



## Information about the health reference

Information about the Health Professions Council health reference, for applicants to the Register, and for doctors

“I have a health condition – will this stop me getting registered?”

“What is the purpose of the health reference?”

“I am a doctor; how can I complete my patient’s health reference?”

“I have a disability, will this have an effect on my health reference?”

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

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

We have put together this document to provide more information about the health reference. The health reference is one of the pieces of information which applicants need to send in as part of their application to be registered with us: the Health Professions Council.

You may find this document useful if you are:

- a **doctor** who needs to complete a health reference for their patient;
- **applying** to us to be registered;
- considering applying to be registered; or
- in the final year of your course and compiling the information for your application.

You may also find this document useful if you are:

- working in education, and advising students on their applications to be registered; or
- considering doing a course that we have approved, but worried about applying for registration at the end.

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

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

In order to help you to get the information you need, we have split this document up into sections.

- Section one the **introduction** and contains information about us, and our standards, and what we do. This section is for doctors **and** for applicants.
- Section 2 is called **Information for doctors**. It is aimed at doctors who are asked by their patients to sign their health reference. 'You' in this section refers to the doctor who will complete the reference.
- Section 3 is called **Information for applicants**. It contains information for people who are going to apply for registration with us and who need to get a health reference from their

doctor. 'You' in this section refers to the applicant who will apply for registration.

- Section 4 is called **Additional Information**. It is the final section and contains the glossary and our contact details.

If you have a particular interest in the health reference, you may find it helpful to read the whole document.

## Section 1. Introduction

### *About us (the HPC)*

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

We currently regulate thirteen health professions:

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

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

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

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

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

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

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

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

### ***About registration***

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

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

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

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

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

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

When someone first applies for registration, as part of their application, they need to send us information which includes a health reference, a character reference, a photograph and a copy of their passport or birth certificate.

An applicant also needs to let us know if they have any criminal convictions and if they have ever been disciplined by another regulator.

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

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

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

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

We deal with the registration of individuals, and we do not deal with matters that are related to employment. In particular, it is important that registration is never seen as a guarantee of employment. Equally, a place on an approved course is not a guarantee of registration.

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

### **Example**

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

In addition to negotiating fitness to work, all employers need to comply with their responsibilities under the Disability Discrimination

Act 1995. These include accessibility and reasonable adjustments in recruitment, selection and employment. We do not make assumptions about 'how likely' employers are to make adjustments, and we will never refuse to register someone because we don't think that they will be employed. We simply register people who meet our standards.

### **Example**

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

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

### **Example**

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

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

Everyone on our Register must meet the Standards of Proficiency that we have set. The 'Standards of Proficiency' are the professional standards which health professionals must meet in order to be registered. (If you need a copy in an alternative format, please contact us. See the section at the end of this document called 'Finding out more from us')

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

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



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

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

We need to know that these standards are being met, but we do not need to know *how* the standards are met.

What this means is that registered health professionals can make adjustments in their own practice to meet our standards without being concerned that they can’t be registered with us.

### **Example**

A biomedical scientist uses British Sign Language (BSL), and has a BSL interpreter who works with her in order that she can communicate with her colleagues. Using the BSL interpreter means that she is able to communicate effectively. She can therefore meet the standard of proficiency which states that registrants must:

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

Any registrant using a personal assistant or support worker would also have to make sure that they continued to keep our standard about respecting confidentiality. (The personal assistant would normally have to keep to the employers’ policies about confidentiality.) But what this example shows is that a registrant can make adjustments to their practice, still meet our standards and remain registered.

We don’t publish a list of ‘approved’ ways of meeting our standards. We feel that this level of detail is best negotiated directly, initially

between an applicant and their university and then later in the health professional's career, between a registrant and their employer.

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

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

A health professional's scope of practice is the area or areas of their profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to themselves or to the public. A health professional's scope of practice may change over time, and every health professional should be aware of their scope of practice and ensure that they only practise within it.

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

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

'So long as you stay within your scope of practice and make reasonable efforts to stay up to date with the whole of these standards, this will not be problematic. However, if you want to move outside your scope of practice, you must be certain that you are capable of working safely and effectively, including undertaking any necessary training and experience.'

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

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

### Example

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

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

### Example

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

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

they would continue to meet regularly, to ensure that the adjustments could be reviewed and modified if necessary. The employee agreed to update his employer on any further changes in his condition.

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

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

### ***The health reference***

The health reference is part of the application pack. It is a form which must be completed by a doctor who has been the applicant's doctor for three years and who is not a relative of the applicant. The text of the health reference form makes up part of our 'rules', which are approved by Parliament.

The doctor is asked to complete the form to tell us that the applicant is 'of good health physically and mentally', which we interpret to mean that there is no factor which may impair their fitness to practise. The doctor is also asked to confirm that they are 'not aware of any circumstances which would affect the capacity of the applicant to practise...'

Alternatively, a doctor who has not been the applicant's doctor for three years can look at the applicant's medical records and then sign to tell us that they are 'satisfied that there appears to be no medical reason which would affect his/her ability to practise...'

The reference is then sealed in an envelope and sent to us as part of their application.

## ***Confidentiality***

We do not require a consent letter from an applicant, authorising the doctor to sign that they are fit to practise. This is because when an applicant asks their doctor to provide a health reference, they are giving their consent for the doctor to give it by completing the form.

When we receive an application, it is processed by registration officers at our offices in London. All of our members of staff, before they begin working for us, are required to sign a data protection statement which means that they will not release applicants' or registrants' information to anyone else. Our data protection policy means that all the information we hold about our registrants and applicants is securely stored and archived.

## ***Who can sign the health reference?***

Our rules, which are approved by Parliament, say that in order to be registered, an applicant must supply us with a health reference. This needs to be signed by a doctor, which in the rules means a 'registered medical practitioner'. This means in most cases that the doctor who signs the reference must be registered with the General Medical Council. However, in the case of international applicants, the reference can be signed by someone who is registered with the equivalent regulator outside the UK.

The doctor must not be a relative of the applicant.

The doctor must also either have been the applicant's doctor for three years, or must have access to their medical records from the past three years. If this is not possible (if the applicant is an asylum seeker, for example, and cannot access their medical records), then the doctor can carry out a medical examination in order to complete the health reference.

Please note that the rules do specifically state that the health reference must be completed by a registered medical practitioner and so it cannot be completed by any other health professional.

### ***Checking the health reference***

Our registration department checks health references at random to make sure that the information we receive is accurate. This checking will normally involve contacting the practice to ensure that the doctor whose details are given is employed there, and contacting the General Medical Council to make sure that the doctor is registered.

### ***Disabilities and the health reference***

We recognise that there is a debate around disabilities and how far these are considered to be issues of 'health'. For example, some disabled people may be in excellent health. Some disabled people may have a health condition which is unrelated to their disability.

There are different views about this and we recognise that some disabled people may have a health issue as well as their impairments, or they may consider themselves to have a health issue rather than a disability. Equally, some doctors may have differing ideas regarding what concerns 'health' and what concerns a 'disability'.

Our concern is to protect the public and we do not feel that we can give an answer as to whether or when these issues are linked, or separate. For this reason, when writing this document, we have included information about disabled people and information about the protection given to disabled people by the law, particularly by the Disability Discrimination Act. We will keep this document under review, and if good practice in this area changes, we will change it.

### ***Character reference***

We also ask applicants to send in a character reference as part of their application.

A character reference needs to be provided by 'a person of professional standing in the community'. This can include a health professional registered by the HPC, doctor, solicitor, accountant, bank manager, justice of the peace, minister of the church, rabbi, imam or other religious official acceptable to the Council.

The person who gives the character reference must also have known the applicant for at least three years and must not be a relative of the applicant. Some applicants therefore ask their doctor to complete their character reference as well as their health reference. Whether the doctor feels sufficiently informed and / or whether they are willing to complete the character reference is the personal decision of the doctor.

## **Section 2. Information for doctors**

This section contains guidance about the information that we need when you complete your patient's health reference.

You have been asked to complete a health reference for your patient because they wish to become registered with us. Their health reference must be signed by a registered medical practitioner (see page 13 of this document). You may also wish to read the note on page 13 about confidentiality, if you haven't already read it.

### ***Good health***

When you complete your patient's health reference, you do not need to assess whether they are 'healthy'. This is because someone may be unwell, they may have a condition for which they need treatment, or they may be a disabled person, but nevertheless be able to practise their profession safely.

### **Example**

An applicant has had diabetes for several years. She manages her diabetes with insulin, which she injects herself. After completing her course, she visits her doctor to ask her to complete her health reference.

The doctor looks at her patient's notes and discusses with her patient how she is currently managing her condition. Although there are many details about the diabetes history available to the doctor, she does not feel that any of these are relevant to her patient's ability to practise her profession. She therefore signs the health reference, making no mention of her patient's diabetes.

### ***Professional skills***

You may be asked to complete a health reference and be concerned that the person does not have the professional skills that they need in order to become registered in that profession.

However, you should be aware that the purpose of the health reference is not to assess the applicant's professional skills. This



assessment is made by their education provider (usually a university), who decide whether they can graduate from the relevant course. In graduating from a course that we have approved, they must have the professional skills that they need in order to practise.

In particular, if you are concerned that your patient's impairment may mean that they are not able to practise, then you should be aware that their education provider (normally a university) will have ensured that they can meet our standards for their professional skills as part of their course. You do not have to make this assessment.

You do not need, therefore, to be immediately familiar with a profession, and the different areas in which people of that profession practise, in order to sign an applicant's health reference.

### **Example**

A student has just completed her course in orthoptics, and is about to apply to be registered with us.

Her doctor is not familiar with the profession and is not sure what areas the profession covers. However, from looking at her patient's records, she can see that there are no health issues which would raise questions about public safety and so she is confident that she can sign the health reference form.

### ***Likelihood of employment***

When completing a health reference, you may be concerned about the likelihood of your patient becoming employed in their profession. However, you should be assured that the purpose of the health reference is not to assess whether the applicant is likely to find work.

Employment issues are separate from registration with us and are dealt with by employers and applicants separately. When we register someone, we want to know that they meet our standards and this is the only basis on which we can make registration decisions.

Many of the professions on our Register work directly with patients in what might be called a 'traditional', clinical setting. However, not all health professionals work like this and we recognise that there are

some people (particularly some disabled people) who may be able to meet our professional standards, and work successfully in some areas of their profession but not in others. You do not need to assure us that the person is physically able to complete a full working day, for example, and you do not need to inform us of whether you believe that the person is able to work in certain environments. These decisions are the responsibility of the health professional and their employer, after they are registered.

For more information, please see 'The differences between registration and employment' on page 7.

### ***Your professional opinion***

In completing the health reference, we are asking you for your professional opinion on the health of your patient and whether it will impair their fitness to practise. You need to look at the evidence available to you at the time and make a reasoned, professional judgement about the information that you think we need to know.

Your professional opinion should be informed by the fact that any employer would have a duty to make reasonable adjustments for their employee under the Disability Discrimination Act.

Also, in writing the health reference for your patient, you are providing them with a service. The Disability Discrimination Act covers service providers, which means that your patient may be protected under the Disability Discrimination Act part 3. You should ensure any information that you give us avoids stereotypes, assumptions and blanket judgements about disabled people, but instead contains only information about your individual patient, based on their individual circumstances.

### ***Public protection and any additional information you give us***

We were set up to set standards to protect the public. This means that we only need to know information about someone's health which may impact on the safety of the patients, clients or users that they come into contact with during their job.

We do not, for example, need someone's full medical history. In fact, we would encourage you not to complete a health reference with full medical history, since we do not want to receive information that is not relevant to public protection. Details of operations that your patient has undergone, medication prescribed and so on are not necessarily relevant to someone's fitness to practise. What the health reference asks you to do is to make a professional decision about the information that is relevant to their fitness to practise.

There is no need for you to supply additional information on your patient's health reference, you can sign it and provide no further details. However, you may decide that, in addition to signing the reference, you wish to provide some further information to us.

The kind of information that may be relevant is down to the discretion and the professional judgement of the individual doctor. We suggest, however, that the kind of information that may be relevant could include communicable diseases, alcoholism and mental health issues that might have a bearing on patient safety (including information on whether the condition can be or is managed with medication or other treatment).

We are not suggesting that mental health issues necessarily impair fitness to practise, but you may find that questions of insight and understanding (see below) are relevant to some mental health issues. It is important that you do not assume that someone is 'dangerous' based on a stereotype about their disability, but instead base any information that you give on an informed, professional decision about that individual and any risk that they pose to the public.

### **Example**

A student has graduated and returned from travelling for several months. While away, she was involved in a serious accident and needed urgent treatment. She was then flown home for continuing treatment and therapy.

She is still recovering and is assembling her application for registration ready for when she is able to return to work. She asks her doctor to complete her health reference. Her doctor is

assured that although she has been extremely unwell, there are no issues around her accident which would jeopardise her ability to practise safely. Her doctor particularly takes into account the fact that, once registered, she will be required to take steps to ensure that she only practises in those areas where she is confident she can meet the HPC's standards. The doctor therefore signs her health reference, giving no further information about the applicant's accident.

### Example

A student has had clinical depression for more than five years, during which time she has been taking various anti-depressants. She discusses with her doctor how her medication is helping her to control her depression and that she has been taking it successfully for almost a year. She also discusses the ways that she has managed her depression whilst studying, by managing stressful situations, by recognising the early signs of stress and receiving counselling, and she has found out how she can continue to do this when she is working. Her doctor is confident that although her depression is long-term, it presents no risk to the public. She therefore signs her patient's health reference, giving no further information about her clinical depression.

### Example

An applicant to the Register has been receiving treatment for alcoholism for several years.<sup>2</sup> The applicant is honest about his alcoholism and thinks that he will be able to control his condition.

From discussion with his patient, the doctor is reassured that his alcoholism will not impair his fitness to practise, but nonetheless is concerned that this may be a factor which could impact on public safety. He therefore signs the health reference, but, with the patient's consent, provides brief information about his patient's alcoholism treatment.

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<sup>2</sup> Please note that alcoholism and drug is-use are not covered by the Disability Discrimination Act.

### ***Patient consent for additional information***

Because obtaining a health reference is a necessary part of registration with us, it is assumed that when an applicant approaches you for a reference, they are only giving implied consent to provide a positive reference.

This means that if you need to give us additional information on the health reference about your patient's health, you should ask for your patient's consent to do this. If your patient does not give consent, then you should not provide the additional information

### ***Insight and understanding***

In some circumstances, whether the patient has insight and understanding into their health will determine the information that you give on their form. This is particularly likely to be relevant when your patient has issues with their mental health, but may be relevant to any health condition that impacts on someone's fitness to practise.

The two examples below show how the same health condition may lead to a different outcome, based on the insight and understanding of the applicant.

### **Example**

Someone with epilepsy approaches his doctor to ask for a health reference. The doctor looks over her patient's records and discusses the health reference with her patient. She notes that he has had epilepsy since he was a child. He has been taking the same kind of medication for over two year, and has not had a seizure during this time. He tells her of his plans for combining his work with his condition, including briefing his colleagues and keeping a small supply of his medication safely at work.

The doctor is assured that her patient's insight and understanding into his condition, and the way that he participates in ensuring his continuing treatment, to ensure his safety, means that his epilepsy would not affect his capacity to practise his profession. She therefore signs the health

reference form and does not put any information on it about his epilepsy, since she does not consider that it is needed.

### Example

Someone with epilepsy approaches his doctor to ask for a health reference. The doctor looks over her patient's records and discusses the health reference with her patient.

She discusses medication with her patient and he tells her that he does not like taking his medication, and frequently avoids taking it, as he experiences side-effects. Due to this, he has had seizures recently and several times has run out of medication when he has not picked up a prescription. The patient is defensive about his medication, mentions that he may not tell his employers about it as he is worried about discrimination, and is not willing to discuss ways of managing his epilepsy.

The doctor is concerned that her patient's lack of insight and understanding into his condition may impact on his ability to deal with patients. Hence she asks her patient's consent to give additional, brief information about his epilepsy. The patient agrees to this, and she completes the reference accordingly.

Dealing with patients who do not consent to you providing additional information is dealt with on page 24.

### ***Is this an occupational health check?***

An occupational health check is normally carried out on behalf of an employer. It concerns someone's ability to work in a specific work environment. It is not the same as the health reference, because the health reference is about the person's registration (ie: their ability to meet our standards) and is not tied to one specific place of employment, or any area in which they practise.

### Example

An applicant to the Register has an impairment which means that she is unable to stand for long periods of time. She is

applying to be registered as a biomedical scientist, and her doctor is initially concerned at how she will manage lab work, where she may need to stand.

Having discussed this with the applicant, the doctor realises that concerns about standing would be an employment issue (which the employer could tackle through reasonable adjustments) and do not impact on the applicant's ability to practise lawfully, safely and effectively.

The doctor therefore signs the health reference and does not include details of the applicant's disability.

***What are the implications for me of filling in the health reference?***

After you have completed a health reference and the applicant has sent it to us, we may contact you if we need to get more information. If we have to do this, we will get consent from the applicant first.

Once the applicant is registered with us, if we held a hearing concerning that person's health, then it is very unlikely that we would contact you to question your original decision.

If we became aware that a doctor had filled in a health reference form fraudulently, then we would inform the General Medical Council. However, if a doctor makes a reasoned, reasonable professional decision about the information that they need to tell us, then we consider that this is extremely unlikely to happen.

You should also be aware that any person who provides any reference about someone (including, for example, a reference for a job application) has a duty of care both to the person who asks for the reference and to the organisation or person on whose behalf the reference is prepared. The referee could be liable for damages if the subject of the reference suffers loss which is caused by negligence because of, for example, carelessness on matters of fact or opinion.

This is why we ask that when you complete the health reference, you make a reasoned, professional opinion about the information that you give us.

***What are the implications for my patient?***

We will make a decision about whether to register the applicant based on all of the information that we receive about them, including the health reference that you complete.

We realise that some doctors may be concerned that their decision about the health reference will jeopardise their patient's future career. Giving us additional information about your patient's health does not necessarily mean that they will be refused registration. We will take relevant information into account when we make registration decisions and we are aware that we need to act in a way that is reasoned and proportionate, with public protection as our primary aim.

***What if I do not want to sign the reference?***

If you are not willing to sign the form to confirm that, in your professional opinion, your patient's health will not impair their fitness to practise, then you should inform your patient of your decision.

If you are unwilling to give a reference because you do not believe that your patient is fit to practise, then you may only inform us about this with the further, express consent of your patient. If you cannot get this consent from your patient, then you cannot give this information to us unless there is a public interest in doing so which outweighs your duty of confidentiality owed to your patient.

***If you need to tell us about your concerns***

If you have not given your patient a health reference because you believed that their health would impair their fitness to practise, you may in certain circumstances inform us of the reasons why. This can be done without your patient's consent and, in exceptional cases, where your patient has withheld consent.

However, in doing so, you must be satisfied that the benefits of informing us outweigh the public and the patient's interest in keeping



the information confidential. This means you must balance the possible harm, both to the patient concerned and to overall public trust in the role of a doctor / patient relationship, against the benefits which are likely to arise from telling us the information.

The effect of this public interest test will be that informing us about confidential information is only appropriate in extreme circumstances, such as where your patient:

- is or may be violent;
- has a communicable disease; or
- poses a serious risk to their potential patients/ clients or users.

If you do need to inform us about the reasons why you haven't provided a health reference, you will need to tell the patient that you are going to do so, record any steps taken to obtain consent and the reasons why you need to disclose the information. Keeping a record of this will help to show how and why you have made this decision.

The process above means that there may be many circumstances where a doctor is not willing to give a health reference because of information about that person's health, but where their concern is not at a level which justifies disclosing the information without the patient's consent.

### ***Infectious diseases***

Our standards of conduct, performance and ethics say,

'You must take precautions against the risks that you will infect someone else. This is especially important if you suspect or know that you have an infection that could harm others, particularly patients, clients and users. If you believe or know that you may have such an infection, you must get medical advice and act on it. This may include the need for you to stop practising altogether, or to change your practice in some way in the best interests of protecting your patients.'

This means that applicants with HIV, or with diseases like hepatitis, are not necessarily excluded from being registered. (People with these conditions are protected by the Disability Discrimination Act)

The Department of Health issues guidance on the employment of health professionals with the HIV virus, or with hepatitis, which states that the risks of transmission from health professionals to patients are very low. It lays out steps that infected health professionals can take to ensure that they do not pass on their disease.

For this reason, if your patient has a disease like HIV, or hepatitis, we do ask you to give brief details on the health reference (with your patient's consent) for our information. You should be reassured that as long as the applicant can keep to our standards above, then this will not necessarily mean that their application is rejected.

***After your patient has been registered***

If your patient is successful in their application for registration with us, they are then able to practise in the UK using the protected title for their profession (examples of protected titles include 'radiographer' and 'biomedical scientist'. A full list is available on our website).

After their initial application to become registered, we ask registrants to 'self-declare' their health when they renew their registration. All registrants renew their registration every two years. When they renew, they will need to sign a statement confirming that there have been no changes to their health which would affect their safe and effective practice of their profession.

In addition, most registrants will go through occupational health checks when they enter employment.

We do not actively monitor the health of our registrants through ongoing health checks or similar assessments. Every registrant has a responsibility to ensure that their practice remains safe, and to restrict their practice if they need to, in order to keep to our standards. In addition, anyone can complain to us that a registrant's health is impairing their fitness to practise. If we receive a complaint, we will investigate it to see if we need to take action in order to protect the public.

## **Section 3. Information for applicants**

### ***Fees***

You may be charged a fee by your doctor to complete your health reference. Fees can vary between practices. You may wish to check when you make your appointment what the fee will be.

### ***Asking your doctor for a health reference***

You may find it useful to read through the sections we have written for your doctor, which show the kinds of information that we need your doctor to give us.

If you think that your health condition may affect your doctor's decision to sign your reference, then you may want to do some preparation before you visit your doctor. You may wish to speak to your practice receptionist, to ask for an appointment which allows adequate time for discussion with your doctor. You could send your doctor a copy of this document before your appointment, giving them time to have a look at it before you see them.

Think about the questions that your doctor may ask and prepare some answers.

You could discuss with your doctor the way that you managed the placements that you completed as part of your course, for example, and the steps you and your placement educators have taken to ensure that you can practise safely and effectively.

### ***The Disability Discrimination Act and disabled people***

The Disability Discrimination Act defines a disabled person as "Someone with a physical or mental impairment that has a substantial, adverse, long term effect on their ability to carry out normal day to day activities." 'Long term' is defined as lasting more than twelve months.

Anyone who falls within this definition is protected by the Disability Discrimination Act. You can find out more information about the

specific ways in which you are protected by contacting the Disability Rights Commission.

You may not consider yourself to have a disability, but nonetheless you are protected by the law if you fall within the definition above. Having a disability will not necessarily affect your health. See page 14 for more information.

### ***After you've obtained your health reference***

When your doctor has completed your health reference, it should be placed into a sealed envelope. Keep this with your character reference (also in a sealed envelope) and send it in to us with the rest of your application.

If your doctor has signed your health reference and has not indicated that your health would impair your fitness to practise, then (subject to the rest of the information that you need to send us, including your character reference, and registration fees) you will be registered with us.

If your doctor has provided us with information about your health, this does not necessarily mean that we will not register you. Instead, we will send your information to a 'registration panel'. Before we send the information to the panel, it will be anonymised. This means that the panel will not be able to identify you from the information they receive.

### ***The Registration Panel***

If information about you is sent to a registration panel, we will write to you to let you know, because this may delay your registration by a short time.

The panel, which will look at the information provided and decide whether:

- to register you;
- to reject your application for registration; or
- to ask for more information before making a decision.

Please note that at the time of this document being published, no applicant has been refused registration on health grounds.

***If your doctor will not sign your reference***

If your doctor will not sign your reference because they do not wish to complete this kind of paperwork (which is a decision your doctor is entitled to take) then you can ask another doctor, who has access to your medical records from the last three years, to complete your health reference.

If your medical records are not available, for example because you are claiming refugee status, or because they have been lost, or you have not had a doctor for some time, then you can ask a doctor to undertake a medical examination and complete your health reference on this basis.

If your doctor will not sign your reference because they believe that your health may impair your fitness to practise, then you should be aware that, in some serious circumstances, your doctor may inform us of the reasons why they have not given you a health reference. See the section of this document called 'If you need to tell us about your concerns' on page 24 for more information about this process. We believe that this is very unlikely to happen (and at the time of this document going to print, it has not yet occurred).

If this happened, your doctor would first ask for your consent to inform us. If this was withheld, in some circumstances they could still inform us about their concerns.

If this did happen, then we would give the information provided by your doctor to a registration panel, when you applied for registration. This would not mean that your registration would be automatically refused: we would look at all the information available to us relating to your individual circumstances.

***Your right of appeal***

If we do not register you, then you can appeal against our decision. First of all, you can appeal to us. We will then assemble a panel which will include at least one member of the public and one person

from the profession you want to be registered in. The panel will look at the information that led to your registration being refused and will also look at any information that you want to be taken into account.

You can appeal on paper only, if you wish, or you can attend the hearing yourself. Whichever way you choose to have your appeal considered, we can make the hearing accessible for you. We just need to know your requirements in advance so that we can arrange them for you. For example, we can provide documents in alternative formats, we can hold the hearing in an accessible building, or we can provide a British Sign Language interpreter, or an assistant, as appropriate.

In addition to any assistant or interpreter that you require, you can bring someone with you to the appeal. This could be a solicitor, union representative, colleague or friend, who can support or represent you.

If this appeal to us is not successful, then you can appeal to the courts against our decision.

## Section 4. Additional information

### *Finding out more from us*

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

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

Here we publish information about how we work, including the list of courses that we approve, all of our forms, news releases and much more. Our website has been designed to be as accessible as possible and conforms to the Web Accessibility Initiative's guidelines.

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

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

Telephone: 02075820866

Fax: 020 7820 9684

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

### ***Acknowledgements***

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

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

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

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

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Karen Atkinson	Senior lecturer, University of East London	Allied Health Professions Federation
Shaheen Chaudhury	Lay Council member	Health Professions Council
Mary Crawford (chair of the group)	Occupational therapist member of Council	Health Professions Council
Kate Goddard	Policy Officer	Skill: National Bureau for Students with Disabilities



Robert Jones	Physiotherapist member of Council	Health Professions Council
Dianne Keetch	Practice Development Officer, Education	Disability Rights Commission
Vincent MacKay	Head of Division of Occupational Therapy	Glasgow Caledonian University
Patricia McClure	Academic Co-ordinator for Occupational Therapy, and placement co-ordinator	University of Ulster
Philippa Simkiss	Assistant Director, Employment	Royal National Institute for the Blind
Jean White	Director – Quality and Standards	Health Professions Wales
Anna Wood	Policy Officer, College of Occupational Therapists	Allied Health Professions Federation
Sandy Yule	Radiographer member of Council	Health Professions Council

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

## **Glossary**

**Access to work** Access to work is a scheme that runs through job centres. As well as giving advice and information to disabled people and employers, Jobcentre Plus pays a grant, through Access to Work, towards any extra employment costs that result from a person's disability. You can find out more from [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

**Allegation** 'Allegation' is the word used in the Health Professions Order for when someone complains that a health professional on our Register does not meet our standards. We tend to use the word 'complaint' because we think this is easier to understand.

**Appeal** When we make a decision about someone's registration, they can appeal against that decision, first to us, and then to the courts.

**Applicant** When we say 'applicant' in this document, we mean someone who is applying for registration with us. In other information we produce, 'applicant' may refer to someone who is about to apply, or is applying, to an approved course.

**Application pack** The term 'application pack' refers to the forms, guidance notes, and documents which together comprise all the information that an applicant needs in order to apply for registration with us.

**Approved** A course that has been approved by us. This

<b>course</b>	means that it meets our standards of education and training, and that graduates from that course meet the Standards of Proficiency. A list of approved courses is published on our website.
<b>Art therapist</b>	An art, music or drama therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama.
<b>Biomedical Scientist</b>	A biomedical scientist analyses specimens from patients to provide data to help doctors diagnose and treat disease.
<b>Chiropodist</b>	A chiropodist diagnoses and treats disorders, diseases and deformities of the feet.
<b>Clinical scientist</b>	A clinical scientist oversees specialist tests for diagnosing and managing disease. They advise doctors on using tests and interpreting data and they also carry out research to understand diseases and devise new therapies.
<b>Council</b>	The Council is the group of elected health professionals and appointed members of the public who set our strategy and policies.
<b>Dietitian</b>	A dietitian uses the science of nutrition to devise eating plans for patients to treat medical conditions They also work to promote good health by helping to facilitate a positive change in food choices amongst individuals, groups and communities.
<b>Disabled person</b>	The Disability Discrimination Act defines a disabled person as, "Someone with a physical or mental impairment that has a substantial, adverse, long term effect on their ability to carry

out normal day to day activities." 'Long term' is defined as lasting more than twelve months.

**Fitness to practise**

Someone's 'fitness to practise' is their ability to practise their profession in a way which meets our standards. When we say that someone is 'fit to practise', we mean that they have the skills, knowledge, character and health to do their job safely and effectively. We also mean that we trust them to act legally.

**General Medical Council Health Professions Order**

The regulator for doctors in the UK.

This is the legislation that created the Health Professions Council, which determines our role and remit.

**Health reference**

A health reference is part of the information that we need from applicants to the Register. This is signed by a doctor to confirm that the person is fit to practise their profession.

**Occupational therapist**

An occupational therapist uses specific activities to limit the effects of disability and promote independence in all aspects of daily life.

**Operating department practitioner**

Operating department practitioners (or ODPs) participate in the assessment of the patient prior to surgery and provide individualised care.

**Order**

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

**Orthoptist**

An orthoptist specialises in diagnosing and treating visual problems involving eye movement and alignment.

<b>Orthotist</b>	See 'prosthetists and orthotists'.
<b>Paramedic</b>	Paramedics provide specialist care and treatment to patients who are either acutely ill or injured. They can administer a range of drugs and carry out certain surgical techniques.
<b>Personal assistant</b>	We have used the terms 'personal assistant' and 'support worker' in this document to refer to people who assist or support disabled people. This term should not be confused with an assistant practitioner, for example, a physiotherapy assistant.
<b>Physiotherapist</b>	Physiotherapists deal with human functions and movement and help people to achieve their full physical potential. They use physical approaches to promote, maintain and restore wellbeing.
<b>Podiatrist</b>	Podiatrist is another word for chiropodist. See the entry 'chiropodist', above.
<b>Practice placement</b>	All courses that are approved by us must include practice placements. These are an opportunity for the students to gain workplace experience of their intended profession.
<b>Professional body</b>	Each of the professions that we regulate has at least one 'professional body'. The professional body represents its members and the profession. It promotes and raises the profile of the profession, and develops its learning. Membership of a professional body is optional, although many registered members choose to be a member, in order to benefit from the services they offer, which may include professional indemnity insurance, and a magazine or journal.

<b>Professional Liaison Group (PLG)</b>	This is our term for a committee we set up for a certain period of time, to look at a certain project. The group who helped to draft this document were the 'Health, Disability and Registration professional liaison group'.
<b>Prosthetist</b>	Prosthetists and orthotists are responsible for all aspects of supplying prostheses and orthoses for patients. A prosthesis is a device that replaces a missing body part. An orthosis is a device fitted to an existing body part in order to improve its function or reduce pain.
<b>Protected title</b>	Each of the professions that we regulate has a 'protected title' (like 'physiotherapist', or 'dietitian'). Only people who are on our Register can use these titles. Anyone who is not on our Register and uses a protected title is breaking the law, and could be prosecuted.
<b>Qualifications body</b>	Under the Disability Discrimination Act, we (the Health Professions Council) are termed a 'qualifications body', because we award people registration, which allows them to practise their profession.
<b>Radiographer</b>	Diagnostic radiographers produce and interpret high-quality images of the body to diagnose injuries and diseases, for example, x-rays, ultrasound or CT scans carried out in hospital. Therapeutic radiographers plan and deliver treatment using radiation.
<b>Register</b>	The Register is a list that we keep of health professionals who meet our standards. We publish the Register on our website, so anyone who wishes to check a health professional's registration can do so online, free of charge.

<b>Registered Medical Practitioner</b>	A doctor who is registered with the General Medical Council, or an equivalent body outside the UK.
<b>Registrant</b>	The term 'registrant' refers to a health professional who is on our Register.
<b>Registration panel</b>	If we receive additional information in a health reference, we will send this to a health panel for a decision. Before being sent, the information is anonymised. The registration panel will then decide whether to register the person, to reject the application, or to request further information.
<b>Scope of practice</b>	A health professional's scope of practice is the area or areas of their profession in which they have the knowledge, skills and experience to practise lawfully, safely and effectively.
<b>Speech and language therapist</b>	A speech and language therapist assesses, treats and helps to prevent speech, language and swallowing difficulties.
<b>Standards of Proficiency</b>	These are the professional standards that we set, which applicants must meet in order to be registered with us. They lay out the professional skills that we require.
<b>Support worker</b>	See 'Personal assistant'.





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