

Education Committee

15 June 2010

Public session

CHRE Report: Health Conditions: Report to the four UK Health Departments (June 2009)

<u>Classification</u>	Public
<u>Purpose</u>	To note
<u>Issues</u>	This paper considers the findings of the CHRE Report: Health Conditions: Report to the four UK Health Departments (June 2009). It considers the recommendations and actions taken by GOsC to bring the report to the attention of our stakeholders.
<u>Financial & Resourcing Implications</u>	None arising from this paper.
<u>Equality & Diversity Implications</u>	Equality and diversity implications arise from this report in relation to the management of health conditions and the impact on practice.
<u>Communications Implications</u>	We will continue to consider the implications of this report as we further develop our equality and diversity guidance for OEIs.
<u>Annexes</u>	Annex A – CHRE Report: Health Conditions: Report to the four UK Health Departments (June 2009)

Summary

1. This paper considers a CHRE Report: Health conditions: Report to four UK Health Departments published in June 2009 and its recommendations in relation to education and training.

Background

2. The CHRE have published a report called Health Conditions in June 2009 which makes recommendations across all regulatory functions.
3. This paper sets out the main recommendations arising from the report and how we intend to incorporate them appropriately into our work plans.

Discussion

4. The report was published in part, in response to some work undertaken by the then Disability Rights Commission in their 2007 report: *Maintaining Standards: Promoting Equality: Professional regulation within nursing, teaching and social work and disabled people's access to these professions*. Issues under consideration included the perceived barriers to people with disabilities entering health professions. The reports were undertaken to disseminate information encouraging and empowering those with a disability to train to become health professionals. At the same time they raise awareness of the obligations on both educational institutions and regulators to ensure that only issues of fitness to practise, safety and competence are taken into consideration when deciding to allow someone to train and register as a health professional and the obligations to provide reasonable adjustments.
5. The report was to the four UK Health Departments. We are not aware of any response from the Health Departments to the Report as yet. Further, some of the recommendations in the report may require updating in light of the passing of the Equalities Act which received Royal Assent in April 2010 and which we understand is due to come into force towards the end of 2010.
6. The main recommendations in the report are set out at paragraph 7.3 as follows:
 - a. 'We recommend that the language of health should be overhauled. In the regulatory bodies' respective legislative frameworks, we recommend removing all references to 'good health' as a requirement for registration and that there be a single requirement that an applicant's fitness to practise is not impaired for them to be eligible for registration. The language of 'good health' is archaic and implies that there is some general state of health that is required for registration and implies there are standards for a state of health considered in abstraction; rather than health only being of relevance in relation to practising safely and effectively in line with competence and conduct standards.'
 - b. We recommend consideration is given to making changes to the regulatory bodies' respective legislative frameworks to move them to operating with a single fitness to practise committee. This would help to make clear that the issue at hand in proceedings is the safety and effectiveness person's practice and whether they can

and do meet their professional obligations set out in their regulatory body's competence and conduct; health is only considered when it is relevant in this context and is not otherwise be grounds for finding impairment in fitness to practise proceedings. It may also be the case that moving to a single committee facilitates better consideration of the relation the different factors involved in a person's failure to meet standards in order to make a comprehensive assessment, as has been found by the GMC.

- c. We recommend that regulatory bodies examine how best they can ascertain the information they need to determine whether an applicant is capable of meeting their standards. We have heard no convincing argument as to why a full health reference from a medical practitioner is proportionate for initial registration, but a self-declaration proportionate for ongoing registration. There is no evidence that regulatory bodies with a self-declaration at initial entry have more fitness to practise cases which relate to a registrants health during the first couple of years of a professional's practice following registration. However, we have heard of a number of cases in which the information from self-declarations or health references has led regulatory bodies to discuss an applicant's particular circumstances with them, which in turn has led the applicant to seek further advice from suitably qualified professionals or undertake to manage their practice in particular ways so that it is in line with the regulatory body's competence and conduct standards. We believe that it is appropriate for regulatory bodies to seek particular kinds of information on applicants' health for use in assessing an applicant's fitness to practise, but regulatory bodies should ensure their methods for so doing are proportionate to the information required. They should also ensure that they have clear guidance to those filling in any declaration about the kind of evidence they seek, why it is relevant to assessing an applicant's fitness to practise the profession, and that the assessment is only made in relation to an applicant's practice and is not in any way about their health in general.
- d. We recommend that regulatory bodies examine how they can best provide information to and engage with registrants, applicants, students and others considering a career in the profession over the role of health in regulatory processes. The aim is to assure people that the only concern of the regulatory body is the person's capability to practise in line with competence and conduct standards, not the state of their health or any impairment they might have, and explain that there are ways they can manage their practice to meet the regulatory body's standards. The purpose of this engagement is to promote the full participation of disabled people in the health professions by removing common fears about regulatory processes, helping them understand better how they can manage their practice to meet standards and seeking to undermine one of the grounds on which disabled professionals are victimised.
- e. We recommend that regulatory bodies issue further guidance to education and training institutions and occupational health services, which explains their requirements for fitness to practise for those on or entering the register. This is important to end the different interpretations of regulatory bodies' requirements, which has led to discrimination against disabled people and made the profession

less accessible to them. It should cover how and why knowledge, skills and behaviours are required for a profession's safe and effective practice. Guidance should also make clear to institutions that students need to have certain competences as course outcomes, but that reasonable adjustments can be made in the methods by which these are reached. It may be worth the regulatory bodies consider the potential of collaboration to help ensure clarity and consistency for education institutions and occupational health services serving different health professions, to improve the cost efficiency of comprehensive guidance, and to facilitate the greatest involvement from those external parties which have expertise in this area.'

7. Recommendations a to c are being considered further by our regulation and registration departments.
8. Relevant recommendations for further consideration by the Education Committee include recommendations d. and e. We are taking these points into consideration as part of our policy work on student fitness to practise and the development of equality and diversity guidance for the OEIs.
9. Once our policy work is in place, we will then need to consider the development of an implementation plan. This will be co-ordinated through our student fitness to practise work stream.

Recommendation

10. The Committee is invited to note the contents of the CHRE Report and the ways in which GOsC is taking the recommendations forward.