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5 January 2006

Dear Rachel,

A DISABLED PERSON'S GUIDE TO BECOMING A HEALTH PROFESSIONAL

Thank you for the opportunity to respond to this paper.

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation.

The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register.

I will respond directly to the eight questions HPC has posed and make some additional comments after that.

1. Do you find these documents useful?

They are very interesting for another health regulator facing equivalent issues, albeit under a different governing statute. RPSGB has no direct jurisdiction over admission to or conduct on undergraduate courses. RPSGB does, however, administer a post-graduate preregistration training scheme, runs its own examination and awards its own qualification. These powers give RPSGB a sharply focused operational interest in Part II of the Disability Discrimination Act (DDA), 1995, and they also define the areas where RPSGB has specific responsibility and expertise.

2. Is there any information that we have missed, or information that you do not think is correct?

The Disability Rights Commission's (DRC) Code discusses "competence standards" for a regulated profession and how these affect the implementation of the DDA. The reader can infer that the HPC's Standards of Proficiency are the "competence standards" for HPC's professions, but it would be useful if this could be made explicit and be confirmed.

It can also be inferred that the Standards of Education and Training HPC has to set may be relevant to the DDA and some discussion of them would be useful.

Some thoughts on assistance dogs might be helpful. Their potential use raised interesting issues in pharmacy.

3. We have tried to use clear, modern English throughout, to make the documents easy to understand. Do you think that this approach is successful?

The paper does not align with the wording and style of the DRC's Codes, which might be a problem. Also, is the same style appropriate for every audience? The papers' audiences range from pupils at secondary school making A level choices through to experienced GPs being advised on technical issues. The papers might also benefit from being reformatted to make the intended audience clearer section by section.

4. Do you think that the case studies provided are useful?

The cases studies seem mostly to have more relevance to (post-registration) fitness to practise issues for established registrants than to decisions at the A level, undergraduate or applicant stages. More case studies specific to these earlier stages would be useful.

5. Are there any further case studies that are needed?

As for 4.

6. We have tried to write the documents so that they can stand alone, and be used by people who have not seen our other material, and are not familiar with our work. (This is also why the two documents have introductory sections that are the same.) Do you think that we have been successful in this?

See 3 above.

7. After discussion during meetings about terminology informed by the social model of disability, we have used the term 'disabled people' in our documents, rather than 'people with disabilities', and would welcome your comments on this.

The big advantage of using the term "disabled" is that it allows also for the term "non-disabled".

8. In the document 'A disabled person's guide to becoming a health professional', we say that staff on programmes should not advise disabled applicants on the likelihood of their being employed after completing the programme, since to do this may be discriminatory. Is there another organisation that could or should provide this information to applicants?

There are arrangements here which are specific to pharmacy based on the employers' trade associations. There may be equivalents for other professions.

Additional Comments on Paper 1 (by page)

11. The reference to visitors (to courses) here suggests they must all be registrants. The removal of a lay presence in this activity would be unwelcome for the Society in its equivalent work.

14. Parts of this page relate more specifically to recruitment rather than to employment in general.

29. Here and elsewhere an explicit reference to the relevant parts of the Standards of Education and Training would be useful. Also, the advice here relates to the whole course team not just the admissions tutor.

## Paper 2 (The Health Reference)

Much of the contents of this paper are duplicated from the first and are about employment law matters.

The detail of how the health reference works is laid down in the Order and in Rules at HPC, so it may not be applicable to the Society's position.

74. It might be worth stating here that the applicant must also consider and declare themselves to be fit to practise and that they are active participants in the health reference process.

### General Observation

The Society's experience of operating the DDA to date is that there is a very narrow window of opportunity (and of medical conditions) which allows someone to be fit enough to meet all the other requirements for registration but medically unfit to practise the profession. This situation usually arises because of the timing of the condition (e.g. a severe car accident just prior to registration).

Yours sincerely,

Peter Burley.  
Head of Preregistration