Information about the health reference
Contents

Who is this document for? 2
About the structure of this document 2

**Section 1: Introduction 3**
About us (the HPC) 3
How we are run 3
About registration 3
Applying for registration 3
The differences between registration and employment 4
Meeting our standards 4
Scope of practice 5
The health reference 6
Confidentiality 7
Who can sign the health reference? 7
Checking the health reference 7
Disabilities and the health reference 7
Character reference 8

**Section 2: Information for doctors 9**
Good health 9
Professional skills 9
Chances of finding a job 9
Your professional opinion 10
Public protection and any extra information you give us 10
Patient permission for providing extra information 11
Insight and understanding 11
Is this an occupational health check? 12
What will happen as a result of me filling in the health reference? 12
How will this affect my patient? 13
What if I do not want to sign the reference? 13
If you need to tell us about your concerns 13
Infectious diseases 14
After your patient has been registered 14
Section 3: Information for applicants 15

Fees 15
Asking your doctor for a health reference 15
The Disability Discrimination Act and disabled people 15
After you’ve got your health reference 15
The registration panel 15
If your doctor will not sign your reference 16
Your right of appeal 16

Section 4: Extra information 17
Finding out more from us 17
Glossary 18
Who is this document for?

“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.

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 people applying to be registered with us (applicants) need to send in as part of their application.

You may find this document useful if you are:

– a doctor who needs to complete a health reference for your patient;
– applying to us to be registered;
– considering applying to be registered; or
– in the final year of your course and collecting 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 possible audiences, but it should help to give you an idea of whether this document will help you.

About the structure of this document

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

– Section one is the **Introduction** and contains information about us, 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 to register 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 **Extra 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.

Health professionals on our Register are called ‘registrants’.

We currently regulate 13 health professions.
- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists / orthotists
- Radiographers
- 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 at 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 that their health professional is registered.

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 sets 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. The Council sets our strategy and policy, and makes sure that we are fulfilling our duties under the Health Professions Order.

About registration

Health professionals must register with us before they can use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you will still not be 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 so is eligible to apply for registration. We need more information from them 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.

Applicants also need 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 make sure 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 major difference between being registered as a health professional and being employed as a health professional.

We deal with registering 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.

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

Example

A registered occupational therapist develops pneumonia. She is on sick leave for several weeks while she recovers. Although she is not fit enough to work, she is still on the Register, because her ‘fitness to practise’ is not affected by her illness.

As well as negotiating fitness to work, all employers need to carry out their responsibilities under the Disability Discrimination Act 1995. These include providing an accessible workplace and making 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 mobility problem with her legs. 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 to become registered. (The standards are available from our website at www.hpc-uk.org. If you need a copy in a different 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 so that she can communicate with her colleagues.** Using the BSL interpreter means that she can communicate effectively. So, she can therefore meet the standard of proficiency which says that anyone who registers with us 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’.

Anyone who registers who uses a personal assistant or support worker would also have to make sure that they continued to keep to our standard about respecting confidentiality. (The personal assistant would normally have to keep to the employer’s policies about confidentiality.) But what this example shows is that a registrant can make adjustments to their practice, still meet our standards and stay 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, between an applicant and their university to begin with, and then later in the health professional’s career, between them and their employer.

**Scope of practice**

Registrants 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 make sure that they only practise within it.

When a health professional comes onto the Register for the first time, they need to meet all of the standards of proficiency for their profession. (The exception to this is applicants for ‘grandparenting’ route A, who need to show three out of the last five years’ ‘lawful, safe and effective practice’ before they can be registered. This route to registration is only open for a limited time for each profession, and then closes. There is more information about grandparenting on our website at www.hpc-uk.org)

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.

After a health professional has registered with us, their scope of practice may change so that they can no longer show that they meet all of the standards of proficiency. This may be because:

- of specialisation in their job;
- of a move into management, education or research;
- of a disability or a health issue; or
- their fitness to practise in certain areas is affected 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 10 years, building up considerable expertise.

When the opportunity came to manage a team of speech and language therapists who 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 received training and completed private study to update her skills and make sure that she could safely extend her scope of practice to effectively practise in her new role.

**Example**

An occupational therapist with multiple sclerosis became ill again. 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. For example, he would be accompanied on home visits by an assistant. The assistant would also perform any manual handling that was needed. The employer and the employee would investigate ‘Access to Work’ (see the 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 make sure that the adjustments could be reviewed and changed if necessary. The employee agreed to update his employer on any further changes in his condition.

In the example above, the registrant has a responsibility to make sure that he keeps to our standards. However, on top of 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 make sure 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. The text of the health reference form
makes up part of our ‘rules’, which are approved by Parliament.

The doctor is asked to fill in the form to tell us that the applicant’s health does not affect their fitness to practise.

The doctor may:
– be the applicant’s doctor (for three years or more);
– be a doctor who has examined the medical records of the applicant over the past three years; or
– have performed a medical examination of the applicant.

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

Confidentiality

We do not need a consent letter from an applicant, giving the doctor permission 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 permission for the doctor to give it by filling in the form.

When we receive an application, it is processed by HPC Registration Officers at our offices in London. All of our members of staff have to sign a data protection statement before they start working for us 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 stored securely.

Who can sign the health reference?

Our rules, which are approved by Parliament, say that an applicant must give us a health reference if they want to be registered with us. 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 have access to their medical records from the past three years. If this is not possible (for example, if the applicant is an asylum seeker) the doctor can carry out a medical examination to help them complete the health reference.

Please note that the rules specifically say 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 check will normally involve contacting the practice to make sure that the doctor whose details are given works there, and contacting the General Medical Council to make sure that the doctor is registered.

We explain what might happen if we have any concerns about the information provided with the health reference in the section ‘After you’ve got your health reference’ on page 15.

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 not related 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 disability, or they may consider themselves to have a health issue rather than a disability. Equally, some doctors may have different ideas about what concerns ‘health’ and what concerns a ‘disability’.

Our aim 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 continue to review this document, and we will change it if good practice in this area changes.

**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 us.

The person who gives the character reference must also have known the applicant for at least three years and must not be related to them. Some applicants ask their doctor to complete their character reference as well as their health reference.
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 want to become registered with us. Their health reference must be signed by a registered medical practitioner (see pages 8 and 9 of this document). You may also want to read the note on page seven 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 which they need treatment for or they may be disabled, but they will still 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. So, she signs the health reference without mentioning 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 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 to practise.

In particular, if you are concerned that your patient’s disability means that they are not able to practise, you should be aware that their education provider (normally a university) will have made sure 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 to be immediately familiar with a profession, and the different areas in which people of that profession practise, 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.

**Chances of finding a job**

When completing a health reference, you may be concerned about the chances of your patient finding a job 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 tell us 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 four.

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 affect their fitness to practise. We are asking you to consider whether there is anything to do with your patient’s health which might affect their ability to practise safely and effectively in a way which poses no risk to patients, clients and users.

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 influenced 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 part 3 of the Disability Discrimination Act. You should make sure that any information that you give us avoids stereotypes, assumptions and judgements about disabled people, but instead contains only information about your individual patient, based on their individual circumstances.

Public protection and any extra 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 affect 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 a full medical history, as we do not want to receive information that is not relevant to protecting the public. Details of operations that your patient has had, 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.

You do not need to provide extra information on your patient’s health reference, but you can if you want to.

You should decide what information is relevant. We suggest, however, that the kind of information that may be relevant could include infectious diseases, alcoholism and mental health issues that might affect 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 affect a person’s 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. Instead you should 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 getting 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 takes into account the fact that, once registered, she will have to take steps to make sure that she only practises in those areas where she is confident she can meet our standards.

So, the doctor 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 how she has managed her depression while studying, by managing stressful situations, 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. So, she 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 (please note that alcoholism and drug misuse are not covered by the Disability Discrimination Act). The applicant is honest about his alcoholism and thinks that he will be able to control his condition.

After a discussion with his patient, the doctor is reassured that his alcoholism will not affect his fitness to practise, but is still concerned that this may be a factor which could affect public safety. So, he signs the health reference but, with the patient’s permission, gives brief information about his patient’s alcoholism treatment.

Patient permission for providing extra information

Because a health reference is a necessary part of registration with us, you should assume that when someone asks you to provide a reference, they are only giving permission for you to provide a positive reference.

This means that if you need to give us more information about your patient’s health, you should ask for your patient’s permission to do this. If your patient does not give permission, you should not provide the extra information.

Insight and understanding

In some circumstances, whether the patient has insight and understanding into their health will affect what 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 affects 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 asks his doctor 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 seizure during this time. He tells her of his plans for combining his work with his condition, including telling 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 is involved in his continuing treatment, means that his epilepsy would not affect his ability to practise his profession. So, she signs the health reference form and does not put any information on it about his epilepsy, as she does not consider that it is needed.

Example

Someone with epilepsy asks his doctor 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 often avoids taking it as he experiences side-effects. Because of 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 affect his ability to deal with patients. So, she asks her patient’s permission to give brief information about his epilepsy. The patient agrees to this, and she completes the reference.

We explain how to deal with patients who do not agree to you providing extra information on page 13.

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 (that is, 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 cannot stand for long periods of time. She is applying to be registered as a biomedical scientist, and her doctor is concerned about how she will manage work in the laboratory, 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 affect the applicant’s ability to practise lawfully, safely and effectively.

So, the doctor signs the health reference and does not include details of the applicant’s disability.

What will happen as a result of me 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 permission from the applicant first.

Once the applicant is registered with us, if we held a hearing about that person’s health, 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, we would
tell the General Medical Council. However, if a doctor makes a reasoned, professional decision about the information that they need to tell us, 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 person providing the reference could be liable for damages if the person who is 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.

**How will this affect 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 affect their patient’s future career. Giving us extra information about your patient’s health does not necessarily mean that we will refuse to register them. We will take account of relevant information when we make registration decisions, and we are aware that we need to act reasonably, with public protection as our main 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 affect their fitness to practise, you should tell your patient your decision.

If you asked the patient for permission to add more information but they said no, you may feel that you cannot sign the reference without providing this.

If you are not willing to give a reference because you believe that your patient may not be fit to practise, you may only tell us about this with your patient’s permission. If you cannot get this permission from your patient, you cannot give us this information 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 affect their fitness to practise, you may, in certain circumstances, tell us the reasons why. You can do this without your patient’s permission and, in exceptional cases, where your patient has withheld consent.

However, in doing so, you must be satisfied that the benefits of telling 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 doctors, against the benefits which are likely to arise from telling us the information.

The effect of this public-interest test will be that telling 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 or clients.

If you do need to tell us 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 get permission and the reasons why you need to give 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 circumstances where a doctor is not willing to give a health reference because of information about that person’s health, but where they are not concerned enough to give the information without the patient’s permission.

You might wish to consider the guidance produced by the General Medical Council called ‘Confidentiality: protecting and providing information’. You can access this from their website at www.gmc-uk.org

**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 people 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 employing health professionals with HIV or hepatitis, which says that the risk of health professionals passing the virus to patients is very low. It sets out steps that infected health professionals can take to make sure that they do not pass on their disease.

Once someone is on our Register, it is important that they take appropriate precautions against infection. This would include telling their employer (if they have one) and taking precautions which are realistic and appropriate to the area or areas in which they work.

For this reason, if your patient has a disease like HIV, or hepatitis, we do not necessarily need to know. However, after considering all the information in this document, you may feel (with your patient’s permission) that it is important to include some of this information on the health reference. You should be reassured that as long as the applicant can keep to our standards above, this will not necessarily mean that we will reject their application.

**After your patient has been registered**

If your patient is successful in their application for registering with us, they can then practise in the UK using the protected title for their profession (examples of protected titles include ‘radiographer’ and ‘biomedical scientist’). There is a full list on our website.

After they first apply to become registered, we will ask them to ‘self-declare’ their health when they renew their registration. Everyone must 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 them practising their profession safely and effectively.

Also, most people who register with us will go through occupational health checks when they find a job.

We do not monitor the health of everyone who registers with us through ongoing health checks or similar assessments. Everyone is responsible for making sure that their practice remains safe, and restricting their practice if they need to, to keep to our standards. Also, anyone can complain to us that the health of anyone registered with us is affecting their fitness to practise. If we receive a complaint, we will investigate it to see if we need to take action to protect the public.
Section 3: Information for applicants

Fees
Your doctor may charge you a fee to complete your health reference. Fees can vary between practices. You may want 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, you may want to do some preparation before you visit your doctor. You may want to ask your practice receptionist for an appointment to have a 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 how you have managed the placements that you completed as part of your course, for example, and what you and your placement educators have done to make sure 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 or the Equality Commission for Northern Ireland.

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

After you’ve got your health reference
When your doctor has completed your health reference, it should be put in a sealed envelope. Keep this with your character reference (also in a sealed envelope) and send it to us with the rest of your application.

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

If your doctor has given us information about your health, this does not necessarily mean that we will not register you. Instead, we will consider the information you have provided to decide whether we need to ask a registration panel to consider your application.

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.

We will write and tell you about the date of the panel at least 14 days before it takes place and invite you to send us any more information that you would like the panel to consider.

The panel meets in private and will include at least one person from the profession you want to be registered in and at least one member of the public.
The panel will meet in private to look at all the written information available and decide whether:

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

Please note that at the time of this document being published, we have not refused to register anyone for health reasons.

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

If your doctor will not sign your reference because they do not want to complete this kind of paperwork (which is a decision your doctor is entitled to take), 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, you can ask a doctor to examine you and complete your health reference on this basis.

If your doctor will not sign your reference because they believe that your health may affect your fitness to practise, you should be aware that, in some serious circumstances, your doctor may tell us 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 13 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 happened yet).

If this happened, your doctor would first ask for your permission to tell us. If you do not give your permission, in some circumstances they could still tell us about their concerns.

If this did happen, we would give the information provided by your doctor to a registration panel when you apply for registration. This would not mean that we would automatically refuse your registration. 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, you can appeal against our decision. First of all, you can appeal to us.

We will then arrange a panel which will include a doctor, 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, or you can go to 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 needs beforehand so that we can meet them for you.** For example, we can provide documents in other formats, we can hold the hearing in an accessible building, or we can provide a British Sign Language interpreter, or an assistant, as appropriate.

As well as any assistant or interpreter that you need, 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, you can appeal to the courts against our decision.
Section 4: Extra 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 at 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 meets the Web Accessibility Initiative’s guidelines.

If the information that you need is not on our website, you can also contact us at the following address.

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

Phone: +44 (0)20 7582 0866
Fax: +44 (0)20 7820 9684
Access to Work

‘Access to Work’ is a scheme that is run 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

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 to register 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 make up all the information that an applicant needs to apply to register 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.

Arts therapist

An arts therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama.

Biomedical scientist

A biomedical scientist analyses specimens from patients to provide information to help doctors diagnose and treat disease.

Chiropodist

A chiropodist diagnoses and treats disorders, diseases and deformities of the feet.

Clinical scientist

A clinical scientist monitors specialist tests for diagnosing and managing disease. They advise doctors on using tests and interpreting information, and they also carry out research to understand diseases and develop new therapies.

Council

The Council is the group of elected health professionals and appointed members of the public who set our strategy and policies.

Dietitian

A dietitian uses the science of nutrition to develop eating plans for patients to treat medical conditions. They also work to promote good health by helping people to change their food choices.

Disabled person

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**

The regulator for doctors in the UK.

**Health Professions Order**

This is the legislation that created the Health Professions Council.

**Health reference**

A health reference is part of the information that we need from people applying to join 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 are involved in assessing patients before surgery and provide individual care.

**Order**

The ‘order’ means the ‘Health Professions Order 2001’. This is also sometimes referred to as the ‘Order in Council’.

**Orthoptist**

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

**Orthotist**

See ‘Prosthetist’.

**Paramedic**

Paramedics provide specialist care and treatment to patients who are either acutely ill or injured. They can give a range of drugs and carry out certain surgical techniques.

**Personal assistant**

We have used the terms ‘personal assistant’ and ‘support worker’ in this document to refer to people who support disabled people. This term should not be confused with an assistant practitioner, for example, a physiotherapy assistant.

**Physiotherapist**

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’.

**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 so they can benefit from the services they offer, which may include professional insurance and a magazine or journal.

**Professional Liaison Group (PLG)**

This is 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 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 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 called a ‘qualifications body’, because we award people registration, which allows them to practise their profession.

**Radiographer**

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 wants 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 organisation outside the UK.

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**Registrant**

The term ‘registrant’ refers to a health professional who is on our Register.

**Registration panel**

If we receive more information in a health reference, we will make it anonymous and send it to a health panel for a decision. The registration panel will then decide whether to register the person, to reject the application, or to ask for more 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**

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 before they can be registered with us. They set out the professional skills that we need.

**Support worker**

See ‘Personal assistant’.