

Item 2 – Communications Committee 5th July 2004

Health and disability communications policy

Summary

HPC is seeking to ensure equitable access to all its communications for people with disabilities. This document outlines the ways in which we propose to do this.

Action

The Committee are asked to approve the following policy document and recommend its adoption at Council.



Communicating with people who have a disability

version 1

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Background information

A workshop for Council members on health, disability and registration was held on March 1st 2004. After presentations from external speakers, a paper entitled 'disabilities, health and registration, a draft framework' was presented, and workshop groups discussed and developed several key topics in the afternoon. This paper was then amended and taken to the Practice committees and the Education and Training committee. It has been further amended following input from the committees.

The work that the 'disabilities, health and registration' paper recommends for the Communications committee is the production of a policy concerning communicating with registrants and members of the public who have a disability.

This paper

This paper sets out our aim for the way that we want to communicate with people who have a disability. It then specifies different ways of communicating (via our staff, the website, events, and more) and sets out policy and ideas for ways that we can achieve our aim to deal fairly with anyone who needs or wants information from us.

Communications committee – 5th July 2004

The communications committee is asked to discuss and agree the proposals contained in this paper.

Our aim

The Health Professions Council should therefore deal fairly and lawfully with anyone who needs or wants information from us.

This is in line with our quality objectives, which include: 'communication and responsiveness', 'transparency' and 'collaboration' as three of our six guiding principles.

We want to ensure that no one we communicate with will be placed at a disadvantage because of their disability.

We should do this by implementing a positive policy about our communications, publishing this policy, and keeping it under review. We should liaise with relevant organisations and bodies to ensure that we remain up-to-date, informed and sensitive regarding the needs of people who have a disability and who wish to communicate with us.

Our staff

One of the most important ways in which we communicate with people is through the contact that our staff have with registrants and members of the public.

All permanent members of staff should be given disability awareness training. This could be usefully combined with diversity training, and could form part of the induction training of all new staff.

This will particularly apply to those members of staff whose jobs are public-facing (in particular reception staff, and registration officers) but all staff should attend this training in order to ensure that an informed and positive attitude to disabilities is an important part of the ethos and role at all levels in HPC.

We will need to source training, which would need to come from an external organisation. The best way to ensure a high level of attendance from staff would be to commission a targeted session which could be run in-house, and perhaps last half a day. This would provide a good starting point for knowledge which could be built on in the future.

Our website – www.hpc-uk.org

Our website should conform to best practice guidelines on accessibility.

We have already gained the Plain English Campaign's internet crystal mark, which recognises clarity of language and ease of use. This recognises that our website is designed to be easy to use, which is beneficial for several different audiences, including some people with disabilities.

We will aim to meet the 'World Wide Web Consortium's (W3C) accessibility guidelines'. The "Web Content Accessibility Guidelines 1.0" are a W3C specification providing guidance on accessibility of Web sites for people with disabilities. They have been developed by the W3C's Web Accessibility Initiative.

There are 3 levels:

Conformance Level "A":	all Priority 1 checkpoints are satisfied;
Conformance Level "Double-A":	all Priority 1 and 2 checkpoints are satisfied;
Conformance Level "Triple-A":	all Priority 1, 2, and 3 checkpoints are satisfied;

Below is a list of those guidelines that our site already conforms to.

Checkpoints for Web Content Accessibility Guidelines 1.0

- Provide a text equivalent for every non-text element.
- Identify document language and any changes of the language.
- Organise documents so they may be read without style sheets.
- Ensure that pages are usable when scripts, applets, or other programmatic objects are turned off or not supported.
- Organize content logically and clearly, such as with headings, list elements, meaningful links, and navigation bars.
- Use the clearest and simplest language appropriate for a site's content.
- Provide redundant text links for each active region of a server-side image map.

We have inherited a site structure which prevents us from making some of the structural changes that we want in order to be completely accessible. We will work to remove as many of the barriers as we can, and when we develop a new website this year, an integral part of the design brief will be that the new site conforms to all of these standards.

Registration information

We should be able to communicate with our registrants in a format that makes it easy for them to understand our role and our standards. We need to automate this process in order to ensure that registrants with disabilities are not disadvantaged when information about registration is sent out.

We should therefore update the LISA system to ensure that sending registration information in alternative formats can be automated. This update should mean that in addition to the contact information we hold about each registrant, we can also store any requests for information in alternative formats, and as far as reasonably possible send future information in the format requested.

To achieve this, we will need to take a paper to the Registration committee setting out the case, timescale and budget for an update to the LISA system.

We will also need legal input, as some of the forms are part of our rules and are therefore approved by Parliament.

Events

When we organise an event for members of the public or for registrants, we will book a venue that is wheelchair accessible.

If we provide handouts at any event, we will also bring copies of these in large print. We will keep under review the number of handouts in large print that we bring to events, and adjust this depending on the size and nature of the event. We will prepare these in-house, and will conform to the Royal National Institute for the Blind's guidance on large print.

We will provide a British Sign Language interpreter, if this is requested 48 hours in advance. (The more notice we are given, the easier it is for us to source an interpreter. However, if we receive less than 48 hours' notice, we will still make every effort to find an interpreter, and keep the person informed of our progress.)

We will publish these provisions, put them on our website, and also on publicity material concerning events.

Publications

We will continue to publish all brochures and leaflets online in pdf as well as text only format. This will continue to help people who use software to access e-information to use our brochures and leaflets.

We will continue to provide copies of our publications in alternative formats (eg: Braille, large print and audio tape) on request.

We will print on future publications, 'This document is available in alternative formats on request.' This will be printed in large print, and will be featured prominently.

We will work with our designers and with other organisations to source appropriate, positive images that show people with disabilities, and will use these in addition to other healthcare images, in our publications and on the website.

Involving people with disabilities

As well as liaising with organisations that represent people with disabilities, we should ensure that we get meaningful input from registrants and members of the public with disabilities.

Following the success of the HPC's first public involvement event on 23rd June, Opinion Leader Research have provided information about a potential event which would be targeted specifically at people with disabilities.

We would help OLR design an agenda which could ask people for their ideas about involvement, communication, and about health, disability and fitness to practise. We could test some of our ideas and work in progress, and get their impressions and ideas as to how we could develop further.

The information on the next page is taken from Opinion Leader Research's first report on how we could make such an event happen.

We should hold this event this year in order to ensure that input and ideas from people with disabilities forms part of the implementation of our work, and is not simply a 'bolt-on' at the end when processes and guidelines have been finalised.

From Opinion Leader Research

'Health Professions Council – connecting with disabled audiences

We understand the HPC is keen to conduct consultation on the role of the HPC and how it connects with its disabled stakeholders.

- We understand the HPC is committed to establishing / refining processes to deal fairly with health professionals whose health or disability may impair their fitness to practice
- HPC also wishes to develop an inclusive communications strategy that meets the needs of disabled audiences (including disabled public / patients) and complies with relevant legislation
- In response to this, HPC would like to establish an open dialogue with both disabled registrants and disabled public / patients to fully understand the needs and expectations of disabled stakeholders and to ensure that HPC delivers against these
- HPC has already established an ongoing public consultation programme and wishes to focus on its interaction with disabled audiences as part of this

Our approach

Collaborative workshop

To meet these objectives we recommend a one day deliberative workshop which brings together disabled health professionals and disabled public/patients to explore issues relevant to their engagement with HPC.

We recommend a deliberative approach as this provides:

- An opportunity for public/patients and professionals to work interactively, to consider a range of perspectives and create shared solutions that meet the needs of all relevant stakeholders – this collaborative approach has worked particularly well in previous projects conducted by Opinion Leader Research such as Office of Public Services Reform / Department of Health 'Expanding patient choice in elective surgery' and UK Biobank Consultation on the Ethics & Governance Framework
 - Time for participants to work separately, build confidence, to establish common ground and to explore points of difference within groups
 - Space to use a wide range of deliberative, enabling and projective techniques to develop informed viewpoints, and ensure creative and solution-focused working
 - Scope to develop shared understand and ownership of both the process
- In summary we are proposing a one-day workshop involving 30 participants
 - Participants could include 10 disabled health professionals and 20 disabled public/patients to ensure views from a range of relevant perspectives are shared

- We recognise that health professionals and public/patients will come to the consultation with different levels of knowledge of HPC's role / processes and different expectations about their engagement with HPC. Therefore we recommend health professionals and public/patients work separately in breakout groups for some of the workshop, to understand their specific stakeholder needs and expectations
- Nevertheless by using briefing material and expert speakers (e.g. representatives from disability organisations, healthcare regulators, professional perspectives etc) we are confident that both groups can come together in plenary to exchange views on fitness to practice issues and communication strategies
- We recommend involving fewer participants than in the proposed public 'dip-stick' consultation (50 participants) to allow for smaller breakout groups and easier facilitation of individuals with specific needs (e.g. participants with hearing impairments who require signers)

The future

All of our work on disability and communications, and on health, disability and registration, should be open and transparent, and easily available so that people can respond to it.

We should create a new sub-section of our website, where we publish online all of our work in the area of health, disability and registration. This will allow us to be measured against our aims and the standards we set for ourselves.

We need to recognise that achieving our aims will be an ongoing project. We need to respond to developments in our work and processes, and developments in legislation, other organisations, and people's expectations.

We need to keep this policy under review, and change it to reflect the ideas raised at the public involvement day, feedback as a result of our work, and any input from organisations and individuals about how we can operate more fairly.

Rachel Tripp
Version 1 - 24/6/04