

Council, 25 September 2014

Consultation on revised guidance for disabled people wanting to become health and care professionals

Executive summary and recommendations

Introduction

In 2006, the guidance 'A disabled person's guide to becoming a health professional' was published. It provided guidance to disabled people wanting to become a professional regulated by the then HPC, as well as information for education providers in this area. The guidance is now out of date.

As part of reviewing and revising the guidance, Coventry University were commissioned to undertake research with disabled students and with staff involved in education and training, including, for example, admissions staff, staff in disability services and practice placement educators. The outcomes of the research have informed revisions to the existing guidance.

The draft revised guidance is appended, alongside a draft consultation document. It is proposed that the public consultation will run for approximately 16 weeks (to allow for the Christmas period), running from 1 October 2014 until 16 January 2015.

At its meeting on 11 September 2014, the Education and Training Committee agreed and recommended to the Council the consultation document and draft revised guidance for consultation. The Committee agreed a small number of minor editing amendments to the guidance which have been made, in addition to a small number of minor proofing changes.

Decision

The Council is invited to discuss the attached documents.

The Council is invited to agree the draft consultation document and draft revised guidance for public consultation (subject to minor editing amendments).

Background information

- Paper considered by the Education and Training Committee on 5 June 2014, including outline timetable for this work:
<http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=670>

- Coventry University (2014). Enhancing guidance for disabled people wanting to become health and social care professionals.
<http://www.hcpc-uk.org/assets/documents/100047BCEnhancingGuidanceforPeopleWantingtoBecomeHealthandCareProfessionals-CoventryUniveristy-Final.pdf>

Resource implications

Resource implications include arranging the consultation, analysing the responses, revising the draft guidance as necessary and arranging for publication.

These implications are accounted for in Policy and Standards Department planning for 2014-2015 and will be accounted for in Policy and Standards Department and Communications Department planning for 2015-2016.

Financial implications

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

Appendices

- Consultation document on draft guidance on 'Health, disability and becoming a health and care professional'
- 'Health, disability and becoming a health and care professional' – draft for public consultation

Date of paper

11 September 2014

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

A consultation seeking the views of stakeholders on draft guidance for disabled people about becoming a health and care professional regulated by the HCPC

1. Introduction	2
2. About the HCPC.....	2
3. Reviewing the existing guidance	3
4. The draft revised guidance.....	4
5. How to respond to the consultation	6

1. Introduction

- 1.1 We are the Health and Care Professions Council (HCPC). This consultation seeks the views of our stakeholders on draft guidance for disabled people about becoming a health and care professional regulated by the HCPC. The guidance also includes information for education providers involved in education and training in the professions we regulate.
- 1.2 This draft guidance we are consulting on is an update of previous guidance we first published in 2006: 'A disabled person's guide to becoming a health professional.'¹ We have explained later in this consultation document the changes and improvements we have made to the existing guidance (see section four).
- 1.3 The consultation will run from **1 October 2014** to **16 January 2015**.

2. About the HCPC

- 2.1 We are a regulator and were set up to protect the public. To do this, we keep a register of professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called 'registrants'.
- 2.2 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

¹ Health Professions Council (2006). A disabled person's guide to becoming a health professional. <http://www.hcpc-uk.org/publications/brochures/index.asp?id=111>

- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

3. Reviewing the existing guidance

- 3.1 The existing guidance – ‘A disabled person’s guide to becoming a health professional’ – was put together by a working group called the ‘Health, Disability and Registration Professional Liaison Group (PLG)’. The guidance was also the subject of a public consultation and was published in 2006.
- 3.2 The primary aim of the guidance was – and still is - to provide information to disabled people to help overcome any perceived boundaries to disabled people becoming qualified in their chosen profession and becoming registered with us. The guidance also includes information for staff working for approved education providers about their responsibilities when making decisions about disabled applicants and students.
- 3.3 We have reviewed the existing guidance for a number of reasons including the following.
- Since the publication of the guidance, in England, Wales and Scotland the Disability Discrimination Act 1995 and other related legislation have been replaced by the Equality Act 2010.
 - The number of professions we regulate has increased from 13 to 16 since the guidance was published. We have also changed our name to reflect our enlarged remit.
 - The guidance required updating to take account of changes to the HCPC’s standards, guidance, policy and practice. For example, the health reference requirement for entry to the Register has been replaced with a self-declaration.
 - We also wanted to review the guidance to improve it overall – to make sure that it was as helpful as possible in providing information to disabled people which would help them in becoming health and care professionals, and in supporting education providers in this area.

- 3.4 To help us in doing this, we commissioned the Faculty of Health and Life Sciences and the Welfare and Disabilities Team at Coventry University to undertake some research for us.² This included interviews and focus groups with 48 disabled students. They also interviewed admissions tutors, educators, practice placement educators, staff in disability support services and employers. They made a number of recommendations to us about the style and content of the guidance and also made suggestions for how we might better disseminate it when the revised guidance is published. They also produced a range of written and video case studies with disabled students and staff involved in education and training talking about their experiences.
- 3.5 We are enormously grateful to all those who participated in the research.

4. The draft revised guidance

- 4.1 We have used the findings of the research to put together the draft guidance for consultation.
- 4.2 We have made a number of changes to improve the style and content of the guidance, including the following.
- We have included up-to-date information in section one about the Equality Act 2010 and the Disability Discrimination Act 1995 as it applies in Northern Ireland.
 - We have restructured section two for disabled people to more closely follow the journey of someone interested in becoming a health and care professional – from applying to an approved programme through to registration and seeking employment. We have also included a flow diagram which has been updated to follow this journey.
 - We have added more information to section two to reflect the findings of the research – including more encouragement for disabled people to disclose their disabilities to approved programmes and practice placement providers; a new section on practice placements; and information about alternative pathways, highlighting that other avenues that may be available to disabled people and emphasising the positive contribution disabled people can make to the health and care professions.

² Coventry University (2014). Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

<http://www.hcpc-uk.org/publications/research/index.asp?id=896>

- We have expanded section three for education providers to include other staff involved in education and training, such as practice placement educators. We have also reordered this section to more logically follow the decisions that education providers need to make at each stage of a programme.
- We have also added information in section three about making reasonable adjustments which provides more guidance about the way in which education providers might consider the adjustments they can put in place.
- We have updated the examples used in the guidance and included some of the case studies (adapted) which were developed in the research. We plan to publish full versions of these case studies on our website when the guidance is finally published.
- We have removed the list of contact details for other useful organisations from the guidance. This will be included on our website when the guidance is published instead so that it can be more easily updated.
- We have generally updated the language used in the guidance to make it easier to read and to make sure that the content is up-to-date with changes to the HCPC's role, standards and policy.

4.3 Once the consultation has concluded, we will use the comments we receive to improve the draft guidance further. We will then work with the Plain English Campaign to edit the guidance. We then plan to publish it on our website (in a dedicated section) as well as in hard copy and in a variety of other accessible formats. We will want to promote the guidance to all those stakeholders who will be interested in it.

5. How to respond to the consultation

5.1 We welcome your comments on the draft guidance. We have listed some questions to help you below. The questions are not designed to be exhaustive and we would welcome your comments on any aspect of the guidance.

Q.1 Is the guidance clear and easy to understand? How could we improve it?

Q.2 Could any parts of the guidance be reworded or removed?

Q.3 Do you have any other comments on the draft guidance?

5.2 You can respond to this consultation in the following ways.

- By completing our easy-to-use online survey:
[\[link will appear here\]](#)
- By emailing us at: consultation@hcpc-uk.org.
- By writing to us at the following address.

Consultation on disability guidance
Policy and Standards Department
Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU
Fax: +44(0)20 7820 9684

5.3 Please note that we do not normally accept responses by telephone or in person. We normally ask that consultation responses are made in writing. However, if you are unable to respond in writing, please contact us on +44(0)20 7840 9815 to discuss any reasonable adjustments that would help you to respond.

5.4 Please complete the online survey or send us your response by **16 January 2015**.

5.5 **Please contact us to request a copy of this document in Welsh or in an alternative format.**

5.6 Once the consultation period is completed, we will analyse the responses we receive. We will then publish a document which summarises the comments we received and explains the decisions we have taken as a result. This will be published on our website.

Health, disability and becoming a health and care professional

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

DRAFT FOR PUBLIC CONSULTATION

Contents

Contents	1
Who is this document for?	2
About the structure of this document	2
Section 1: Introduction	4
About us.....	4
Other professions.....	5
How we are run.....	5
Approving education programmes	5
Our Register	5
The Equality Act 2010.....	6
Disability Discrimination Act for Northern Ireland.....	7
Registration process	7
Meeting our standards	7
Scope of practice	8
Registration and employment	9
Section 2: Information for disabled people.....	10
Becoming a health and care professional.....	10
The process of becoming a health and care professional.....	11
Applying to an approved programme	11
Disclosing a disability.....	12
Skills and knowledge	13
Alternative pathways.....	14
Unfair treatment.....	14
During your programme	15
Continued disclosure	16
Practice placements	16
Applying for registration	17
The health declaration	18
Gaining employment.....	19
Occupational health assessment.....	19
Section 3: Information for education providers.....	20
Responsibilities of education providers.....	20
Considering applications.....	20
Making reasonable adjustments	21
Delivering the standards of proficiency	22
Individual assessment.....	24
Early and continued communication	24
Practice placements.....	25
Staff in education providers	25
Staff in practice placement providers.....	27
Keeping a record.....	28
Section 4: More information	29
Glossary.....	30

Who is this document for?

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

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

You may find this document useful if you are:

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

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

About the structure of this document

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

- Section 1, **Introduction**, contains information about us and our standards and what we do. This section is for everyone.
- Section 2, **Information for disabled people**, is aimed at disabled people who are interested in becoming health and care professionals. It may also be useful for the people who advise and support them, such as teachers, parents and careers advisors. In this section, 'you' refers to a disabled person who wants to become a health and care professional.
- Section 3, **Information for education providers**, is aimed at people involved in the education and training of health and care professionals, for example admissions staff, people working in disability support roles,

academic staff and practice placement educators. It contains information about the responsibilities of education providers, both to people applying for places on approved programmes and also to us. In this section, 'you' refers to staff in education providers making decisions about admissions and those supporting and teaching disabled students.

- Section 4, **More information**, explains how to find more information about this topic. This section also contains a glossary of terms used in this document.

Disabled people

We recognise that language in this area 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 or impairments.

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

Examples and case studies

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

The case studies are real life examples from disabled people and staff involved in education and training. They have been developed by adapting case studies that were created through interviews with disabled students and staff involved in education and training who participated in some research which was carried out on our behalf.

The full case studies in audio and video format are available to view on our website. Case studies have been published with the permission of the disabled students 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 and podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists and orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please see our website (www.hcpc-uk.org).

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

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

Another important part of our role is to consider any complaints we receive about professionals registered with us. We look at every complaint we receive to decide whether we need to take action or not. We may hold a hearing to get all the information we need to decide whether someone is 'fit to practise'.

Other professions

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

How we are run

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

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

Approving education programmes

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

Our Register

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

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

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

The Equality Act 2010

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

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

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

This means that people with a range of health conditions or disabilities are included in this definition. Importantly, people who may not usually describe themselves as disabled may be protected by the Act if the effects of their condition or impairment are negative, long term and substantial on normal day-to-day activities.

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

- Education providers have responsibilities to their students and applicants to make sure that they are treated fairly. This includes making reasonable adjustments for disabled people. Like all public bodies they are subject to the 'public sector duty'. This means they are also required to take steps to actively promote equality of opportunity and foster good relations between people who share a protected characteristic and people who do not.
- Under the Act, we fall into the category of a 'qualifications body'. This is because we award registration which allows people to practise the professions that we regulate. This means that we also have duties to ensure that our processes are fair and do not discriminate against disabled people. Like education providers, we too are subject to the public sector duty.

- Employers have a responsibility to treat their employees and applicants fairly, and are required to put in place reasonable adjustments for disabled employees.

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

Disability Discrimination Act for Northern Ireland

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

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

Registration process

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

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

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

Meeting our standards

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

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

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

- **Example:** A student biomedical scientist uses British Sign Language (BSL) and has a BSL interpreter who works with her so that she can communicate with her peers and colleagues. Using the BSL interpreter is an example of a reasonable adjustment which will enable her to meet the standard of proficiency which requires effective and appropriate skills in communicating information, advice, instruction and professional opinion.

Scope of practice

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

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

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

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

As long as a professional makes sure that they are practising safely and effectively within their scope of practice and does not practise in areas where they are not proficient do so, this will not be a problem. All health and care

professionals have to restrict or adapt their practice where any factor may affect their fitness to practise, not just disabled people.

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

Registration and employment

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

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

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

- **Example:** A paramedic develops pneumonia. She is on sick leave for several weeks while she recovers. Although she is not fit enough to work, she is still on the Register, because her 'fitness to practise' is not affected by her illness.
- **Example:** A prosthetist with back pain negotiates adjustments to his working environment with his employer, including rest periods and a specially designed chair. These arrangements have no effect on his registration, but are negotiated directly between him and his employer.

Section 2: Information for disabled people

Becoming a health and care professional

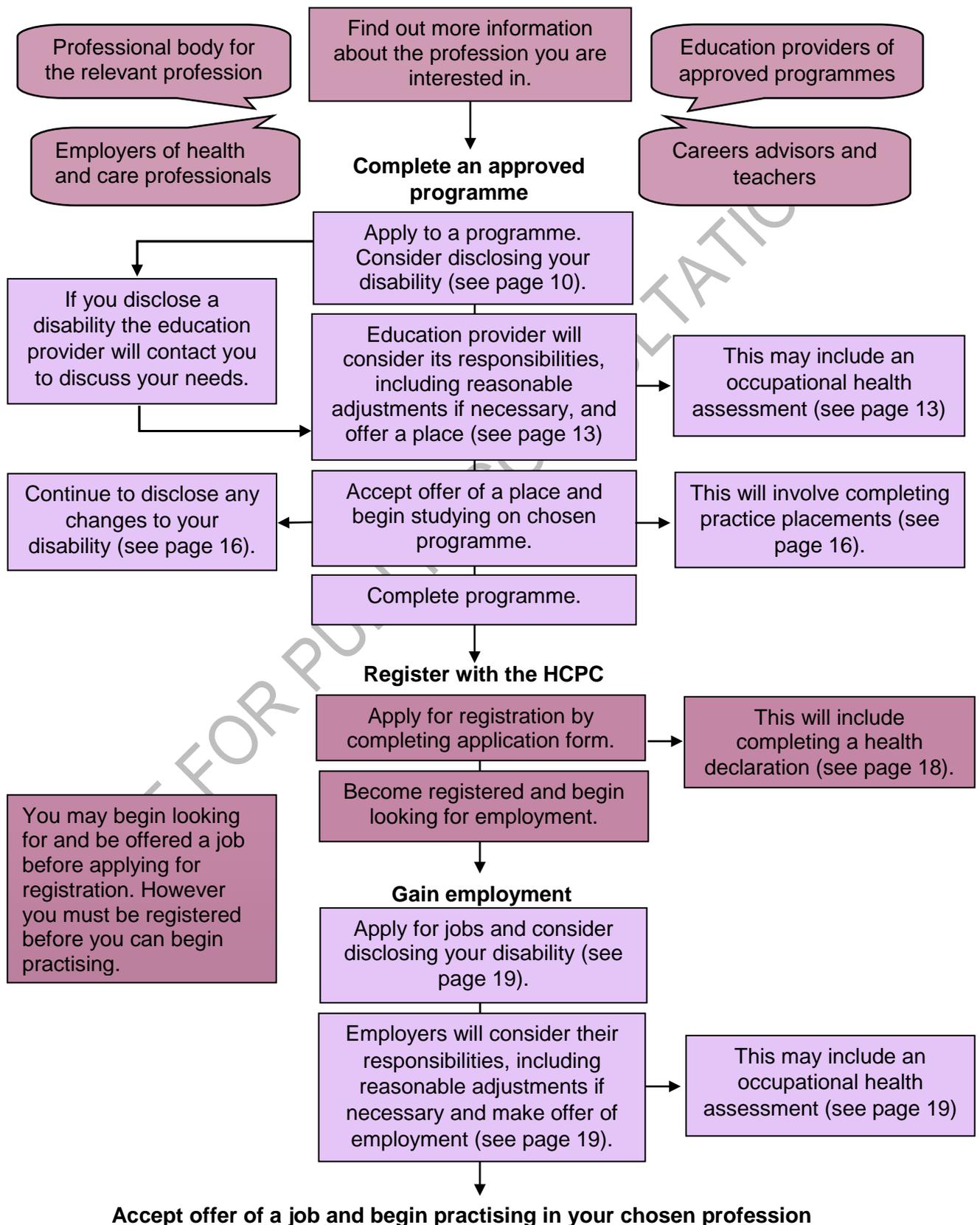
We are aware that some people may assume that disabled people cannot become health and care professionals. However, many disabled people are able to successfully undertake approved training, register with us and go on to practise safely and effectively with or without adjustments to support their practice.

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

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

If you want to work in one of the professions we regulate, you will first need to complete an approved programme and then register with us. Once you are registered you will then be able to seek employment in your chosen profession. These stages are illustrated in the diagram on page 11, which shows that the path to becoming a health and care professional is one with many stages, involving a number of different organisations.

The process of becoming a health and care professional



Applying to an approved programme

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

Disclosing a disability

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

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

When disclosing a disability, you can choose not to give the admissions staff the permission to tell anyone else – this is known as 'permission to disclose'. However, if you do give admissions staff this permission, they will be able to share information about your needs with people you name, for example, staff on practice placements. This will ensure that you get the necessary support at all stages of your programme.

Some people may not want to disclose their disability because they are concerned about discrimination. Whilst we cannot guarantee that discrimination will never happen, you should be aware that education providers have specific responsibilities not to discriminate against disabled applicants, and they need to treat you fairly.

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

Student case study

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

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

Skills and knowledge

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

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

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. This is because we want to make sure that decisions made are about an individual's ability to meet our standards of proficiency for that profession. Education providers should therefore only turn down applications if they are unable to put adjustments in place that would allow an applicant to meet our professional standards.

- **Example:** A person who uses a wheelchair is interested in becoming a radiographer. Her friends have told her that she may be unable to do so because she would not be able to get up stairs to different wards.

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

Student case study

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

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

Alternative pathways

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

However, it is important to recognise that while you may be unable to meet the standards of proficiency for one particular profession, you may still be able to meet those for another. For example, while restricted mobility may prevent entry to a profession that undertakes a lot of physical activity, it is unlikely to prevent entry to a profession which does not.

It may also be the case that your disability may prevent you from training to practise as a health and care professional in your profession of choice, but may not restrict you from employment in an alternative role in health and care.

Unfair treatment

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

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

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

During your programme

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

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

For more information about the types of reasonable adjustments that education providers may be able to put in place, please see pages 21-22.

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

Student case study

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

degree. I am very proud of what I have managed to achieve and looking forward to gaining employment.

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

Continued disclosure

During your programme, it is important that you have a realistic understanding of whether you can do tasks safely and effectively. Your ability to do certain tasks or the level of support you might need to carry them out may change over time.

We would strongly recommend that you continue to disclose any important information to relevant staff about your disability throughout your programme. This will make sure that any adjustments you have in place can continue to provide you with the most effective support.

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

Practice placements

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

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

To ensure that you get the appropriate support and adjustments it is important that you communicate with your practice placement provider before your placement about your needs. This will ensure that they are able to put necessary support in place before you start. Some examples of adjustments to practice placements can be found in the section for education providers on pages 21-22.

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

Student case study

I have restricted mobility and use crutches, and given this was 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. But it does show us that you meet our professional standards and so are eligible to apply for registration. So that we can register you, we need more information from you.

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

- a character reference;
- a certified document containing your photograph; and
- a certified document proving your current address.

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

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

You can find out more about the application process on our website.

When you fill in your application we ask you to declare information about your health and character. As an applicant to our Register, we expect you to give us any information about your health and character that is relevant to your

application. Making a false declaration by providing inaccurate information or failing to provide all relevant information can result in you being removed from our Register.

The health declaration

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

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

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

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

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

Gaining employment

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

When you are applying for jobs, you should be aware that employers also have certain duties under the law not to discriminate against you and to consider your application fairly. They are also required to make reasonable adjustments in the workplace to ensure disabled employees are not seriously disadvantaged when doing their jobs. However, employers are only able to provide you with appropriate support and adjustments if they are aware of your disability, so we recommend that you disclose any relevant information.

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

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

Occupational health assessment

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

This may be a form or questionnaire assessment, which you fill in and then send directly to the occupational health providers that your employer uses. They may then contact you for more information, or ask you to go to a meeting or interview.

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. You may also want to consider whether your experience of disability or adjustments has given you skills that are useful in the workplace.

Section 3: Information for education providers

Responsibilities of education providers

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

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

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

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

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

Considering applications

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

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

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

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

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

Making reasonable adjustments

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

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

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

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

- the effect of the adjustment; and
- the associated costs of the adjustment.

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

Examples of adjustments you may be able to make include:

- changes to the physical environment, to improve access to and the use of facilities;

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

When considering reasonable adjustments, you will often find that people applying to your programme will already have developed different ways of working. They may already have a good idea of what they would need from you to be able to take part fully in your programme, and experience of staff making these changes in their 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.

Delivering the standards of proficiency

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

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

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

- how they currently manage their condition;
- whether they have shown insight into, and understanding of, their condition; or
- whether they have got medical or other support.

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

unlawfully putting barriers in the way of a disabled person becoming a health and care professional.

We recognise that making decisions about applicants who disclose mental health conditions can be particularly challenging, particularly if that condition is intermittent. Whether the applicant has a realistic, informed idea of their condition will be an important factor in your decision. For more serious conditions, you may have to assess the safety of the applicant and other people in the education and placement environment, which might include using occupational health services.

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

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

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

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

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

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

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

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

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

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

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

Individual assessment

The examples we have given show that it is important that you treat every case individually and avoid stereotypes or judgements. Considering each application individually in the ways we have explained means that you are not making assumptions about disabilities but instead making an informed decision based on the individual applicant.

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

Early and continued communication

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

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

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

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

Practice placements

Practice placements are an important part of approved programmes, as they give students the chance to apply their learning to service users and carers in a practice environment. However, we are aware that they may pose a number of further considerations for staff preparing placements and those teaching and supporting them 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 before they can register with us. Some disabled students may not be able to complete certain types of practice placement, but there may be other placements in which they would be able to learn and practise successfully.

You should not make assumptions about whether a student will be able to complete a particular placement. It is important that you talk to students individually about their abilities to get accurate information about their needs to enable you to choose the most appropriate placements.

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

This does not replace your responsibility to tackle inaccessible placements. You need to make sure that your practice placements are suitable for disabled

students and ensure that you have a process for tackling placements that are not.

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

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

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

Case study – practice placements (1)

Practice placement coordinator

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

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

Case study – practice placements (2)

Student

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

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

Staff in practice placement providers

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

It is important to have an open mind about the adjustments you could put in place and communicate with the student who may have ideas that you had not considered. Practice placement educators may wish to consider the information on reasonable adjustments on pages 21-22, when thinking about what adjustments they could put in place to accommodate a disabled student.

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

- **Example:** A student hearing aid dispenser with a hearing impairment in one ear had the layout of his assessment room changed to ensure that service users and carers were able to sit on the side from which he was able to hear.
- **Example:** A clinical psychologist (practitioner psychologist) with visual and hearing impairments was provided with entry for her guide dog, extra lighting and amplified telephones to meet her needs.

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

Keeping a record

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

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

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

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Section 4: More information

You can find out more information about us and our processes on our website (www.hcpc-uk.org). 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 page dedicated to health and disability which contains an up to date list of contact details of a number of organisations that may be helpful to contact for more information. This page also includes a number of audio and video recordings of disabled students and staff involved in education and training exploring some of the content in this document.

You can also contact us at:

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

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

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Glossary

Applicant	Someone who is applying to an approved programme, or someone who has completed an approved programme and is applying for registration with us.
Approved programme	An education and training programme that has been approved by us. This means that it meets our standards for education and training, and that students completing the programme meet the standards of proficiency for the relevant profession. A list of approved programmes is published on our website.
Arts therapist	A type of health and care professional regulated by us. They encourage people to express their feelings and emotions through art, such as painting and drawing, drama or music.
Biomedical scientist	A type of health and care professional regulated by us. They analyse specimens from service users to provide information to help doctors diagnose and treat disease.
Bipolar disorder	Also known as manic depression. A mental impairment which causes very 'high' and very 'low' moods.
Careers advisor	A person who provides information, advice and guidance to help people make choices about their education, training and work.
Chiropodist / podiatrist	A type of health and care professional regulated by us. The term chiropodist and podiatrist are used interchangeably to refer to professionals who diagnose and treat disorders, diseases and deformities of the feet.
Chronic fatigue syndrome	Extreme tiredness lasting six months or more.
Clinical scientist	A type of health and care professional regulated by us. They 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 twelve appointed health and care professionals and members of the public who set our strategy and policies.

Dietitian

A type of health and care professional regulated by us. They use the science of nutrition to devise eating plans for patients to treat medical conditions. They also promote good health by helping to facilitate a positive change in food choices.

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'.

Disclose

In the context of this guidance, this refers to a disabled person informing an education provider or employer of 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 approved by us. 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 makes them feel intimidated or humiliated.

Health and Social work Professions Order 2001

The legislation that created the Health and Care Professions Council.

Health declaration

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

Hearing aid dispenser

A type of health and care professional regulated by us. They 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 therapist

A type of health and care professional regulated by us. They use specific activities to limit the effects of disability and promote independence in all aspects of daily life.

Operating department practitioner

A type of health and care professional regulated by us. They participate in the assessment of the patient prior to and after surgery and provide individualised care.

Orthoptist

A type of health and care professional regulated by us. They diagnose and treat visual problems involving eye movement and alignment.

Paramedic

A type of health and care professional regulated by us. They 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

A type of health and care professional regulated by us. They 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 educator	A person who is responsible for a student's education during their period of clinical or practical experience.
Practitioner psychologist	A type of health and care professional regulated by us. They attempt to understand the role of mental functions in individual and social behavior.
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. Membership of a professional body is optional, although many registrants choose to be a member to benefit from the services they offer.
Programme	The academic teaching, practice placements, assessment, qualification and other services provided by an education provider, which together forms the programme for approval purposes.
Protected title	Each of the professions we regulate has at least one protected title – e.g. 'orthoptist'. Only people who are on our Register can legally use these titles. A list of the titles we protect is available on our website.
Prosthetist / orthotist	A type of health and care professional regulated by us. They 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	A type of health and care professional regulated by us. Diagnostic radiographers produce and interpret images (e.g. x-rays or ultrasound scans) of the body to diagnose injuries and diseases. Therapeutic radiographers plan and deliver treatment using radiation.

Register	A list that we keep of the health and care professionals who meet our standards.
Registrant	A person who is currently on our Register.
Rheumatoid arthritis	A condition that causes pain and swelling in the joints.
Scope of practice	The area or areas of a registrant's profession where they have the knowledge, skills and experience to practise safely and effectively.
Self-declaration	The declarations of health and character that applicants must sign to confirm that their health and character does not affect their ability to practise safely and effectively.
Service user and carer	Anyone who uses or is affected by the services of registrants or students, and those that care for them.
Social worker	A type of health and care professional regulated by us. They work with people to support them through difficult situations and make sure that vulnerable people are safeguarded from harm.
Speech and language therapist	A type of health and care professional regulated by us. They 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.