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THE HEALTH PROFESSIONS COUNCIL
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PROFESSIONAL LIAISON GROUP FOR HEALTH, DISABILITY AND REGISTRATION

Minutes of the first meeting of the Professional Liaison Group for Health, Disability and Registration held at 11:00am on Friday 29 October 2004 at Park House, 184 Kennington Park Road, London, SE11 4BU.

PRESENT:

Miss M Crawford	(Chairman)
Mrs K Atkinson	(Representative of Allied Health Professions Federation)
Mrs S Blair	(Development Officer; The British Council of Disabled People)
Mrs S Chaudhry	Lay Health Professions Council Member
Ms K Goddard	(Policy Officer; National Bureau for Students with Disabilities)
Ms D Keetch	(Practise Development Officer; Disability Rights Commission)
Ms P McClure	(Lecturer; University of Ulster)
Mr V McKay	(Head of Occupational Therapy; Glasgow Caledonian University)
Dr P Simkiss	(Assistant Director, Employment; RNIB)
Mrs J White	(Acting Director; Quality & Standards; Health Professions Wales)
Ms A Wood	(Representative of the Allied Health Professions Federation)
Dr S Yule	(Radiographer; Registrant Member HPC)

IN ATTENDANCE:
Miss S Butcher (Secretary to the PLG – Health, Disability and Registration)
Miss C Harkin (Manager of U.K. Registrations)
Miss N O'Sullivan (Secretary to the Council)
Ms Rachel Tripp (Policy Manager)

Item 1.04/1 APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from the following member; Dr R Jones.

Item 2.04/2 APPROVAL OF AGENDA

2.1 The Group approved the agenda. The Group noted a request that access for disabled people to Park House be discussed at the end of the meeting. The Chairman stated that although this lay outside the remit of the Group, she would discuss this outside the meeting.

Item 3.04/3 CHAIRMAN'S WELCOME AND INTRODUCTION

3.1 The Chairman welcomed all members to their first meeting as the Professional Liaison Group for Health, Disability and Registration. The Chairman reported that the group's membership included members from all four home countries.

3.2 The Chairman explained that the Health Professions Council had set standards of proficiency for each of the 13 professions it currently regulated (Operating Department Practitioners (ODPs) having joined as of 18th October 2004). These standards played a central role in how health professionals gained admission to, and remained on, the Register and thereby gained the right to use the protected title(s) of their profession. As of 8th July 2005 grandparenting of health practitioners seeking admission to all registers, except the ODP register would end and the only route onto the Register for people trained in the U.K. would be to take an approved programme.

The Chairman reported that purpose of the HPC was to protect the public. In order to ensure that the health of a registrant did not impair their ability to practise lawfully, safely and effectively and that therefore they did not put the public at risk, the HPC required that applicants for first time registration should submit a health reference which was completed by a registered general practitioner and which confirmed that that they were fit to practise their profession. The Chairman noted that the HPC only required health information which impacted on a registrant's fitness to practise to be declared. The PLG had been established to provide guidance with regard to this.

3.3 The Chairman asked the Group if there were any other matters that they would like to discuss further as part of this topic. The following items were identified:

1. A need to clarify HPC's responsibilities and employer's responsibilities. Registration/HPC and employers' responsibilities at pre-registration stage.
2. Need for recognition of the fact that specific impairments would be discussed and the fact that disabilities did not fall into specified categories.
3. Need to identify the barriers that disabled people face in terms of employment.
4. Need for further information on new public duties that were being consulted on by the Disability Rights Commission.
5. Specific issues relating to the health, disability and registration of ethnic communities.
6. Need for awareness of the work of other regulators with regard to health and disability.
7. Admission requirements: Currently a situation existed whereby a disabled student could complete a programme but could be ineligible for registration as a result of their disability.
8. Issues of mental health needed to be discussed.
9. A need to look at accessibility of registration and re-registration process.

10. Grievance and appeals procedure if registration is refused.

11. Difference between health and disability issues. These are two separate matters and should be dealt with as such. Health or disability needed to be defined for registrants on the Health Declaration form.

Item 4.04/4 HPC HEALTH, DISABILITY AND REGISTRATION POLICY

4.1 The Professional Liaison Group received a paper for discussion from the Policy Manager.

4.2 The Policy Manager gave an overview of the HPC's approach, its background and the aims which led to the group's formation. The aims of the policy were to lay out principles which would underpin the HPC's work on disability and health issues related to registration. It would also provide a framework within which the HPC can work, which would form the basis of more detailed work in the future. It would also produce guidance for the use of various stakeholders.

4.3 The Group discussed the pre-registration fitness to practise process specifically looking at the Standards of Proficiency that an applicant must meet. The Policy Manager explained that programme providers were responsible for making admissions decisions. Individual course leaders would make decisions about the adjustments they could make to their programme, while still ensuring that the student would meet the Standards of Proficiency when they completed the programme. The Policy Manager advised the Group that programme providers could make any adjustments that they saw fit, provided that the student would meet the Standards of Proficiency when they had completed the course. It was noted that this should be made more explicit in the Standards of Proficiency documentation. It was also agreed that whilst it was not a legislative requirement for the HPC, the equality policies used by universities needed to be scrutinised to ensure consistency of procedures, as part of

the approvals process. Further training could also be undertaken with the HPC partners to make them more aware of these issues whilst the approvals process and the related policies could be reviewed to take these issues into account. The Committee noted that links were needed on the HPC website which could re-route the applicant to other sources of information. It was agreed that the Policy Manager would discuss these issues with the Director of Education and Policy with a view to feeding this into the programme for visitor training.

Action: RT.

4.4 The Policy Manager outlined the Driving and Vehicle Licencing Agency (DVLA) model as an example which the Council could use to produce a similar set of guidance notes to doctors regarding what constituted fitness to practise in the different professions. A potential applicant with a health or a disability issue that did not affect their fitness to practise could get their health reference signed off by a doctor, without the need for anyone at HPC to know the details of their case. It was anticipated that this would produce a streamlined process, with clear guidance for general practitioners, ensuring equitable and consistent treatment of applicants, and would preserve the dignity of applicants who did not wish to disclose their medical details to anyone except their doctor.

4.5 The Group expressed concerns about the use of the DVLA model as it assumed category specific conditions that could not always be applied to all matters of health and or disability. It was also noted that education providers, doctors and even disabled people come to the arena with their own prejudices of what was meant by 'disability'. It was agreed that the procedure for registration applications could be streamlined by issuing supplementary guidance with the health declaration form which would assist GPs in its completion so that only the most relevant information was given.

4.6 The Chairman summarised the outcome of the discussion on the proposed HPC health, disability and registration policy document. It was established that the Group should form alliances with other groups along with the outcomes of its work to establish good working practices overall. The Standards of Proficiency needed to be reviewed. There was a need for clarification as to what was meant by accommodating disabilities and how that worked, how the process worked and where responsibility lay.

4.7 The Group noted that consideration could be given to the issuing of guidance with case studies. Real examples could be sought. The NHS had very recently completed a survey which could be easily accessed when required. The Policy Manager clarified that the Chief Executive also met regularly with the Department of Health and with other regulators and that HPC procedures were reviewed regularly.

4.8 The Group noted that in the Standards of Proficiency document issued for each of the professions regulated by the HPC reference was made to the need for registrants to be able *'to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5'.* Sign language was not measured according to the 'International English Language Testing System' and therefore this did not apply to applicants that used this form of communication. The group considered that when the SoPs were reviewed, a statement regarding adjustments in order to meet the standards should be added. These issues needed to be addressed in the upcoming review of the SoPs.

4.9 The Chairman noted that these issues would be fed back into the review of the SoPs.

Action: RT

Item 5.04/5 REGISTRATION PANELS

5.1 The Professional Liaison Group received a paper for discussion from the Manager of U.K. Registration.

5.2 The paper outlined the procedure by which a health reference was dealt with and reviewed by HPC Registration Officers.

5.3 The difficulties of processing health references were outlined. Frequently Doctors notes provided on applicant's health references would not be legible and on occasions provided unnecessary information. The Group noted that further guidance could be issued with regard to what information was required by doctors in order to prevent unnecessary delays in the processing of these applications. The Group commented that the references given by registered medical practitioners could be biased and discriminatory and questioned what mechanisms were in place to combat such situations. The Manager of U.K. Registrations reported that the Health Professions Council always had access to their own medical advisors if necessary and that there had been very few instances where registration applications had subsequently gone to a panel for further investigation.

5.4 The Group noted that under the Health Professions Order 2001 an original signature was required on all applications for registration and that therefore forms would not be completed online. The Group noted that the form was approved by the Privy Council which restricted the number of changes which could be made. The Group noted that the form should be provided in Welsh so it conformed to the Welsh Language Act and should meet best practice for accessibility.
The Group agreed that this information should be fed back to the Registration Committee.

Action: RT

5.5 The Group recommended that advice for the applicant was needed to clarify that a right of appeal system was in place for both the registration and re-registration process. The Group noted that all HPC employees should be made aware of the Disability and Discrimination Act 1995. The Policy Manager confirmed that diversity training was being arranged for all HPC

employees and that the HPC would in the long term be looking into the possibility of opening this up to a wider audience.

Action: RT

5.6 Mr Yule reported that a conference on the new Disability Discrimination Bill was taking place shortly which all members noted as relevant to the nature of the group's work.

Item 6.04/6 WORK PLAN

6.1 The Professional Liaison Group received a paper for discussion from the Policy Manager.

6.2 The Chairman suggested that in the light of suggestions made and concerns raised by the group, the existing work plan could be re-drafted, submitted to Council, and taken back to the next meeting of the PLG.

6.3 The Policy Manager reported that she would submit an alternative work plan which addressed these matters. The group noted that this work plan would need to be approved by the Council.

Action: RT

Item 7.04/7 DISABILITY, REGISTRATION AND EMPLOYMENT

7.1 The Professional Liaison Group received a paper for discussion from the Policy Manager in place of Mr J Bracken (Bircham, Dyson, Bell) who had sent his apologies for this meeting.

7.2 The Policy Manager reported that HPC's role as a regulator was to establish, apply and ensure compliance with threshold standards of proficiency for each profession that it regulated. The paper set out to distinguish the difference between the idea of 'fitness to practise' and 'fitness to work'. HPC's role was concerned with 'fitness to practise'. It was the duty of the employer to ensure that their employment procedures were robust enough to establish whether a health professional which

they employed was fit for the purpose for which they were employed. The Policy Manager advised the Group that regulation was about meeting standards but also making sure that those standards were fair and unbiased.

7.3 The Policy Manager explained that under professional self-regulation once practitioners were on the register, it was largely for them to manage their own scope of practice. They could therefore arrange with their employer for reasonable adjustments to their working conditions to take account of any disability that might come to affect them.

7.4 The Group noted that HPC should beware of making generalised statements and reported that the scale and degree of adjustments which could be made should be clarified. It was also recommended that a practitioner's scope of practice must be defined directly in relation to their health and or disability as this was not clear.

7.5 The group noted the paper as informative in providing the background of health professional regulation

Item 8.04/8 THE DISABILITY DISCRIMINATION ACT AND QUALIFICATION BODIES. CODE OF PRACTICE

8.1 The Professional Liaison Group received a paper and presentation for discussion from Ms Keetch of the Disability Rights Commission.

8.2 Ms Keetch reported that the Disability Rights Commission had recently published a Code of Practice for Trade Organisations and Qualification Bodies. The Group were informed that under the terms of the Disability Discrimination Act, the HPC was defined as a 'Qualification Body'. There were two codes of practice, one for employers the other for qualification bodies such as HPC. The purpose of the codes of practice was to enable disabled people to enter employment through qualification and registration, to avoid complaints/litigation, to encourage good practice and improve performance and quality of services. Ms Keetch informed the Group regarding unlawful

discrimination and stated that where possible reasonable adjustments should be made in order to accommodate a disabled persons needs. These principles needed to be incorporated in the review of the SoPs.

8.3 The Group noted the paper as useful in gaining a thorough insight into the legal aspects of the work they were to produce as a Professional Liaison Group for Health, Disability and Registration, and considered that DDA training was made available to all Council members.

Item 9.04/9 ANY OTHER BUSINESS

9.1 No other business was identified.

Item 10.04/10DATE AND TIME OF NEXT MEETING

10.1 The date and venue of the next meeting of the Professional Liaison Group would be shortly identified.