



Health and Care Professions Council – Consultation on the revised Guidance on Health and Character

Council of Deans of Health written submission – April 2021

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents over 90 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Written response

Questions for the guidance for applicants and registrants

Question 1: Standard 9.5 of our Standards of Conduct, Performance and Ethics sets out when a registrant must let the HCPC know about a change in their character. This differs from the current criteria for making a character declaration in the Guidance on Health and Character. We are proposing to change this so that the two align and we only use the approach in standard 9.5. Do you think it is appropriate to align the criteria for character declarations in this guidance to be the same as those in our existing Standards?

Agree.

Question 2: In the current guidance, there are slight difference for character declarations for applicants and those made by registrants. For instance, applicants are asked to disclose any civil cases brought against them (other than a divorce) where registrants are not. Do you think it is appropriate to align the criteria for character declarations for applicants and registrants to the current requirement for registrants?

There should be alignment between the criteria for character declarations for applicants and registrants. This should be changed to the current requirements for registrants.

Question 3: Do you think that the Guidance clearly explains how and when an applicant should make a health declaration?

Yes.

Question 4: Do you think that the Guidance clearly explains how and when an existing registrant should make a health declaration?

Yes.

Question 5: Do you think that the Guidance clearly explains how and when an applicant should make a character declaration?

Yes. It is helpful to include information about 'What to do if you are unsure'.

Question 6: Do you think that the Guidance clearly explains how and when an existing registrant should make a character declaration?

Yes.

Question 7: 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. These documents should be merged. All relevant information from the Health and Character Policy should be included in the new Guidance on Health and Character.

Question 8: 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.

Question 9: 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. More visuals and flowcharts would be helpful to allow registrants to consider if their health enables them to continue to meet Standard 6.3 of the Standards of conduct, performance, and ethics.

Question 10: Do the case studies in the Guidance provide sufficient detail to help you understand complicated health and character issues?

Yes. More case studies would be helpful. They should be adapted and evolve to ensure continued currency.

Question 11: Do you have any other comments about the revised Guidance?

More information is needed to help registrants consider if their health enables them to continue to meet Standard 6.3 of the Standards of conduct, performance, and ethics.

We would support reform of Article 22(1)(a)(iii) of the Health Professions Order, 2001, so that the HCPC could consider allegations against an applicant or registrant if they have received cautions or convictions

in countries outside the United Kingdom and the offence is one that could have resulted in a caution or conviction in Northern Ireland or Scotland and not just in England or Wales.

It is welcome that the HCPC has included information about 'Finding Support'.

Additional question for the Guidance on Health and Character for Education Providers

Question 12: Do you think the Guidance clearly explains how an education provider should manage the application of a student with a health condition?

Yes. We welcome that the new Guidance for education providers reiterates that the HCPC expects education providers to have their own policies in place for dealing with health issues amongst their students.

Question 13: 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?

No. This is further explained in the document *Health, disability and becoming a health and care professional* but not in the Guidance itself. It may be useful to incorporate relevant parts of this alternative document into the new Guidance to directly speak to this matter.

Question 14: 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?

No. Whilst we note that the HCPC examines this on a case-by-case basis, it would be helpful if it provided a list of convictions and cautions that would likely lead it to reject an application for registration or should lead an education provider to reject an application. Risk to public protection is key here.

In the revised guidance for applicants and registrants there is a list of offences where the HCPC will consider rejecting an application for registration or removing a registrant from the register. This list should be referenced in the new guidance to educators. Lack of clarity from the HCPC on this issue could allow for the undesirable potential that a student is admitted to a programme and completes it, but that due to a previous criminal offence the HCPC would decide not to admit this graduate to the register.

There is also a need for more guidance, such as through case studies, on what universities should do when making decisions about admitting applicants onto programmes who have issues revealed by DBS checks. This could increase consistency across the sector.

We welcome that when an applicant applies to the HCPC, it asks them to declare if they have been subject to disciplinary action by any higher education institution, amongst other matters. Universities will have to make applicants and students aware of their obligation to the regulator regarding this.

Question 15: Do you think the Guidance clearly explains how an education provider can manage student misconduct during their programme?

No. There is a need for more guidance from the HCPC on student misconduct. This new guidance for educators is primarily focused on health and criminal offences and therefore does not fully deal with student misconduct. When making decisions about student misconduct, there is no guidance on whether universities should take into account: contextual factors, self-awareness, the nature of the misconduct, how serious the misconduct is, or the point in the programme where misconduct took place.

Student fitness to practise is a natural concern of universities as educators of the future healthcare professional workforce. Individual institutions are autonomous and operate different fitness to practise processes. However, the sector has recently come together to develop [principles](#) on this matter to provide guidance for the sector. This is an area where the sector would welcome further engagement with healthcare professional regulators.

Questions for both guidance documents

Question 16: Do you consider there are any aspects of our proposals that could result in equality and diversity implications for groups or individuals based on one or more of the following protected characteristics, as defined by the Equality Act 2010 and equivalent Northern Irish legislation? If yes, please explain what could be done to change this.

Age

Disability

Gender reassignment

Marriage and civil partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

N/A.

Question 17: We would be particularly interested in any opinions you have about potential unintended consequences for groups who are more likely to have had a conviction or caution because of their race, ethnic background, mental health or national origin. If you think there may be unintended consequences, please explain what could be done to change this.

N/A.

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