



## **Becoming a registered health professional**

Information for disabled people about becoming a health professional.

Information for admissions staff working on approved courses about applications from disabled people.

“I am a disabled person – can I become a radiographer?”

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

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

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

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### ***Who is this document for?***

This document has been written to give more information about disabled people becoming part of the professions that are regulated by us: the Health Professions Council.

You may find this document useful if you are:

- a disabled person who is considering becoming a health professional;
- a careers advisor who may give advice to disabled people; or
- a teacher at a school or sixth form college.

Another group of people who may find this document useful is people working in approved courses. This group might include:

- admissions staff dealing with approved courses;
- academic staff and disability support staff on approved courses;
- practice placement co-ordinators and supervisors; and
- any employee at an approved course who is developing a disability policy.

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

### ***About the structure of this document***

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

In order to help readers get the information that they need, we have split it up into sections.

- **Section 1** is the **introduction**, and contains information about us and our standards, and what we do.
- **Section 2** is called '**information for applicants**'. It should also be useful for, teachers, parents and careers advisors. It is aimed at disabled people who are thinking of becoming health professionals, and the people who advise and support them. In this section, 'you' refers to someone with a disability who wants to become a health professional.

- **Section 3** is called '**information for admissions staff**'. It should also be useful for both academic and disability support staff. It may be a useful section for practice placement educators, as well. It has information about the responsibilities of education providers, both to applicants, and also to us. In this section, 'you' refers to staff making admissions decisions.
- **Section 4** is called '**additional information**', and has information about reasonable adjustments, finding out more, the glossary and other useful organisations which could be relevant to both applicants and admissions staff.

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

## Section 1. Introduction

### *About us (the HPC)*

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

We currently regulate thirteen health professions:

- Arts therapists;
- Biomedical scientists;
- Chiropodists and podiatrists;
- Clinical scientists;
- Dietitians;
- Occupational therapists;
- Operating department practitioners;
- Orthoptists;
- Paramedics;
- Physiotherapists;
- Prosthetists and orthotists;
- Radiographers; and
- 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.hpc-uk.org](http://www.hpc-uk.org)

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

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

Another important part of our role is to consider any complaints we receive about registered health professionals. We look at every

complaint we receive, to decide whether we need to take action or not. We may hold a hearing to get all the information we need to decide whether someone is fit to practise.

### ***How we run***

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

### ***About registration***

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

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

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

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

### ***Approved courses***

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

When an organisation wants to set up a course in one of the professions that we regulate, they need to contact us to ask for it to be approved. We will then look at the course to make sure that it meets our **Standards of Education and Training**. We will also make

sure that students who complete the course have learnt everything they need to in order to meet our professional standards, which are called the **Standards of Proficiency**. Registered health professionals called ‘visitors’ visit the organisation for us, and write a report on how or if the course meets our standards. Depending on the result of this report, we will then decide whether to approve the course.

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

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

### ***Applying for registration***

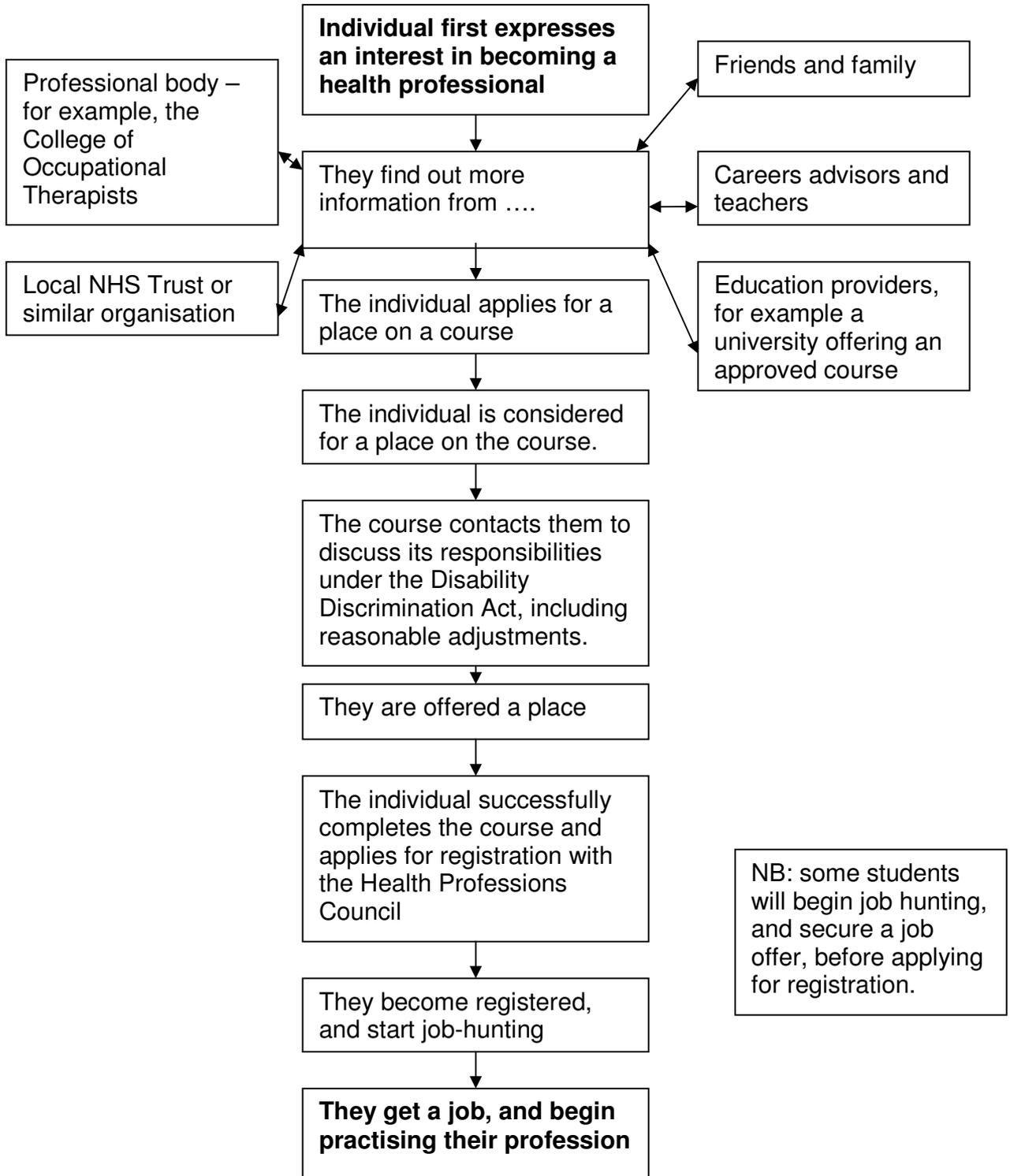
Completing an approved course does not ‘guarantee’ that someone will become registered. But it does show us that the applicant meets our professional standards and therefore is eligible to apply for registration. We need additional information from them and from others in order to be able to register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

When someone first applies for registration, as part of their application, they need to send us information such as a health reference, a character reference, a photograph and a copy of their passport or birth certificate. An applicant also needs to let us know if they have any criminal convictions, and if they have ever been struck off (removed from the Register, or stopped practising) by another regulator.

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

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

## ***Becoming a health professional***



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

(To keep the diagram simple, we have not included information about, for example, what happens if an applicant does not get a place on a course, or what happens if an applicant does not get registered with us. More information about this is available later on in this document.)

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

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

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

### ***The differences between registration and employment***

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

We deal with the registration of individuals, and we do not deal with matters that are related to employment. In particular, it is important

that registration is never seen as a guarantee of employment. Equally, a place on an approved course is not a guarantee of registration.

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

### **Example**

A registered occupational therapist contracts pneumonia. She is off work for several weeks whilst she recovers. Although she is not fit enough to work, she nevertheless remains on the Register, because her 'fitness to practise' is not affected by her illness.

In addition to negotiating fitness to work, all employers need to comply with their responsibilities under the Disability Discrimination Act 1995. These include accessibility and reasonable adjustments. We do not make assumptions about 'how likely' employers are to make adjustments, and we will never refuse to register someone because we don't think that they will be employed. We simply register people who meet our standards.

### **Example**

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

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

## Example

A paramedic has a lower-limb mobility impairment. She completes her paramedic training and is successfully registered, and then takes employment in research.

### ***Meeting our standards***

Everyone on our Register must meet the Standards of Proficiency that we have set. These standards are available on our website for anyone to download and read. (If you need a copy in an alternative format, please contact us. See the section at the end of this document called 'Finding out more from us')

The 'Standards of Proficiency' are the professional standards which you must meet in order to be registered. The Standards of Proficiency are made up of 'generic' standards, which all registered health professionals must be able to meet, and 'profession-specific' standards, which only apply to one profession.

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

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

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

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

## Example

A biomedical scientist uses British Sign Language (BSL), and has a BSL interpreter who works with her in order that she can

communicate with her colleagues. Using the BSL interpreter means that she is able to communicate effectively. She can therefore meet the standard of proficiency which states that registrants must:

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

Any registrant using an assistant or support worker would also have to make sure that they continued to keep our standard about respecting confidentiality. But what this example shows is that a registrant can make adjustments to their practice, still meet our standards, and become registered.

We don’t publish a list of ‘approved’ ways of meeting our standards, because we feel that this level of detail is best negotiated directly between an applicant and their university, firstly, and then later in the health professional’s career, between a registrant and their employer, (or, in the case of health professionals in private practice, between a registrant and their clients). We believe that individuals know most about what they can and cannot do, and that Universities are the best sources of information about how they can deliver a course in order to ensure that the disabled student still meets our standards.

We do not want to have a prescriptive list which might exclude some people from registering: we want to make sure that decisions are made about individuals, on an individual basis, based on that individual’s ability to meet our standards and practise safely.

### ***Scope of practice***

All registrants, as a condition of their registration, must only practise within what we call their ‘scope of practice’.

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

professional's scope of practice may change over time, and every health professional should be aware of their scope of practice and ensure that they only practise within it.

When a health professional comes onto the Register for the first time, they need to meet the whole of the Standards of Proficiency for their profession<sup>1</sup>.

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

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

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

After a health professional has registered with us, their scope of practice may therefore change so that they can no longer demonstrate that they meet the whole of the standards of proficiency. This may be because of specialisation in their job, a move into management, education or research, it may be because of a disability or a health issue, or it may be because their fitness to practise in certain areas is impaired for another reason. A changing scope of practice is not necessarily a cause for us to take action or a cause for concern.

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<sup>1</sup> The exception to this is applicants via the 'Grandparenting' route A, who need to demonstrate three out of the last five years 'lawful, safe and effective practice' in order to be registered. This transitional route to registration is only open for a limited time for each profession, and then closes. More information about Grandparenting is available on our website: [www.hpc-uk.org](http://www.hpc-uk.org)

## Example

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

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

## Example

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

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

In the example above, the registrant as part of his registration has a responsibility to ensure that he keeps to our standards. However, in addition to this, the employer has responsibilities under the Disability Discrimination Act. The example shows how these two different responsibilities can work together to ensure that the public is protected, and also that the disabled person is protected.

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

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

### **Example**

Section 2b 5 of the generic Standards of Proficiency states that registrants must ‘be able to maintain records appropriately’. It goes on to say that registrants must also ‘be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines’.

A registrant who knows that her handwriting is normally considered to be illegible may take steps to print her notes in block capitals, or to type them up, to ensure that they can be used effectively by her colleagues. In this way, she takes reasonable steps to adjust her practice to ensure that she meets the standard.

Other examples of registrants who may make adjustments to meet this standard include a registrant who is visually impaired who needs an assistant or special software to help them take their notes, or a registrant with dyslexia who might prefer to keep electronic notes. In each case, the registrant would have taken reasonable steps to ensure that they met this part of the Standards of Proficiency

### ***The Disability Discrimination Act***

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

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

Employers have a duty to their employees, and to applicants for jobs.

Under the Disability Discrimination 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 have certain duties under Part 4 of the Act, to make sure that our processes are fair and do not discriminate against people with disabilities.

If you would like to read a copy of the Code of Practice which sets out our responsibilities under the DDA in detail, then you can find it on the Disability Rights Commission's website (see the section 'Other organisations' at the end of this document for contact details). The Disability Rights Commission also publishes information about the responsibility of education providers, employers, service providers, and other aspects of the Disability Discrimination Act.

## Section 2. Information for applicants

### *Can I be a health professional?*

We regulate thirteen health professions:

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

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

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

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

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

you what steps you need to take in order to explore whether you can become a health professional, how you can find out more, the organisations you will need to get in touch with, and the decisions that you and others will need to take.

### ***Misinformation?***

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

#### **Example**

A wheelchair user is interested in becoming a radiographer. She is told by friends that she cannot become a radiographer because, “how would you get up stairs to the different wards?”

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

#### **Example**

Admissions staff at a university are discussing an applicant to their chiropody and podiatry course. The applicant has told them that she has limited upper body strength, and the staff are concerned that she could not be a chiropodist because, “if she had a patient who became unconscious, she would not be able to move them.”

If the admissions staff made a decision on this basis, it would be likely to be unlawful, for three reasons.

Firstly because they would need to contact the applicant, and get more detailed information such as an occupational health assessment, and / or risk assessments before making assumptions about what she couldn’t do. Under the Disability Discrimination Act, the admissions staff need to avoid

stereotypes and 'blanket judgements' on what disabled people can do.

The second reason is because the admissions staff would need to explore what reasonable adjustments could be provided to allow the applicant to complete the course. They would need to make their decisions with the reasonable adjustments in mind.

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

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

### ***The responsibilities of applicants***

You are not required to disclose your disability when you apply for a course. (Informing a university about your disability is called 'disclosing'.) The university has a responsibility to ask you if you have a disability, and to provide opportunities for you to disclose.

However, we would strongly recommend that you do so, in order to make sure that the university can make all the arrangements it needs to as far in advance of your arrival.

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

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

Some applicants do not want to disclose their disability because they are concerned about discrimination. While we can't guarantee that discrimination will never occur, we can reassure you that universities have specific obligations to applicants with disabilities, and they need to treat you fairly, otherwise they may be taken to court. You can always ask your university about its disability policy, or ask to talk to the University's Disability Officer.

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

In particular, the nature of your impairment may mean that you're not able to meet the standards (this situation is probably quite rare, but it nevertheless could occur), or that the university isn't able to make adjustments to accommodate you. If this is the case, the university may want to talk to you about alternative courses, or other ways that they can support you.

### ***How will my application be assessed?***

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

On page 25 of this document you can read the advice that we give admissions staff. You can find out more from the university about their admissions requirements and other information about assessing applications. However, as far as we are concerned, the only

requirement that we make of the university is that they ensure that at the end of the course, you are able to meet our Standards of Proficiency. (These are the professional standards that we set for each profession, that people must meet in order to be registered with us). The Standards of Proficiency can be met in a variety of ways, which can include adjustments made by individuals, employers or universities.

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

### ***What if I think I have been treated unfairly?***

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

Your first step should be to contact the University and to follow their internal complaints process.

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

'Making a complaint' is a document with information about how to complain.

'Disability Discrimination Post-16 Education: The 5 Step Test' is a tool to help you decide whether disability discrimination may have taken place.

Skill's contact details are at the back of this document.

### ***How do I get the help I need?***

If you gain a place on an approved course, and if the course providers are informed of your disability, then as a student you are entitled to support.

If your place on the course is funded by your Local Education Authority (LEA) then the most significant source of financial

assistance to you may well be the Disabled Students Allowance. The allowance covers any extra costs that are directly associated with your disability, for example, the cost of a non-medical helper or any specialist equipment or travel. (Please note that this is only available to home students)

To find out more about the disabled students allowance, you can get in touch with the Disability Officer at the university you are applying to. If you haven't yet decided where to apply to, you could contact Skill: the National Bureau for Students with Disabilities (their contact details are at the back of this document).

The Department for Education and Skills (DfES) has produced a guide called, "Bridging the Gap; A guide to the Disabled Students Allowances (DSAs) in higher education"

The DfES' contact details are at the back of this document.

Some students are funded by the Department of Health, and for these students funding can be different. There are also differences in funding between the four home countries. If you contact your university's Disability Officer, they should have information on the assistance available for disabled students in their institution, under their funding arrangements.

As part of your entry to the course, you may be asked by your University to undergo some form of occupational health check. This will apply to all students, and not only those who have disclosed a disability. At this stage, you have already been offered a place on the course, and you should be reassured that your place is not called into question by the occupational health check.

### ***After graduation – applying for registration***

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

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

However, the most important thing to remember is that we do not ask your doctor to assess whether your disability impairs your professional skills. At this stage, because you have completed an approved course, your qualification 'shows' us that you meet the Standards of Proficiency for your profession. We ask your doctor for any information about your health which may impair your fitness to practise – ie any information about your health which might mean that you could not practise safely and effectively.

The GP who completes your health reference needs to have been your doctor for three years, or to have access to your medical records for the last three years. For this reason, you may find things easier if you register with a GP in your university town at the beginning of your course. Your 'old' GP will then send over your notes, and your new GP will have all the information they need when you ask them to complete your health reference.

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

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

If you want more detailed information on how to appeal against a decision we have made, then please see our website: [www.hpc-uk.org](http://www.hpc-uk.org), or contact us.

### ***After graduation – employment***

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

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

The Disability Rights Commission publishes a 'Code of Practice - Employment and Occupation' which describes the duties of employers, and helps disabled people to understand the law. The DRC's contact details are at the end of this document.

### ***After graduation – occupational health screening***

Once you have an offer of a job, your employer may ask you to take part in some kind of occupational health screening.

This will normally be a form or questionnaire, which you complete 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 attend a meeting or interview.

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

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

## Section 3. Information for admissions staff

### *The responsibilities of admissions staff*

As a member of staff working in admissions at a course approved by us, you have certain responsibilities. You have duties under the Disability Discrimination Act 1995, Part 4.

In addition, because your course is approved by us, the Health Professions Council, you also have a responsibility to us to make sure that graduates from your course meet our Standards of Proficiency.

How you meet these duties is up to you, but we suggest that a way of reconciling these two responsibilities when assessing applications might be to first consider the reasonable adjustments that you could make to the course in order to accommodate the applicant. Can you make these adjustments? This would be a consideration of your duties under the Disability Discrimination Act part 4.

Having considered this, you might then want to separately consider whether, having made these adjustments, the applicant would meet the Standards of Proficiency at the end of the course. This would be a consideration of your duties as an approved course.

### **Example**

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

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

The admissions tutor discusses this requirement with the programme team, and with the university Disability Officer, and

decides that they would be happy to make these adjustments (and indeed that it would be likely to be unlawful if they did not make these adjustments).

The admissions tutor therefore decides that the adjustments needed would be 'reasonable' and would be possible. She then moves to the second stage of the process: considering whether, having made these adjustments, the applicant would be able to meet the Standards of Proficiency.

She obtains a copy of the Standards of Proficiency for Occupational Therapy, and reads through them. She reads that occupational therapists must be able to make and keep patients notes. Looking back at the information she has obtained from the applicant, she is reassured that he would be able to take patient notes. She is assured that the university is able to deliver the course to ensure that when he graduates, the applicant would meet all the rest of the standards, and so she offers the applicant a place.

### **Example**

An applicant to a chiropody and podiatry course discloses that she has a visual impairment. The university contacts her to gain more information. They discuss with her the extent of her visual impairment, and gain further information from an occupational health assessment. In gaining further information, they learn that her vision is extremely limited, and that she can see very little or nothing of objects that are close to her.

The admissions staff are concerned that because of the extent of her visual impairment, she will not be able to meet the Standards of Proficiency.

The standards for chiropodists and podiatrists, 2b.4, say that registrants must be able to, 'carry out surgical procedures for skin and nail conditions'.

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

In addition, the admissions staff discuss the part of standard 2b. 4 which says that registrants must be able to, 'apply local anaesthesia techniques.'

However, the staff note that this standard is followed by the text, 'This standard applies only to registrants who wish to be certified as competent under the Medicines Act 1968 by the HPC'. They realise that this gives them the option of delivering the course without the local anaesthetic component, without compromising their HPC approval. They therefore discount this part of the standards, and concentrate on the requirement to carry out surgical procedures.

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

They contact the university Disability Officer, to discuss the possibility of an assistant aiding the applicant with this part of the course. After some discussion about the role of such an assistant, they reach a decision that this is not a viable way forward. It is the decision of the admissions staff and the Disability Officer that they could not use an assistant to aid the student with surgical work because such a system would rely on the assistant's surgical skills, knowledge and experience, and would not use the applicant's skills.

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

### **Example**

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

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

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

### ***Not making assumptions about employment***

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

Your role when you look at an application is to decide:

- whether the applicant meets your admission criteria;
- whether you can deliver your course to the applicant in a way that meets their requirements, making reasonable adjustments if necessary; and
- whether at the end of the course, having made any necessary adjustments, the graduate will meet the HPC's Standards of Proficiency.

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

### **Example**

An applicant to a speech and language therapy course disclosed with her application that she had bi-polar disorder. The admissions staff gained an occupational health assessment, and further information from the applicant. They were confident that they could accommodate the student, who met their admissions criteria.

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

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

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

### ***Early communication***

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

When considering applications, you will often find that applicants to your course will already have developed alternative ways of working. They may already have a good idea of what they would need from you in order to be able to participate fully in your course, and experience of staff implementing these changes in their college, or in their previous employment. Talking to them as early as possible about their ideas, their concerns, and their requirements, will help ensure that you take all relevant factors into consideration.

It may be helpful to contact all applicants who have disclosed a disability, in order to put them in contact with your Disability Officer.

If you make an offer of a place, then you should still contact the applicant about making preparations. Some adjustments can be

made quickly, whereas others will require time. For example, reminding lecturers and tutors to provide handouts in alternative formats may take very little time, but organising alternative arrangements for practice placements may take more time to set up. (However, you should remember that even once an applicant has disclosed their disability, you will still need to get permission from them to disclose to others before you can inform anyone else involved in delivering the course.)

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

### Example

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

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

The University then contacts the applicant to discuss the arrangements they could make, in particular discussing with him what they could do if he needed to defer for a year, and how they could support him in keeping his knowledge up to date, and coming back into the University after time away.

Because they are confident that they can make arrangements in preparation for his arrival, and that he can meet the Standards of Proficiency, the University therefore offers him a place. They also arrange that once he has started the course, they will meet regularly with him and the Disability Officer, in

order to make sure that their strategies for assisting him are useful, and are still working.

### ***Practice placements***

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

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

### **Example**

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

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

The course team met with the student to discuss the placements that would be most helpful to him. The student suggested that placement providers who accepted more than one student might be helpful, since most of the students were now proficient at understanding his speech, and they might be willing to provide informal assistance.

The student also revealed his anxiety about practice placements and the barriers which he might face. The course

team discussed with him the support they could offer; in particular they mentioned that all students on placement were visited at least once. They suggested to him that they could visit him during his first week, and again later in the placement if this would be helpful to him, and provide reassurance.

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

They decided with the student that such a placement was unlikely to be the most useful one either for the student's learning, or for the patients.

However, this was not a barrier to his completing the course; the team agreed that there were other placements which he could complete, and also agreed that avoiding this placement would not have a detrimental affect on his learning.

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

However, the need to ensure this does not replace your additional responsibility to tackle inaccessible placements. You need to ensure that your placements are accessible to disabled students, and also that you have a process for tackling inaccessible placements.

Practice placement providers also have a direct duty not to discriminate against disabled people under the Disability Discrimination Act 1995.

For more information about the responsibilities of practice placement providers, see the Code of Conduct: Employment and Occupation, published by the Disability Rights Commission. Chapter 9 deals with the rights of disabled people on practice placements.

In order to ensure that you protect the rights of your disabled students, you may want to provide specific information to your placement providers about accommodating students with disabilities. You may want to include information about disabled students in the training that you give placement providers, or you may wish to locate specific placements which address the needs of individual students.

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

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

### ***Keeping a record***

In order to ensure that you are complying with your responsibilities under the Disability Discrimination Act, we strongly recommend that you keep a record of the decision-making process that you went through, including the people whose opinions and advice you sought, and the reasons for any decisions made.

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

Keeping this information will ensure that your colleagues can refer to the information if a similar application is made in the future. It will also

ensure that you can refer to your process and the information you obtained if anyone asks any questions about any of your decisions.

## Section 4 Additional information

### *What is a 'reasonable' adjustment?*

The concept of 'reasonable-ness' is vital to the Disability Discrimination Act. It means that people who provide education have a duty to find out ways that they can adapt their course in order to accommodate students with disabilities.

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

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

The idea of reasonableness does mean that education providers have to look at whether they can make the adjustment, and means that they are not required to make every adjustment that a student asks for, or that would make the course easier for the student.

However, no education provider can claim that an adjustment is not reasonable just because it is expensive, or inconvenient.

### **Example**

A university tells a wheelchair user that it cannot offer them a place because their buildings are not wheelchair accessible. They have been told informally that getting a ramp and a lift would be too expensive. The university therefore does not offer the applicant a place, on the basis that the adjustments required are not reasonable because they would cost money.

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

### **Example**

A university receives an application from a student who uses a wheelchair. They get an access audit done of their buildings, which highlights some considerable work needed in order to make their sites wheelchair accessible. They can only afford to complete this work in stages, over five years.

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

Although the university cannot afford all of the physical adjustments that the student would like, they are nevertheless looking at other ways of accommodating the student.

More information about adjustments, and about reasonable-ness, is available in documents produced by the Disability Rights Commission (their contact details are at the back of this document).

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

### ***Finding out more from us***

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

[www.hpc-uk.org](http://www.hpc-uk.org)

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

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

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

Telephone: 02075820866  
Fax: 020 7820 9684

Email: info@hpc-uk.org

### ***Acknowledgements***

In order to get information from a cross-section of people with different experience, we put together a group of people to help us produce this document. We included some of our Council members, representatives from professional bodies, from education, and from disability groups in order to benefit from a wide cross-section of experience and expertise.

When the Council agreed to set up this group, it asked for nominations from a number of groups, and we also placed an item on our website which said that we would like to receive expressions of interest from people who wanted to be part of the group.

The group has met several times to discuss the information that it would draft, and to provide information to the Council. In addition, the group has shared information by email between meetings.

We are very grateful for the time that the people below have given, and for their input into this document.

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Karen Atkinson	Senior Lecturer, University of East London	Allied Health Professions Federation
Sheila Blair	Development Officer	British Council of Disabled People

Shaheen Chaudhury	Lay Council member	Health Professions Council
Mary Crawford (chair of the group)	Occupational therapist member of Council	Health Professions Council
Kate Goddard	Policy Officer	Skill: National Bureau for Students with Disabilities
Robert Jones	Physiotherapist member of Council	Health Professions Council
Dianne Keetch	Practice Development Officer, Education	Disability Rights Commission
Vincent MacKay	Head of Division of Occupational Therapy	Glasgow Caledonian University
Patricia McClure	Academic Co-ordinator for Occupational Therapy. Placement co-ordinator.	University of Ulster

Philippa Simkiss	Assistant Director, Employment	Royal National Institute for the Blind
Jean White	Director of Standards	Health Professions Wales
Anna Wood	Policy Officer, College of Occupational Therapists	Allied Health Professions Federation
Sandy Yule	Radiographer member of Council	Health Professions Council

However, we would like to emphasise that this document remains the property of the Health Professions Council. Any queries about its content should be directed to us, and any mistakes in this document remain our responsibility, and are not the fault of this group.

### ***Other organisations***

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

#### **Association of Clinical Scientists (ACS)**

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

Telephone: 020 7940 8960  
Fax: 020 7403 8006  
Email: [admin@assclinsci.org](mailto:admin@assclinsci.org)  
[www.assclinsci.org](http://www.assclinsci.org)

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

#### **The Association of Operating Department Practitioners (AODP)**

PO Box 1304  
Wilmslow, Cheshire  
SK9 5WW

[www.aodp.org](http://www.aodp.org)  
Telephone: 0870 746 0984  
Fax: 0870 746 0985  
Email: [office@aodp.org](mailto:office@aodp.org)

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

#### **Association of Professional Music Therapists**

26 Hamlyn Road  
Glastonbury  
BA6 8HT

Tel: 01458 834919  
www.apmt.org  
Email: APMToffice@aol.com

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

**British Association of Art Therapists**

24-27 White Lion Street  
London, N1 9PD  
Tel: 020 7686 4216

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

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

**British Association of Dramatherapists**

41 Broomhouse Lane  
London  
SW6 3DP

www.badth.org.uk  
Telephone: 020 7731 0160  
Email: Gillian@badth.demon.co.uk

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

**British Association of Prosthetists & Orthotists**

BAPO Secretariat  
Sir James Clark Building  
Abbey Mill Business Centre  
Paisley  
PA1 1TJ

www.bapo.com  
Telephone: 0141 561 7217

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

**British Dietetic Association**

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

[www.bda.uk.com](http://www.bda.uk.com)  
Telephone: 0121 200 8080

The British Dietetic Association is the professional body for dietitians.

**The British and Irish Orthoptic Society**

Tavistock House North  
Tavistock Square  
London  
WC1H 9HX

[www.orthoptics.org.uk](http://www.orthoptics.org.uk)  
Telephone: 020 7387 7992

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

**The British Paramedic Association**

British Paramedic Association  
28 Wilfred Street  
Derby  
Derbyshire  
DE23 8GF

[www.britishparamedic.org](http://www.britishparamedic.org)  
Email: [exec.bpa@britishparamedic.org](mailto:exec.bpa@britishparamedic.org)  
Telephone: 01332 746356

The British Paramedic Association is the professional body for paramedics.

**Chartered Society of Physiotherapy**

14 Bedford Row,  
London  
WC1R 4ED

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

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

**The College of Occupational Therapists**

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

www.cot.co.uk  
Telephone: 020 7357 6480

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

It runs a forum for occupational therapists with disabilities, which you can find online here:  
<http://www.cot.org.uk/forum/intro.php>

The COT also publishes a document called 'Guidance on Disability and Learning'.

**Department of Education (Northern Ireland)**

Rathgael House  
43 Balloo Road  
Bangor  
Co Down

BT19 7PR  
www.deni.gov.uk

Telephone: 028 9127 9279  
Fax: 028 9127 9100

### **The Department for Education and Skills (DfES)**

Moorfoot, Sheffield  
Department for Education and Skills  
Moorfoot  
Sheffield  
S1 4PQ

www.dfes.gov.uk  
www.aimhigher.ac.uk  
info@dfes.gsi.gov.uk  
Telephone: 0870 000 2288

The Department for Education and Skills can give you information about education in England, including copies of the leaflet "Bridging the Gap; A guide to the Disabled Students Allowances (DSAs) in higher education".

They can also give you information about higher education funding in England.

### **Disability Rights Commission**

DRC Helpline  
FREEPOST MID02164  
Stratford upon Avon  
CV37 9BR

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

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

There is also a section of their website about the rights of disabled people in education.

### **Education and Library Boards**

[www.education-support.org.uk](http://www.education-support.org.uk)

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

### **Employers' Forum on Disability**

Nutmeg House  
60 Gainsford Street  
London  
SE1 2NY

Telephone: 020 7403 3020

Fax: 020 7403 0404

Minicom: 020 7403 0040

E-mail: [website.enquiries@employers-forum.co.uk](mailto:website.enquiries@employers-forum.co.uk)

[www.employers-forum.co.uk](http://www.employers-forum.co.uk)

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

### **Employers' Forum on Disability (Northern Ireland)**

Banbridge Enterprise Centre  
Scarva Road Industrial Estate  
Banbridge  
BT32 3QD

E-mail: [info@efdni.org.uk](mailto:info@efdni.org.uk)

Telephone / textphone: (028) 4062 4526

Fax: (028) 4066 9665

[www.efdni.org.uk](http://www.efdni.org.uk)

## **Equality Commission for Northern Ireland**

Equality House  
7 - 9 Shaftesbury Square  
Belfast  
BT2 7DP

Telephone : 028 90 500600  
Textphone : 028 90 500589  
Email : [information@equalityni.org](mailto:information@equalityni.org)  
[www.equalityni.org](http://www.equalityni.org)

## **Institute of Biomedical Science (IBMS)**

12 Coldbath Square  
London  
EC1R 5HL  
England

Telephone: 020 7713 0214  
Website: [www.ibms.org](http://www.ibms.org)

The IBMS is the professional body for biomedical scientists

## **Mind**

15-19 Broadway  
London  
E15 4BQ

Telephone: 020 8519 2122  
Mind infoline: 0845 7660163  
Fax: 020 8522 1725  
email: [contact@mind.org.uk](mailto:contact@mind.org.uk)

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

## **National Disability Team**

APU  
Bishop Hall Lane  
Chelmsford CM1 1SQ

www.natdisteam.ac.uk  
Telephone 01245 607508  
Fax 01245 607509  
Email natdisteam@apu.ac.uk

The National Disability Team exists to improve provision for disabled students in higher education.

### **Royal College of Speech and Language Therapists**

2 White Hart Yard  
London  
SE1 1NX

www.rcslt.org  
Telephone: 020 7378 1200

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

### **Royal National Institute of the Blind : RNIB**

105 Judd Street  
London  
WC1H 9NE

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

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

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

## **Skill : National bureau for students with disabilities**

Head Office:  
Chapter House  
18-20 Crucifix Lane  
London SE1 3JW

Information Service (open Tuesdays 11.30am to 1.30pm and  
Thursdays 1.30-3.30pm) Telephone: 0800 328 5050 & 020 7657  
2337.

Minicom: 0800 068 2422

Website: [www.skill.org.uk](http://www.skill.org.uk)

Email: [info@skill.org.uk](mailto:info@skill.org.uk)

Skill publish a number of useful documents and information leaflets in  
hard copy and on their website.

In particular, you may wish to read:

- The Disability Discrimination Act Part 4. A Guide for Senior  
Managers in Further Education colleges and in Local Education  
Authority Adult and Community Education
- Disability Discrimination Post-16 Education: The 5 Step Test

## **The Society of Chiropodists & Podiatrists**

1 Fellmonger's Path,  
Tower Bridge Road,  
London,  
SE1 3LY

Telephone: 020 7234 8620

[www.feetforlife.org](http://www.feetforlife.org)

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

## **The Society & College of Radiographers**

207 Providence Square, Mill Street

London  
SE1 2EW

www.sor.org  
Telephone: 020 7740 7200

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

**Student Awards Agency for Scotland**

Gyleview House  
3 Redheughs Rigg  
EDINBURGH  
EH12 9HH

<http://www.student-support-saas.gov.uk/>  
Telephone: 0845 111 1711

## ***Glossary***

<b>Access to work</b>	Access to work is a scheme that runs through job centres. As well as giving advice and information to disabled people and employers, Jobcentre Plus pays a grant, through Access to Work, towards any extra employment costs that result from a person's disability.
<b>Allegation</b>	Allegation is the word used in the Health Professions Order for when someone complains that a health professional on our Register does not meet our standards. We tend to use the word 'complaint' because we think this is easier to understand.
<b>Applicant</b>	Someone who is applying either to an approved course, or someone who has completed an approved course and is applying for registration with us.
<b>Approved course</b>	A course that has been approved by us. This means that it meets our Standards of Education and Training, and that graduates from that course meet the Standards of Proficiency. A list of approved courses is published on our website.
<b>Art therapist</b>	Arts therapists are regulated by us. An art, music or drama therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama.
<b>Biomedical Scientist</b>	Biomedical scientists are regulated by us. A biomedical scientist analyses specimens from patients to provide data to help doctors diagnose and treat disease.
<b>Bi-polar disorder</b>	Also known as manic depression. A mental

<b>Chiropodist</b>	illness which causes very 'high' and 'low' moods. Chiropodists are regulated by us. A chiropodist diagnoses and treats disorders, diseases and deformities of the feet.
<b>Chronic fatigue syndrome</b>	Extreme fatigue lasting six months or more.
<b>Clinical scientist</b>	Clinical scientists are regulated by us. A clinical scientist oversees specialist tests for diagnosing and managing disease. They advise doctors on using tests and interpreting data and they also carry out research to understand diseases and devise new therapies.
<b>Council</b>	The Council is the group of elected health professionals and appointed members of the public who set our strategy and policies.
<b>Course</b>	See also 'Programme'
<b>DDA</b>	DDA' stands for 'Disability Discrimination Act.
<b>Dietitian</b>	Dietitians are regulated by us. A dietitian uses the science of nutrition to devise eating plans for patients to treat medical conditions They also work to promote good health by helping to facilitate a positive change in food choices amongst individuals, groups and communities.
<b>Disability Discrimination Act</b>	This is a piece of legislation which protects disabled people.
<b>Disability Officer</b>	Most Universities will have a Disability Officer who is available to advise applicants and staff on how they can accommodate students with disabilities.

<b>Disabled Students Allowance</b>	The Disabled Students Allowance covers any extra costs that you incur during your course that are directly associated with your disability, for example, the cost of a non-medical helper or any specialist equipment or travel.
<b>DSA</b>	See 'disabled students' allowance'.
<b>Education provider</b>	<p>Education provider is the term that we use for any organisation which provides education that leads to an approved qualification. On our website and in our literature we will normally use this term, because not all education providers are Universities.</p> <p>However, in order to make this document clear and easy to understand, we have used the term 'University' throughout, to mean education provider.</p>
<b>Fitness to practise</b>	Someone's 'fitness to practise' is their ability to practise their profession in a way which meets our standards. When we say that someone is 'fit to practise', we mean that they have the skills, knowledge, character and health to do their job safely and effectively. We also mean that we trust them to act legally.
<b>Health Professions Order</b>	This is the legislation that created the Health Professions Council, which determines our role and remit.
<b>Health reference</b>	A health reference is part of the information that we need from applicants to the Register. This is signed by a doctor to confirm that the person is fit to practise their profession.
<b>Occupational therapist</b>	Occupational therapists are regulated by us. An occupational therapist uses specific

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

**Operating department practitioner**

Operating department practitioners, or ODPs, are regulated by us. An operating department practitioner participates in the assessment of the patient prior to surgery and provides individualised care.

**Order**

'The Order' means the 'Health Professions Order 2001'. Also sometimes referred to as the 'Order in Council'.

**Orthoptist**

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

**Paramedic**

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

**Podiatrist**

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

**Practice placement**

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

**Professional body**

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

**Programme**

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

**Prosthetist**

Prosthetists and orthotists are regulated by us. Prosthetists and orthotists are responsible for all aspects of supplying prostheses and orthoses for patients. A prosthesis is a device that replaces a missing body part. An orthosis is a device fitted to an existing body part in order to improve its function or reduce pain.

**Protected title**

Each of the professions that we regulate has a 'protected title' (like 'physiotherapist', or

'dietitian'). Only people who are on our Register can use these titles. Anyone who is not on our Register and uses a protected title is breaking the law, and could be prosecuted.

**Qualifications body**

Under the Disability Discrimination Act, we (the Health Professions Council) are termed a 'qualifications body', because we award people registration, which allows them to practise their profession.

**Radiographer**

Radiographers are regulated by us. Diagnostic radiographers produce and interpret high-quality images of the body to diagnose injuries and diseases, for example, x-rays, ultrasound or CT scans carried out in hospital. Therapeutic radiographers plan and deliver treatment using radiation.

**Register**

The Register is a list that we keep of health professionals who meet our standards. We publish the Register on our website, so anyone who wishes to check a health professional's registration can do so online, free of charge.

**Registrant**

The term 'registrant' refers to a health professional who is on our Register.

**Speech and language therapist**

Speech and language therapists are regulated by us. A speech and language therapist assesses, treats and helps to prevent speech, language and swallowing difficulties.

**Standards of Proficiency**

These are the professional standards for each profession. Health professionals must meet these standards in order to become registered.

**University**

See also 'education provider'



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