



Information about the health reference

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

“I have a problem with my health – will this stop me getting registered?”

“What is the health reference for?”

“I am a doctor; how can I complete my patient’s 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 people reading this document to get the information they need, we have split it up into sections.

- Section one is called **About us (the HPC)** and contains information about us, and our standards, and what we do.
- 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 in it you can find 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

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, chiropody, you are still not able to call yourself a 'chiropodist' 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. We also mean that we trust them to act legally.

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. 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 struck off 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.

‘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 same as fitness to work, which is decided at a local level between a registrant and an employer.

If someone with a disability registers with us, any employer then needs to deal with their responsibilities under the Disability Discrimination Act. These would include accessibility and reasonable adjustments. 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 that will be employed. We simply register people who meet our standards.

This means that someone who meets all of our standards for their profession may not ever work in some areas of that profession.

Example

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

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 you must meet in order to be registered. 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, unless there is an issue of public protection.

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...’

Registrants using BSL who dealt directly with patients would also have to make sure that they continued to keep our standard about respecting confidentiality. But what this example shows is that a registrant can make adjustments to their practice, still meet our standards, and become registered.

We don’t publish a list of ‘approved’ ways of meeting our standards, because we feel that this level of detail is best negotiated directly between an applicant and their University, firstly, 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’. This section explains what we mean by ‘scope of practice’.

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 profession¹.

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.

¹ 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

‘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.’

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

A dietitian, registered with us, who had a visual impairment, began to experience further deterioration in his sight. He became concerned that he was going to become completely blind.

He discussed this with his employer, who offered him extra support while he was adjusting to his changing ability to see. He was offered software which enabled him to see the text on his computer, so that he could take electronic notes. He agreed with his employer to refer any patients that he was not confident of being able to treat fully, to his colleagues.

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

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 practise may change over time, and every health professional should be aware of their scope of practice and ensure that they only practise within it.

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 doctor is asked to complete the form to tell us that the applicant is 'of good health physically and mentally', and also that the doctor is '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 doctor then seals the health reference in an envelope, and returns it to the applicant, who sends it to us as part of their application.

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 in order to complete the character reference, or whether they are willing to complete the character reference is the personal decision of the doctor.

Confidentiality

We do not require a consent letter from an applicant, authorising the doctor to release their medical information. This is because when an applicant gives their doctor the health reference, they are in effect giving their consent for the doctor to complete the form.

When we receive your application, it will be 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.

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.

Section 2. Information for doctors

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

Good health

When you complete your patient's health reference, you do not need to assess whether they are in 'good health'. This is because someone may have poor health, or may have a condition for which they need treatment, 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 University, who decide whether they can graduate from the relevant course. In graduating from a course that we have approved, they gain the professional skills that they need in order to practise.

You therefore do not need 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 the Health Professions Council.

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 medical or 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 people with some disabilities) who may be able to meet our professional standards, and work successfully in some areas of their profession and 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 after they are registered.

For more information, please see 'The difference between registration and employment' on page 8.

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, using your professional skills and experience, make a reasoned judgement about the information that you think we need to know.

Public protection

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 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, etc. 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.

The kind of information that may be relevant is down to the discretion and the professional judgement of the individual doctor, but we suggest 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).

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, and then to be 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

An applicant to the Register has been receiving treatment for alcoholism for several years. The applicant is honest about his alcoholism, but says that he does not think he can fully control it.

From discussion with his patient, the doctor is concerned that his alcoholism is likely to have an impact on his ability to practise safely. He therefore makes a note of the patient's alcoholism on the health reference.

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 have a different health reference, 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 years, and has not had a fit during this time. Speaking to her patient, 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 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 with her patient his medication, and he tells her that he does not like taking his medication, and frequently avoids taking it, as he suffers from side-effects. Due to this, he has suffered from fits 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 when she completes the health reference, she does not sign the form, instead she gives her contact details, and gives brief details of her concerns and her patient's epilepsy.

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 a disability which means that she has trouble standing 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 cope with 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, occupational health issue, 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.

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 negligently or fraudulently, then we could inform the General Medical Council. However, we consider that 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.

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 notes 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.

We would like to encourage you to share relevant information with us. If we have information from you that is relevant to the person's fitness to practise, then we can make an informed decision. Without this information, the public may un-necessarily be put at risk.

What if I do not want to sign the reference?

If your concerns about your patient's health mean that you do not feel that you can sign the reference, then you can do the following:

- Complete the form with your name and contact details.
- Give brief information about why you do not feel that you can sign the form.
- Leave the signature box blank.
- Seal in an envelope and give to the applicant for them to submit as part of their application.

We may then contact you to get additional information about the applicant's health.

Alternatively, you could advise your patient to get their health reference completed elsewhere. We would like to encourage you to give us the relevant information, however, because if there is an issue around public protection then it is important that we receive the information we need in order to make an informed decision about the applicant's registration.

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. 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, and 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, 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.

Section 3. Information for applicants

Fees

You may be charged a fee by your doctor to complete your health reference. Fees can vary from practice to practice.

After you've obtained your health reference

When your doctor gives you your completed health reference, it will be sealed in an envelope. Do not unseal the envelope, instead put it with your character reference (which will also be 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 provides 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 consist of at least one person from the profession in which you want to be registered, and at least one member of the public, will look at the information given, 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.

Finding out what is in your health reference

Our process means that you will not be aware of what your doctor has written in your health reference unless they specifically tell you. This helps the doctor to feel that they can give us impartial information about your health.

You should be aware that references are not subject to the data protection act, so we keep your reference confidential to us, and we cannot release its contents to you, even if you ask us to.

The exception to this is that if we reject your application on the basis of your health, and you appeal against that decision. For a fair appeal hearing to take place, it is important that you have access to all the same information as the appeal panel, so that you can respond fully with any appropriate information. This is why, if you appeal against a decision based on your health reference, we will then give you a copy of the health reference.

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.

If this appeal 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

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.

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

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SE11 4BU

Telephone: 02075820866

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Email: 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 groups 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.

Name	Position	Organisation
Karen Atkinson	Senior lecturer, University of East London	Allied Health Professions Federation
Sheila Blair	Development Officer	British Council of Disabled People
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

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	Lecturer	University of Ulster
Philippa Simkiss	Assistant Director, Employment	Royal National Institute for the Blind
Jean White	Acting Director of 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, and any mistakes in this document remain our responsibility, and are not the fault of this group.f

Glossary

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 course	A course that has been approved by us. This 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.
Art therapist	Arts therapists are regulated by us. An art, music or drama therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama.
Biomedical Scientist	Biomedical scientists are regulated by us. A biomedical scientist analyses specimens from patients to provide data to help doctors diagnose and treat disease.
Chiropodist	Chiropodists are regulated by us. A chiropodist diagnoses and treats disorders, diseases and deformities of the feet.
Clinical scientist	Clinical scientists are regulated by us. 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.
Council	The Council is the group of elected health professionals and appointed members of the public who set our strategy and policies.

Course	See also 'Programme'
Dietitian	Dietitians are regulated by us. 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.
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	The regulator for doctors in the UK.
Health Professions Order	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	Occupational therapists are regulated by us. 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, are regulated by us. Operating department practitioners participate in the assessment of the patient prior to surgery and provide individualised care.
Order	Also sometimes referred to as the 'Order in Council'.
Orthoptist	Orthoptists are regulated by us. An orthoptist specialises in diagnosing and treating visual problems involving eye movement and alignment.
Paramedic	Paramedics are regulated by us. 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.
Physiotherapist	Physiotherapists are regulated by us. 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.

Podiatrist

Podiatrist is another word for chiropodist. See the entry 'chiropodist', above.

Practice placement

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.

Professional body

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.

Professional Liaison Group (PLG)

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'.

Prosthetist

Prosthetists and orthotists are regulated by us. 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.

Protected title

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.

Qualifications body

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.

Radiographer

Radiographers are regulated by us. 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.

Register	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.
Registered Medical Practitioner	A doctor who is registered with the General Medical Council, or an equivalent body outside the UK.
Registrant	The term 'registrant' refers to a health professional who is on our Register.
Registration panel	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, which is made up of at least one registered health professional, and one member of the public, will then decide whether to register the person, to reject the application, or to request further information.
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.
Speech and language therapist	Speech and language therapists are regulated by us. A speech and language therapist assesses, treats and helps to prevent speech,

language and swallowing difficulties.

Standards of Proficiency

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.

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