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PROFESSIONAL LIAISON GROUP FOR HEALTH, DISABILITY
AND REGISTRATION

Minutes of the third meeting of the Professional Liaison Group for Health, Disability and Registration held at 11:00am on Tuesday 26 April 2005 at The Health Professions Council, Park House, 184 Kennington Park Road, London, SE11 4BT.

PRESENT:

Miss M Crawford	Chairman
Mrs K Atkinson	Representative of Allied Health Professions Federation
Ms P McClure	Lecturer; University of Ulster
Mr V McKay	Representative of Glasgow Caledonian University
Mr W Oliver	Representative of Health Professions Wales
Ms P Simkiss	Representative of the Royal National Institute for the Blind
Ms A Wood	Representative of Allied Health Professions Federation

IN ATTENDANCE:

Ms J Bailey	UK Registration Officer, HPC
Miss S Butcher	Secretary to the PLG
Mrs S Gillick	UK Registration Team Leader, HPC
Ms R Tripp	Policy Manager, HPC

Item 1.05/24 APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from the following; Ms S Chaudhry, Ms K Goddard, Dr R Jones, Ms J White, (Mr W Oliver attending in her place), Dr S Yule.

Item 2.05/25 APPROVAL OF AGENDA

- 2.1 The Professional Liaison Group for Health, Disability and Registration approved the agenda.

Item 3.05/26 CHAIRMAN'S WELCOME AND INTRODUCTION

- 3.1 The Chairman welcomed all members to their third meeting as the Professional Liaison Group for Health, Disability and Registration. The Chairman thanked Ms R Tripp for her significant contribution to the Group's work in progress, namely in the creation of a first draft of its two key documents; Information about the Health Reference and Becoming a Health Professional.

ITEMS TO NOTE

Item 4.05/27 MINUTES OF THE PLG – HEALTH, DISABILITY AND REGISTRATION HELD ON 24 FEBRUARY 2005

- 4.1 It was agreed that the minutes of the second meeting of the PLG Health, Disability and Registration be confirmed as a true record and signed by the Chairman.

Item 5.05/28 MATTERS ARISING

5.1 Item 8.7 – Matters Arising – Questions and Concerns that the Document Could Address

The Group noted that references were exempt from the Freedom of Information. However, Ms Tripp had clarified with the Fitness to Practise department that if registration had been declined based on information in a health reference, and the applicant then appealed, this information would need to be supplied to the appellant in order to have a fair appeal.

ITEMS FOR DISCUSSION

Item 6.05/29 INFORMATION ABOUT THE HEALTH REFERENCE

- 6.1 The Professional Liaison Group received a paper for discussion from the Policy Manager.
- 6.2 Ms Tripp reported that she had compiled a first draft of the document 'Information about the health reference' and sought the Group's views on the paper to date.
- 6.3 A good response was received by the Group, all members found the document was easy to read and well presented. Ms Tripp explained that in its final form the text would be professionally laid out and formatted in line with the other documents that HPC produced, sent for evaluation by the plain English campaign and crystal marked. The Group noted that a variety of Institutions were increasingly following this direct route of communication and were therefore happy with this approach.
- 6.4 The Group strongly recommended that feedback was sought from GPs on the health reference document as they were active participators in this process. Ms Tripp confirmed that the British Medical Association was on the consultation list and its members would be asked to comment. The Group noted that it would also be advantageous to seek the views of the registered medical practitioners who sat on the fitness to practise committees.

Action: RT

- 6.5 The Group discussed the title and whether or not it merited a subtitle so to make it clear who the information was privy to and what the purpose of the health reference was? The Group considered whether the HPC had included a sufficient number of professions and or case studies and whether these were helpful and relevant in content.

6.6 The Group reviewed the Case Studies provided and recommended the following amendments:

- p18 case study - alcoholism, wasn't made clear whether the doctor had signed the health reference or not. The Group felt that the inference was that he had not and therefore this needed to be amended for clarity.

- p9 case study – hearing impairment. The Group noted that to have a health professional go directly into teaching without having first acquired any level of clinical experience was not a realistic example and felt that questions may be raised. The Group recommended that this be amended to read that the health professional went into research first, as a period of 3 years experience was the normal requirement before teaching could be pursued. The Group noted that overall the example was very good and clearly demonstrated how the standards of proficiency could be met and maintained.

6.7 The Group discussed the advantages and disadvantages of including examples earlier on in the document that illustrated those instances when doctors may not sign the health reference of their patient. The Group noted that it was wary of providing negative examples earlier on in the document as this could easily put people off from reading any further and understanding the whole context of the health reference.

- P12 case study – visual impairment. The Group recommended that reference should be made to the 'Access to work' scheme. The Group asked to remove the reference to referring patients on to colleagues as they were not sure which patients or situations this might refer to. The Group felt that reasonable adjustments could be made in negotiation with her employer, and that the example should explain that support from the employer would be ongoing. Through this example it would be shown how such a registrant could meet the standards of proficiency within their own scope of practise.

INFORMATION FOR DOCTORS

The Group discussed whether, in the case study on page 15, the doctor should write details about the patient's diabetes. They discussed whether this question could be flagged during the consultation on the documents. The Group discussed the appropriateness of the terminology 'good health' and whether this should be replaced. Ms Tripp clarified for the Group that the terminology adopted in the Health Reference document could not be amended as the wording was approved by parliament. The Group recommended the removal of words such as 'unwell'.

P18 – case study – Alcoholism. The Group recommended that the case study should be clarified to show that the doctor did not sign the reference.

P18-19 – case study – Epilepsy. The Group noted that it was important to establish consistency throughout all of the documents. In particular the Group noted that as long as a condition was managed effectively and did not pose a problem for the applicant in the successful functioning as a health professional it was not relevant to indicate this health condition on the form. The Group noted that frequently doctors would list irrelevant information on the health reference form for fear of being accused of negligence. The Group noted that it should therefore be made explicit in the guidance that once employed, health professionals would be subject to their employer's occupational health screening and support. The Group also advised changing phrases such as 'suffering from', in order to avoid causing offence.

P20 – case study – biomedical scientist. The Group recommended that the word 'cope' was removed from the example given for the biomedical scientist and replaced with 'manage'. The Group also agreed that in the second paragraph of the example an additional sentence be added that states (in italics) 'the doctor realises that concerns about standing would

be an employment, occupational health issue *“which could be tackled by reasonable adjustments”*.

The Group agreed that it was important not to convey an image that implied employers would discriminate. The Group hoped that by providing as much information as possible on HPC’s role in this process, prospective registrants would be better equipped to understand and meet the standards of proficiency by which self regulation was achieved.

INFORMATION FOR APPLICANTS

The Group discussed the need to provide further information for applicants on how to communicate with their doctors effectively so to ensure that the most relevant information was detailed on their health reference form. The Group noted that there was a discrepancy when U.K. registrants were expected to have been registered with the same GP for a period of 3 years when International Registrants did not have to meet the same criteria.
Action : RT

The Group discussed the Glossary and recommended that where it listed ‘Order’ further information should be provided, to explain this. The Group also thought that it would be useful to include the requirement for the GMC registration number so that the GP’s registration could be verified easily.

Item 7.05/30 BECOMING A HEALTH PROFESSIONAL

- 7.1 The Professional Liaison Group received a paper for discussion from the Policy Manager.
- 7.2 The Group discussed the second draft of the document ‘Becoming a Health Professional’. Ms Tripp reported that an acknowledgements section had been drafted and anticipated that its inclusion would add to the document via the demonstration of the valuable input gained from external organisations and stakeholders. The members of the Group present were happy for their names to be included in this

context. The Group were satisfied that a document had been produced catering specifically for the needs of potential applicants and admission tutors and commended Ms Tripp on her good work.

7.3 The Group discussed whether or not the document required the inclusion of a section regarding the responsibilities of placement providers. Ms Tripp reported that this had not been incorporated as placement providers were not accountable to the Health Professions Council and did not want to give this impression. The Group noted recent changes in the law which meant that placement providers had a direct responsibility under the DDA, and recommended that this should be included in the document.

7.4 The Group discussed the document in full and made the following recommendations for amendments:
p4 Section 3 was called 'Information for admissions staff'. The Group noted that academic and disability support staff should also be included in this.

p1 The title of the document was 'Becoming a health professional'. The Group discussed whether this should include 'registered' and agreed that this should be incorporated.

p3 The Group discussed the relevance of the term 'disabled people' which had been used throughout the document in preference to 'people with disabilities'. The Group noted that the term 'disabled people' had been informally recommended by Diane Keetch, a representative from the Disability Rights Commission (DRC). The Group agreed that they wanted to use language which was up to date, and that they would use the term 'disabled people' and also address this as one of the questions when the document went to consultation.

p8 The Group discussed the flow chart which demonstrated the process for becoming a health professional. The Group discussed the central box within the flow chart and agreed that the text put in this box inferred that the course decides if

candidates were offered a place or not based upon the reasonable adjustments they made. This was incorrect and agreed that this should be amended for accuracy with a statement such as 'the education provider looks at the application'. The Group agreed to remove the box in which it was stated that their application for registration was not successful. This was because it was the responsibility of the University to make this information known and not a matter for HPC.

p9 The Group discussed the last paragraph and agreed to include the word 'ensuring' before Fitness to Practise. The Group also discussed the second from last paragraph and that it should also be noted that a place on an approved course was not a guarantee of registration.

P11 The Group agreed that the last sentence of the second paragraph be removed 'unless there is an issue of public protection'. The Group also discussed the confidentiality issue of assistants sharing information and therefore agreed for the inclusion in paragraph 6 of 'any registrant using a support worker' to show that this applied to any registrant using an assistant, not only to those who used British Sign Language.

P17 The Group agreed that it needed to be emphasised that the candidates' applications for registration would be treated fairly and equitably. Equally it was agreed to stress that the earlier students disclosed their disability the greater the likelihood that reasonable adjustments would be made.

P18 The Group agreed that it should be made explicit that occupational health screening was undertaken at universities as a matter of course for all students.

Information for Admissions Staff

P22 The Group discussed the visual impairment example given and recommended that the example be changed, since many professions included practitioners with visual impairments whose ability to make assessments was not affected. They

suggested that it was changed to concerns regarding undertaking scalpel work or administering local anaesthetics.

P24 The Group agreed that it should be emphasised to admissions staff that they may like to contact students with disabilities prior to their entry onto a course so to ensure that all of their needs are catered for accordingly.

The Group also discussed the implications for students who had successfully completed their course only to find that through their disability they were not able to secure employment. The Group agreed that a differentiation needed to be made between education and employment issues and that this should be addressed as a specific question in the consultation phase.

The Group discussed section 4 and agreed that reference about physical access to buildings needed to be included. The Group discussed whether there were any other relevant organisations that would be appropriate to list for information. In particular the Group flagged up organisations concerned with mental health such as MIND, the College of Occupational Therapists disability forum and the National Disability Team.

The Group agreed that they were happy to have their names acknowledged in the document. Ms Tripp reported that she would e-mail all other members not present at today's meeting to check that they agreed. Ms Tripp reported that over 300 organisations would be asked for their involvement in the consultation phase, this included Local Authorities, Student Organisations, Student Unions and country specific Student Unions. Ms Tripp requested that if the Group had any further detailed feedback to be provided on these two documents that this should be forwarded as soon as possible for its timely inclusion by the end of May 2005.

Item 8.05/31 ANY OTHER BUSINESS

8.1 There was no other business.

Date
2005-05-13

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Draft
DD: None

Int. Aud.
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Item 9.05/32 DATE AND TIME OF NEXT MEETING

- 9.1 The next meeting of the PLG – Health Disability and Registration would be at 11:00am on Tuesday 21 June 2005.

CHAIRMAN:

DATE:

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