where they are at. My experience on placement was very good. I found that service users related to me particularly well as someone with first-hand experience of reduced mobility.

A full version of this case study is available on our website.

### **Applying for registration**

Completing an approved programme does not guarantee that you will become registered. But it does show us that you meet our professional standards and so are eligible to apply for registration. So that we can register you, we need more information from you.

To apply for registration you need to send us information which includes:

- a completed application form;
- a passport-sized photo;
- a character reference; and
- a certified document proving your current address.

All of the information that we need from you is to help us make sure that:

- you are who you say you are;

- you meet our standards; and
- we can contact you if we need to.

You can find out more about the application process and download an application pack on our website.

When you fill in your application we ask you to declare information about your health and character. As an applicant to our Register, we expect you to give us any information about your health and character that is relevant to your application. Making a false declaration by providing inaccurate information or failing to provide all relevant information can result in you being removed from our Register.

### **The health declaration**

When you apply to our Register we ask you to sign a declaration to confirm that you do not have a health condition or disability that would affect your ability to practise your profession. We call this a self-declaration. You do not need to tell us about any health condition or disability if it does not affect your ability to practise safely or you know you are able to adapt, limit or stop your practice if it does so.

You only need to declare information about a health condition or disability if you believe that it may affect your ability to practise safely and effectively. If you tell us you have a health condition or disability that may do so, we will use the information to decide whether you should be registered.

When we talk about 'health' we are not making judgements about whether you are 'healthy' or 'in good health'. We are also not making judgements about disabilities. Having a health condition or disability should not be seen as a barrier to becoming a health and care professional. You may have a health condition or a disability which would mean you would not consider yourself to be 'in good health'. However, as long as you manage your health condition or disability appropriately, and have insight and understanding, this will not prevent you from registering with us.

- **Example:** After successfully completing an approved programme, a dietitian with epilepsy is applying for registration with us. He has been taking the same medication for over two years and has not had a seizure during this time. He has made plans for combining work with his condition, which include telling his colleagues and keeping a small supply of medication somewhere safe at work. His insight, understanding and management of his condition means that he is able to sign the declaration to declare that his health condition would not affect his fitness to practise, without disclosing any information about his condition to us.

Registrants renew their registration with us every two years. At this point, registrants need to sign a declaration that there has been no change to their health that may affect their ability to practise safely and effectively.

If you are unsure as to whether your health condition or disability affects your fitness to practise, you should tell us anyway and give us as much information as you can, so we can assess this. We have produced further guidance called 'Guidance on health and character', which contains information about how we consider information that you declare about your health. This guidance is available on our website.

### **Gaining employment**

Once you have registered with us, you are legally able to practise in your chosen profession. Some students apply for jobs while they are still studying and gain a job offer which depends on their eventual registration, others wait until they are registered before seeking employment. As long as you ensure you do not practise using a professional title protected by us without being registered, the route to employment you choose is up to you.

When you are applying for jobs, you should be aware that employers also have certain duties under the law not to discriminate against you and to consider your application fairly. In England, Scotland and Wales some employers display the 'Two ticks' symbol which means that they have committed to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities.

Employers are also required to make reasonable adjustments in the workplace to ensure disabled employees are not seriously disadvantaged when doing their jobs. However, employers are only able to provide you with appropriate support and adjustments if they are aware of your disability, so we recommend that you disclose any relevant information.

We do not make assumptions about how likely employers are to make adjustments as this is likely to depend on the cost and effect of the adjustment and the resources of the employer. We register people who meet our standards and would not ever refuse to register someone because they may not gain employment.

You may be eligible for national schemes which may provide you with extra financial support to help you stay in work depending on your circumstances. For more information about help and support available to those seeking employment, you should contact the Equality and Human Rights Commission or the Equality Commission in Northern Ireland.

### **Occupational health assessment**

Once you have been offered a job, your employer may ask you to take part in occupational health screening, which normally applies to all staff.

This may be a form or questionnaire assessment, which you fill in and then send directly 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 with an occupational health professional so that they can assess you. An occupational health assessment is about finding out what the impact is or might be of your work on your health (and vice versa), including identifying what adjustments might need to be made to support you in the workplace.

If this happens, it may be helpful for you to do some preparation beforehand to show how you practise safely and effectively. This could include describing how adjustments made to tasks in your academic work or on practice placement have overcome the barriers to your practice.

Education providers may sometimes ask applicants or students to undergo an occupational health assessment, so that they are better able to identify how they can best support that person during their programmes (see page 14).

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## **Section 3: Information for education providers**

### **Responsibilities of education providers**

You have duties in law to make sure that disabled students and applicants are treated fairly. This includes making reasonable adjustments to provide them with comparable opportunities to those that other students are able to have.

You also have a duty as a public body to promote equality of opportunity and to foster good relations between disabled people and people who are not disabled.

When delivering programmes approved by us, you also have a responsibility to make sure that students who complete the programme meet the professional standards that we set for the profession.

This section provides information about the responsibilities of education providers to both students and to us, and covers some of the decisions education providers will need to make to meet their responsibilities. This section also provides a number of examples and case studies to demonstrate how education providers might go about making these decisions.

Information in this section will be relevant to a range of staff involved in education and training. This includes information about considering applications for admissions staff and information about support and reasonable adjustments for disability support and academic staff and practice placement educators.

### **Considering applications**

You have certain responsibilities in dealing with applications to your programme which disclose a disability. These include specific legal duties under equality and anti-discrimination laws as an education provider and, because we have approved your programme, a responsibility to make sure that individuals who complete your programme meet our standards of proficiency.

It is up to each education provider to decide how they choose to meet these requirements. However, it may be helpful to consider the way in which we, as the regulator, consider applications for registration which provide information about a health condition or disability.

When we consider an application for registration related to an applicant's health, we consider the effect of the health condition or disability on their ability to practise safely and effectively. We look at each case individually and make our decision based on the particular circumstances of the case. As such, we do not have a list of health conditions and disabilities that would prevent someone from practising in any of the professions we regulate.

This also means that we cannot provide a list of the health conditions and disabilities which would prevent someone from completing an approved programme. We consider it important that these applications are considered on an individual basis about the applicant's ability to meet the standards.

While your institution is likely to have procedures in place when considering applications from disabled people, we suggest you first consider the reasonable adjustments that you could make for the applicant. In most instances you are likely to require further information about the applicant's abilities and should contact the applicant to obtain it. In some cases this may include inviting the applicant to undertake an occupational health assessment.

### **Making reasonable adjustments**

Education providers are legally required to make reasonable adjustments to enable disabled people to have access to education as close as is reasonably possible to that offered to people who are not disabled.

This means that people who provide education have a duty to find out how they can adapt their programme to meet the needs of disabled students.

The law does not say what is 'reasonable' and allows flexibility for different sets of circumstances, so that what is reasonable in one situation may not be reasonable in another.

While it is not possible to say what will or will not be reasonable in any particular situation, what is reasonable for your institution will depend on many factors, including:

- how effective the adjustment would be in avoiding the disadvantage the disabled student would otherwise experience;
- how practicable the adjustment is;
- the cost of the adjustment;
- the institution's size and resources; and
- the availability of any sources of financial support.

The idea of 'reasonable' adjustments means that you will need to consider whether you can make the adjustment, but you do not have to make every adjustment that a student may ask for. This does not mean however, that you can claim that an adjustment is unreasonable only because it is expensive or inconvenient. In reality, you are likely to find that many adjustments are inexpensive and that there is rarely no adjustment at all which you are able to make.

Examples of adjustments you may be able to make include:

- changes to the physical environment, to improve access to and the use of facilities;
- adjustments to teaching and learning, including the provision of information in a variety of different formats;
- provision of extra support, such as mentoring, tutorial support or counselling; and
- adjustments to examinations and practical assessments, through extra time, rest breaks or permitting use of an assistant, scribe or reader.

When considering reasonable adjustments, you will often find that people applying to your programme 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 programme, and experience of staff making these changes in their school or college, or in their previous employment. Talking to them as early as possible about their ideas, concerns and needs will help make sure that you consider all the relevant factors.

It is also important to speak with all staff involved in the education of the student both at the education provider and at placement placements, to make sure that adjustments are feasible and can be effectively put into place.

### **Delivering the standards of proficiency**

Having considered the adjustments your institution can reasonably make, you may want to then consider separately whether having made these adjustments the applicant would, at the end of the programme, meet our standards of proficiency.

There is often more than one way to meet the standards and we do not prescribe a set way of doing so. You will need to assure yourselves that the support mechanisms or adjustments you put in place will enable the student to meet these standards.

When making decisions about an applicant with a disability, there are a number of other factors that you may want to look at. These are:

- how they currently manage their condition;
- whether they have shown insight into, and understanding of, their condition; and

- what support arrangements they have in place.

When considering applications it is also important to realise the factors that should not be taken into account. You should not make any assumptions about the likelihood of the applicant being employed at the end of the programme, as this would be likely to be discriminatory. Though you may intend to be helpful, your assessment could be based on assumptions or stereotypes about disabilities. Not offering an applicant a place on an approved programme based on assumptions of them gaining employment after graduation would be unlawfully putting barriers in the way of a disabled person becoming a health and care professional.

We recognise that making decisions about applicants who disclose disabilities which involve complex health conditions can be particularly challenging, particularly if that condition is intermittent. Whether the applicant has a realistic, informed idea of their condition will be an important factor in your decision. You may have to assess the safety of the applicant and other people, such as other students and service users the student will be working with, in the education and placement environment, which might include using occupational health services.

You may find it helpful when considering all the relevant factors and making admissions decisions about applicants, to set up an advisory panel to help you make decisions. Some admissions staff also find it helpful to contact practice placement educators for more profession-specific input.

- **Example:** An applicant to a podiatry programme discloses that he has a visual impairment.

The university realise they require more information about the extent of his disability. They discuss his sight difficulty with him, and get more information from an occupational health assessment. From this, they learn that his vision is extremely limited and that he can see very little of objects close to him.

The admissions staff are concerned that he will be unable to perform scalpel work, which forms an important part of the programme. In particular, they note that registered chiropodists and podiatrists must be able to 'carry out surgical procedures for skin and nail conditions' safely and effectively (Standard 14.11).

They discuss this with the practice placement co-ordinators, who agree that surgical and scalpel work is such an important part of their work that it is considered to be a professional skill, without which someone is not able to be a chiropodist or podiatrist.

They contact the university disability officer, to discuss the possibility of an assistant helping the applicant with this part of the programme. However they decide that this adjustment would not allow him to meet the standards as it would rely on the assistant's surgical skills, knowledge and experience, and not his own.

The university therefore decides not to offer him a place on this programme. They contact him to discuss other programmes they offer which may be more appropriate.

- **Example:** An applicant to a social work programme has indicated that she has bipolar disorder.

After receiving more information about the way in which the applicant manages her condition and conducting an occupational health assessment, the education provider is confident that the applicant has insight and understanding of her condition, meets the admissions conditions and there would be no barrier to her meeting the standards of proficiency for social workers.

However, informal discussions with colleagues in practice have suggested that once she had completed the programme, she may have difficulty gaining employment as employers may be concerned about her contact with children or vulnerable adults given her condition.

It would be unlawful for the education provider not to offer the applicant a place on the basis of the likelihood of her employment. Such a judgement may be based on assumptions or stereotypes about mental health impairments.

### **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 disabilities but instead making an informed decision about the individual applicant.

Sometimes, it might be that an applicant would be able to meet the professional standards in one profession but not those in another. If you need to reject an application to a particular programme because the applicant would be unable to meet the professional standards of the profession, it may be useful to applicants to provide information about alternative programmes which may be more suitable.

### **Early and continued communication**

We have indicated that early communication with applicants is an important part of meeting your responsibilities to consider all aspects of an applicant's programme before they begin studying. Ensuring this communication is as early as possible will avoid difficulties arising during the programme which you could have resolved or predicted at an earlier stage.

After offering an applicant a place you should contact them to discuss making preparations. While some adjustments can be made quickly, others, such as making alternative arrangements for practice placements are likely to take more time. In all cases, early communication between you and the student will help to make sure that things run smoothly.

On many occasions, providing appropriate support will require you to communicate with staff across your institution and with others, such as with practice placement providers. However, before sharing information an applicant or student has disclosed to you about their disability, you will need to have permission to disclose this information further. This is likely to involve contacting the student and explaining the process and benefits of giving you this permission. You should contact your disability service to find out about your institution's policy and responsibilities.

It is important to recognise that a student's ability to do certain tasks or the level of support they require may change over time. We would strongly recommend that you continue to communicate with disabled students and provide them with the opportunities to disclose further information to you about their disability throughout the duration of their programme. This will ensure that you can continue to provide the most effective support and adjustments where necessary.

### **Practice placements**

Practice placements are an important part of approved programmes, as they give students the chance to apply their learning to service users and carers in a practice environment. However, we are aware that they may pose a number of further considerations for staff preparing placements and those teaching and supporting students on placement.

### **Staff in education providers**

It is important to realise that students do not need to be able to do all types of practice placement to be able to demonstrate all of the standards of proficiency required before they can register with us. This is because our standards of education and training are not prescriptive about the types or range of practice placements that will allow a student to meet the standards of proficiency for their profession. 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 make assumptions about whether a student will be able to complete a particular placement. It is important that you talk to students individually about their abilities to get accurate information about their needs to enable you to choose the most appropriate placements.

- **Example:** A physiotherapy student with a speech difficulty discussed her placement needs with a practice placement co-ordinator. They established that the student's strategy of writing down what she wanted to say when she was having particular difficulty would be inappropriate for a placement where she would be interacting with adults with communication difficulties. They considered that this placement was unlikely to be suitable for her or for service users. This was not a barrier to the student completing the programme as the team agreed that she would be able to complete other placements with service users with different needs.

This does not replace your responsibility to tackle inaccessible placements. You need to make sure that your practice placements are suitable for disabled students and ensure that you have a process for tackling placements that are not, for example, through your working arrangements with practice placement providers.

Practice placements can be a source of anxiety for many students, and this is likely to be exacerbated for disabled students who may need adjustments to enable them to practise safely and effectively. As with reasonable adjustments in any setting, forward planning and early communication are key. Early communication can be particularly helpful where it may take some time to put reasonable adjustments in place. Arranging pre-placement visits in which the student and practice placement educator can meet to discuss the student's needs are one useful way of providing reassurance to both parties. It also makes sure that any necessary adjustments are put in place before the placement begins.

Another example of good practice may be to provide specific information to your practice placement providers about supporting disabled students. This may include providing information about disabled students in the training that you give placement provider educators.

The following case studies provide a real life example of preparation and support for practice placement. The first is from a practice placement coordinator and the second is from the student they supported before, during and after their practice placement.

### **Case study – practice placements (1)**

#### **Practice placement coordinator**

When organising a placement for a student with a profound hearing impairment and a visual impairment I first arranged a meeting with her to discuss the adjustments she felt she might need in a clinical setting. I then located a suitable placement and contacted the practice placement educator to arrange a meeting at the placement venue between myself, the student and the practice placement educator to discuss any areas of concern and possible solutions. The pre-placement visit gave both the student and educator confidence prior to starting the placement by pre-empting possible difficulties. I completed a visit half way through the placement and noted that the student was progressing well. The educator also described how the placement had encouraged staff to rethink their communication styles and strategies. A debriefing session was arranged after the placement to ensure that we could learn from what worked well and what didn't work. This process supported the student throughout her studies and enabled her to get the most from her clinical placements.

A full version of this case study is available on our website.

### **Case study – practice placements (2)**

#### **Student**

I was concerned about going on practice placement. However, I received comprehensive support from my university's placement team prior and throughout each of my placements. A pre-placement visit was arranged with the practice placement educator, myself and the practice placement coordinator from my university before each placement to discuss my situation and any reasonable adjustments. This planning was excellent as I felt I was being listened to and my concerns were being taken seriously. In one placement we agreed adjustments to make sure that, as a hearing impaired student, I would not be asked to use a telephone and that I could use a microphone. We also agreed that I would explain my condition and microphone system to service users and ask them to repeat themselves when necessary. All of my placements were positive experiences, I learnt a lot and was able to educate others on placement about deaf awareness and lip-reading to help them better understand service users with hearing impairments.

A full version of this case study is available on our website.

## Staff in practice placement providers

Organisations which provide practice placements have a direct duty not to discriminate against disabled people under the law, and are required to consider any reasonable adjustments to ensure the accessibility of their placement.

It is important to have an open mind about the adjustments you could put in place and communicate with the student who may have ideas that you had not considered. Practice placement educators may wish to consider the information on reasonable adjustments on pages 23-24, when thinking about what adjustments they could put in place to accommodate a disabled student.

We have provided some examples of adjustments in practice placements to help you think about the adjustments you could put in place.

- **Example:** A student hearing aid dispenser with a hearing impairment in one ear had the layout of his assessment room changed to ensure that service users and carers were able to sit on the side from which he was best able to hear.
- **Example:** A student clinical psychologist (practitioner psychologist) with visual and hearing impairments was provided with entry for her guide dog, extra lighting and amplified telephones to meet her needs.
- **Example:** A student orthoptist with an anxiety disorder arranged to complete his practice placement during shortened days over a longer period of time to reduce the impact of his condition and enable him to travel outside rush hour.

A number of professional bodies provide more information about supporting disabled students in practice that may be able to give you profession-specific information when considering adjustments and support you could provide.

## Keeping a record

We recommend that you keep a record of any decision-making process that you went through in terms of admissions, adjustments or other forms of support, including the people whose opinions and advice you sought, and the reasons for any decisions made.

By keeping a record of this information you will be able to refer to your process and the information you received if you are asked about the decisions you made. Your organisation or institution may already have procedures in place to ensure this.

It is important to remember that these records will contain information that is confidential and protected under the Data Protection Act 1998. You should make sure that you store and use it accordingly.

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## **Section 4: More information**

You can find out more information about us and our processes on our website ([www.hcpc-uk.org](http://www.hcpc-uk.org)). This is where we publish information about how we work, including the standards and guidance we produce and the programmes we approve.

Our website also includes a section dedicated to health and disability which contains an up to date list of contact details of a number of organisations that may be helpful to contact for more information. This section also includes a number of audio and video recordings of disabled students and staff involved in education and training exploring some of the content in this document.

You can also contact us at:

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

Phone: +44 (0)845 300 4472  
Fax: +44 (0)20 7820 9684  
Email: [registration@hcpc-uk.org](mailto:registration@hcpc-uk.org)

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## **Glossary**

### **Anxiety disorder**

Mental health condition that causes feelings of unease, worry and fear, as well as physical symptoms.

### **Applicant**

Someone who is applying to an approved programme, or someone who has completed an approved programme and is applying for registration with us.

### **Approved programme**

An education and training programme that has been approved by us. This means that it meets our standards for education and training, and that students completing the programme meet the standards of proficiency for the relevant profession.

### **Arts therapist**

Arts therapists encourage people to express their feelings and emotions through art, drama or music.

### **Biomedical scientist**

Biomedical scientists analyse specimens from service users to provide information to help doctors diagnose and treat disease.

### **Bipolar disorder**

A mental impairment which causes very 'high' and very 'low' moods. Sometimes also known as manic depression.

### **Careers advisor**

A person who provides information, advice and guidance to help people make choices about their education, training and work.

### **Chiropodist / podiatrist**

Chiropodists / podiatrists diagnose and treat disorders, diseases and deformities of the feet.

### **Chronic fatigue syndrome**

Extreme tiredness lasting six months or more.

### **Clinical scientist**

Clinical scientists oversee specialist tests for diagnosing and managing disease, advise doctors on tests and interpreting data and carry out research to understand diseases.

<b>Council</b>	The group of twelve appointed health and care professionals and members of the public who set our strategy and policies.
<b>Dietitian</b>	Dietitians use the science of nutrition to devise eating plans for patients to treat medical conditions. They also promote good health by helping to facilitate a positive change in food choices.
<b>Disabled person</b>	The Equality Act 2010 defines a disabled person as ‘someone with a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities’.
<b>Disclose</b>	In the context of this guidance, this refers to a disabled person informing an education provider or employer of their disability.
<b>Discrimination</b>	Unfairly treating a person or group of people differently from other people or groups of people. This can be a result of direct or indirect actions.
<b>Dyslexia</b>	A common learning difficulty that mainly affects the way people read and spell words.
<b>Education provider</b>	The term we use for any organisation which provides a programme approved by us. We use this term because not all our approved programmes are provided by universities.
<b>Epilepsy</b>	A condition that affects the brain and causes repeated seizures, also known as fits.
<b>Fit to practise</b>	When someone has the skills, knowledge, character and health to do their job safely and effectively.
<b>Harassment</b>	Unwanted behaviour towards a person which they find offensive or makes them feel intimidated or humiliated.

**Health and Social Work Professions Order 2001**

The legislation that created the Health and Care Professions Council.

**Health declaration**

Part of the application form to join our Register which requires applicants to sign a declaration to say that their health does not affect their fitness to practise.

**Hearing aid dispenser**

Hearing aid dispensers work in private practice to assess, fit and provide aftercare for hearing aids.

**Multiple sclerosis**

A condition which affects the nerves in the brain and spinal cord and causes a wide range of symptoms, including problems with muscle movement, balance and vision.

**Occupational health professional**

Occupational health professionals aim to find out what the impact of work is on someone's health and help to identify any adjustments that might help the person in the workplace.

**Occupational therapist**

Occupational therapists use specific activities to limit the effects of disability and promote independence in all aspects of daily life.

**Operating department practitioner**

Operating department practitioners participate in the care and assessment of the patient prior to and after surgery and provide individualised care.

**Orthoptist**

Orthoptists diagnose and treat visual problems involving eye movement and alignment.

**Paramedic**

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

**Physiotherapist**

Physiotherapists deal with human function and movement and help people achieve their full physical potential.

**Pneumonia**

The swelling of the tissue in one or both lungs, usually caused by an infection.

<b>Practice placement</b>	A period of clinical or practical experience that forms part of an approved programme.
<b>Practice placement coordinator</b>	A person who arranges practice placements for students. They speak with students and practice placement providers to identify the most suitable placements.
<b>Practice placement educator</b>	A person who is responsible for a student's education during their period of clinical or practical experience.
<b>Practice placement provider</b>	An organisation that provides opportunities for practice placements.
<b>Practitioner psychologist</b>	A type of health and care professional regulated by us. They attempt to understand the role of mental functions in individual and social behaviour.
<b>Professional bodies</b>	Each of the professions that we regulate has at least one 'professional body'. This is an organisation which represents its members and promotes and develops the profession.
<b>Programme</b>	The academic teaching, practice placements, assessment, qualification and other services provided by an education provider, which together forms the programme for approval purposes.
<b>Protected title</b>	Each of the professions we regulate has at least one protected title – e.g. 'orthoptist'. Only people who are on our Register can legally use these titles.
<b>Prosthetist / orthotist</b>	Prosthetists/orthotists are responsible for all aspects of supplying prostheses and orthoses for service users. A prosthesis is a device that replaces a missing body part and an orthosis is a device that is fitted to an existing body part to improve its function or reduce pain.
<b>Radiographer</b>	Diagnostic radiographers produce and interpret images (e.g. x-rays or ultrasound scans) of the

body to diagnose injuries and diseases. Therapeutic radiographers plan and deliver treatment using radiation.

**Register**

A list that we keep of the health and care professionals who meet our standards.

**Registrant**

A person who is currently on our Register.

**Rheumatoid arthritis**

A condition that causes pain and swelling in the joints.

**Scope of practice**

The area or areas of a registrant's profession where they have the knowledge, skills and experience to practise safely and effectively.

**Self-declaration**

The declarations of health and character that applicants must sign to confirm that their health and character does not affect their ability to practise safely and effectively.

**Service user and carer**

Anyone who uses or is affected by the services of registrants or students, and those that care for them.

**Social worker**

Social workers work with people to support them through difficult situations and make sure that vulnerable people are safeguarded from harm.

**Speech and language therapist**

Speech and language therapists assess, treat and help to prevent speech, language and swallowing difficulties.

**Spina bifida**

A condition caused by a fault in the development of the spine and spinal cord which leaves a gap in the spine.

**Standards of proficiency**

Standards which make sure each profession practises safely and effectively. Professionals must meet these standards to become registered.

**Victimisation**

Where one person treats someone else less favourably because they have asserted their legal rights or has helped someone else to do

so.

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