
Consultation on the revised Guidance on Health and Character

Executive Summary

Following public consultation between January and April 2021, we are proposing amendments to our Guidance on Health and Character.

The consultation analysis document summarises the consultation responses. This revealed overwhelming support for the changes proposed by the Executive and that the majority of respondents agreed that the proposed guidance gave clear explanations of when applicants or registrants need to declare issues with their health or character.

Where respondents did find fault with the proposed guidance, this often related to a perceived lack of detail to enable applicants, registrants or education providers to reach decisions relating to health and character. The document also provides details of the possible Equality, Diversity and Inclusion impacts noted by respondents, primarily relating to the protected characteristic of disability.

Finally, it explains the decisions we have taken when responding to feedback from respondents. For the most part, these changes were minor ones to improve clarity. Other suggested changes were not made as this would require the HCPC to take a more prescriptive approach to regulation and reduce the space for nuanced decision making by applicants, registrants and education providers.

Appended to this coversheet are the updated guidance documents proposed by the Executive as well as versions which show where changes are proposed.

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- Appendices**
- Appendix A: Update on consultation to amend Guidance on Health and Character
 - Appendix B: Consultation analysis on the revised Guidance on Health and Character
 - Appendix C: Revised Guidance on Health and Character for applicants and registrants
 - Appendix D: Revised Guidance on Health and Character for education providers
 - Appendix E: Combined guidance documents with mark up.
 - Appendix F: EQIA on proposals to amend the Guidance on Health and Character
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Previous consideration	Considered by the Education and Training Committee at its meeting on 10 June 2021. The Committee agreed to recommend the revised Guidance and the consultation document to Council For approval. The Committee asked for some minor amendments for clarity which have been implemented before presentation to Council.
Decision	Council is asked to approve the revisions to the Guidance on Health and Character and the publication of the consultation response document.
Next steps	Ongoing communication and stakeholder engagement work.
Strategic priority	Strategic priority: Promote high quality professional practice. Aim - Enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users.
Financial and resource implications	There are no additional resource or financial implications associated with this work. The implementation of this change is already factored into existing work plans.
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Update on the consultation on the revised Guidance on Health and Character

1. Background

- 1.1 When someone joins the register or renews their registration, they must declare that they are of good health and character and that neither their health nor character will impair their ability to practice in their profession. [The Guidance on Health and Character](#) provides applicants and registrants with information about making a health and character declaration. It also provides guidance to applicants and registrants about the types of information the HCPC considers relevant and when they should or must disclose this information to us.
- 1.2 We first published the Guidance on Health and Character in 2005 and it was most recently updated in 2017. This is currently targeted at applicants, registrants and education providers.
- 1.3 We have undertaken work to propose updates the Guidance to:
 - Align it with our existing online information on [self-referrals](#) and in accordance with recommendations from the '[People Like Us?](#)' research.
 - Align the criteria for character declarations across applicants and registrants at renewal.
 - Merge the Guidance on Health and Character with our [Health and Character Declarations Policy](#) in order to create a single public document for applicants and registrants.
 - Make it a more concise and targeted document by changing the layout of the document and reducing the amount of repetition. We also propose separating the existing guidance aimed at education providers and creating a standalone document.
 - Provide applicants and registrants with clear guidance about when they need to declare health or character issues to us. This was partly done through new case studies in the guidance which focus on particularly nuanced issues like mental health conditions and degenerative illnesses.
 - Ensure that it reflects current operational practice within Registration and FTP.

2. Public consultation

- 2.1 The public consultation ran between January and April 2021 and had 54 responses. This is a low number of responses compared to recent consultations (including on ODP SET1 which ran during the same period) but

is comparable to the responses for similar consultations on our guidance documents. Our consultation on the Sanctions Policy received 80 responses, for example.

- 2.2 The consultation was promoted through Communication channels and the Policy and Standards team reached out to key stakeholders to remind them of the consultation and specifically ask if they would need more time to complete. Given that none of our stakeholders raised any concerns, we decided to close the consultation on the date originally approved by Council. Our aim is that on-going stakeholder engagement and use of the website to encourage instant feedback will allow us to quickly identify concerns should they arise post go live.
- 2.3 The consultation document contains a full explanation of the feedback we received from respondents and the steps we have taken to respond to this feedback. There was overwhelming support for the changes proposed and the majority of respondents agreed that the guidance gave clear explanations of when applicants or registrants need to declare issues with their health or character.
- 2.4 Where respondents did find fault with the guidance, this often related to a perceived lack of detail to enable applicants, registrants or education providers to reach decisions relating to health and character.
- 2.5 For the most part, the changes we made were minor ones to improve clarity. This included small changes to case studies and the inclusion of a new process flow chart.
- 2.6 Some other suggested changes were not made as this would require the HCPC to take a more prescriptive approach to regulation and reduce the space for nuanced decision making by applicants, registrants and education providers.

3. Next steps

- 3.1 If approved by Council, Policy and Standards will work closely with the Communications team to plan the launch of the materials. This will include specific outreach to education providers and professional bodies to help reach more stakeholders.

Consultation on the revised Guidance on Health and Character

Analysis of responses to the consultation on the revised Guidance on Health and Character and our decisions as a result.

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1. Introduction

About the consultation

- 1.1 We consulted between 18 January 2021 and 12 April 2021 on proposed changes to the Guidance on Health and Character
- 1.2 We informed a range of stakeholders about the consultation including professional bodies, employers, and education and training providers. We also advertised the consultation on our website and on social media, and issued a press release.
- 1.3 We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this response documents from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

- 1.4 The Health and Care Professions Council (HCPC) is a statutory regulator of healthcare and psychological professions governed by the Health Professions Order 2001. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.
- 1.5 We currently regulate 15 health and care professions:
 - Arts therapists
 - Biomedical scientists
 - Chiropodists / podiatrists
 - Clinical scientists
 - Dietitians
 - Hearing aid dispensers
 - Occupational therapists
 - Operating department practitioners
 - Orthoptists
 - Paramedics
 - Physiotherapists
 - Practitioner psychologists

- Prosthetists / orthotists
- Radiographers– Speech and language therapists

About this document

1.6 This document summarises the responses we received to the consultation.

- Section two explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- Section three provides an executive summary of the responses we received.
- Section four adopts a thematic approach and outlines the general comments we received on the draft guidance document.
- Section five outlines our responses to the comments received, and any changes we will make as a result.
- Section six lists the organisations which responded to the consultation.

1.7 In this document, 'we', 'us', and 'our' are references to the HCPC; 'you' or 'your' are references to respondents to the consultation.

2. Analysing your responses

2.1 We have analysed all the written and survey responses we received to the consultation.

Method of recording and analysis

- 2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. 'yes', 'no', 'partly', or 'don't know').
- 2.3 Where we received responses by email, we recorded each response in a similar format.
- 2.4 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Quantitative analysis

- 2.5 We received 54 responses to the consultation. 38 responses (70.3%) were made by individuals and 16 (29.7%) were made on behalf of organisations. Of the 38 individual responses, 25 (65.7%) were HCPC registered professionals.
- 2.6 The tables below provide some indicative statistics for the answers to the consultation queries.

Table 1 – Breakdown of responses by question

	Yes	No	Partly	Don't know	No answer
Q1. Do you think it is appropriate to align the criteria for character declarations to be the same as the criteria set out in Standard 9.5 of the Standards of Conduct, Performance and Ethics?	50 (92.6%)	2 (3.7%)	0	2 (3.7%)	0
Q2. Do you think it is appropriate to align the criteria for character	49 (90.7%)	4 (7.4%)	1 (1.9%)	0	0

declarations for applicants and registrants?					
Q3. Do you think that the Guidance clearly explains how and when an applicant should make a health declaration?	35 (66%)	8 (15.1%)	9 (17%)	1 (1.9%)	1
Q4. Do you think that the Guidance clearly explains how and when an existing registrant should make a health declaration?	33 (62.3%)	8 (15.1%)	9(17%)	3 (5.7%)	1
Q5. Do you think that the Guidance clearly explains how and when an applicant should make a character declaration?	39 (73.6%)	4 (7.5%)	6 (11.3%)	4 (7.3%)	1
Q6. Do you think that the Guidance clearly explains how and when an existing registrant should make a character declaration?	38 (71.7%)	6 (11.3%)	7 (13.2%)	2 (3.8%)	1
Q7. Do you think it is appropriate to merge the Health and Character Policy and Guidance on Health and Character to maintain a single public document on this topic for applicants and registrants?	47 (90.4%)	3 (5.8%)	0	2 (3.8%)	2
Q8. Do you think it is appropriate to separate the Guidance on Health and Character document to provide a document specifically aimed at education providers?	34 (66.7%)	9 (17.6%)	5 (9.8%)	3 (5.9%)	3
Q9. We want to make use of visuals and flow charts in the guidance to explain the process. Do you think this would be helpful? And if so, what parts of the guidance would benefit from this?	45 (90%)	0	3 (6%)	2 (4%)	4
Q10. Do the case studies in the Guidance provide sufficient detail to help you	30 (58.8%)	4 (7.8%)	15 (29.4%)	2 (3.9%)	3

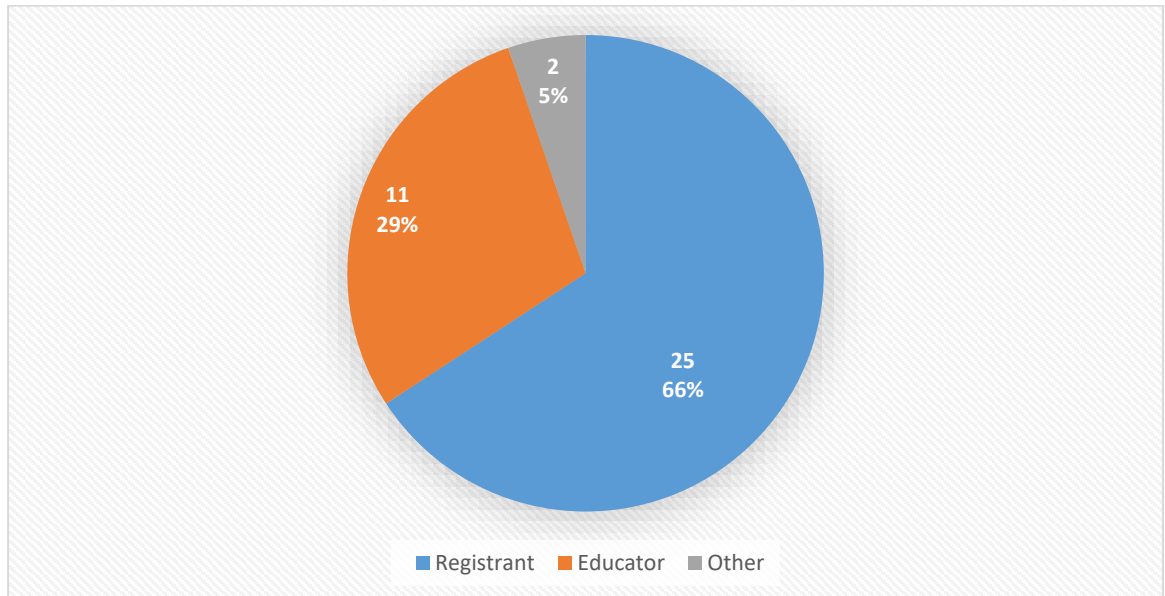
understand complicated health and character issues?					
Q12. Do you think the Guidance clearly explains how an education provider should manage the application of a student with a health condition?	20 (69%)	1 (3.4%)	6 (20.7%)	2 (6.9%)	-
Q13. Do you think the Guidance clearly explains how reasonable accommodations for students with health conditions and disabilities impact an applicant's later admission to the Register?	19 (65.5%)	3 (10.3%)	4 (13.8%)	3 (10.3%)	-
Q14. Do you think the Guidance clearly explains how an education provider should manage the application of a student who would have to make a character declaration on applying to join the Register?	17 (58.6%)	3 (10.3%)	5 (17.2%)	4 (13.8%)	-
Q15. Do you think the Guidance clearly explains how an education provider can manage student misconduct during their programme?	18 (62.1%)	4 (13.8%)	3 (10.3%)	4 (13.8%)	-
Q16. Do you consider there are any aspects of our proposals that could result in equality and diversity implications?	7 (13.7%)	28 (54.9%)	2 (3.9%)	14 (27.5%)	3

Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Q1	34 (89.5%)	2 (5.3%)	0	2 (5.3%)	16 (100%)	0	0	0
Q2	33 (87%)	4 (11%)	1 (3%)	0	16 (100%)	0	0	0
Q3	22 (58%)	8 (21%)	7 (18%)	1 (3%)	13 (87.6%)	0	2 (13.3%)	0
Q4.	20 (53%)	8 (21%)	7 (18%)	3 (8%)	13 (87.6%)	0	2 (13.3%)	0
Q5.	24 (63%)	4 (11%)	6 (16%)	4 (11%)	15 (100%)	0	0	0
Q6.	23 (61%)	6 (16%)	7 (18%)	2 (5%)	15 (100%)	0	0	0
Q7.	31 (86%)	3 (8%)	0	2 (6%)	16 (100%)	0	0	0
Q8.	19 (53%)	9 (25%)	5 (14%)	3 (8%)	15 (100%)	0	0	0
Q9.	32 (89%)	0	2 (6%)	2 (6%)	13 (92.9%)	0	1 (7.1%)	0
Q10.	17 (47%)	4 (11%)	14 (39%)	1 (3%)	13 (86.7%)	0	1 (6.7%)	1 (6.7%)
Q12.	9 (50%)	1 (6%)	6 (33%)	2 (11%)	11 (100%)	0	0	0
Q13.	10 (56%)	2 (11%)	3 (17%)	3 (17%)	9 (81.8%)	1 (9.1%)	1 (9.1%)	0
Q14.	9 (50%)	2 (11%)	5 (28%)	2 (11%)	8 (72.7%)	1 (9.1%)	0	2 (18.2%)
Q15.	11 (61%)	3 (17%)	1 (6%)	3 (17%)	7 (63.6%)	1 (9.1%)	2 (18.2%)	1 (9.1%)
Q16.	6 (17%)	19 (53%)	2 (6%)	9 (25%)	1 (6.7%)	9 (60%)	0	5 (33%)

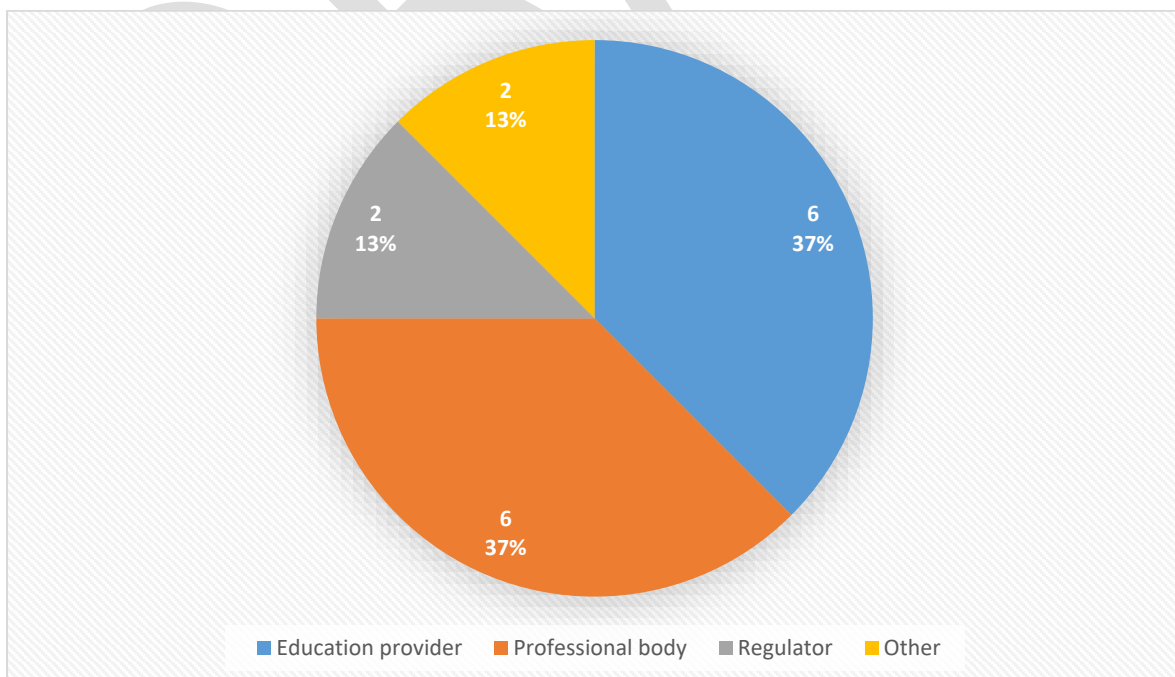
Graph 1 – Breakdown of individual respondents

Respondents were asked to select the category that best described them. The two respondents who selected 'other' identified themselves as a member of the public and a registrant on the COVID-19 Temporary Register.



Graph 2 – Breakdown of organisation respondents

Respondents were asked to select the category that best described them. The two respondents who selected 'other' identified themselves as an education stakeholder and, a professional body and trade union.



3. Summary of responses

Support for amendments

- 3.1 Over 90% of respondents supported the significant amendments made to the guidance on health and character. Including our proposals to align criteria for character declarations to Standard 9.5 of the SCPEs, aligning criteria for declarations for applicants with those of registrants and merging the guidance document with the Health and Character Policy Document. Meanwhile, two-thirds of respondents (66.7%) supported the proposal to separate the guidance into two documents aimed at registrants and applicants in one, and at education providers in another.

Clarity of explanations: applicants and registrants

- 3.2 The majority of respondents felt that the guidance clearly explained key issues surrounding when and how applicants or registrants should make health or character declarations. The degree to which respondents felt the guidance was clear differed between different sections of the guidance. While 73.6% agreed that there was clarity relating to when applicants should make character declarations just 62.3% of respondents felt that it was clear when a registrant should make a health declaration.
- 3.3 Even though a majority agreed that the explanations were clear, one of the most common themes which came out of comments related to the need for more precise explanations and guidance. Respondents argued that this would aid decision making – especially when determining the point at which a health or character issue would impact on someone’s fitness to practise.

Clarity of explanations: education providers

- 3.4 The majority of respondents agreed that the guidance clearly explained key issues relating to health and character relevant to education providers. As above, this agreement differed between different sections.
- 3.5 Only 58.6% of respondents agreed that the guidance provided clarity relating to how an education provider should handle the application of a student who would need to make a declaration when completing their course and applying to be on the register. 69% felt that there was sufficient guidance for education providers around managing the health condition of a student on an approved programme.
- 3.6 A significant minority of respondents (24.1%) did not feel the guidance provided enough information for education providers who needed to handle misconduct by students on approved programmes.

Equality and Diversity

- 3.7 A majority of respondents (54.9%) did not believe that there were equality, diversity and inclusion impacts stemming from our proposals.
- 3.8 A minority (13.7%) felt that there were EDI concerns while 3.9% felt that this was partly the case. 27.5% of respondents chose 'Don't Know'.
- 3.9 Respondents argued that the guidance documents still did not do enough to properly accommodate applicants and registrants with a disability or long-term illness.
- 3.10 A small number of respondents were concerned that, given the higher likelihood of certain groups to have been convicted of a crime, the guidance should do more to acknowledge and challenge the impacts of these systemic biases.

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4. Thematic analysis of responses

4.1 This section provides an analysis of the responses we received, based on the common themes we identified.

Q1. Do you think it is appropriate to align the criteria for character declarations to be the same as the criteria set out in Standard 9.5 of the Standards of Conduct, Performance and Ethics?

4.2 The overwhelming majority of respondents (92%) supported the alignment of character declarations with the criteria in Standard 9.5.

4.3 'No' and 'Don't Know' made up 8% of responses to this question (evenly split 4% each). Unfortunately, this small minority of respondents did not leave further comments

Clarity and certainty

4.4 Those who answered 'yes' argued that this was a sensible proposal which would give greater clarity to registrants. One of these respondents supported the change and added that this was a rational decision, given that the requirements of Standard 9.5 are a tool to measure whether a registrant's character made them fit to practise.

Q2. Do you think it is appropriate to align the criteria for character declarations for applicants and registrants?

4.5 An overwhelming majority (90%) of respondents supported this alignment and responded 'yes'.

4.6 8% of individual respondents selected 'no' as their answer to this question (none of the organisational respondents chose this answer).

Clarity and certainty

4.7 Respondents who chose 'yes' felt that this proposal was fair and sensible and would allow greater clarity and transparency for applicants and registrants.

Q3. Do you think that the Guidance clearly explains how and when an applicant should make a health declaration?

4.8 The majority of respondents (65%) felt that the guidance was clear on this matter. While 86% of organisational respondents felt this was the case, 58% of individual respondents agreed. 21% of individuals chose 'no' while 'don't know' was chosen by 3% - zero organisational respondents chose either answer. 18% of individuals and 13.3% of organisational respondents selected 'partly'.

Yes

- 4.9 For respondents who answered 'yes', several felt that the case studies and inclusion of new diagrams had been helpful in explaining this process.

Health and EDI

- 4.10 Among those who responded 'yes', respondents still raised some concerns, specifically around EDI. One argued that the wording "the HCPC expects registrants to maintain their health" could be misinterpreted and that those with permanent conditions or disabilities may not be able to meet this standard. Instead, they suggested that the focus should be on "fitness to practise" rather than narrowly on health. Another respondent felt that there was not enough information about reasonable adjustments for applicants.

Partly

- 4.11 17% of respondents felt that the guidance only partly explained this process. Individual respondents (18%) were slightly more likely to choose this answer than organisational respondents (14%).
- 4.12 One respondent suggested that further examples would be necessary in light of the health concerns posed by an aging health and care workforce.
- 4.13 Another respondent felt that the guidance was unclear because of the reliance the processes place on an applicant's insight into their own health. As an individual's view of their own health would always be subjective (or even difficult to ascertain), they argued it is not clear what should happen if an applicant did not possess this insight.

No

- 4.14 15% of respondents overall chose 'no' for this question. This equates to 21% of individual respondents, as no organisational respondents chose this answer.

Lack of detail or certainty

- 4.15 Of those who answered 'no', there are a limited number of comments. These comments argue that there was insufficient detail or that clearer definitions are required. Another respondent suggested that the guidance wasn't clear and argued that the guidance would be superseded by an employer's policies regardless.

Q4. Do you think that the Guidance clearly explains how and when an existing registrant should make a health declaration?

Yes

4.16 The majority of respondents (62.3%) agreed with this statement.

4.17 There was a significant difference from individual and organisational respondents, with individuals choosing 'yes' by 53% while 86.7% of organisational respondents chose this answer.

Case studies and diagrams

4.18 In general, respondents showed support for new case studies and a flow chart as being useful tools to explain this process to registrants. Several respondents did, however, flag minor typographical or other errors.

4.19 One respondent from a professional body suggested that clearer instructions may be needed for registrants to understand how to make a declaration should they need to.

4.20 The Professional Standards Authority suggested that the case studies could be interpreted as providing definitive answers on what steps a registrant should take if they have the health condition mentioned in the case study. The respondent suggested the guidance should be clearer on the individuality of health conditions and that case studies are illustrative only.

Ambiguity of language

4.21 The same respondent argued that the choice of words where the HCPC 'expect[s] registrants to maintain their health' could cause confusion. First as it may not account for registrants who have a permanent state of ill-health but are still fit to practice. Instead, they suggested that the focus should be on maintenance of fitness to practice by monitoring your own health.

Partly

4.22 17% of respondents chose 'partly' to answer this question. This broke down 18% for individuals and 13.7% for organisational respondents.

Registrant insight

4.23 Two respondents felt that the process of making these declarations did not account for the insight an applicant would need to have in order to make them. One respondent added that insight is a particularly complicated issue when an individual is experiencing poor mental health.

4.24 A third respondent argued that the guidance did not pay sufficient attention to the ways that different types of health conditions could be detected and

managed. While they felt the registrant's judgement is an important element in this decision, the respondent argued that the guidance should encourage registrants to seek professional medical advice for any health conditions and to follow the advice given by these experts.

Lack of detail or certainty

- 4.25 Two other respondents argued that the case study on degenerative illness should be refined to avoid confusion. This concern particularly related to when a registrant should report a change in health to the HCPC.
- 4.26 One respondent argued that the guidance should focus more on the assessment of risk as a key factor for applicants or registrants to decide to make a declaration or not.

No

- 4.27 15.1% of respondents selected 'no' for question 4. There is a significant gap between individual and organisational respondents, with 21% of individuals selecting 'no' but zero organisational respondents choosing this answer.

Lack of detail or certainty

- 4.28 The few respondents connected to 'no' answers argued that there was a lack of clarity to the guidance.
- 4.29 Another respondent argued that the guidance did not take sufficient account of the way the guidance would be interpreted (or misinterpreted) by employers and how this would impact registrants.
- 4.30 One respondent felt that the guidance should reflect more support for registrants and that this approach would, ultimately, be beneficial to service users as registrants who were provided with resources were more likely to seek help when they had a health concern.

Don't Know

- 4.31 'Don't Know' was chosen by 5.7% of respondents. With no organisational respondents choosing this answer, 'Don't Know' accounted for 8% of the responses of individuals.
- 4.32 Unfortunately, no respondent who chose this answer left any further comments.

Q5. Do you think that the Guidance clearly explains how and when an applicant should make a character declaration?

Yes

- 4.33 A significant majority (73.6%) of respondents agreed with question 5, equating to 63% of individuals and 100% of organisational respondents.
- 4.34 That there is such a difference in support from respondents to Question 5 when compared to Questions 3 and 4, highlights the relative simplicity of character declarations when compared to health declarations.
- 4.35 One respondent suggested that clarity would be improved by including a list of protected convictions which the guidance refers to.

Partly

- 4.36 11.3% of respondents chose the 'partly' answer (16% of individuals and zero organisational respondents).
- 4.37 The two respondents felt that the case studies were not as instructive as they could be and did not provide definitive answers.

No and Don't Know

- 4.38 Respondents chose the 'no' (7.5%) and 'Don't Know' (7.5%) answers equally. All the respondents who chose these answers were individuals (11%). None of these respondents provided further comments.

Q6. Do you think that the Guidance clearly explains how and when an existing registrants should make a character declaration?

Yes

- 4.39 A significant majority (71.7%) agreed with Question 6. As with other questions, there was a significant gap between individuals (61%) and organisational respondents (100%) in their support of this question.
- 4.40 One respondent felt that a better balance needed to be struck between reassuring registrants on the one hand and possibly dissuading registrants from making a declaration where there is need for one. The respondent specifically mentioned lists of offences and examples of behaviours which could be misunderstood as an exhaustive list and which do not take sufficient account of the circumstances each different case may raise.
- 4.41 Another respondent raised the issue in the section "Declarations unlikely to impact your application or renewal" that certain misuse of title offences were included. The respondent felt that the role of the HCPC in protecting titles meant that these offenses should be taken more seriously.

Partly

- 4.42 13.2% of respondents chose 'partly' to answer this question. All of the respondents who chose this answer were individuals (18% of individuals).

Registrant insight

- 4.43 There was only one comment attached to an answer of 'partly' and this re-stated a point made by the respondent in earlier questions; namely the difficulty for applicants and registrants to have insight into their own health in order to report this.
- 4.44 Given the reliance on registrants, this respondent thought that the HCPC should develop more communications to remind registrants of their obligations to report.

No

- 4.45 11.3% of respondents (16% of individuals and zero organisational respondents) chose this answer.

Role of employers

- 4.46 One respondent argued that the guidance document should also aim its content at managers (or employers) who are responsible for taking decisions based on a registrant's health and character.

Support for registrants

- 4.47 One respondent suggested that the document (and the HCPC more broadly) should offer more support to managers and argued that there was an over-reliance on referring matters to FTP.
- 4.48 Another respondent suggested that more clarity was needed to explain that an investigation by the HCPC would not necessarily involve any action being taken. The respondent stated that it was important to stress that, where a registrant was in doubt, they should make a declaration.

Don't Know

Two respondents (3.8% of individuals and zero organisational respondents) chose 'Don't Know.' Both responses did not provide any further feedback.

Q7. Do you think it is appropriate to merge the Health and Character Policy and Guidance on Health and Character to maintain a single public document on this topic for applicants and registrants?

Yes

- 4.49 An overwhelming majority of 90.4% agreed with Question 7. This reflected 100% of organisational respondents and 86% of individuals.

Improved clarity or certainty

- 4.50 The respondents in support of this question argued that combining the previous guidance and the policy was a positive move that would be more convenient for registrants and employers while also promoting transparency.

No

- 4.51 5.8% of respondents (8% of individuals) did not support merging the guidance document and the policy document.
- 4.52 Of the three respondents who chose this answer, only one made a comment. The comment reflected a misunderstanding of the question and suggested the respondent thought that the proposal would see the assessment of health and the assessment of character merged into a single process.

Don't Know

- 4.53 Two respondents (3.8% of total and 6% of individual respondents) selected 'Don't Know' for Question 7. Neither respondent provided any comments on this specific question.

Q8. Do you think it is appropriate to separate the Guidance on Health and Character document to provide a document specifically aimed at education providers?

Yes

- 4.54 A majority of 66.7% of respondents supported separating the guidance documents aimed at education providers. 100% of organisations (which included education providers) answered 'yes' to this question.

Improved clarity or certainty

- 4.55 Respondents supported this separation, with several responding that the specific needs of students and Higher Education Institutions meant that it made sense to have a document which spoke to their needs.
- 4.56 Several respondents also felt that providing separate guidance in this way could reinforce the importance of health and character standards for students, even before they are required to register with the HCPC.

No

- 4.57 17.6% of respondents (25% of individuals and zero organisational respondents) did not support separating the guidance aimed at education providers.
- 4.58 Of the nine respondents who chose 'no', none chose to leave comments explaining their answer further.

Partly

- 4.59 9.8% of respondents (25% of individuals and zero organisational respondents) only partly supported the separation of documents proposed in Question 8.
- 4.60 Of the respondents who chose this answer, comments reflected a general level of support for splitting the documents but with the caveat that students should have different expectations placed on them and that they should have more support from HEIs.

Don't Know

4.61 Only three respondents (comprising 5.9% of overall respondents and 8% of individuals) selected 'Don't Know'. None of the respondents who selected this answer provided any further comments for their answer.

Q9. We want to make use of visuals and flow charts in the guidance to explain the process. Do you think this would be helpful? And if so, what parts of the guidance would benefit from this?

Yes

4.62 The overwhelming majority (90%) of respondents answered 'yes' to Question 9. While 92.9% of organisational respondents chose this answer, 89% of individuals did so

4.63 One respondent commented that visual aids are also an important accessibility and inclusivity feature which can take into account that some people will find a visual much clearer than a large amount of text.

Improved clarity or certainty

4.64 Nine respondents commented to say that flow charts and diagrams would be most useful where a process is being explained – for example, when a registrant should make a self-referral or how the HCPC assesses information reported to it. The comments argued that this would be especially useful where multiple pathways exist and present several different answers for registrants or applicants.

4.65 Three comments specifically referred to a flow chart or other tool which would assist registrants in assessing whether their health is impacting their fitness to practise and whether they should make a declaration.

Partly

4.66 7.1% of organisations and 6% of individuals selected 'partly' to this question.

4.67 Only one comment was provided, where the respondent supported the use of graphics and diagrams but cautioned that if these were not expertly designed, they could lead to confusion for readers.

4.68 Another responding said that care was needed to ensure that the information presented in the graphic does not detract from the more complete explanations in the narrative of the guidance. Added to this, they felt it was important that case studies and examples of behaviours are clearly shown to be examples and not guidance or exhaustive lists.

Don't Know

4.69 4% of respondents (6% of individuals and zero organisational respondents) selected 'Don't Know'. No further comments were provided.

Q10. Do the case studies in the Guidance provide sufficient detail to help you understand complicated health and character issues?

Yes

4.70 A majority of 58.8% (86.7% of organisational respondents and 47% of individuals) answered 'yes' to Question 10.

Improved clarity or certainty

4.71 Three respondents said that they felt the case studies had provided useful and complex examples and supported the inclusion of case studies dealing with mental health.

4.72 Two respondents found the case studies useful but argued that more specificity is required to help applicants and registrants understand when declarations of health or character would need to be made.

Registrant insight

4.73 One respondent suggested including a case study where a registrant lacked insight into their own health and would find it difficult to make an objective decision.

Partly

4.74 'Partly' was selected by 29.4% of respondents and while only 6.7% of organisational respondents answered in this way, 39% of individual respondents chose this answer.

Lack of clarity or certainty

4.75 Four of the eight respondents made reference to either additional case studies or for case studies in general to give a clearer steer to registrants. For example, one respondent felt that a case study should deal with a list of health conditions that would be immediately concerning to the HCPC. Another respondent thought the case studies were helpful, but that they should be frequently updated to be most useful.

Registrant health and EDI

4.76 Another of the four comments suggested that there should be more focus on mental health and how mental ill-health can lead to other issues and behaviours which could raise concerns on their own.

Don't Know and No

4.77 7.8% of respondents (11% of individuals and zero organisational respondents) selected this answer. No respondent provided further details on their answer.

4.78 6.7% of organisational respondents and 3% of individuals (equating to 3.9% across all respondents) selected 'Don't Know'.

- 4.79 One comment suggested that more case studies may be helpful and that these should be linked to equality and diversity characteristics.

Additional questions about the education providers' guidance.

- 4.80 Questions 12 – 15 were optional questions for respondents who wanted to answer questions specifically dealing with the guidance aimed at education providers.
- 4.81 Where earlier questions had between 50 and 54 responses, these questions all had 29 responses. 62% of respondents were individuals while 38% were organisational respondents.

Q12. Do you think the Guidance clearly explains how an education provider should manage the application of a student with a health condition?

Yes

- 4.82 A majority of 69% of respondents chose this answer, this broke down as 50% for individuals but 100% for organisations.
- 4.83 Respondents who agreed with question 12 felt that the guidance explained how an application process should be managed and welcomed the guidance's focus on the obligations of education providers.
- 4.84 However, one respondent felt that more clarity could be provided to ensure that education providers understand their obligations to students with disabilities.

Partly

- 4.85 20.7% of respondents answered 'partly' to question 12. This included 33% of individuals and zero organisational respondents.
- 4.86 Two respondents argued that the guidance only partly explained the issue, as the process of application is complex and subject to interpretation by many different stakeholders.

Don't Know and No

- 4.87 6.9% of respondents selected 'Don't Know' (11% of individuals and zero organisational respondents). No comments were provided by these respondents.
- 4.88 3.4% of respondents (6% of individuals) selected 'no'. The single 'no' comment said that the guidance has needed updating for a long time and that there are many grey areas which do not capture the complexity of the student body.

Q13. Do you think the Guidance clearly explains how reasonable accommodations for students with health conditions and disabilities impact an applicant's later admission to the Register?

Yes

- 4.89 65.5% of respondents (56% of individuals and 81.8% of organisational respondents) agreed with Question 13.
- 4.90 One respondent repeated their agreement with Question 13 and argued that it would be difficult to incorporate case studies which capture every eventuality.
- 4.91 One other respondent felt that a case study relating to reasonable adjustments for students would be useful.

Partly

- 4.92 13.8% of respondents felt that the guidance only partly explained the process set out in Question 13. This equates to 17% of individual respondents and 9.1% of organisational respondents.
- 4.93 One respondent felt that the issue remains open to interpretation.
- 4.94 Another respondent argued that a clear distinction should be made between how health and disability may impact an application to join the Register on one hand, while on the other explain how these factors are considered when applying to join an HEI course.

No

- 4.95 10.3% of respondents chose this answer. This represents 11% of individuals and 9.1% of organisational respondents.
- 4.96 One respondent simply stated that more clarity was needed for both the student and the HEI from the guidance.
- 4.97 Another respondent argued that while this process was explained in the HCPC's "Health, Disability and Becoming a Health and Care Professional" it was not explained in the guidance. The respondent suggested that relevant sections of the full document should be integrated into the guidance for education providers.

Don't Know

- 4.98 'Don't Know' was selected by 10.3% of respondents (17% of individuals and zero organisational respondents). Respondents did not provide further comments.

Q14. Do you think the Guidance clearly explains how an education provider should manage the application of a student who would have to make a character declaration on applying to join the Register?

- 4.99 A majority of 58.6% of respondents answered 'yes' to this question. 50% of individuals and 72.7% of organisational respondents chose this answer.
- 4.100 17.2% indicated that they partly agreed and 13.8% did not know while 10.3% chose 'no'.
- 4.101 One respondent suggested that an additional case study explaining how an education provider should manage these types of applications would be beneficial for this section.

Lack of certainty of detail

- 4.102 Two respondents who chose 'no' made reference to a lack of detail or certainty in the guidance. One respondent specifically referenced how the guidance aimed at applicants and registrants provided more clarity relating to specific character issues which may not raise concerns for the HCPC.
- 4.103 Both of these respondents also suggested that further case studies are needed to explain processes to HEIs and to students. In particular, a case study on making decisions when admitting applicants onto programmes who have issues revealed by DBS checks was suggested.

Q15. Do you think the Guidance clearly explains how an education provider can manage student misconduct during their programme?

- 4.104 A majority of 62.1% of respondents selected 'yes' (61% of individuals and 63.6% of organisational respondents). 'No' and 'Don't Know' were the next most common answers at 13.8% and 10.3% of respondents chose 'partly'.

Student misconduct

- 4.105 Two respondents stated that the guidance should provide more clarity on the steps an HEI should take where there is student misconduct during their programme. This included expanding the reporting duty of HEIs to include any disciplinary action taken during an approved programme.
- 4.106 One other respondent pointed to the difficulties faced by HEIs when a potential issue – like substance misuse – was being concealed by a student but had started to impact their safe practice.
- 4.107 Finally, all respondents were asked to answer questions about the potential impact of our proposals on Equality, Diversity and Inclusion (question 16) and to provide any additional comments relating to EDI (question 17).

Q16 and Q17: Impact on Equality, Diversity and Inclusion

- 4.108 A majority of 54.9% of respondents did not consider that the updates to the guidance raised EDI concerns for either the 2010 Equality Act or its Northern Irish equivalent. 27.5% of respondents selected 'Don't Know'. 13.7% did believe that the updates raised EDI concerns, while 3.9% of respondents chose the 'partly' answer.
- 4.109 Question 17 asked for comments; specifically about EDI concerns based on race, ethnic background, mental health or national origin (the characteristics which were flagged as potential risks in the HCPC's internal EDI assessment). 14 respondents answered this question.

Disability and long-term illness

- 4.110 Three respondents argued that the guidance was still not accommodating of applicants and registrants with disabilities or long-term illnesses.
- 4.111 One respondent argued that the guidance could result in unnecessary declarations by registrants who have a managed long-term illness or disability and felt that further clarity was needed about when it was necessary to declare.
- 4.112 Another respondent linked these characteristics to age (as older people are more likely to have complicated health conditions).
- 4.113 A further respondent made reference to how some adaptations to practise due to COVID-19 have discriminated against registrants with disabilities or long-term illnesses.

Convictions and cautions

- 4.114 One respondent submitted that "there is a systemic issue in that people with certain demographic characteristics are more likely to be arrested, and receive a caution or conviction than those from other groups".

Role of employers

- 4.115 Two respondents reflected concerns about the way employers would interpret and implement the guidance.
- 4.116 One respondent said that registrants could still be fearful of disclosing a health condition due to the impact on their job.
- 4.117 Another of these respondents specifically raised that the ability to make reasonable adjustments in the workplace was outside of a registrant's control. As employers are responsible for making reasonable adjustments and determining the essential elements of a job role, this can mean that a

registrant is not in control of a key part of ensuring they maintain their fitness to practise.

Q11. Do you have any other comments about the revised Guidance?

4.118 This was the final question all respondents were given the option of answering when they completed the survey. 17 respondents (31%) chose to answer.

4.119 9 of the 17 respondents applauded the HCPC for the work done on the guidance document referring to it as 'timely' or 'useful'.

4.120 Other respondents used the opportunity to make comments about other questions in the consultation, and those comments have been integrated into those sections.

5. Our comments and decisions

5.1 We have carefully considered all the comments we received to the consultation and have used them to revise the draft guidance. The following section explains our decisions in some key areas.

Language amends

5.2 We have made a number of small changes to sentences which help them to be read more clearly without substantively changing their meaning. The revised guidance can be found at...

Clarity and further information

5.3 Many respondents argued that the guidance did not give applicants and registrants the certainty they need to make definitive decisions about their health or character. They argued this was especially the case relating to which specific health conditions, convictions or other character issues needed to be disclosed and at exactly what point a health condition would sufficiently impair someone's fitness to practise.

5.4 While it is understandable that a list of specific health conditions or convictions that require a referral to HCPC would be useful, in reality whether this would impact someone's fitness to practise – and therefore require a referral to HCPC - will depend on a range of factors.

5.5 In the context of health, our standards do not refer to ill-health but rather to maintaining fitness to practise. Providing a list of health conditions would not account for the different ways that individuals' fitness to practise may be impacted by the same illness. Equally, the fact that a registrant has a serious

illness would not automatically render a registrant unfit to practise, so long as they adapt or limit their scope of practise accordingly.

- 5.6 Similar to the above, we would not be able to provide a list of specific convictions that require a referral to HCPC. This information about where to find the relevant convictions is included in the section on 'protected convictions' but as this list is not maintained by the HCPC but rather in legislation, the HCPC would not provide a list of these convictions.
- 5.7 Another important reason that the HCPC would not provide a set list of health conditions or previous convictions is that it can falsely create the impression that these are the only grounds which can impact a registrant's fitness to practice. Instead, the HCPC expects registrants to disclose any health condition or character issue if it impacts their ability to practise safely.
- 5.8 In reviewing this guidance, we have aimed to strike a balance between providing greater detail while not being overly prescriptive. Ultimately, registrants will need to use their professional judgement before making a referral to the HCPC and so we are unable to tell registrants what the most appropriate action for their particular circumstances will be.
- 5.9 While parts of the guidance are intentionally written to allow for interpretation, we believe that the overarching guidance relating to meet our standards and protecting the public ensures that it is clear that issues which impair fitness to practise are disclosed.

Higher Education Institution processes

- 5.10 Some respondents argued that the HCPC did not provide sufficient guidance to help HEIs make decisions about health and character.
- 5.11 Where respondents have asked for more clarity about how HEIs should handle cases of student misconduct it is important to note the narrow remit of the HCPC in this regard.
- 5.12 The HCPC's Standards of Conduct, Performance and Ethics for students and the Standards for Education and Training (which set standards for HEIs running an accredited programme are the most relevant guidance in this case. Through these tools, the HCPC sets out the necessary conduct of students and requires HEIs to have policies and procedures in place to ensure all of the HCPC's standards are met.
- 5.13 As discussed previously, the HCPC's standards are not prescriptive and so we would not set out the specific procedures HEIs should follow when making decisions about student conduct, sanctions, admissions or reasonable adjustments.

- 5.14 In response to these comments, we have made minor amendments to our section on student misconduct. These amendments clarify the expectations the HCPC has of education providers in meeting the SETs and also signposts to an external resource which education providers can refer to in order to shape their own disciplinary processes.
- 5.15 The HCPC can commit to taking further action to ensure that all of the relevant guidance we provide on these issues is linked up and accessible. We will also continue to offer support to HEIs about how to implement our guidance to meet the HCPC's standards.

Registrant insight

- 5.16 Several respondents argued that the guidance relied too heavily on the discretion of applicants and registrants and questioned how the HCPC would ensure standards are met if a given registrant did not correctly assess their own health.
- 5.17 The HCPC relies on registrants to use their professional judgement to meet all of their HCPC standards at all times.
- 5.18 It is worth noting that where a registrant does not have the insight to realise a health condition is impacting their fitness to practise, this would only impact the self-referral route and not other mechanisms in place to ensure fitness to practise.
- 5.19 However, we have made minor amendments to the guidance to ensure that registrants dealing with a health condition seek expert medical advice and follow the instructions given to them.
- 5.20 By adding this extra information, we believe that we are able to reduce the risk to service users while maintaining the importance of individual registrants and applicants monitoring their own health and meeting their HCPC standards.
- 5.21 We believe that an important element of a registrant having insight into their practice is to encourage registrants to connect with health and wellbeing resources and to reduce stigma around seeking help. This approach aims to have registrants seek help when they need it, before it impacts their practice, and is part of our wider [Professionalism and Prevention Framework](#) and [Health and Wellbeing Strategy](#).

Case studies and flow charts

- 5.22 We have an introductory paragraph to be clear that case studies are for explanatory purposes only and are not definitive guides for dealing with the example situation.

- 5.23 We have updated our case study on degenerative illness studies to ensure better gender representation across the case studies and to remove a sentence which suggested registrants should report illnesses before it impacts their practice.
- 5.24 We have replaced “Bipolar” with “Bipolar Disorder” in our case study dealing with mental health.
- 5.25 We have corrected a number of small problems with the flow chart including a ‘dead end’. We have added more information to make clear that where a registrant is in doubt about reporting, they should contact the HCPC for further information.
- 5.26 However, as the HCPC is not a regulator of education providers, its mandate is a fairly narrow one and focuses on education providers being able to meet our Standards of Education and Training and enabling graduates to meet our Standards of Proficiency.

Equality, Diversity and Inclusion

- 5.27 The majority of respondents did not consider that there were equality and diversity implications associated with the updates made to the guidance on health and character. However, some respondents raised concerns about the guidance having a negative impact on certain protected characteristics such as disability and long-term illness.
- 5.28 It is important to the HCPC to be a fair and inclusive regulator. We are conscious that our decisions should not inhibit groups or individuals with protected characteristics from accessing or gaining entry to the professions that we regulate. However, our over-arching objective is to protect the public. We therefore need to balance accessibility to our professions and protection of protected characteristics against any risks to the public and service users.
- 5.29 Several respondents made reference to the choice of language in the guidance which said that “the HCPC expects registrants to maintain their health.” Respondents argued that this wording assumed that a certain baseline of health was necessary at all times and could suggest that an illness would make it impossible for a registrant to maintain their previous level of health and their fitness to practise. We have changed the wording to read “[the HCPC] expects registrants to monitor their health and ensure they maintain their fitness to practise.”
- 5.30 This change brings more clarity for registrants that the ultimate purpose is to maintain fitness to practise rather than their health. Where a registrant experiences poor health or a disability, the only expectation is that if they remain in practice they continue to be fit to practise.

- 5.31 Respondents also raised the issue of ongoing discrimination against people with disabilities or long-term health conditions in education and work settings and argued that the guidance did not do enough to address this. Registrants can access support and guidance on specific concerns through their professional bodies. Our Professional Liaison service has developed educational materials on understanding our fitness to practise trends, including self-referral and registrants' responsibilities on declaring issues related to their health and character and has already begun delivering these to key stakeholders.
- 5.32 It is important to note that the guidance on health and character is part of a wider body of guidance from the HCPC and is not intended to focus on issues like disabilities or long-term health concerns alone. Much of this is covered in *Health, disability and becoming a health and care professional* (this includes information aimed at students, employers and education providers). To make this clearer, we will improve links between the two documents including creating more in-text links between the Guidance on Health and Character document and *Health, disability and becoming a health and care professional*. We will also signpost to other resources like our employer hub.
- 5.33 In addition to our existing guidance, the HCPC notes that many education providers already have policies dealing with admissions and reasonable adjustments on their programmes. The HCPC would also expect education providers and employers to meet their own obligations as well as those in legislation and we will make this clearer in the document for education providers.
- 5.34 The HCPC expect employers and education providers to ensure that they are not discriminating on the basis of disability.
- 5.35 One other respondent made reference to systemic issues in the criminal justice system which discriminate against people based on certain protected characteristics. The updates we have made aim to link the disclosure of character issues directly to issues we believe could impact service users and to reduce the number of unnecessary character declarations and that this may partially address issues raised on this ground. We also have separate planned work to better understand the demographic of registrants referred to our fitness to practise processes, so we can understand better the impact of our processes on certain groups and how we can reduce this. Further detail about our EDI work can be found on [our website](#).

6. List of respondents

Respondents self-selected whether they were responding as an individual or on behalf of an organisation. Below is a list of all the organisations who made responses to the consultation according to the respondents.

Bournemouth University

British Dietetic Association

British and Irish Orthoptic Society

College of Paramedics

Council of Deans of Health

General Medical Council

Glasgow Caledonian University

Institute of Biomedical Science

Oxford Brookes University

Professional Standards Authority

Royal College of Occupational Therapists

Royal College of Speech and Language Therapists

Society and College of Radiographers

Staffordshire University (Health Psychology Team)

Teesside University

University of Essex

Guidance on Health and Character

Draft

Introduction

We are the Health and Care Professions Council (HCPC). We are a regulator, and we were set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their training, professional skills, behaviour and health. Professionals on our Register are called 'registrants'. Anyone can search our Register on our website, so they can check that their professional is registered.

The relationship between a registrant and service user is based on trust, confidence and professionalism and so it is important we check the health and character of everyone who applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action to protect the public if a registrant's health or character raises concerns about their ability to practise safely and effectively.

We know that the processes in this guidance can be extremely stressful for applicants and registrants to go through and we hope that this information provides reassurance. Please also see the support services referred to in this document.

This document provides guidance to applicants and registrants setting out:

- why the HCPC needs information about health and character;
- when you would need to provide information about health and character;
- what kind of information about your health and character you would need to provide; and
- what process the HCPC follows to assess information about health and character and the procedures we follow.
-

We have provided case studies to help explain how you might assess risk, manage your fitness to practise and ensure you continue to meet your HCPC standards. These case studies are illustrative and should guide rather than direct the approach you should take. Health and character are impacted by a range of different issues and the course of action taken in a case study may not be the appropriate one for you (even if you have similar circumstances to the example). Remember to read all of our guidance in the round and to think about how you can continue to meet your standards.

When would we ask for this information?

Once on the HCPC Register, registrants must meet our standards. This includes a personal responsibility to maintain their own fitness to practise. It requires registrants to give us information about changes to their health or character which might affect their ability to practise safely and effectively.

We expect applicants to follow the same principle. On applying to join the Register, applicants must declare information relating to their health and character to confirm they are fit to practise.

There are three instances where you would provide this information to the HCPC:

- when you apply to join the Register;
- when you renew your registration every two years; and
- at any other point where there is a change in your health or character.

Any time that information is given to the HCPC outside of the application or renewal processes this would be considered a self-referral.

When you apply to join the Register

When you fill in your application form, we ask you to declare information about your health and character. If applying using a physical form, you can help reduce the risk of delays in processing your paperwork by providing all additional information relating to your health or character declaration on a separate piece of paper. Provide anything you think is relevant as this saves delays if we need to ask for more details later.

Being registered places extra responsibilities on you to act in a professional way. This includes declaring any information which will impact either your character or health. If you do not provide accurate information in your application, or if you fail to provide all the relevant information, you will be making a 'false declaration'. Making a false declaration can result in you being removed from our Register, so it is important you are honest throughout the application process.

When you renew your registration

As a registrant, you will renew your registration every two years. Each time you renew your registration, you must make a 'professional declaration'. In this declaration, you only need to declare changes to your health and character that affect your fitness to practise.

When there is a change in your health and character

As an HCPC registrant, you have a personal responsibility, once regulated, to maintain and manage your own fitness to practise. This includes giving us any information about changes to your health or character which might affect your fitness to practise. When you provide

information about a change to your health and character, we would consider this as a self-referral.

Case study: Mental health

Like your physical health, your mental health can change. Just like your physical health, it is possible to live with a serious condition like bipolar disorder and, through the necessary steps, manage your condition effectively and practise safely.

Last year a registrant was diagnosed with bipolar disorder, following a short period of poor mental health. She was not working at the time. Her condition is now managed with medication and she has returned to work. Her employers are aware.

The registrant has been seeing an appropriate healthcare professional who helps her manage her bipolar disorder. Through the advice of her medical professional and after conversations with her supervisor and with her colleagues, she knows that a trigger for her condition is extreme stress. Her employers have put in place several safeguards like allowing her to reduce her working hours and choosing the type of service users she sees to ensure that she is able to manage the level of stress associated with her role. Those working closely with her are also informed about her condition and the triggers.

She is unsure about whether she needs to disclose her health condition to the HCPC and if so, when she would need to do this.

She contacts her professional body and they advise her that she seems to be following appropriate healthcare advice, her employer is aware and has placed safeguards in place and that she appears to be appropriately managing her condition. Her professional body informed her that if she was still unsure whether or not she needed to make a declaration, then she should contact the HCPC.

If she is sure she can adapt, limit, or stop her practice as needed to remain safe and effective, then she does not need to inform the HCPC. When she was in poor health, she had stopped working and has only begun to work again as her health has improved and since managing her condition. She has been able to adapt her practice as needed in order to remain safe and effective.

If something changes and she can no longer practise safely, she will not be able to meet Standard 6.3 of her Standards of Conduct, Performance and Ethics and should inform the HCPC immediately.

You can make a self-referral about changes in your health and character at any time, without having to wait for your usual renewal period.

If you take a career break

Registrants must declare that they have been practising in their profession within the last two years in order to renew their registration. If, in managing your health condition, you are likely to be out of practice for longer than two years, you will need to get in touch with our Registration team. You may need to come off the Register temporarily until you are able to return.

Just because you are not in a traditional role for your profession, doesn't mean you are out of practise. You may be able to adapt or even change roles and remain 'in practice', while on our Register. That is because we do not define practising by a set of activities, but rather as 'drawing on your professional skills and knowledge in the course of your work.' For detailed information about returning to practice, see our guidance [here](#).

Declaring your medical history

When you declare an ongoing health condition or disability to us, this does not mean that we need to be told about your full medical history. We only need information that is relevant to your fitness to practise, enable us to protect the public.

What needs to be declared?

Depending on whether you are applying to get on the Register, renewing your registration or making a self-referral will impact on when you will need to declare information about your health and character, as well as what type of information we require.

This section provides more information about when to inform the HCPC that your health or character may impact on your fitness to practice, that is, your ability to practise safely and effectively.

Before making a declaration, we recommend that you carefully read the forms so that you understand what you need to submit. We would also advise anyone making a declaration to speak to their professional body, trade union or employer or otherwise to seek independent legal advice.

Your Health

When we talk about 'health', we mean any health conditions which may affect either an applicant or a registrant's fitness to practise; that is, their ability to practise safely and effectively.

We expect registrants to monitor their health and ensure they maintain their fitness to practise. Standard 6.3 of your Standards of conduct, performance, and ethics says:

'You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.'

Case study: Degenerative illness

If you are living with a long-term illness, it can be difficult to know when you should declare it to the HCPC. This can be especially difficult when serious illnesses are diagnosed early on, often before the onset of serious symptoms.

Five years ago, a registrant was diagnosed with Parkinson's disease. At that stage it did not affect his ability to practise safely, which meant he did not need to declare when renewing his registration shortly after. His symptoms have increased over time and he now has trouble sleeping, problems with memory and is experiencing anxiety. He has told his manager, but they are not able to change his practice. He is still working but it is getting more difficult to keep on top of things. He is about to renew his registration and is unsure if he should disclose the changes in his condition this time.

The answer is yes. Even if you have had a health condition since before your previous renewal, if the condition is beginning to affect your ability to practise and you are not sure how to, or are unable to, take the steps you need to remain safe and effective, you must declare this. As soon as you feel you cannot practise safely and effectively, you should declare this to the HCPC.

You should tell us about your health condition if it affects your ability to practise safely and effectively. You should also tell us if you are not sure whether your health condition affects (or could affect) your ability to practise, or what steps you need to take to stay safe and effective.

You do not need to tell us if your health condition does not affect your practice or you are sure you can adapt, limit, or stop your practice as needed to remain safe and effective. In other words, you do not need to tell us so long as you can meet standard 6.3.

While each registrant is responsible for ensuring their own fitness to practise and to managing risk, the HCPC expects registrants to seek appropriate healthcare advice when they have health concerns and to follow the advice of medical professionals.

This applies for conditions that affect your physical health as well as your mental health.

If you are unsure about whether your health impacts your fitness to practise after you have sought appropriate healthcare advice, you should approach the HCPC.

Case Study: Injury

A health concern does not have to be permanent to impact your ability to practise safely. Likewise, not all permanent health concerns will negatively impact your ability to practise safely.

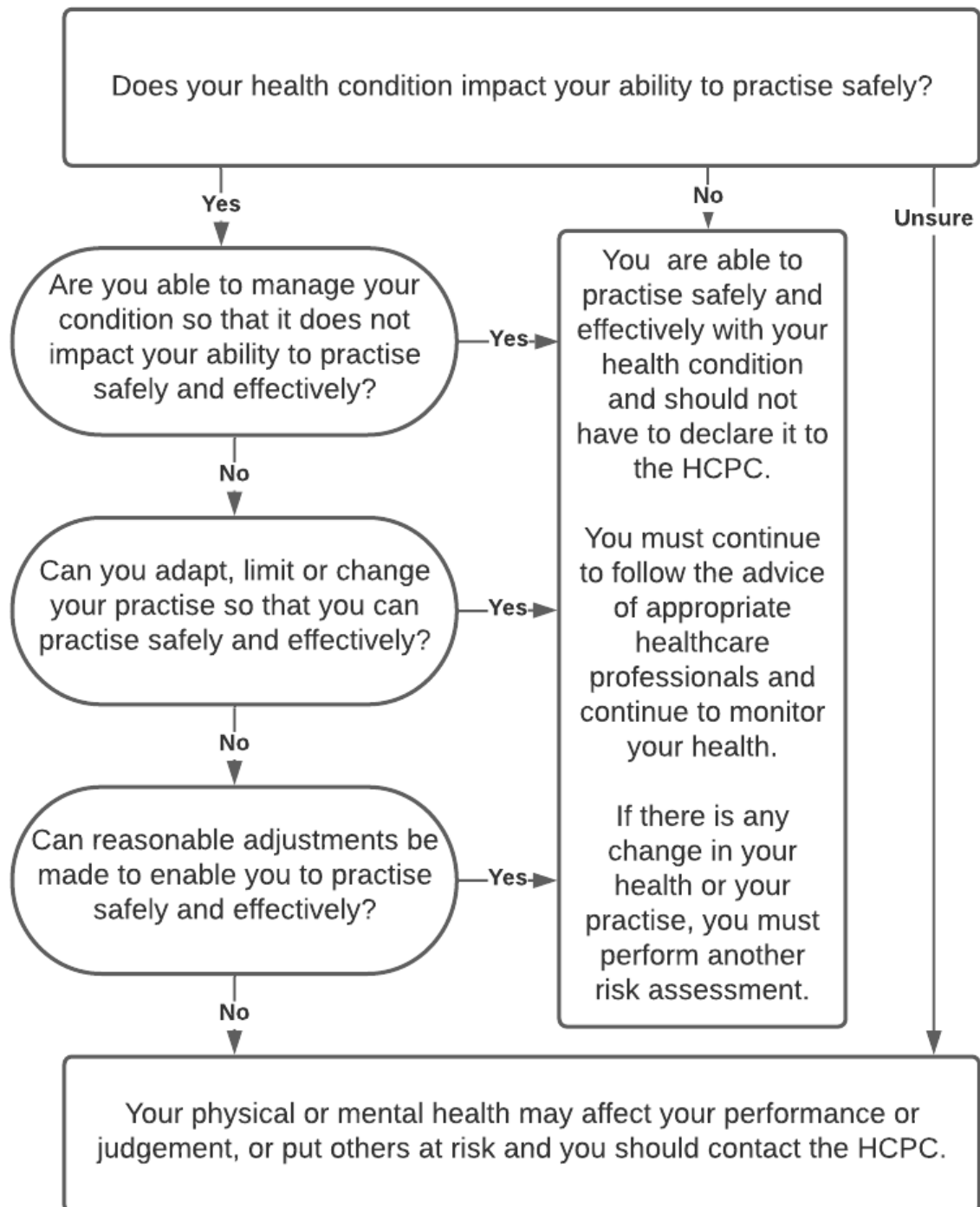
A recent graduate is applying for registration as a physiotherapist. She has badly broken her leg in a car accident in the last few months and has limited use of her left leg and cannot stand for long periods of time. Her mobility will be further reduced in the recovery period from a scheduled surgery on her leg which will take place in the next few months. After the period of rehabilitation, she is expected to make a full recovery.

While the applicant has limited use of her leg there are a number of ways that she could manage this condition. For example, she could work in a way that enabled her to not use her broken leg. She could triage patients via video calls from her own home, support with supervising more junior colleagues, or give service users advice about rehabilitation. If she is able to, another way to manage this condition is to not practise during this time. If she took time to rest and recover and was not interacting with service users, this is another type of management.

In either instance, so long as the health concern is being properly managed there is no reason for her to make a declaration.

Health conditions and assessing risk

This flow chart shows a simplified process of assessing whether a registrant meets Standard 6.3 and if they need to make a declaration to the HCPC. Each individual's risk assessment will look different based on their role and their health condition and if you are unsure about your health condition's impact on your ability to practise safely, declare it to the HCPC.



Your Character

When it comes to character declarations, the information you must provide as an applicant and a registrant is slightly different. We have separated this section into information for applicants and information for existing registrants.

As an applicant

We ask you to make a declaration about your character as part of your application. In this declaration you need to tell us if you have ever:

- been convicted of a criminal offence or received a police caution or conditional discharge for a criminal offence other than a protected caution or protected conviction in any part of the United Kingdom (these are cautions and convictions that you do not need to tell us about)
- received cautions or convictions in countries outside the United Kingdom, if the offence is one that could have resulted in a caution or conviction in England or Wales¹

As a registrant

Registrants have a personal responsibility, once regulated, to maintain and manage their own fitness to practise. This includes the professional responsibility to declare information to us about any change in your character.

As part of your renewal you will have to complete a declaration. In the declaration you will have to agree that:

- Since your last registration there has been no change relating to your good character that may affect your ability to practise safely and effectively.

You must also let the HCPC know as soon as possible (i.e., make a self-referral and not wait for your renewal period) if your conduct is listed in Standard 9.5 of our Standards of Conduct, Performance and Ethics, including if:

- you accept a caution from the police or you have been charged with, or found guilty of, a criminal offence;
- you received cautions or convictions in countries outside the United Kingdom, if the offence is one that could have resulted in a caution or conviction in England or Wales;
- another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or

¹ Article 22(1)(a)(iii) of the Health Professions Order, 2001 enables the HCPC to consider allegations against registrants that their fitness to practice is impaired by reason of convictions outside of the UK if they would have constituted crimes in England or Wales only and not for all countries in the UK. We envisage that this should not significantly affect registrants practising in Scotland and Northern Ireland, as there are not significant differences in criminal law across the four nations. However, as a UK wide regulator, our preference would be for a UK wide approach. Amending our legislation to achieve this will therefore be added to the regulatory reform agenda.

- you have had any restrictions placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.
- If you are unsure if a matter is something you should refer to the HCPC straight away, you can contact your professional body or trade union for further advice, if you remain unsure, approach the HCPC.
- You may choose to tell us about other concerns that do not meet these criteria. If you do, we will review this concern in the same way as any other self-referral or other fitness to practise matter.

Do I need to self-refer to the HCPC?



Understanding convictions and cautions

You must always tell us about a caution or conviction (even 'spent' ones) unless they are protected.

There are some circumstances where you do not need to tell us about a caution or conviction if it is protected. This varies depending on the which country within you live in the UK. that you live in. You can find detailed information on this in the relevant legislation as set out below.

England and Wales

- Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Northern Ireland

- Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979

Scotland

- Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013

When considering whether you need to declare a caution or conviction, it is important that you follow the relevant legislation for the country in the UK where the crime was committed and any guidance linked with it.

If your offence is a 'listed offence' under the relevant legislation of the country in the UK where the crime was committed, it will never be protected, and you must inform the HCPC immediately.

Listed offences include serious violent and sexual offences and offences which may raise concerns about whether you should work with children or vulnerable adults. You can find more guidance on listed offences and providing information about cautions and convictions on the websites of the [disclosure services](#).

Convictions Before You Turned 18

You must declare any cautions or convictions that you may have, even if you received them when you were under the age of 18. This includes any cautions or convictions that are considered 'spent' because they happened some time ago, unless they are a protected caution or protected conviction. Protected cautions or convictions are ones that you do not need to tell us about.

Case study: Conviction

An individual has been registered with the HCPC as an Occupational Therapist for 5½ years. They are currently 6 months away from entering the profession's renewal period. The registrant has recently been convicted for a drink-driving offence and as a result, received an 18-month driving ban. No other sanction has been issued by the police or court service.

In this example the conviction has resulted in a significant change in the registrant's character and therefore they are required to make an immediate self-referral to the HCPC.

The registrant should not wait for the renewal period to make a character declaration despite how close it is. This will ensure they comply with standard 9.5 of the Standards of conduct, performance and ethics. Any delay in referring the matter, could in itself be a failure of the registrant in complying with the standards.

Declarations unlikely to impact your application or renewal

All convictions, cautions and other potential character issues or health issues must be declared to the HCPC. If you are in doubt about whether or not to declare information, then you should declare it and allow us to consider it.

As each matter is assessed on its unique circumstances, there is no list of declarations which will prevent registration or renewal. However, as a general guide, no further action will usually be taken in relation to the following (except where the Head of Fitness to Practise considers otherwise because of exceptional circumstances):

- managed health conditions;
- private family or personal disputes or civil matters;
- minor motoring offences such as parking fines; other fixed penalty offences; or public transport penalty fares;
- misuse of title concerns depending on the duration of misuse, frequency and seriousness of the misuse;
- matters already considered by the HCPC unless new information has been provided;
- a caution or conviction received by a person before or while undertaking a programme of study approved by the HCPC, or any other character matter, which
 - was considered by the education provider as part of its admission procedures and the person was admitted to the programme; or
 - was considered by the education provider under its student fitness to practise process and the person was not excluded from the programme;
- disciplinary action taken by an employer which is unconnected to the practice of a relevant profession and does not relate to conduct involving:
 - violence;
 - dishonesty;
 - inappropriate sexual behaviour;
 - substance abuse or the possession or supply of drugs; or
 - conduct of a racially motivated, homophobic or similar nature.

This is only an indicative list. Our Standards of conduct, performance and ethics relating to managing risk and reporting concerns about the safety of service users still apply. If you are

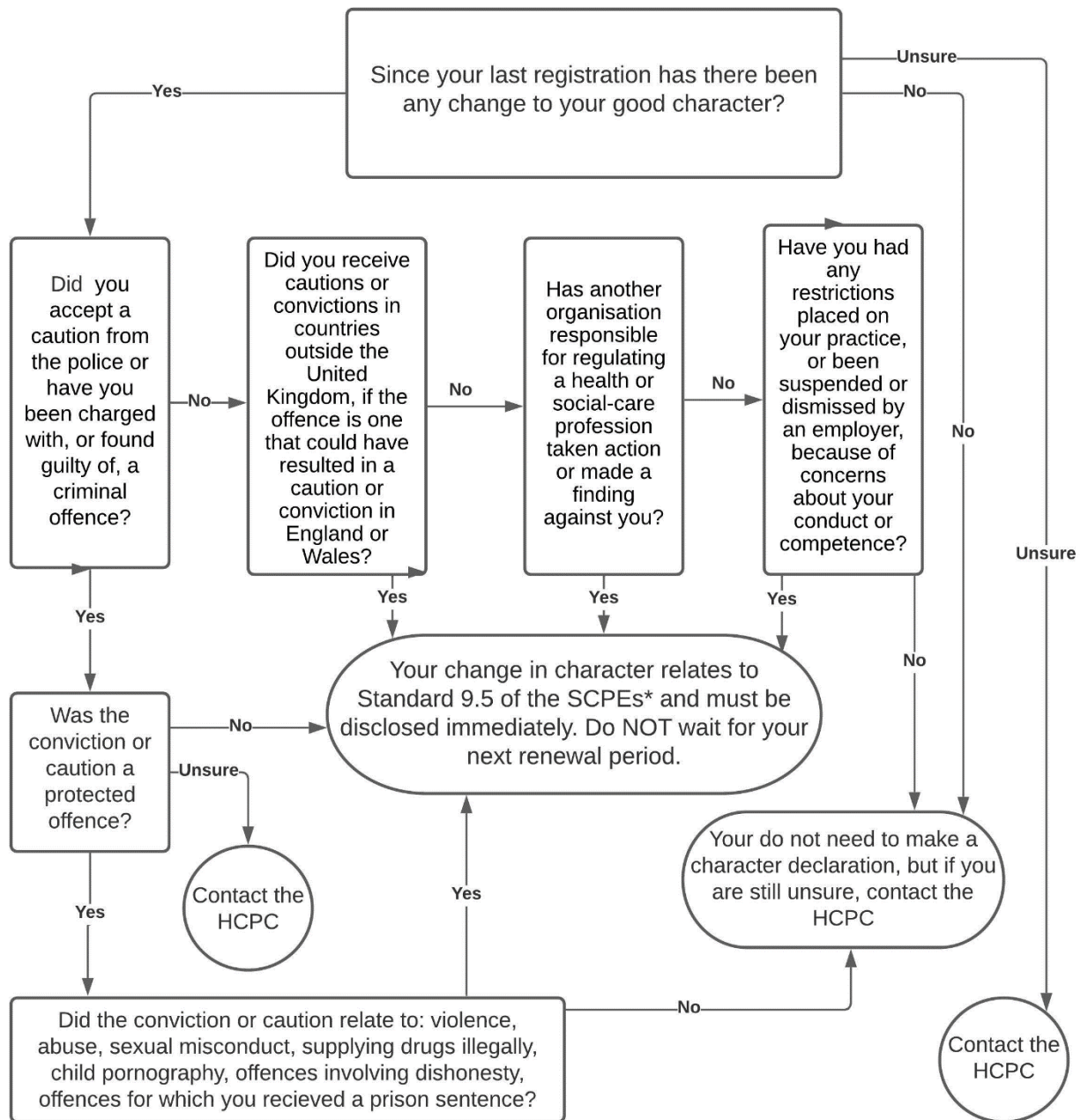
unsure, you should seek advice from your professional body, trade union or employer or seek independent legal advice.

What to do if you are unsure

If after reading this guidance you are still unsure about whether you should tell us about a health condition or provide information about your character, and you believe these may impact on your ability to practise safely, you should tell us anyway and give us as much information as you can. We can then assess whether your condition could affect your ability to practise.

Before you contact us, you can still reach out to your employer, your trade union or your professional body for information and advice. You can find more information about independent support services in our section below.

Making a character declaration



*SCPEs: Standards of Conduct, Performance and Ethics

What happens once I provide the information?

After you provide information through your application, your renewal or by making a self-referral, a process of investigation will begin. This process differs depending on if you are an applicant or a registrant.

If you have a disability under the terms of the Equality Act 2010 and need us to make reasonable adjustments to this process, please contact us on Freephone: 0800 328 4218. You can read more about the HCPC's [Equality, Diversity and Inclusion Policy here](#).

For applicants and registrants based in Wales, our [Welsh Language Scheme](#) makes provision for proceedings in Welsh upon request.

If you are an applicant, the process of investigating and making a finding on your health and character declaration falls to our case officer team.

If you are a registrant, whether you make a declaration during your renewal or you self-refer, your declaration will be handled by our Fitness to Practise team.

It is important to note that while the process is being handled by our Fitness to Practise team, this is not a reflection on the disclosure you have made or an assumption that you are unfit to practice. With all the matters which relate to registrants, we have to determine if the matter is within the scope of the HCPC's fitness to practise team and the only way we do this is through our investigation process.

We investigate all cases objectively and independently and we will treat you fairly and explain what will happen at each stage of the process.

We assign a case manager to each case. Their role is to manage the case throughout the process and to gather relevant information. The case manager acts as a contact for everyone involved in the case and will keep you up to date with the progress of the investigation. They cannot give you legal advice but they can explain how the process works, what information we require and what panels might consider when making decisions.

Visit our web page, ['What happens if a concern has been raised against me?'](#) for more information about the process a case will go through and the possible outcomes.

Finding support

We know that the process of making a declaration and the subsequent investigation can be stressful.

We will work to ensure that the process moves as quickly as possible and that you are kept informed at all times. At any point you can contact the Fitness to Practise team on freephone 0800 328 4218 for more information.

Before making your declaration, we would also recommend speaking to your trade union or your [professional body](#). They will be well placed to give you advice on best practice for your profession and to be able to reflect on previous experience in similar matters.

We also recommend speaking to your employer as they will be able to provide advice and also let you know which resources you can access for further support.

If you are struggling, don't be afraid to tell somebody. We encourage you to talk to a friend, family member or trusted colleague. More advice and resources can be found on the HCPC's [Health and Wellbeing Hub](#).

Samaritans are a non-religious support service there to listen to you and help you talk through your concerns, worries and troubles, whatever they may be. Call Samaritans for free and in confidence, 24 hours a day, on **116 123**.

After a health declaration

If you tell us about a health condition when you renew your registration and it is clear that your ability to practise safely or effectively is not affected (such as taking time off work with flu or a broken leg) then our Registration team will let you know.

However, in most cases we will refer information that you declare about a change in your health to our Fitness to Practise department. If you make a self-referral, this will be received directly by our Fitness to Practise department.

Our Fitness to Practise team are best placed to consider whether you are able to practise safely and effectively. The information that you declare will be handled sensitively, confidentially and in line with our published approach to investigating health matters. Read more about how we investigate health concerns [here](#).

When considering health information, the Registration or Fitness to Practise team will look at the circumstances and examine each case individually. They will be looking to see if your health condition means you are able to practise safely and effectively and therefore should be allowed to register or to renew your registration. As a result, we do not have a list of health conditions which would prevent you from practising as a registered professional.

The registration or investigation panel look at various issues when making a decision about whether your health would affect your ability to practise safely and effectively.

The panel may look at:

- how you currently manage your condition;
- whether you have shown insight and understanding into your condition;
- whether you have medical or other support;
- whether you have made reasonable adjustments to your placement conditions or employment conditions; or
- whether you have agreed reasonable adjustments with your placement providers or employers.

In every case referred for a hearing, whether you are a registrant or an applicant, we will ask whether you will give your doctor consent to provide information to the HCPC directly so that we can make an informed decision.

Where a decision is made to refuse registration, you will have a right to appeal. More information is set out below.

After a character declaration

All concerns go through the same fitness to practise process, regardless of who we receive them from.

When making decisions about character, we are considering whether your behaviour in the past means you can practise in a way which does not put the public at risk or affect public confidence in you or your profession.

When someone declares a conviction or caution, we may re-examine the nature of the evidence but we will not retry the case or impose punishment for a second time.

We will consider only the factors relevant to your case and consider all the information we receive on a case-by-case basis, looking at the particular circumstances around the event. This means that we can only provide guidance on how we will consider the information and we cannot provide answers about what the outcome of the case will be.

When looking at issues around your character, we may consider:

- the number and nature of offence(s) or event(s);
- the seriousness of the offence(s) or event(s);
- when and where the offence(s) or event(s) took place;
- any information you have given to help explain the circumstances;
- your character and conduct since the offence(s) or event(s);
- the likelihood of repetition;
- the relevance of the matter to the practise of the relevant profession; and
- the wider public interest, including confidence in the profession concerned and the regulatory process.

We may consider additional factors to help us decide the seriousness or significance of the issues.

The types of convictions which might result in an applicant not being allowed to Register or to a registrant being struck off the Register usually relate to offences of a sexual nature, violence or dishonesty.

We will consider rejecting an application for registration, or removing you from the Register if you are already registered, if you are convicted of a criminal offence or accept a police caution that involves one of the following types of behaviour:

- Violence
- Abuse
- Sexual misconduct
- Supplying drugs illegally
- Child pornography
- Offences involving dishonesty
- Offences for which you received a prison sentence

More information and guidance about how we consider fitness to practise concerns is available on the [fitness to practise](#) section of our website.

If we do not think that the issues raised will affect your fitness to practise, we will write to you and let you know. We will not take any further action.

We always advise applicants and registrants who are providing information on their health and character to prepare all of their information in advance. Having as much relevant documentation to hand as early as possible will help avoid delays in your registration or renewal.

Appealing a decision

Applicants and registrants have a right to appeal decisions made by a panel. The HCPC will let you know the outcome of the panel which dealt with your application or renewal and will provide more information should you wish to appeal.

When making an appeal you can decide to appear in person and provide more information than the original panel dealt with (for a health matter this could be more evidence from an appropriate healthcare professional, while in a character matter it could be more evidence of your good character).

Once the Appeal Panel makes a finding you can go further and approach a court. If you are an applicant, you can approach the County Court (in England, Wales and Northern Ireland) or the Sheriff Court if you are based in Scotland. If you are a registrant, you have the option to appeal to a higher court and can approach the High Court (in England, Wales and Northern Ireland) or the Court of Session in Scotland.

Glossary

Criminal conviction check

A check to see if someone has been convicted of a criminal offence or has received a police caution.

Disabled person

The Equality Act 2010 as well as the Disability Discrimination Act, 1998 (Northern Ireland) defines a disabled person as 'someone with a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'. 'Long-term' is defined as lasting at least twelve months while substantial is defined as more than minor or trivial and long term is defined as 12 months or more.

Fitness to practice

When someone has the skills, knowledge, character and health to do their job safely and effectively.

Register

A published list of professionals who meet our standards. The Register is available online (www.hcpc-uk.org).

Registrant

A professional who appears on our Register.

Regulator

An organisation that protects the public by: setting standards for professionals' education and training and practice; approving programmes which professionals must complete to register; keeping a register of professionals, known as 'registrants', who meet the standards; and taking action if professionals on the Register do not meet the standards.

Self-declaration

The declarations of health and character that applicants or registrants must sign to confirm that their health and character does not affect their ability to practise safely and effectively.

Self-referral

When a registrant gives us information about their health, character or conduct at any time outside of the registration application or renewal process.

Service user

Anyone who uses or is affected by the services of registrants. This includes patients or clients.

Standards of conduct, performance and ethics

<https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/><https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/> that we expect from health and care professionals who are registered with us.

Standards of education and training

[Standards](#) which education providers must meet to make sure that all those students who complete an approved programme meet the standards of proficiency.

**Guidance on Health and Character: information for
education providers**
Draft

Introduction

We are the Health and Care Professions Council (HCPC). We are a regulator, and we were set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their training, professional skills, behaviour and health. Professionals on our Register are called 'registrants'. Anyone can search our Register on our website, so they can check that their professional is registered.

The relationship between a registrant and the service user is based on trust, confidence and professionalism and so it is important we check the health and character of everyone who applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action to protect the public if a registrant's health or character raises concerns about their ability to practise safely and effectively.

As education providers, you need to know how to advise students and make decisions about how issues of student misconduct or changes in their health will be dealt with while they are studying.

The HCPC expects education providers to have their own policies in place for dealing with health and character issues of their students and to follow the law in their own country. This document provides guidance to education providers and sets out

- The Standards of Education and Training (SET) which education providers must meet.
- The process education providers should follow when dealing with a student with a health concern.
- The process education providers should follow when dealing with a student with a previous conviction or other character issue which may prevent them from joining the register.
- A selection of case studies

We would still recommend that education providers familiarise themselves with all other relevant guidance from the HCPC including our guidance on [Health, Disability and Becoming a Health and Care Professional](#), [Guidance on Conduct and Ethics for Students](#), and our full [Guidance on Health and Character](#) aimed at applicants and registrants.

The Standards of education and training

We set the Standards of education and training (SETs) which programmes are approved and monitored against. Our SETs must be read in the round but SET 2 – relating to programme admission – and SET 3 – relating to the management of a programme – are particularly relevant.

SET 2.4 says the admissions process must assess the suitability of applicants, including criminal conviction checks.

SET 2.5 The admissions process must ensure that applicants are aware of and comply with any health requirements.

SET 2.7 The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored

SET 3.16 There must be thorough and effective processes in place for ensuring the ongoing suitability of learners' conduct, character and health. We believe that this will help you to identify students who may not be fit to practise and help them to manage any concerns about their conduct in relation to their profession

The Standards of Proficiency

The Standards of Proficiency (SOPs) are the competencies that must be met to gain entry to the register. Our SETs are designed to ensure that Higher Education Institutions train students who are then able to meet the SOPs of their profession when they graduate.

SOPs 1: be able to practise safely and effectively within their scope of practice

SOPs: 2.2 understand what is required of them by the Health and Care Professions Council

SOPs 3: be able to maintain fitness to practise

SOPs 3.1: understand the need to maintain high standards of personal and professional conduct

SOPs 3.2: understand the importance of maintaining their own health

SOPs 6: be able to practise in a non-discriminatory manner

The Standards of Conduct, Performance and Ethics

The HCPC's Standards of Conduct, Performance and Ethics (SCPEs) set out how we expect our registrants to behave and they outline what the public should expect from their health and care professional. While students follow [their own SCPEs](#) while on a programme, our SCPEs for registrants are important as they are used to help us make decisions about the character of professionals who apply to our Register.

SCPE 6.3 You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.

SCPE: 9.1 You must make sure that your conduct justifies the public's trust and confidence in you and your profession.

SCPE: 9.5 You must tell us as soon as possible if:

- you accept a caution from the police or you have been charged with, or found guilty of, a criminal offence;
- another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or
- you have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.

Deciding whether to accept an applicant with a conviction

You may worry about accepting an application with a conviction or caution or what to do when a current student is convicted or receives a caution. In particular, you may be concerned about them not being able to join the HCPC Register after they have completed their programme.

We consider the information we receive about applicants on a case-by-case basis. As a result, we cannot provide a list of convictions and cautions that would definitely lead us reject an application for registration. We also cannot provide a list of convictions or cautions that should definitely lead to you rejecting an application.

However, there are certain types of offences which we believe usually mean a person should not be registered within one of the professions we regulate. The types of convictions which might result in us removing a registrant from the Register usually relate to offences of a sexual nature or dishonesty. These types of convictions might prevent an applicant registering with us.

When an applicant applies with the HCPC, we ask them to declare if they have:

- been convicted of a criminal offence or received a police caution or conditional discharge for a criminal offence other than a protected caution or protected conviction (these are cautions and convictions that you do not need to tell us about);
- received cautions or convictions in countries outside the United Kingdom, if the offence is one that could have resulted in a caution or conviction in England or Wales;
- been subject to disciplinary action by a higher education institution, including both HCPC and non-HCPC approved courses; or
- another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you.

When you make admissions decisions, you may want to consider the [Standards of conduct, performance and ethics](#) and [Guidance on conduct and ethics for students](#). You may also want to consider whether the individual's conviction or caution might affect their suitability for registration or affect the public's confidence in their profession.

When making a decision, you may want to consider:

- the number and nature of offence(s) or event(s);
- the seriousness of the offence(s) or event(s);
- when and where the offence(s) or event(s) took place;
- any information you have given to help explain the circumstances;
- the student's character and conduct since the offence(s) or event(s);
- the likelihood of repetition;
- the relevance of the matter to the practise of the relevant profession; and
- the wider public interest, including confidence in the profession concerned and the regulatory process.

However, this is not a full list to help you decide the seriousness or significance of the issues you will need to consider. An understanding of the offence or misconduct is extremely important. Someone may have a greater understanding of the importance of 'good character' as a result of a previous minor offence.

We know that deciding whether to accept an applicant with a criminal conviction or caution can be difficult. It is important to remember that even if you make your own decision about an applicant and allow them to join your programme, they will still have to go through our character process when they apply to join the Register. Whether you have considered a student's conviction or caution (received before admission to your programme or during the programme) is one of the factors we will consider when they apply for registration. However, it is rare for us to refuse an applicant from an approved programme.

The types of convictions which might result in an applicant not being allowed to Register or usually relate to offences of a sexual nature, violence or dishonesty.

We will consider rejecting an application for registration, or removing someone from the Register if already registered, if they are convicted of a criminal offence or accept a police caution that involves one of the following types of behaviour:

- Violence
- Abuse
- Sexual misconduct
- Supplying drugs illegally
- Child pornography
- Offences involving dishonesty
- Offences for which you received a prison sentence

Deciding whether to accept an applicant with a health condition

You may receive an application from someone with a health condition or you may become aware of a health condition once the student is on your programme. You may be concerned about this health condition's impact on that student's ability to practice.

When we talk about 'health' we do not mean people who are 'healthy' or in 'good health'. Instead, we consider the effect that a health condition may have on someone's ability to practise safely and effectively.

We look at each case and make our decision based on the particular circumstances of the case. As a result, we do not have a list of conditions which would prevent someone from practising in any of the professions we regulate.

This also means that we cannot provide a list of the health conditions which would prevent someone from completing an approved programme.

You have certain responsibilities in dealing with admissions to a programme we have approved. You may have specific legal duties under equality and non-discrimination laws such as the Equality Act 2010, which the HCPC would expect you to meet. As we have approved your programme, you also are responsible for ensuring that your students will be able to meet our standards of proficiency pre-registration. This includes our requirements regarding maintaining fitness to practise.

Standard 2.7 of our Standards of Education and Training requires education providers to have quality and diversity policies in place relating to applicants and that these policies are implemented and monitored. The specific steps and processes you follow to meet this standard will vary, but when assessing applications, you should first consider the reasonable adjustments that you could make in order to accommodate the applicant.

As part of assessing an application you must decide whether any of the standards are likely to cause difficulties for the applicant and consider whether you can deliver the programme in a way that helps them meet these standards. This will include considering any reasonable adjustments that can be made.

Having considered this, you might then want to consider separately whether having made these adjustments the applicant would, at the end of the programme, meet our standards of proficiency.

We have produced a guide for prospective registrants and admissions staff, called [Health, disability and becoming a health and care professional](#).

When making a decision about an applicant or a student with a health condition, there are a number of other factors that you may want to look at. These are:

- how they currently manage their condition;
- whether they have shown insight into and understanding of their condition;
and
- whether they have medical or other support.

When you make admissions decisions about applicants, you may want to set up an advisory panel to help you make the decision. You may also want to refer to the section How we consider health information on page 16.

We advise education providers as well as applicants to our register to familiarise themselves with our Guidance on Health and Character. While this document does not provide guidance to education providers about how they should take decisions, it can provide insight into how the HCPC views health and character declarations.

While not an exhaustive list, education providers should be able to answer 'yes' to the following questions:

- Is the student's health condition managed?
- Where the condition is managed is the student able to meet the learning outcomes of their programme? Can reasonable adjustments be made which enable the student to meet these outcomes?
- In light of the above, will the student be able to meet the Standards of Proficiency if admitted to the register?

Our guidance should be read in the round and so we would advise education providers to familiarise themselves with all relevant guidance in this area. For health conditions, our [Health, Disability and Becoming a Health and Care Professional](#) provides detailed information about managing health conditions, including reasonable adjustments.

Misconduct during the programme

The HCPC does not make prescriptive standards relating to the processes an education provider must have in place to meet the SETs. Instead you will have developed your own procedures for handling misconduct which happens while a student is on a programme. These procedures are often separate from those which may look at concerns about academic performance. SET 3.16 states 'There must be thorough and effective processes in place for ensuring the ongoing suitability of learners' conduct, character and health.'

When looking at misconduct, you may want to refer to the Standards of conduct, performance and ethics. You may also want to look at our Guidance on conduct and ethics for students, which explains how students are expected to meet the Standards of conduct, performance and ethics whilst learning. In addition, the [Office of the Independent Adjudicator](#) has produced comprehensive guidance around running student FTP processes.

Any decision you make about a student's misconduct will not necessarily affect whether that person could join the Register once they complete their programme. The student would still need to go through our health and character process and provide any relevant information (including disclosing any misconduct while on their programme).

As an education provider, your role is to prepare students to meet their standards of proficiency when graduating. Where you have serious concerns about a student's conduct or performance on your programme (and therefore their ability to meet the HCPC's standards) we would expect you to remove such a student from that programme before they complete it.

If you remove a student from your programme because of misconduct, you should tell us. If we believe the misconduct is serious enough, we can keep the information and look at it if the person ever applies to us for registration in the future.

The standard and guidance apply to all areas of a programme which function to manage learner suitability, and within this it touches on formal processes to deal with concerns. The guidance is brief and signposts to other relevant documents, including the H&C guidance and the guidance on student conduct and ethics.

Guidance on Health and Character

With amendments as of 22 June 2021

List of significant changes

We have made many updates to the document to improve clarity, remove mistakes and add additional information.

Page	Change	Notes
P2	Added explanation that case studies were illustrative only and not a guide for the specific issue covered.	Addressing concern that case studies, lists and other examples could lead a reader to think that the HCPC was giving advice about the correct process to follow.
P5: Case study on mental health	Added in references to: <ul style="list-style-type: none"> • registrant discussing condition with an appropriate healthcare professional • Employer safeguarding • Conversations with colleagues and supervisor helping to develop registrant insight 	Concerns were raised that the previous guidance did not advise registrants and applicants with health conditions to seek and then follow healthcare advice. An additional concern raised by respondents related to the reliance of the HCPC's processes on registrant insight. We have amended the case study to show a registrant gaining insight into their own health by speaking to colleagues.
P7: Case study on degenerative illness	Removed reference to disclosure to HCPC before illness impacted fitness to practise. Added reference to disclosure being necessary as soon as a registrant's ability to practise safely and effectively impacted	
P8: Case study on injury	Added reference to supervision	
P 9:	New flow chart helping registrants determine if they are able to meet SCPE 6.3	While the HCPC cannot provide a list of health conditions which impair fitness to practise we have provided a flow chart to help registrants assess whether their condition may impair their fitness to practise.
P15:	Added explanation that example lists are not exhaustive	As above, we have added numerous explanations and caveats that case studies, lists and other examples are only for explanatory purposes.

Introduction

We are the Health and Care Professions Council (HCPC). We are a regulator, and we were set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their training, professional skills, behaviour and health. Professionals on our Register are called 'registrants'. Anyone can search our Register on our website, so they can check that their professional is registered.

The relationship between a registrant and ~~the~~ service user is based on trust, confidence and professionalism and so it is important we check the health and character of everyone who applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action to protect the public if a registrant's health or character raises concerns about their ability to practise safely and effectively.

We know that the processes in this guidance can be extremely stressful for applicants and registrants to go through and we hope that this information provides reassurance. Please also see the support services referred to in this document.

This document provides guidance to applicants and registrants setting out:

- why the HCPC needs information about health and character;
- when you would need to provide information about health and character;
- what kind of information about your health and character you would need to provide; and
- what process the HCPC follows to assess information about health and character and the procedures we follow.
-

[We have provided case studies to help explain how you might assess risk, manage your fitness to practise and ensure you continue to meet your HCPC standards. These case studies are illustrative and should guide rather than direct the approach you should take. Health and character are impacted by a range of different issues and the course of action taken in a case study may not be the appropriate one for you \(even if you have similar circumstances to the example\). Remember to read all of our guidance in the round and to think about how you can continue to meet your standards.](#)

When would we ask for this information?

~~The~~ ~~Once on the~~ HCPC ~~believes that~~ ~~Register~~, registrants, ~~once regulated, are personally responsible for maintaining~~ must meet our standards. This includes a personal responsibility to maintain their own fitness to practise. ~~This includes giving~~ It requires registrants to give us ~~any~~ information about changes to their health or character which might affect their ability to practise safely and effectively.

We expect applicants to follow the same principle. On applying to join the Register, applicants must declare information relating to their health and character to confirm they are fit to practise.

There are three instances where you would provide this information to the HCPC:

- when you apply to join the Register;
- when you renew your registration every two years; and
- at any other point where there is a change in your health or character.

Any time that information is given to the HCPC outside of the application or renewal processes this would be considered a self-referral.

When you apply to join the Register

When you fill in your application form, we ask you to declare information about your health and character. If applying using a physical form, you can help reduce the risk of delays in processing your paperwork by providing all additional information relating to your health or character declaration on a separate piece of paper ~~can help reduce the risk of delays in processing your paperwork.~~ Provide anything you think is relevant as this saves delays if we need to ask for more details later.

Being registered places extra responsibilities on you to act in a professional way. This includes declaring any information which will impact either your character or health. If you do not provide accurate information in your application, or if you fail to provide all the relevant information, you will be making a ‘false declaration’. Making a false declaration can result in you being removed from our Register, so it is important you are honest throughout the application process.

When you renew your registration

As a registrant, you will renew your registration every two years. Each time you renew your registration, you must make a ‘professional declaration’. In this declaration, you only need to declare changes to your health and character that affect your ability/fitness to practise.

When there is a change in your health and character

As an HCPC registrant, you have a personal responsibility, once regulated, to maintain and manage your own fitness to practise. This includes giving us any information about changes

to your health or character which might affect your [ability/fitness](#) to practise ~~safely and effectively~~. When you provide information about a change to your health and character, we would consider this as a self-referral.

You can make a self-referral about changes in your health and character at any time, without

Case study: Mental health

Like your physical health, your mental health can change. Just like your physical health, it is possible to live with a serious condition like bipolar disorder and, through the necessary steps, manage your condition effectively and practise safely.

Last year a registrant was diagnosed with bipolar disorder, following a short period of poor mental health. She was not working at the time. Her condition is now managed with medication and she has returned to work. Her employers are aware.

The registrant has been seeing a medical professional who helps her manage her bipolar disorder. Through the advice of her medical professional and after conversations with her supervisor and with her colleagues, she knows that a trigger for her condition is extreme stress. Her employers have put in place several safeguards like allowing her to reduce her working hours and choosing the type of service users she sees to ensure that she is able to manage the level of stress associated with her role. Those working closely with her are also informed about her condition and the triggers.

She is unsure about whether she needs to disclose her health condition to the HCPC and if so, when she would need to do this.

She contacts her professional body and they advise her that she seems to be following appropriate healthcare advice, her employer is aware and has placed safeguards in place and that she appears to be appropriately managing her condition. Her professional body informed her that if she was still unsure whether or not she needed to make a declaration, then she should contact the HCPC.

If she is sure she can adapt, limit, or stop her practice as needed to remain safe and effective, then she does not need to inform the HCPC. When she was in poor health, she had stopped working and has only begun to work again as her health has improved and since managing her condition. She has been able to adapt her practice as needed in order to remain safe and effective.

If something changes and she can no longer practise safely, she will not be able to meet Standard 6.3 of her Standards of Conduct, Performance and Ethics and should inform the HCPC immediately.

having to wait for your usual renewal period.

If you take a career break

Registrants must declare that they have been practising [in their profession](#) within the last two years in order to renew their registration. If, in managing your health condition, you are likely to be out of practice for longer than two years, you will need to get in touch with our Registration team ~~and potentially temporarily~~. You may need to come off the Register [temporarily](#) until you are able to return.

Just because you are not in a traditional role for your profession, doesn't mean you are out of practise. You may be able to adapt or even change roles and remain 'in ~~practise~~ practice', [while on our -Register](#). That is because we do not define practising by a set of activities, but

rather as 'drawing on your professional skills and knowledge in the course of your work.' For detailed information about returning to [practisepractice](#), see our guidance [here](#).

[Declaring your medical history](#)

When [declaringyou declare](#) an ongoing health condition or disability to us, this does not mean that we need to be told about your full medical history. We only need information that is relevant to your [abilityfitness](#) to ~~safely~~ practise ~~and which enables~~, [enable](#) us to protect the public.

Case study: Mental health

~~Like your physical health, your mental health can change. Just like your physical health, it is possible to live with a serious condition like bipolar and, through the necessary steps, manage your condition effectively and practise safely.~~

~~Last year a registrant was diagnosed with Bipolar, following a short period of poor mental health. She was not working at the time. Her condition is now managed with medication and she has returned to work. Her employers are aware. A trigger for her condition is extreme stress and her employers have allowed her to reduce her working hours and the type of service users she sees to ensure that she is able to manage the level of stress associated with her role. Those working closely with her are also informed about her condition and the triggers.~~

~~She is unsure if she should self-refer.~~

~~The short answer is no. When she was in poor health, she had stopped working and has only begun to work again as her health has improved and since managing her condition. She has been able to adapt her practice as needed in order to remain safe and effective.~~

~~She is also unsure if she should then wait until her renewal to declare her condition or make a declaration immediately. If she is sure she can adapt, limit, or stop her practice as needed to remain safe and effective, then she does not need to inform the HCPC.~~

What needs to be declared?

Depending on whether you are applying to [beget](#) on the Register, renewing your registration or making a self-referral will impact on when you will need to declare information about your health and character, as well as what type of information we require.

This section provides more information about when to inform the HCPC that your health or character may impact on your fitness to practice, that is, your ability to practise safely and effectively.

Before making a declaration, we recommend that you carefully read the forms so that you understand what you need to submit. We would also advise anyone making a declaration to speak to their professional body, trade union or employer or otherwise to seek independent legal advice.

Your Health

When we talk about 'health', we mean any health conditions which may affect either an applicant or a registrant's fitness to practise; that is, their ability to practise safely and effectively.

We expect registrants to [monitor their health and ensure they](#) maintain their [health-fitness to practise](#). Standard 6.3 of [our](#) your Standards of conduct, performance, and ethics says:

'You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.'

You should tell us about your health condition if it affects your ability to practise safely and effectively. You should also tell us if you are not sure whether your health condition affects

Case study: Degenerative illness

Case study: Degenerative illness

~~If you are living with a long-term illness, it can be difficult to know when you should declare it to the HCPC. This can be especially difficult when serious illnesses are diagnosed early on, often before the onset of serious symptoms.~~

~~Five years ago, a registrant was diagnosed with Parkinson's disease, which they declared when renewing their registration at that time. At that stage it did not affect their ability to practise safely. Their symptoms have increased over time and they now have trouble sleeping, problems with memory and experience anxiety. They have told their manager, but they are not able to change their practice. They are still working but it is getting more difficult to keep on top of things. They are about to renew their registration and are unsure if they should disclose the changes in their condition this.~~

~~The answer is yes. Even if you have previously declared a health condition, if it is beginning to affect your ability to practise and you are not sure how to, or are unable to, take steps you need to remain safe and effective.~~

(or could affect) your ability to practise, or what steps you need to take to stay safe and effective.

You do not need to tell us if your health condition does not affect your practice or you are sure you can adapt, limit, or stop your practice as needed to remain safe and effective. In other words, you do not need to tell us [if so long as](#) you can meet standard 6.3.

[While each registrant is responsible for ensuring their own fitness to practise and to managing risk, the HCPC expects registrants to seek appropriate healthcare advice when they have health concerns and to follow the advice of medical professionals.](#)

This applies for conditions that affect your physical health [and / or as well as your](#) mental health.

Case Study: Injury

~~A health concern does not have to be permanent to impact your ability to practise safely, while not all permanent health concerns will negatively impact your ability to practise safely either.~~

~~A recent graduate is applying for registration as a physiotherapist. She has badly broken her leg in a car accident in the last few months and has limited use of her left leg and cannot stand for long periods of time. Her mobility will be further reduced in the recovery period from a scheduled surgery on her leg which will take place in the next few months. After the period of rehabilitation, she is expected to make a full recovery.~~

~~While the applicant has limited use of her leg there are a number of ways that she could manage this condition. For example, she could work in a way that enabled her to not use her broken leg. She could triage patients via video calls from her own home or give service users advice about exercises. If she is able to, another way to manage this condition is to not practise during this time. If she took time to rest and recover and was not interacting with service users, this is another type of management.~~

~~In either instance, so long as the health concern is being properly managed there is no reason for her to make a declaration.~~

[If you are unsure about whether your health impacts your fitness to practise after you have sought appropriate healthcare advice, you should approach the HCPC.](#)

Case Study: Injury

A health concern does not have to be permanent to impact your ability to practise safely. Likewise, not all permanent health concerns will negatively impact your ability to practise safely.

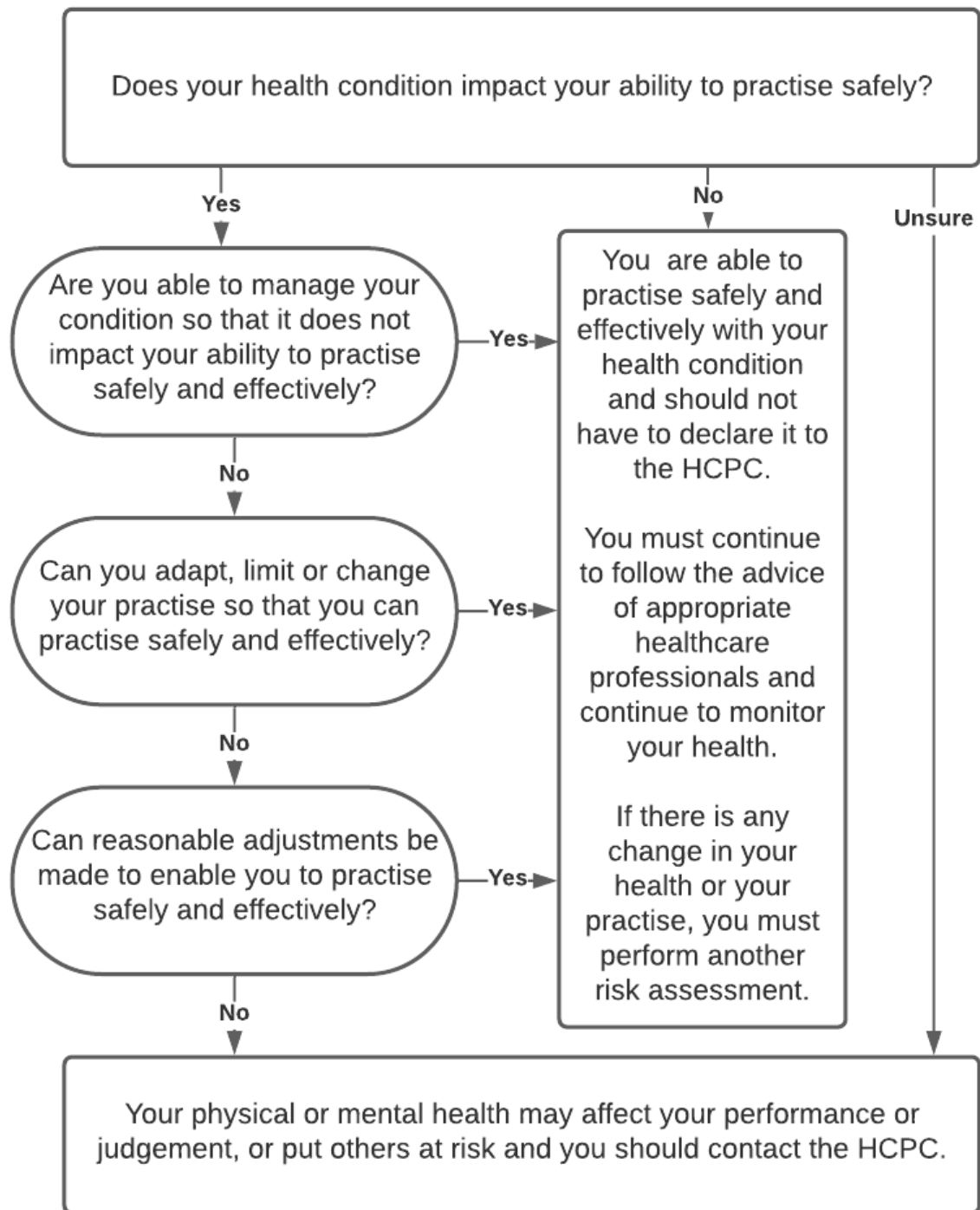
A recent graduate is applying for registration as a physiotherapist. She has badly broken her leg in a car accident in the last few months and has limited use of her left leg and cannot stand for long periods of time. Her mobility will be further reduced in the recovery period from a scheduled surgery on her leg which will take place in the next few months. After the period of rehabilitation, she is expected to make a full recovery.

While the applicant has limited use of her leg there are a number of ways that she could manage this condition. For example, she could work in a way that enabled her to not use her broken leg. She could triage patients via video calls from her own home, support with supervising more junior colleagues, or give service users advice about rehabilitation. If she is able to, another way to manage this condition is to not practise during this time. If she took time to rest and recover and was not interacting with service users, this is another type of management.

In either instance, so long as the health concern is being properly managed there is no reason for her to make a declaration.

Health conditions and assessing risk

This flow chart shows a simplified process of assessing whether a registrant meets Standard 6.3 and if they need to make a declaration to the HCPC. Each individual's risk assessment will look different based on their role and their health condition and if you are unsure about your health condition's impact on your ability to practise safely, declare it to the HCPC.



Your Character

When it comes to character declarations, the information you must provide as an applicant and a registrant is slightly different. We have separated this section into information for applicants and information for existing registrants.

As an applicant

We ask you to make a declaration about your character as part of your application. In this declaration you need to tell us if you have ever:

- been convicted of a criminal offence or received a police caution or conditional discharge for a criminal offence other than a protected caution or protected conviction in any part of the United Kingdom (these are cautions and convictions that you do not need to tell us about)
- received cautions or convictions in countries outside the United Kingdom, if the offence is one that could have resulted in a caution or conviction in England or Wales¹

As a registrant

Registrants have a personal responsibility, once regulated, to maintain and manage their own fitness to practise. This includes the professional responsibility to declare information to us about any change in your character.

As part of your renewal you will have to complete a declaration. In the declaration you will have to agree that:

- Since your last registration there has been no change relating to your good character ~~or any change to your health~~ that may affect your ability to practise safely and effectively.

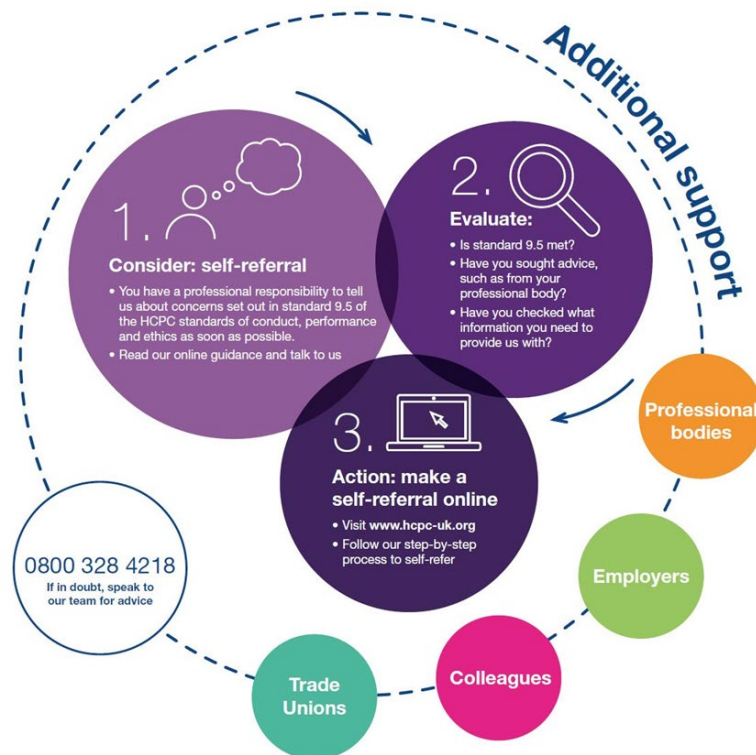
You must also let the HCPC know as soon as possible (i.e., [make a self-referral and process and make a self-referral period](#)) if your conduct is listed in Standard 9.5 of our Standards of Conduct, Performance and Ethics, including if:

- you accept a caution from the police or you have been charged with, or found guilty of, a criminal offence;
- you received cautions or convictions in countries outside the United Kingdom, if the offence is one that could have resulted in a caution or conviction in England or Wales;
- another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or
- you have had any restrictions placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.

¹ Article 22(1)(a)(iii) of the Health Professions Order, 2001 enables the HCPC to consider allegations against registrants that their fitness to practice is impaired by reason of convictions outside of the UK if they would have constituted crimes in England or Wales only and not for all countries in the UK. We envisage that this should not significantly affect registrants practising in Scotland and Northern Ireland, as there are not significant differences in criminal law across the four nations. However, as a UK wide regulator, our preference would be for a UK wide approach. Amending our legislation to achieve this will therefore be added to the regulatory reform agenda.

- If you are unsure if a matter is something you should refer to the HCPC straight away, you can contact your professional body or trade union for further advice, if you remain unsure, approach the HCPC.
- You may choose to tell us about other concerns that do not meet these criteria. If you do, we will review this concern in the same way as any other self-referral or other fitness to practise matter.

Do I need to self-refer to the HCPC?



We provide more guidance on making a self-referral on our website: <https://www.hcpc-uk.org/concerns/raising-concerns/self-referral/>.

Understanding convictions and cautions

You must always tell us about a caution or conviction (even 'spent' ones) unless they are protected.

There are some circumstances where you do not need to tell us about a caution or conviction if it is protected. This varies depending on the country within the UK that you live in. You can find detailed information on this in the relevant legislation as set out below.

England and Wales

—Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

Northern Ireland

—Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979

Scotland

—Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013

When considering whether you need to declare a caution or conviction, it is important that you follow the relevant legislation for the country in the UK where the crime was committed and any guidance linked with it.

If your offence is a 'listed offence' under the relevant legislation of the country in the UK where the crime was committed, it will never be protected, and you must inform the HCPC immediately.

Listed offences include serious violent and sexual offences and offences which may raise concerns about whether you should work with children or vulnerable adults. You can find more guidance on listed offences and providing information about cautions and convictions on the websites of the [disclosure services](#).

Convictions Before You Turned 18

You must declare any cautions or convictions that you may have, even if you received them when you were under the age of 18. This includes any cautions or convictions that are considered 'spent' because they happened some time ago, unless they are a protected caution or protected conviction. Protected cautions or convictions are ones that you do not need to tell us about.

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Listed offences include serious violent and sexual offences and offences which may raise concerns about whether you should work with children or vulnerable adults. You can find more guidance on listed offences and providing information about cautions and convictions on the websites of the disclosure services.

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Case study: Conviction

An individual has been registered with the HCPC as an Occupational Therapist for 5½ years. They are currently 6 months away from entering the profession's renewal period. The registrant has recently been convicted for a drink-driving offence and as a result, received an 18-month driving ban. No other sanction has been issued by the police or court service.

In this example the conviction has resulted in a significant change in the registrant's character and therefore they are required to make an immediate self-referral to the HCPC.

The registrant should not wait for the renewal period to make a character declaration despite [#show](#) close [proximityit is](#). This will ensure they comply with standard 9.5 of the Standards of conduct, performance and ethics. Any delay in referring the matter, could in itself be a failure of the registrant in complying with the standards.

Declarations unlikely to impact your application or renewal

All convictions, cautions and other potential character issues or health issues must be declared to the HCPC. If you are in doubt about whether or not to declare information, then you should declare it and allow us to consider it.

As each matter is assessed on its unique circumstances, there is no list of declarations which will prevent registration or renewal. However, [as a general guide, no further action will usually be taken in relation to the following](#) (except where the Head of Fitness to Practise considers otherwise, ~~no further action needs to be taken in relation to the following: because of exceptional circumstances~~):

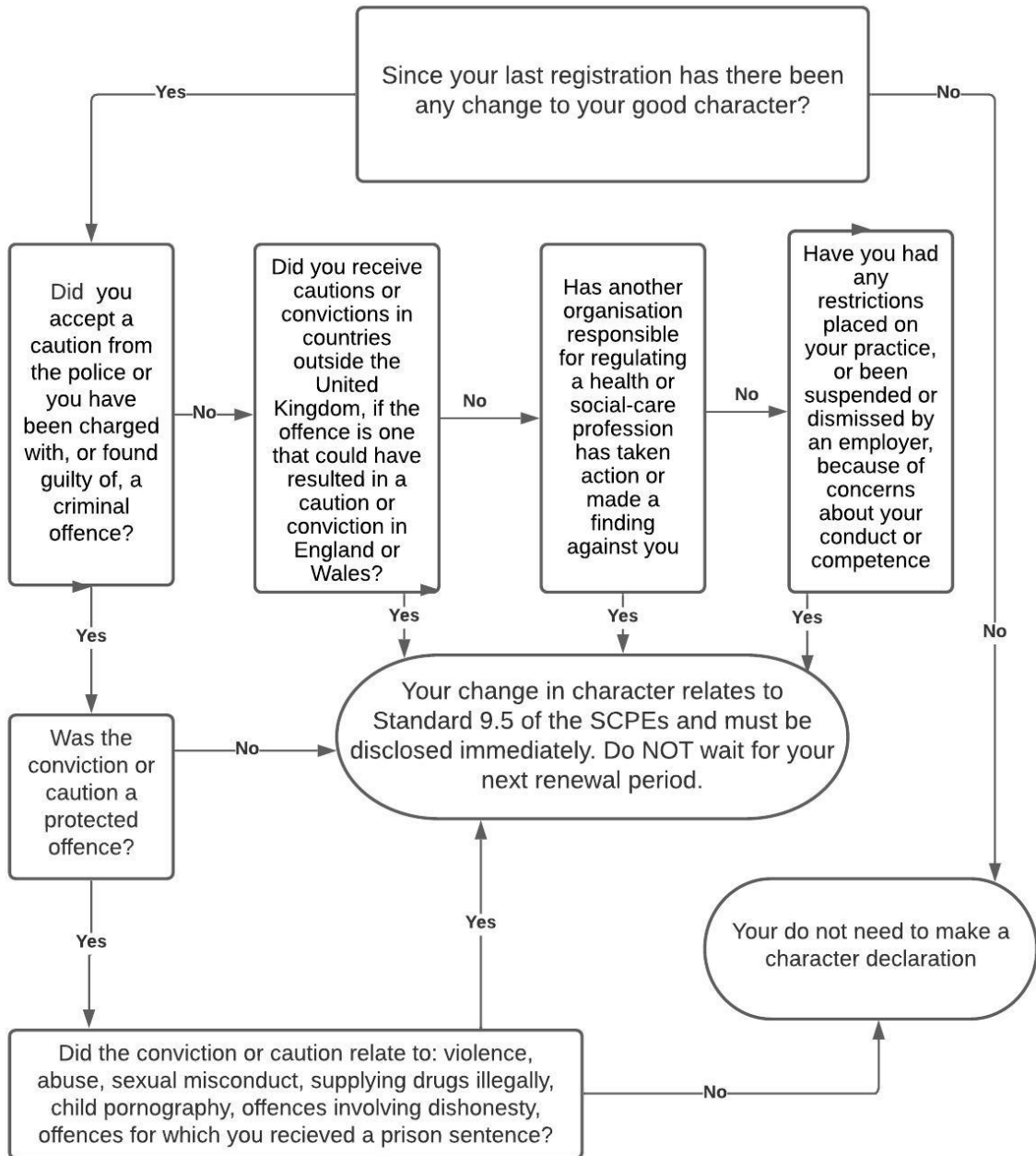
- managed health conditions;
- private family or personal disputes or civil matters;
- minor motoring offences such as parking fines; other fixed penalty offences; or public transport penalty fares;
- misuse of title concerns depending on the duration of misuse, frequency and seriousness of the misuse;
- matters already considered by the HCPC unless new information has been provided;
- a caution or conviction received by a person before or while undertaking a programme of study approved by the HCPC, or any other character matter, which
 - was considered by the education provider as part of its admission procedures and the person was admitted to the programme; or
 - was considered by the education provider under its student fitness to practise process and the person was not excluded from the programme;
- disciplinary action taken by an employer which is unconnected to the practice of a relevant profession and does not relate to conduct involving:
 - violence;
 - dishonesty;
 - inappropriate sexual behaviour;
 - substance abuse or the possession or supply of drugs; or
 - conduct of a racially motivated, homophobic or similar nature.

[This is only an indicative list. Our Standards of conduct, performance and ethics relating to managing risk and reporting concerns about the safety of service users still apply. If you are unsure, you should seek advice from your professional body, trade union or employer or seek independent legal advice.](#)

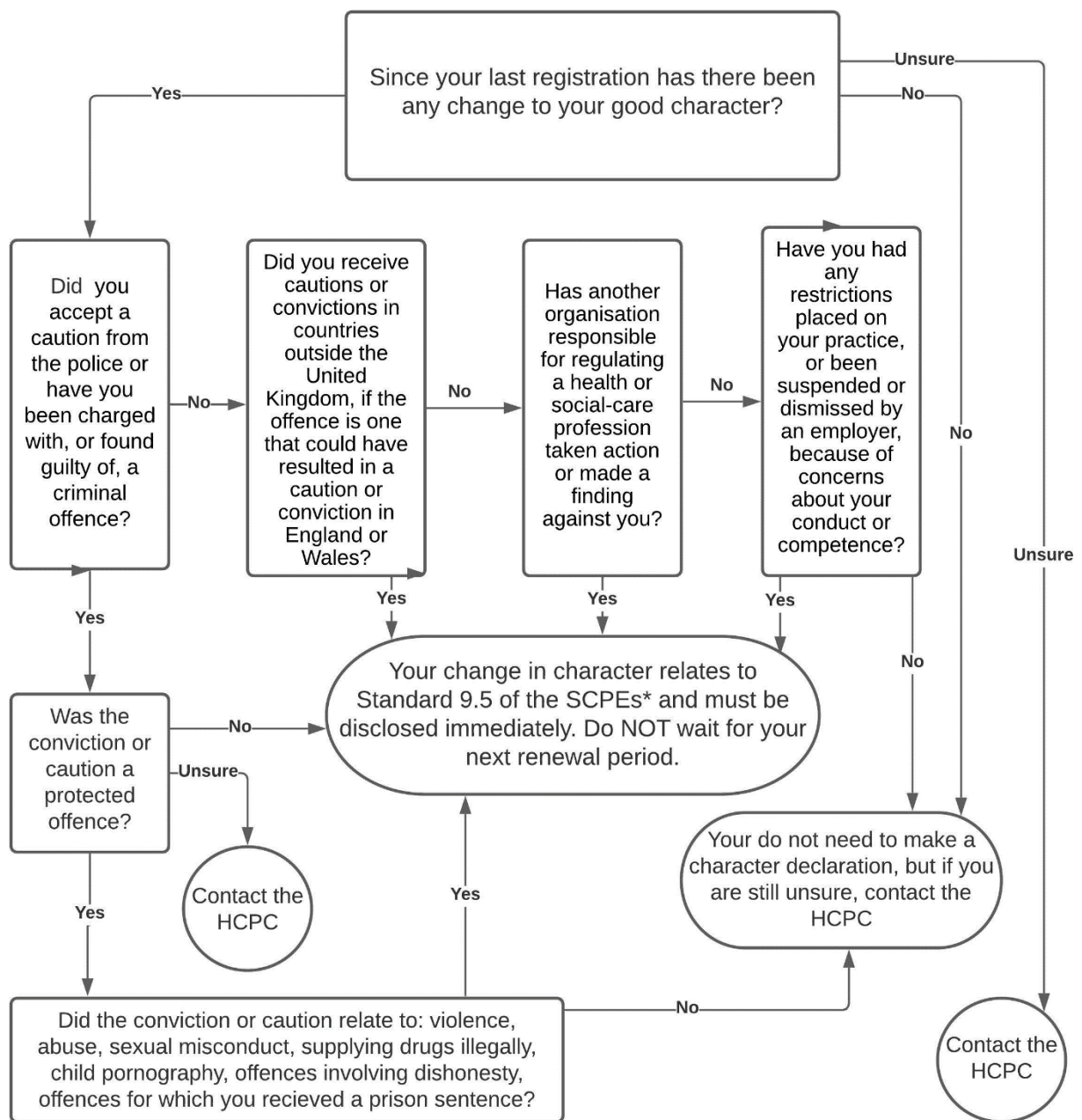
What to do if you are unsure

If after reading this guidance you are still unsure about whether you should tell us about a health condition or provide information about your character, and you believe these [may](#) impact on your ability to practise safely, you should tell us anyway and give us as much information as you can. We can then assess whether your condition could affect your ability to practise.

Before you contact us, you can still reach out to your employer, your trade union or your professional body for information and advice. You can find more information about independent support services in our section below.



Making a character declaration



**SCPEs: Standards of Conduct, Performance and Ethics*

What happens once I provide the information?

After you provide information through your application, your renewal or by making a self-referral, a process of investigation will begin. This process differs depending on if you are an applicant or a registrant.

If you have a disability under the terms of the Equality Act 2010 and need us to make reasonable adjustments to this process, please contact us on Freephone: 0800 328 4218. You can read more about the HCPC's [Equality, Diversity and Inclusion Policy here](#).

For applicants and registrants based in Wales, our [Welsh Language Scheme](#) makes provision for proceedings in Welsh upon request.

If you are an applicant, the process of investigating and making a finding on your health and character declaration falls to our case officer team.

If you are a registrant, whether you make a declaration during your renewal or you self-refer, your declaration will be handled by our Fitness to Practise team.

It is important to note that while the process is being handled by our Fitness to Practise team, this is not a reflection on the disclosure you have made or an assumption that you are unfit to practice. With all the matters which relate to registrants, we have to determine if the matter is within the scope of the HCPC's fitness to practise team and the only way we do this is through our investigation process.

We investigate all cases objectively and independently and we will treat you fairly and explain what will happen at each stage of the process.

We assign a case manager to each case. Their role is to manage the case throughout the process and to gather relevant information. The case manager acts as a contact for everyone involved in the case and will keep you up to date with the progress of the investigation. They cannot give you legal advice but they can explain how the process works, what information we require and what panels might consider when making decisions.

Visit our web page, ['What happens if a concern has been raised against me?'](#) for more information about the process a case will go through and the possible outcomes.

Finding support

We know that the process of making a declaration and the subsequent investigation can be stressful.

We will work to ensure that the process moves as quickly as possible and that you are kept informed at all times. At any point you can contact the Fitness to Practise team on freephone 0800 328 4218 for more information.

Before making your declaration, we would also recommend speaking to your trade union or your [professional body](#). They will be well placed to give you advice on best practice for your profession and to be able to reflect on previous experience in similar matters.

We also recommend speaking to your employer as they will be able to provide advice and also let you know which resources you can access for further support.

If you are struggling, don't be afraid to tell somebody. We encourage you to talk to a friend, family member or trusted colleague. [More advice and resources can be found on the HCPC's Health and Wellbeing Hub](#).

Samaritans are a non-religious support service there to listen to you and help you talk through your concerns, worries and troubles, whatever they may be. Call Samaritans for free and in confidence, 24 hours a day, on **116 123**.

After a health declaration

If you tell us about a health condition when you renew your registration and it is clear that your ability to practise safely or effectively is not affected (such as taking time off work with flu or a broken leg) then our Registration team will let you know.

However, in most cases we will refer information that you declare about a change in your health to our Fitness to Practise department. If you make a self-referral, this will be received directly by our Fitness to Practise department.

Our Fitness to Practise team are best placed to consider whether you are able to practise safely and effectively. The information that you declare will be handled sensitively, confidentially and in line with our published approach to investigating health matters. Read more about how we investigate health concerns [here](#).

When considering health information, the Registration or Fitness to Practise team will look at the circumstances and examine each case individually. They will be looking to see if your health condition means you are able to practise safely and effectively and therefore should be allowed to register or to renew your registration. As a result, we do not have a list of health conditions which would prevent you from practising as a registered professional.

The registration or investigation panel look at various issues when making a decision about whether your health would affect your ability to practise safely and effectively.

The panel may look at:

- how you currently manage your condition;
- whether you have shown insight and understanding into your condition;
- whether you have medical or other support;
- whether you have made reasonable adjustments to your placement conditions or employment conditions; or
- whether you have agreed reasonable adjustments with your placement providers or employers.

In every case referred for a hearing, whether you are a registrant or an applicant, we will ask whether you will give your doctor [consent](#) to provide information to the HCPC directly so that we can make an informed decision.

Where a decision is made to refuse registration, you will have a right to appeal. More information is set out below.

After a character declaration

All concerns go through the same fitness to practise process, regardless of who we receive them from.

When making decisions about character, we are considering whether your behaviour in the past means you can practise in a way which does not put the public at risk or affect public confidence in you or your profession.

When someone declares a conviction or caution, we may re-examine the nature of the evidence but we will not retry the case or impose punishment for a second time.

We will consider only the factors relevant to your case and consider all the information we receive on a case-by-case basis, looking at the particular circumstances around the event. This means that we can only provide guidance on how we will consider the information and we cannot provide answers about what the outcome of the case will be.

When looking at issues around your character, we may consider:

- the number and nature of offence(s) or event(s);
- the seriousness of the offence(s) or event(s);
- when and where the offence(s) or event(s) took place;
- any information you have given to help explain the circumstances;
- your character and conduct since the offence(s) or event(s);
- the likelihood of repetition;
- the relevance of the matter to the practise of the relevant profession; and
- the wider public interest, including confidence in the profession concerned and the regulatory process.

~~This is not a full list of~~ [We may consider additional](#) factors ~~which can to~~ help ~~to us~~ decide the seriousness or significance of the issues ~~we consider~~.

The types of convictions which might result in an applicant not being allowed to Register or to a registrant being struck off the Register usually relate to offences of a sexual nature, violence or dishonesty.

We will consider rejecting an application for registration, or removing you from the Register if you are already registered, if you are convicted of a criminal offence or accept a police caution that involves one of the following types of behaviour:

- Violence
- Abuse
- Sexual misconduct
- Supplying drugs illegally
- Child pornography
- Offences involving dishonesty
- Offences for which you received a prison sentence

More information and guidance about how we consider fitness to practise concerns is available on the [fitness to practise](#) section of our website.

If we do not think that the issues raised will affect your fitness to practise, we will write to you and let you know. We will not take any further action.

We always advise applicants and registrants who are providing information on their health and character to prepare all of their information in advance. Having as much relevant documentation to hand as early as possible will help avoid delays in your registration or renewal.

Appealing a decision

Applicants and registrants have a right to appeal decisions made by a panel. The HCPC will let you know the outcome of the panel which dealt with your application or renewal and will provide more information should you wish to appeal.

When making an appeal you can decide to appear in person and provide more information than the original panel dealt with (for a health matter this could be more evidence from [a medical doctor](#) or [an appropriate healthcare professional](#), while in a character matter it could be more evidence of your good character).

Once the Appeal Panel makes a finding you can go further and approach a court. If you are an applicant, you can approach the County Court (in England, Wales and Northern Ireland) or the Sheriff Court if you are based in Scotland. If you are a registrant, you have the option to appeal to a higher court and can approach the High Court (in England, Wales and Northern Ireland) or the Court of Session in Scotland.

Glossary

Criminal conviction check

A check to see if someone has been convicted of a criminal offence or has received a police caution.

Disabled person

The Equality Act 2010 [as well as the Disability Discrimination Act, 1998 \(Northern Ireland\)](#) defines a disabled person as 'someone with a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'. 'Long-term' is defined as lasting at least twelve months while substantial is defined as more than minor or trivial and long term is defined as 12 months or more.

~~Fit~~ Fitness to practice

When someone has the skills, knowledge, character and health to do their job safely and effectively.

Register

A published list of professionals who meet our standards. The Register is available online (www.hcpc-uk.org).

Registrant

A professional who appears on our Register.

Regulator

~~An organisation that protects the public by making sure people keep to certain laws or requirements.~~

[An organisation that protects the public by: setting standards for professionals' education and training and practice; approving programmes which professionals must complete to register; keeping a register of professionals, known as 'registrants', who meet the standards; and taking action if professionals on the Register do not meet the standards.](#)

Self-declaration

The declarations of health and character that applicants or registrants must sign to confirm that their health and character does not affect their ability to practise safely and effectively.

Self-referral

When a registrant gives us information about their health, character or conduct at any time outside of the registration application or renewal process.

Service user

Anyone who uses or is affected by the services of registrants. This includes patients or clients.

Standards of conduct, performance and ethics

~~Standards~~ <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>~~https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/~~ that we expect from health and care professionals who are registered with us.

Standards of education and training

~~Standards~~ [Standards](#) which education providers must meet to make sure that all those students who complete an approved programme meet the standards of proficiency.

Guidance on Health and Character: information for education providers

With Amendments as of 21 May 2021

Table of significant changes

We have made many updates to the document to improve clarity, remove mistakes and add additional information.

Page	Change
P3	Added SET 2.7
P3 & P4	Added relevant SCPEs and SOPs
P6	Added additional items to list to match list in the guidance for applicants and registrants
P6	Added list from guidance for applicants and registrants of convictions which may prevent someone from registering.
P7	New paragraph clarifying the HCPC's expectation that education providers meet their EDI obligations in legislation as well as in the SETs
P8	Added additional information relating to student misconduct while on a programme. This includes signposting to an external resource

Introduction

We are the Health and Care Professions Council (HCPC). We are a regulator, and we were set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their training, professional skills, behaviour and health. Professionals on our Register are called 'registrants'. Anyone can search our Register on our website, so they can check that their professional is registered.

The relationship between a registrant and the service user is based on trust, confidence and professionalism and so it is important we check the health and character of everyone who applies to join our Register. This is to make sure that applicants will be able to practise safely and effectively within their profession. We can also take action to protect the public if a registrant's health or character raises concerns about their ability to practise safely and effectively.

As education providers, you need to know how to advise students and make decisions about how issues of student misconduct or changes in their health will be dealt with while they are studying.

The HCPC expects education providers to have their own policies in place for dealing with health and character issues of their students and to follow the law in their own country. This document provides guidance to education providers and sets out

- The Standards of Education and Training (SET) which education providers must meet.
- The process education providers should follow when dealing with a student with a health concern.
- The process education providers should follow when dealing with a student with a previous conviction or other character issue which may prevent them from joining the register.
- A selection of case studies

We would still recommend that education providers familiarise themselves with all other relevant guidance from the HCPC including our guidance on [Health, Disability and Becoming a Health and Care Professional](#), [Guidance on Conduct and Ethics for Students](#), and our full [Guidance on Health and Character](#) aimed at applicants and registrants.

The Standards of education and training

We set the Standards of education and training (SETs) which programmes are approved and monitored against. Our SETs must be read in the round but SET 2 – relating to programme admission – and SET 3 – relating to the management of a programme – are particularly relevant.

SET 2.4 says the admissions process must assess the suitability of applicants, including criminal conviction checks.

SET 2.5 ~~says that the~~The admissions process must ensure that applicants are aware of and comply with any health requirements.

~~SET 3.16 says that there~~SET 2.7 The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored

SET 3.16 There must be thorough and effective processes in place for ensuring the ongoing suitability of learners' conduct, character and health. We believe that this will help you to identify students who may not be fit to practise and help them to manage any concerns about their conduct in relation to their profession

The Standards of Proficiency

The Standards of Proficiency (SOPs) are the competencies that must be met to gain entry to the register. Our SETs are designed to ensure that Higher Education Institutions train students who are then able to meet the SOPs of their profession when they graduate.

SOPs 1: be able to practise safely and effectively within their scope of practice

SOPs: 2.2 understand what is required of them by the Health and Care Professions Council

SOPs 3: be able to maintain fitness to practise

SOPs 3.1: understand the need to maintain high standards of personal and professional conduct

SOPs 3.2: understand the importance of maintaining their own health

SOPs 6: be able to practise in a non-discriminatory manner

The Standards of Conduct, Performance and Ethics

The HCPC's Standards of Conduct, Performance and Ethics (SCPEs) set out how we expect our registrants to behave and they outline what the public should expect from their health and care professional. While students follow their own SCPEs while on a programme, our SCPEs for registrants are important as they are used to help us make decisions about the character of professionals who apply to our Register.

[SCPE 6.3 You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.](#)

[SCPE: 9.1 You must make sure that your conduct justifies the public's trust and confidence in you and your profession.](#)

[SCPE: 9.5 You must tell us as soon as possible if:](#)

- [you accept a caution from the police or you have been charged with, or found guilty of, a criminal offence;](#)
- [another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or](#)
- [you have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.](#)

Deciding whether to accept an applicant with a conviction

You may worry about accepting an application with a conviction or caution or what to do when a current student is convicted or receives a caution. In particular, you may be concerned about them not being able to join the HCPC Register [HCPC](#) after they have completed their programme.

We consider the information we receive about applicants on a case-by-case basis. As a result, we cannot provide a list of convictions and cautions that would definitely lead us reject an application for registration. We also cannot provide a list of convictions or cautions that should definitely lead to you rejecting an application.

However, there are certain types of offences which we believe usually mean a person should not be registered within one of the professions we regulate. The types of convictions which might result in us removing a registrant from the Register usually relate to offences of a sexual nature or dishonesty. These types of convictions might prevent an applicant registering with us.

When an applicant applies with the HCPC, we ask them to declare if they have:

- been convicted of a criminal offence or received a police caution or conditional discharge for a criminal offence other than a protected caution or protected conviction (these are cautions and convictions that you do not need to tell us about);
- received cautions or convictions in countries outside the United Kingdom, if the offence is one that could have resulted in a caution or conviction in England or Wales;
- been subject to disciplinary action by a higher education institution, including both HCPC and non-HCPC approved courses; or
- another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you.

When you make admissions decisions, you may want to consider the [Standards of conduct, performance and ethics](#). ~~Standards of conduct, performance and ethics and Guidance on conduct and ethics for students.~~ You may also want to consider whether the individual's conviction or caution might affect their suitability for registration or affect the public's confidence in their profession.

When making a decision, you may want to consider:

- the number and nature of ~~offences~~[offence\(s\)](#) or ~~misconduct~~[event\(s\)](#);
- the seriousness of the ~~offences~~[offence\(s\)](#) or ~~misconduct~~[event\(s\)](#);
- when ~~and where~~ the ~~offences~~[offence\(s\)](#) or ~~misconduct~~[event\(s\)](#) took place;
- ~~any information provided by the applicant you have given~~ to help explain the circumstances ~~of the offences; and the applicant's;~~
- the student's character and conduct since the offence(s) or event(s);
- ~~the likelihood of repetition;~~
- ~~the relevance of the matter to the practise of the relevant profession; and~~
- ~~the wider public interest, including confidence in the profession concerned and the regulatory process.~~

However, this is not a full list to help you decide the seriousness or significance of the issues you will need to consider. An understanding of the offence or misconduct is extremely important. Someone may have a greater understanding of the importance of 'good character' as a result of a previous minor offence.

We know that deciding whether to accept an applicant with a criminal conviction or caution can be difficult. It is important to remember that even if you make your own decision about an applicant and allow them to join your programme, they will still have to go through our character process when they apply to join the Register. Whether you have considered ~~an applicant's~~[a student's](#) conviction or caution (received before admission to your programme or during the programme) is one of the factors we will consider when they apply for registration. However, it is rare for us to refuse an applicant from an approved programme. ~~You can find out more about this on page 5 of the Guidance on health and character in Information for applicants.~~

[The types of convictions which might result in an applicant not being allowed to Register or usually relate to offences of a sexual nature, violence or dishonesty.](#)

[We will consider rejecting an application for registration, or removing someone from the Register if already registered, if they are convicted of a criminal offence or accept a police caution that involves one of the following types of behaviour:](#)

- [Violence](#)
- [Abuse](#)
- [Sexual misconduct](#)
- [Supplying drugs illegally](#)
- [Child pornography](#)
- [Offences involving dishonesty](#)
- [Offences for which you received a prison sentence](#)

Deciding whether to accept an applicant with a health condition

You may receive an application from someone with a health condition or you may become

aware of a health condition once the student is on your programme. You may be concerned about this health condition's impact on that student's ability to practice.

When we talk about 'health' we do not mean people who are 'healthy' or in 'good health'. Instead, we consider the effect that a health condition may have on someone's ability to practise safely and effectively.

We look at each case and make our decision based on the particular circumstances of the case. As a result, we do not have a list of conditions which would prevent someone from practising in any of the professions we regulate.

This also means that we cannot provide a list of the health conditions which would prevent someone from completing an approved programme.

You have certain responsibilities in dealing with admissions to a programme we have approved. You may have specific legal duties under equality and non-discrimination laws ~~and, because such as the Equality Act 2010, which the HCPC would expect you to meet .~~ As we have approved your programme, you ~~have the responsibility to make sure~~ also are responsible for ensuring that ~~the people who complete your programme~~ students will be able to meet our standards of proficiency- pre-registration. This includes our requirements regarding maintaining fitness to practise.

~~How you meet these duties is up to you. However, we suggest that~~ Standard 2.7 of our Standards of Education and Training requires education providers to have equality and diversity policies in place relating to applicants and that these policies are implemented and monitored. The specific steps and processes you follow to meet this standard will vary, but when assessing applications you should first consider the reasonable adjustments that you could make ~~for~~ in order to accommodate the applicant.

As part of assessing an application you must decide whether any of the standards are likely to cause difficulties for the applicant and consider whether you can deliver the programme in a way that helps them meet these standards. This will include considering any reasonable adjustments that can be made.

Having considered this, you might then want to consider separately whether having made these adjustments the applicant would, at the end of the programme, meet our standards of proficiency.

We have produced a guide for prospective registrants and admissions staff, called [Health, disability and becoming a health and care professional](#).

When making a decision about an applicant or a student with a health condition, there are a number of other factors that you may want to look at. These are:

- how they currently manage their condition;
- whether they have shown insight into and understanding of their condition;
and
- whether they have medical or other support.

When you make admissions decisions about applicants, you may want to set up an advisory panel to help you make the decision. You may also want to refer to the section How we consider health information on page 16.

We advise education providers as well as applicants to our register to familiarise themselves with our Guidance on Health and Character. While this document does not provide guidance

to education providers about how they should take decisions, it can provide insight into how the HCPC views health and character declarations.

While not an exhaustive list, education providers should be able to answer 'yes' to the following questions:

- Is the student's health condition managed?
- Where the condition is managed is the student able to meet the learning outcomes of their programme? Can reasonable adjustments be made which enable the student to meet these outcomes?
- In light of the above, will the student be able to meet the Standards of Proficiency if admitted to the register?

Our guidance should be read in the round and so we would advise education providers to familiarise themselves with all relevant guidance in this area. For health conditions, our [Health, Disability and Becoming a Health and Care Professional](#) provides detailed information about managing health conditions, including reasonable adjustments.

Misconduct during the programme

~~You will have~~

~~The HCPC does not make prescriptive standards relating to the processes an education provider must have in place to meet the SETs. Instead you will have developed~~ your own procedures for handling misconduct which happens while a student is on a programme. These procedures are often separate from those which may look at concerns about academic performance. ~~SET 3.16 states 'There must be thorough and effective processes in place for ensuring the ongoing suitability of learners' conduct, character and health.'~~

When looking at misconduct, you may want to refer to the ~~standards~~[Standards](#) of conduct, performance and ethics. You may also want to look at ~~the guidance we have produced called our~~ [Guidance on conduct and ethics for students](#), ~~which explains how students are expected to meet the Standards of conduct, performance and ethics whilst learning. In addition, the Office of the Independent Adjudicator has produced comprehensive guidance around running student FTP processes.~~

Any decision you make about a student's misconduct will not necessarily affect whether that person could join the Register. ~~once they complete their programme.~~ The student would still need to go through our health and character process and provide any relevant information. ~~(including disclosing any misconduct while on their programme).~~

~~As an education provider, your role is to prepare students to meet their standards of proficiency when graduating. Where you have serious concerns about a student's conduct or performance on your programme (and therefore their ability to meet the HCPC's standards) we would expect you to remove such a student from that programme before they complete it.~~

If you remove a student from your programme because of misconduct, you should tell us. If we believe the misconduct is serious enough, we can keep the information and look at it if the person ever applies to us for registration in the future.

~~The standard and guidance apply to all areas of a programme which function to manage learner suitability, and within this it touches on formal processes to deal with concerns. The~~

[guidance is brief and signposts to other relevant documents, including the H&C guidance and the guidance on student conduct and ethics.](#)

Equality Reflection (Level 1)

For background information on how to complete this form, read **Appendix 1**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Updates to Guidance on Health and Character

Version: 21 May 2021

Previous approved versions: 19 October 2020

What are the intended outcomes of this work?

Findings from the HCPC commissioned research ‘People Like Us?’, conducted by the University of Surrey, revealed a disproportionately high number of self-referrals by certain professions regulated by HCPC. This led to the Policy and Standards team developing online information on self-referrals in 2018.

During the development of online information on self-referrals, the team identified that the current Guidance on Health and Character was out of date. In particular, the Guidance refers to the previous version of the Standards of Education and Training (SETs) and no longer reflects the organisation’s current operational approach to health and character declarations.

Our amendments to the Guidance aims to:

- make it consistent with the organisation’s approach when dealing with health and character declarations from registrants and applicants;
- ensure it is consistent with and reflects other policies and Guidance the HCPC issue to its registrants, such as our online self-referrals information;
- better signpost to support for registrants during the process, to achieve our strategic priorities regarding registrant health and wellbeing;
- ensure we adequately take account of equality impacts; and
- take account of public and stakeholder opinion.

In amending the Guidance on Health and Character, we worked closely with colleagues in Registration, Fitness to Practice and Education departments to ensure that the Guidance reflected the experiences of registrants and applicants who make health and character declarations.

The amended guidance was open for public consultation between January and April 2021 and included the HCPC’s standard question on EDI impact. In addition, the survey specifically asked for comments relating to potential unintended consequences for groups who are more likely to

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have had a conviction or caution because of their race, ethnic background, mental health or national origin.

Who will be affected?

- Registrants and new applicants, including students and new trainees
- Education and training providers
- Employers
- The public, including service user and colleagues in health and care.

Section 2: Key EDI information

The following are protected characteristics under the Equality Act 2010.

- **Age:** children, younger and older people
- **Disability:** physical and mental health conditions. Think: 'invisible disabilities'
- **Gender reassignment:** includes individuals at all stages of transition
- **Race:** includes nationality, citizenship, ethnic or national origins.
- **Religion or belief:** religious and philosophical beliefs, including lack of belief
- **Sex:** gender; men, women and non-binary identities
- **Sexual orientation:** heterosexual, lesbian, gay, bi-sexual and other orientations
- **Pregnancy and maternity:** people who are pregnant, expecting a baby, up to 26 weeks post-natal or breastfeeding
- **Marriage and civil partnerships:** all unions, including same-sex

Section 3: Reflective Summary

Describe any possible impacts to groups or individuals with the characteristics listed at section 2 that may arise from this work. You may also consider connected issues or characteristics such as socio-economic group, area inequality, income, resident status and other barriers to access.

What do you consider to be the possible EDI implications of this work?

Explain how you have come to these conclusions.

Age

We foresee limited impact on the basis on age from the updates to the guidance. While not strictly linked to age, we believe that the improved guidance on issues like degenerative illnesses (which often, but not exclusively are linked with age) will have a positive impact in providing certainty to registrants unsure about their continued fitness to practice.

Consultation respondents did not have further comments on Age.

Disability

We believe that changes to the guidance may have a medium impact on people living with physical and mental health conditions. As a group which experiences significant discrimination in workplace and education settings, we are aware that the updates to Guidance on Health and Character is likely to have an impact. The underlying principles of the guidance have not changed (i.e., that a physical or mental health condition is only relevant to your fitness to practise if it impacts your ability to practise safely and effectively). However, we believe that new case studies in the guidance documents will provide more clarity about when a disability would impact a registrant's ability to practise safely. We have also included new information focussing on mental health in addition to mental illness.

Following input from respondents, we have made amendments to case studies to provide more clarity about how a registrant can assess their ability to practise safely and effectively with a disability or health condition. We have also added more information to the Guidance for Education Providers, including more clearly setting out the HCPC's expectations of education providers to have equality and diversity policies in place and clearly linking this guidance with our other guidance document on Health, Disability and Becoming a Health Professional.

Respondents also raised concerns that the interpretation of reasonable adjustments and essential criteria for job roles often fell solely to employers. While the HCPC does not have regulatory authority over employers, employers must enable their employees to meet the HCPC's standards. We will continue to work with employers, through our Professional Liaison Team, to offer advice on the HCPC's standards and processes and how they can ensure their employees are able to meet their HCPC standards.

To make the website easy to view, we have designed it in accordance with guidelines laid down by the Web Accessibility Initiative (WAI) and we strive, wherever possible, to conform to 'Double-A' standards. Should anyone require assistance in renewing online, reasonable adjustments will be made where appropriate, in line with the HCPC's reasonable adjustments policy.

Gender reassignment

We foresee limited impacts on the grounds of gender re-assignment. To extent that any stage of a person's transition has an impact on their mental or physical health, we believe that this should not impact more negatively because it stems from the transition process.

Consultation respondents did not have further comments on Gender reassignment.

Race

A small number of survey respondents highlighted that “people with certain demographic characteristics” were more likely to be arrested or receive a caution or conviction. While these respondents did not elaborate, we highlighted a report in our previous EQIA which noted:¹

In general, minority ethnic groups appear to be over-represented at many stages throughout the [Criminal Justice System] compared with the White ethnic group. The greatest disparity appears at the point of stop and search, arrests, custodial sentencing and prison population. Among minority ethnic groups, Black individuals were often the most over-represented.

The HCPC is aware that this disparity is driven by complex and connected societal factors and addressing it requires a holistic approach.

We believe that the changes to the guidance are likely to help applicants and registrants to better understand when they do not need to report a health or character issue and that this will positively impact people who may have a previous character issue that is not necessary to disclose. In addition, we have provided updated guidance for education providers on dealing with student misconduct while on an accredited programme.

While it is possible that there may be negative impacts, the HCPC believes that its responsibility to protect the public and to maintain public confidence in the professions we regulate justifies our current processes which require declaration to HCPC.

The HCPC will continue its work on EDI, including through its Professionalism and Upstream Regulation team and informed by new data submitted by registrants in our Registrant Diversity Survey. As we progress our analyses of the survey data, we will conduct comparative analysis with our other data sets (including FTP) which will enable us to better identify disproportionate impacts of our processes and take necessary action to address this.

Religion or belief

We do not foresee any differential impact on this characteristic.

Consultation respondents did not have further comments on religion or belief.

Sex (gender)

We do not foresee any differential impact on this characteristic.

Consultation respondents did not have further comments on sex.

Sexual orientation

We do not foresee any differential impact on this characteristic.

Consultation respondents did not have further comments on sexual orientation.

¹ Statistics on Race and the Criminal Justice System 2018, Ministry of Justice:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/849200/statistics-on-race-and-the-cjs-2018.pdf

Pregnancy or maternity

We foresee limited impacts on the basis of this characteristic. To the extent that pregnancy or maternity may have an impact on their mental or physical health, we believe that this should not impact more negatively because it stems from pregnancy or maternity.

Consultation respondents did not have further comments on pregnancy or maternity.

Marriage and civil partnership

We do not foresee any differential impact on this characteristic.

Consultation respondents did not have further comments on marriage and civil partnerships.

Section 2: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

We do not foresee this project impacting on our commitments under the Welsh language scheme. Our Guidance documents are available in Welsh upon request and we welcomed consultation responses in the Welsh language. No consultation responses were provided in Welsh, or impacts on the Welsh Language identified in responses.

Section 4: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this reflection.

In developing your action plan, consider:

- **How will the project eliminate discrimination, harassment and victimisation?**
- **How will the project advance equality of opportunity?**
- **How will the project promote good relations between groups?**
- **How will you monitor equality impacts arising from this work going forwards?**

Summary of action plan

- The Policy and Standards department has worked closely with teams from Registration, FTP and Education in the development of this updated guidance and will continue this collaboration as the new guidance comes into effect.
- While addressing some of the EDI concerns raised in the consultation falls outside the HCPC's scope, we will share this information with stakeholders including governments, NHS employers, education providers, professional bodies and trade unions.
- By popularising the new materials through our stakeholders and a communications plan, we hope to reach more registrants and empower people with information relating to how they can meet their HCPC standards.
- The Policy and Standards Department and its Insight and Intelligence team will continue analysis of EDI data provided by registrants. As mentioned above, one of the possible uses of this data is to assess HCPC processes such as FTP to identify and address issues relating to EDI.

You may choose to use the action plan template in the EDI Impact Assessment document (for new or major projects or policies) to develop specific action points.



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this reflection and action plan have been agreed, you should make a note and update this document if necessary.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by: Matthew Clayton	Date: 20.05.2021
Reflection approved by: Olivia Bird	Date: 20.05.2021