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

# Health, disability and becoming a health and care professional

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# Who is this document for?

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

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'. There is a full list of the professions we currently regulate on page 3.

You may find this document useful if you are:

- a disabled person who is considering becoming a health and care professional;
- a disabled student who is training to become 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 people who may be interested in this guide. 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 the 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 educating and training 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 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 understand 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 some people may prefer the phrase 'people with a disability'. We have included the legal definition of a disability from the Equality Act 2010 on page 4.

## 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 everyone** who wants to register, or who has already registered, with us (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 disabled people have by law, for example when we are talking about education providers making reasonable adjustments, we use the words '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 used 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 took part in some research which was carried out for us.

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

# 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 / 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

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 such as '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 want to contact the organisation responsible for regulating the profession you are interested in. We have provided contact details for all 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 gives us 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 meeting the duties we have by law.

Health and care professionals must register with us before they can use a protected title for their profession. This means that, for example, even if you have completed a programme in operating department practice, 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 being 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; or
- 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 12 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 on normal day-to-day activities are negative, long term and substantial. 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 effect of a health condition – whether a person's health condition has a negative, long-term and substantial effect on their ability to do 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, the ‘public sector duty’ applies to them. This means they are also required to take steps to actively promote equal opportunities and develop good relations with people who have a protected characteristic and people who do not.
- Organisations who provide placements in practices also have a responsibility 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 make sure that our processes are fair and do not discriminate against disabled people. Like education providers, the ‘public sector duty’ also applies to us.
- Employers have a responsibility to treat their employees and applicants fairly, and must put in place reasonable adjustments for disabled employees.

The Equality and Human Rights Commission is responsible for promoting and enforcing equality and non-discrimination laws in England, Scotland and Wales. You can find more 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 apply in Northern Ireland. 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 relating to disability is very similar under the law in Northern Ireland, including the definition of 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 more information about the law in Northern Ireland and the duties it places on different organisations by visiting the Equality Commission’s website.

### **Registration process**

We ask people to fill in a health declaration to give us information about their health when they apply to go on our Register. The declaration states that the person’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 a person is not sure 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 can decide whether to include them on our Register. However, it is very rare that any information we do receive about a person’s health affects their registration with us.

There is more information about applying for registration and filling in the health declaration in section 2.



## Meeting our standards

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

When a student tells an education provider about a disability, admissions staff will need to decide whether the student 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 considering reasonable adjustments that would make it possible for the student 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 people meet the standards, only that they meet them. We also believe that people know most about what they can and cannot do and it is best for people to negotiate with their chosen education provider about the way in which they may meet the standards. This will make sure that decisions education providers make about accepting people onto approved programmes are based on each person's 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 present 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 show that they meet all

of the standards that apply to the whole of their profession. This may be because of:

- a decision to specialise 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 do not have the necessary knowledge and skills, this will not be a problem. All health and care professionals, not just disabled people, have to restrict or adapt their practice where something may affect their fitness to practise.

### 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 safely and effectively without help. He discusses his condition with his employer to agree various changes to the way he works, including having 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 people, and we do not deal with matters that are related to employment. In the same way that someone completing an approved programme does not guarantee that we will register them, it is important that registration is never seen as a guarantee that any professional on our Register will gain employment.

Guaranteeing that someone is 'fit to practise', which is part of our role as the regulator, does

not guarantee that they will have 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 illness does not affect her 'fitness to practise'.

### **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**

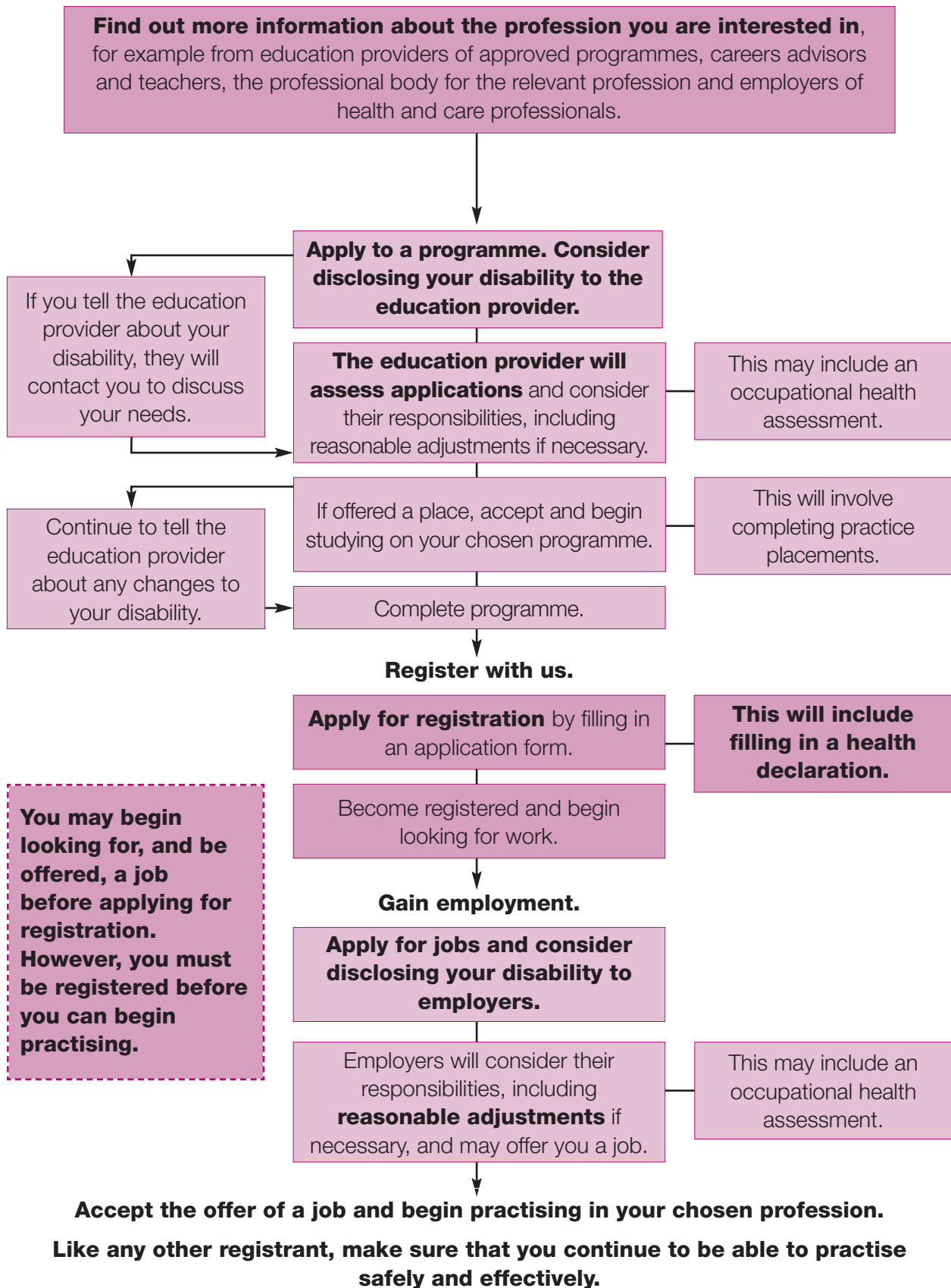
We are aware that some people may assume that disabled people cannot become health and care professionals. However, many disabled people complete approved education and training successfully, register with us and go on to practise safely and effectively with or without adjustments to support them.

While we are only responsible for the registration part of the process for becoming a health and care professional, we want to encourage people with the desire and potential to become health and care professionals to consider education and training and a career in a profession which we regulate. We believe that disabled people have an important 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 help disabled people who are considering becoming a health and care professional to make decisions about their future career.

This section will not be able to give you a definite answer as to 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 be able to apply for employment in your chosen profession. These stages are shown in the flowchart on page 9, which shows that the path to becoming a health and care professional has many stages, involving a number of different organisations.

## The process of becoming a health and care professional



### Applying to an approved programme

Before you can practise in one of the professions we regulate, you will need to complete a programme which we have approved. A full list of the programmes we approve is available on our website. You can find more information about admissions requirements for particular programmes by visiting the education provider's website or by contacting them direct.

### Disclosing information about your disability to an education provider

When applying to an education programme, you will have the opportunity to tell the provider about your disability. Education providers have a responsibility to give you various opportunities to tell them this information in a safe and confidential way, but it is your decision whether you do so. We strongly recommend that you do.

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

When telling an education provider about your disability, you can choose whether or not to give them permission to tell anyone else – this is known as 'permission to disclose'. If you do give them this permission, they will be able to share information about your needs with people you name, for example, staff on practice placements. This will make sure that you get the support you need 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 being open about your disability at an early stage can help make sure that plans can be made to put these adjustments in place as soon as possible.

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 more 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 make sure 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 education providers and practice placement providers making certain adjustments.

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 a way that helps you meet these standards. This will include considering any reasonable adjustments that can be made. At this stage, education providers are likely to contact you for more information about your disability. This may involve inviting you to take an occupational health assessment (see page 16 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 any decisions you and education providers make are about your ability to meet our standards and not based on assumptions about disabilities. Education providers should only turn down applications that would otherwise receive an offer if they are unable to put adjustments in place that would allow a disabled 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 the 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.



### Other options

Sometimes, a person's disability may prevent them from training in the profession they want to work in. 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 make it possible for you to meet the standards of proficiency for the relevant profession.

However, it is important to remember that, while you may not be able to meet the standards of proficiency for one particular profession, you may still be able to meet those for another. For example, restricted mobility may prevent you from entering a profession that involves a lot of physical activity, but it is unlikely to prevent you from entering a profession which does not. You may also be able to work in a related role in health and care that we do not regulate, 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. First you should contact the education provider 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 are responsible for enforcing equality and non-discrimination laws and will be able to tell you about your options. The contact details for these organisations, and a number of other useful organisations, are provided on our website.

### During your programme

If you gain a place on an approved programme and you decide to tell your education provider about your disability, you will be entitled to a range of support. This may include reasonable adjustments to allow you to fully take part in the programme, such as accessible resources, extra time and someone to take notes for you. 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 carrying out some physiotherapy treatment techniques. Disability services at her university were able to provide her with someone to take notes for her 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 see lecture notes in advance, type written exams or use a scribe, and is given extra time to carry out any reading work.

For more information about the types of reasonable adjustments that education providers may be able to put in place, please see page 18.

To find out more about the help and support that is available to you in the place of study you are applying to, contact their disability services. A range of other organisations and charities may also be able to provide you with information about other help and support that is available for 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.

### **Continue to disclose your disability to your education provider**

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 strongly recommend that you continue to tell the relevant staff any important information 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.

If you develop a disability during your programme, we would encourage you to tell the appropriate staff. This will make sure that you receive any support or adjustments you may need to help you manage your condition and take part fully in your programme.

### **Practice placements**

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

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

To make sure that you get the appropriate support and adjustments, it is important that you discuss your needs with your practice placement provider before you begin your placement. This will make sure that they are able to put the necessary support in place before you start. There are some examples of adjustments that providers can make to practice placements in the section for education providers on page 23.

Your education provider is likely to have systems in place to help with the move to your practice placement, such as a meeting before the placement starts, but you may want to contact your practice placement co-ordinator or disability services about these.



### Student case study

“I have restricted mobility and use crutches, and given this was concerned 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 with us. 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 certain information, which includes:

- a completed application form;
- a passport-sized photo;
- a character reference; and
- proof of your address (such as a recent utility bill).

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. 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 this, 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 into and understanding of your disability, 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 into and 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 telling us any information about his condition.

If we accept you on our Register, you will need to renew your registration with us every two years. At this point, you will need to sign a declaration to say that there has been no change to your health that may affect your ability to practise safely and effectively.

If you are not sure 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.

### Looking for work

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 them registering with us. Others wait until they are registered before looking for work. As long as you do not practise using a professional title protected by us before you are registered, it is up to you which route to employment you choose.

When you are applying for jobs, 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 will interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities.

Also, employers must make reasonable adjustments in the workplace to make sure disabled employees are not seriously disadvantaged when doing their jobs. However, employers can only provide you with appropriate support and adjustments if they are aware of your disability, so we recommend that you tell them 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 employer's resources. We register people who meet our standards and would never 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 that may be available when you are looking for work, 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 to the occupational health providers that your employer uses. Your employer 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 effect your work might have 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 students and people applying for places on a training course to have an occupational health assessment to help them identify how they can best support that person during their programmes (see page 11).

# Section 3: Information for education providers

## **Responsibilities of education providers**

You have duties by law to make sure that disabled students and people who apply to you for training are treated fairly. This includes making reasonable adjustments to provide them with similar opportunities as other students.

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

When delivering programmes we approve, 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 you have, both to students and to us, and covers some of the decisions you will need to make to meet your responsibilities. This section also provides a number of examples and case studies to show how you 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 to support disabled people.

## **Considering applications**

You have certain responsibilities when dealing with applications to your programme from disabled people. These include specific legal duties you have under equality and anti-discrimination laws as an education provider and, because we have approved your programme, a responsibility to make sure that people 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 from someone who has told us about a health condition or disability, we consider how that condition or disability may affect 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 believe it is important that these applications are considered individually based on the person'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 need to contact them for more information about their abilities. In some cases this may include inviting the applicant to have an occupational health assessment.

## **Making reasonable adjustments**

By law, you must make reasonable adjustments to give disabled people access to education that is as close as is reasonably possible to that offered to people who are not disabled.

This means that you have a duty to find out how you can adapt your 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 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 things, including:

- how effective the adjustment would be in avoiding the disadvantage the disabled student would otherwise experience;
- how possible 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. You are likely to find that many adjustments are inexpensive and that there is rarely a situation where you are not able to make any adjustment at all.

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 providing information in a variety of different formats;
- providing extra support, such as mentoring, tutorial support or counselling; and
- adjustments to examinations and practical assessments, through extra time, rest breaks or allowing the 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 to all staff involved in the student's education, both within your institution and at placements, to make sure that adjustments are possible 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, with these adjustments in place, the applicant would meet our standards of proficiency at the end of the programme.

There is often more than one way to meet the standards and we do not set a certain way of doing so. You will need to make sure that the support systems or adjustments you put in place will make it possible for the student to meet these standards.

When making decisions about an applicant with a disability, there are a number of other things 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 things you should not take into account. You should not make any assumptions about whether the applicant is

likely to be employed at the end of the programme, as this is likely to be discriminatory. Though you may mean 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 about their chances of gaining employment after graduation would be unlawfully putting barriers in the way of a disabled person becoming a health and care professional.

Making decisions about applicants who tell you about a disability which involves complex health conditions can be particularly challenging, especially if that condition doesn't affect them all the time. Whether the applicant has a realistic, informed idea of their condition will be important 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.

When considering all the relevant factors and making decisions about applicants, you may find it helpful to set up an advisory panel to help you. Some admissions staff also find it helpful to contact practice placement educators for advice.

### Example

An applicant to a podiatry programme tells the university that he has eyesight difficulties.

The university realise they need 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 not be able to carry out 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 decide not to offer the applicant 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 carrying out an occupational health assessment, the education provider is confident that the applicant has insight into and understanding of her condition, meets the admissions conditions, and that there would be no barrier to her meeting the standards of proficiency for social workers.

However, informal discussions with colleagues have suggested that once she completes 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 based on how likely she is to gain employment after completing the programme. Such a judgement may be based on assumptions or stereotypes about mental-health conditions.

### Individual assessment

The examples we have given show how 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. Instead you will be making an informed decision about each 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 applicant to a particular programme because they would not be able to meet the professional standards of the profession, it may be useful to give them information about other programmes which may be more suitable.

### Early and continued communication

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. Starting this communication as early as possible in the application process will avoid difficulties arising during the programme which you could have dealt with or predicted at an earlier stage.

After offering an applicant a place on a programme or course, 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 practice placement providers. However, you need to get a student's permission before sharing information they have given you about their disability. 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 need may change over time. We strongly recommend that you continue to communicate with disabled students and provide them with the opportunities to give you more information about their disability throughout their programme. This will make sure 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 there are a number of further considerations for staff preparing placements and for 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 show they meet all of the standards of proficiency needed before they can register with us. This is because our standards of education and training do not set 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 ability to get accurate information about their needs so that you can 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 not be appropriate 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 make sure placements are accessible. You need to make sure that your practice placements are suitable for disabled students and that you have a process for dealing with placements that are not, for example, through your working arrangements with practice placement providers.

Many students worry about practice placements, and this is likely to be worse for disabled students who may need adjustments to help them to practise safely and effectively. As with reasonable adjustments in any setting, forward planning and early communication are vital. Early communication can be particularly helpful in situations where it may take some time to put reasonable adjustments in place. Arranging for a student to visit the practice placement provider before the placement starts so that they can meet the practice placement educator to discuss their needs is one useful way of reassuring both the student and the practice placement educator. 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 a practice placement. The first is from a practice placement co-ordinator and the second is from the student they supported before, during and after their practice placement.

### **Case study – practice placements (1) Practice placement co-ordinator**

“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

By law, organisations which provide practice placements have a direct duty not to discriminate against disabled people, and must consider any reasonable adjustments they could put in place to make sure their placement is accessible.

It is important to have an open mind about the adjustments you could put in place and discuss these with the student, who may have ideas that you had not considered. Practice placement educators may want to consider the information on reasonable adjustments on page 18 when thinking about what adjustments they could put in place to support 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 condition in one ear had the layout of his assessment room changed to make sure that service users and carers were able to sit on the side from which he could hear best.

### Example

A student clinical psychologist (practitioner psychologist) with sight and hearing difficulties was provided with extra lighting and amplified telephones, and was allowed to take her guide dog with her to her placement 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 effect of his condition and allow him to travel outside rush hour.

A number of professional bodies provide more information about supporting disabled students in certain professions. When you are considering adjustments and support you could provide, they may be able to give you information that is relevant to your profession.

## 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 you asked for opinions and advice, 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 do 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 them in line with the Act.

# 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 you can 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: 0845 300 4472

Fax: 020 7820 9684

Email: [registration@hcpc-uk.org](mailto:registration@hcpc-uk.org)

# Glossary

## **Anxiety disorder**

A 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 we have approved. These programmes meet our standards for education and training, and students who complete them 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 health condition 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.

## **Carer**

A person who provides care to a service user.

## **Chiropodist / podiatrist**

Chiropodists and 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.

## **Council**

The group of 12 appointed health and care professionals and members of the public who set our strategy and policies.

## **Dietitian**

Dietitians use the science of nutrition to devise eating plans for service users to treat medical conditions. They also promote good health by helping people make a positive change in food choices.

## **Disabled person**

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'. In the Act, substantial is defined as more than minor or trivial and long term is defined as 12 months or more.

## **Disclose**

In the context of this guidance, this refers to a disabled person telling an education provider or employer about their disability.

## **Discrimination**

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.

## **Dyslexia**

A common learning difficulty that mainly affects the way people read and spell words.

### **Education provider**

The term we use for any organisation which provides a programme we approve. We use this term because not all our approved programmes are provided by universities.

### **Epilepsy**

A condition that affects the brain and causes repeated seizures, also known as fits.

### **Fit to practise**

When someone has the skills, knowledge, character and health to do their job safely and effectively.

### **Harassment**

Unwanted behaviour towards a person which they find offensive or which makes them feel intimidated or humiliated.

### **Health and Social Work Professions Order 2001**

The legislation that we, the Health and Care Professions Council, were set up under and which gives us our legal powers.

### **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 how certain work affects 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 help with the care and assessment of the service user before and after surgery and provide individual care.

### **Orthoptist**

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

### **Paramedic**

Paramedics provide specialist care and treatment to service users 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.

### **Practice placement**

A period of clinical or practical experience that forms part of an approved programme.

**Practice placement co-ordinator**

A person who arranges practice placements for students. They speak with students and practice placement providers to identify the most suitable placements.

**Practice placement educator**

A person who is responsible for a student's education during their period of clinical or practical experience.

**Practice placement provider**

An organisation that provides opportunities for practice placements.

**Practitioner psychologist**

A type of health and care professional that we regulate. They try to understand the role of mental functions in individual and social behaviour.

**Professional bodies**

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.

**Programme**

The academic teaching, practice placements, assessment, qualification and other services provided by an education provider, which together form the programme for approval purposes.

**Protected title**

Each of the professions we regulate has at least one protected title – for example, 'orthoptist'. Only people who are on our Register can legally use these titles.

**Prosthetist / orthotist**

Prosthetists and 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.

**Radiographer**

Diagnostic radiographers produce and interpret images (for example, 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 do not affect their ability to practise safely and effectively.

**Service user**

Anyone who uses or is affected by the services of registrants or students.

### **Social worker**

Social workers work with people to support them through difficult situations and make sure that vulnerable people are protected 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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