Consultation on draft guidance on 'Health, disability and becoming a health and care professional'

Analysis of responses to the consultation on draft guidance on 'Health, disability and becoming a health and care professional', and our decisions as a result.

1. Introduction

About the consultation

1.1   We consulted between 1 October 2014 and 16 January 2015 on draft guidance on 'Health, disability and becoming a health and care professional'.

1.2   We informed a range of stakeholders about the consultation including programme leaders on HCPC approved programmes, professional bodies and employers, advertised the consultation on our website, 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 responses document from our website: www.hcpc-uk.org/aboutus/consultations/closed.

About us

1.4   We are a regulator and were set up to protect the public. To do this, we keep a register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our register are called "registrants".

1.5   We currently regulate 16 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
- Social workers in England
- Speech and language therapists

About this document

1.6   This document summarises the responses we received to the consultation and sets out our decisions as a result.

1.7   The document is divided into the following sections.

- **Section two** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.

- **Section three** provides a high level summary of responses we received to the consultation.

- **Section four** summarises in more detail the responses we received to the consultation.

- **Section five** outlines our comments on the responses we received and describes the changes we will make as a result.

- **Section six** lists the organisations that responded to the consultation.

1.8   In this document, 'you' or 'your' is a reference to respondents to the consultation, 'we', 'us' and 'our' are references to the HCPC.

2. Analysing your responses

2.1   Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections three and four.
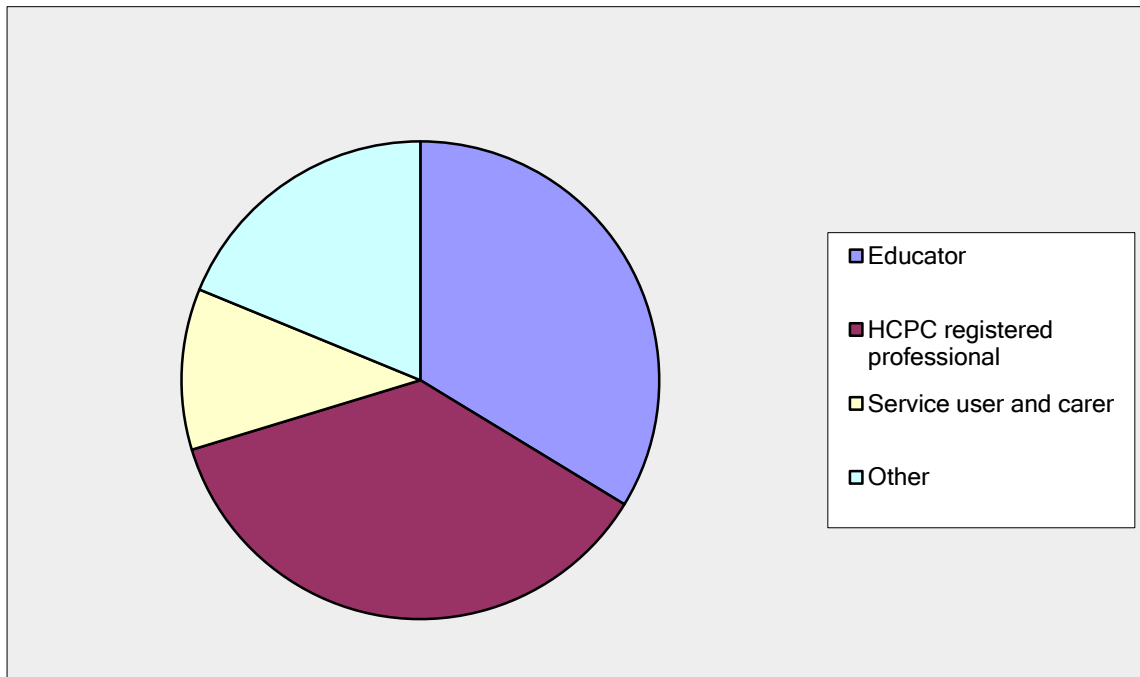
Method of recording and analysis

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, then provided their comments in a free textbox. Where we received responses by email or by letter, we recorded each response in a similar manner.

2.3   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.
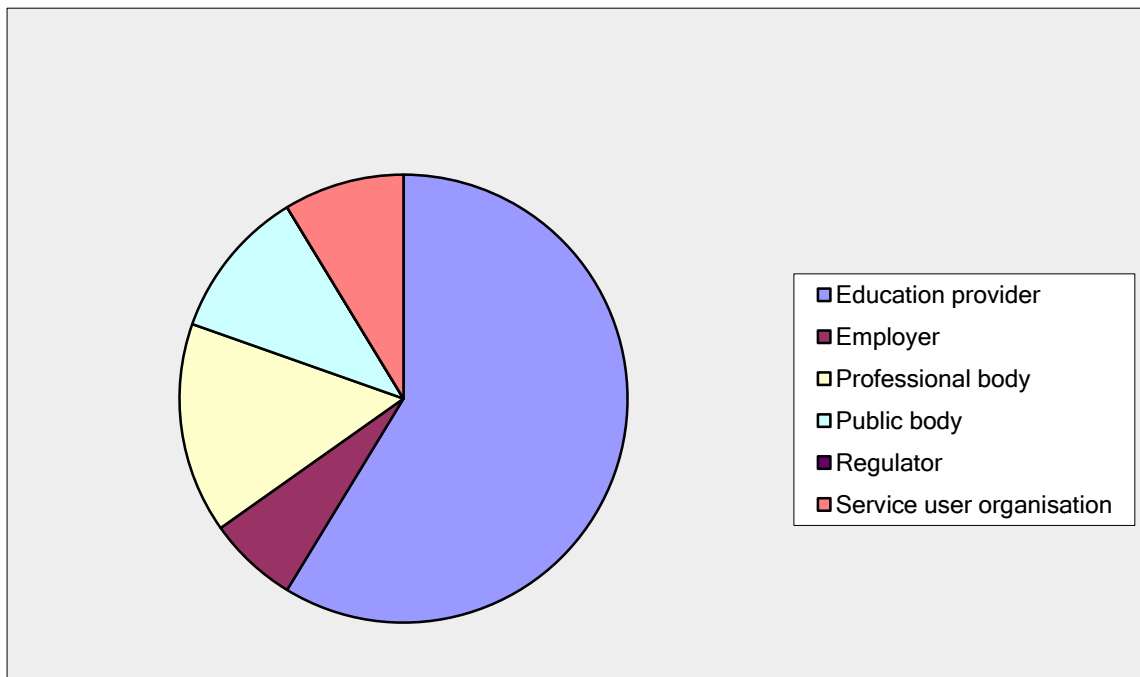
Statistics

2.4   We received 150 responses to the consultation. 101 (67 per cent) of responses were received from individuals and 49 (33 per cent) from organisations. Of the 101 individual responses, 37 (37 per cent) were from HCPC registered professionals.

2.5   The breakdown of respondent types is shown in the graphs which follow

Graph 1 – Breakdown of individual responses

- Educator
- HCPC registered professional
- Service user and carer
- Other

Graph 2 – Breakdown of organisation responses

- Education provider
- Employer
- Professional body
- Public body
- Regulator
- Service user organisation

Table 1 – Breakdown of responses to each question

Question	Yes	No	Partly	Don't know	Answered question	No answer
Q1. Is the guidance clear and easy to understand?	77 (82%)	3 (3%)	13 (14%)	1 (2%)	94	56
Q2. Could any parts of the guidance be reworded or removed?	25 (28%)	46 (51%)	13 (14%)	7 (8%)	91	59

Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Question 1	40 (77%)	3 (6%)	8 (15%)	1 (2%)	37 (88%)	0	5 (12%)	0
Question 2	11 (22%)	28 (55%)	7 (14%)	5 (10%)	14 (35%)	18 (45%)	6 (15%)	2 (5%)

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add to 100 per cent.

- Questions 1 and 2 included sub-questions that invited long answer responses. Question 3 invited any further comments rather than 'yes' or 'no' answers so has not been included in the above table. A summary of responses to these questions can be found in section 4 of this document.

3. Summary of responses

3.1   The vast majority of respondents expressed their support for the draft guidance or qualified their support by suggesting various additions or improvements.

3.2   Many respondents indicated that they felt the draft guidance sent out a positive message about disabled people becoming health and care professionals.

3.3   Just over half (51 per cent) of respondents considered the draft guidance did not require any amendment.

3.4   Many respondents who considered that parts of the guidance could be reworded or removed, provided comments and suggestions about wording and content.

3.5   Several commented on the format of the guidance. In general the document was considered to be clearly laid out and the use of separate sections for students and education providers was welcomed. A small number of respondents considered the document to be too long.

3.6   A large number of respondents welcomed the guidance on disclosing disabilities. They considered it was helpful to students and education providers by encouraging disabled students to share information that would allow reasonable adjustments to be properly planned and put in place.

3.7   Some respondents commented on the responsibilities of education providers to disabled people. They considered the guidance about this was positive and clear overall and informative about the law on disability. A small number of respondents provided a range suggestions to add more detail about legal responsibilities.

3.8   A significant number of respondents welcomed the guidance about reasonable adjustments for disabled students and considered the content to be helpful and well-illustrated with case studies and examples.

3.9   A large number of respondents voiced their support for the use of case studies within the draft guidance. The range and format of case studies was considered good by many. Other respondents suggested various amendments to them or sought additional case studies.

3.10 Several respondents commented that the guidance did not address mental health issues sufficiently. They considered the guidance focused more on physical health conditions and some suggested addressing this by including case studies about students with mental health conditions.

3.11 A number of respondents suggested the guidance would be strengthened by including more information about occupational health assessments and encouraging students to use these services.

4. Responses to the consultation

Summary

4.1 There was overall support among respondents for the draft guidance 'Health, disability and becoming a health and care professional'. Some respondents qualified their support by suggesting further amendments to the guidance or areas for further consideration.

4.2 The comments we received are summarised below, structured around the common themes in the responses received.

Format and style

4.3 The majority of respondents (82 per cent) considered that the guidance as drafted was clear and easy to understand. Several respondents commented that overall it was well written and useful for its intended audience.

4.4 A few respondents suggested amendments to the language used in the guidance to make it more accessible and applicable to target readers, such as:

- simplifying the language so that it is more accessible for readers with learning disabilities, for example to a lower target reading age; and

- rewording some of the language so that it is more relevant to the social work profession.

4.5 A significant number of respondents commented on the format of the document. Many commented that the guidance is well laid out, clearly signposted and welcomed the use of separate sections for students and education providers.

4.6 Several respondents suggested ways to further improve the format of the document, including the following.

- Shortening the length of the document, in particular by removing information about the remit of HCPC. Alternatively, two respondents suggested moving this to the end of the document, after the guidance to students and education providers.

- Modifying the contents page into three distinct sections to make it clearer.

- Use of more indented subheadings through the guidance to break up the text.

4.7 Several respondents commented on the flow chart which illustrates the process of

becoming a health and care professional. Most of these respondents welcomed its inclusion or qualified their support by suggesting ways to improve it, such as the following.

- Simplifying the appearance of the flow chart by removing some boxes.

- Including a stage for administrative screening and meeting basic entrance requirements.

- Clarifying that education providers will assess all aspects of applications to make a decision on whether to offer a place. A few respondents considered that the wording suggested that all disabled applicants will be offered a place.

- Putting more emphasis on occupational health assessments.

4.8 A small number of respondents suggested including additional flow charts within the guidance to illustrate certain processes in more detail, such as education providers making reasonable adjustments.

Language

4.9 Several respondents commented on the use of the terms 'disabled people' and 'disabled person' in the draft guidance.

- A few respondents considered the term to be negative, for example that it labels people by their disability, rather than treating them as individuals.

- However one respondent explicitly welcomed the use of the term.

- Two respondents considered that the explanation about the use of the term 'disabled people' within 'Who is this document for?' was positive and helpful.

- A small number of respondents suggested alternatives to 'disabled person', such as 'person with a disability' or 'differently abled person'.

- A number of respondents sought further clarification on the specific conditions and impairments covered by the terms 'disability' and 'disabled person'.

4.10 A few respondents commented that some terms such as 'health condition', 'disability' and 'impairment' were not used consistently throughout the guidance, specifically that:

- 'disability' and 'impairment' were sometimes used interchangeably; and

- the legal definition of disability was not consistent with the social model definition of a disabled person.

Disclosure of disabilities

4.11 Many respondents welcomed the guidance on disclosing disabilities. In general they considered it was positive and encouraging to students and would help education providers in putting reasonable adjustments in place.

4.12 Several respondents felt that this area could be further strengthened by emphasising the importance of disclosure in the process of making reasonable adjustments. They suggested the following changes.

- Stating the possible consequences of not disclosing a disability. These respondents expressed concerns that students may not understand the impact that choosing not to disclose, or not disclosing until they are on a programme, may have on education providers being able to make planned adjustments. Respondents particularly sought to highlight that this may affect student and patient safety, or students' ability to continue on the programme.

- Highlighting the importance of sharing information about disabilities with practice placement providers, since adjustments on placement may be less straightforward and require more time to put in place than at higher education institutions.

4.13 A number of respondents raised concerns about disclosure or identification of disabilities after a student has started a programme or become registered. Some of these respondents sought specific guidance for education providers on handling this, particularly on making reasonable adjustments. There were a number of other suggestions to strengthen this area of the guidance, including the following.

- Emphasising that a change in health condition may impact on an individual's programme or registration and the importance of continued disclosure throughout programme and career.

- Linking the guidance on continued disclosure to the separate guidance document on health and character to illustrate that this is part of an overall requirement that continues throughout registration.

4.14 A number of respondents made a range of other suggestions to further strengthen the guidance on disclosure. Key points included the following.

- Providing further information for students on the process of disclosure at application and during the programme.

- Explicitly advising education providers to ensure that their disclosure processes and systems are clear and accessible to students.

- Explaining the difference between disclosing a disability and completing equality and diversity monitoring forms, to ensure students are informed about the processes related to sharing information about their disabilities.

- Using the term 'share' in addition to 'disclose' to indicate that students may choose to share only some information about their disability, rather than make a full disclosure, which may encourage more students to do so.

The responsibilities of education providers

4.15 A number of respondents considered that the updated guidance clearly expresses the responsibilities that education providers have to disabled people wanting to become health and care professionals.

4.16 Several respondents commented on the section of the guidance about the Equality Act 2010 ('the Act'), which has replaced the legislation referred to in the existing version of the guidance. Overall the information included was considered useful, though a number of respondents made suggestions to further improve this section, such as:

- providing greater clarity on the definition of disability according to the Act, and naming the conditions covered by this definition;

- acknowledging that the definition of disability used in the Act is based on a medical definition which may exclude some people from protection who are otherwise considered to be disabled;

- explicitly addressing those who may not fall under this legal definition of disability but do consider themselves to have a disability; and

- informing students that under the Act employers are prohibited from asking health related questions before candidates are selected.

4.17 Several respondents sought to strengthen areas of the guidance by including additional references to specific legislation. These included the following.

- Referring to the Act within 'Responsibilities of education providers' which states that they have "'duties in law' to ensure disabled students and

applicants are treated fairly".

- Referring to actual laws within 'considering applications' in a number of places, such as where it refers to 'specific legal duties under equality and anti-discrimination laws'.

- Reference to the Act was preferred where the guidance on 'Making reasonable adjustments' explains that the law does not say what is reasonable.

- Providing the specific reference for the 'direct duty' that practice placement providers have to not discriminate against disabled people under the law.

- Clarifying that treating students fairly may not equate to treating them the same, by stating Equality and Human Rights Commission (EHRC) guidance: "It is never unlawful to treat disabled students (or applicants) more favourably than non-disabled students (or applicants)".

4.18 The guidance on making reasonable adjustments to programmes and admissions is discussed in detail below. However, some respondents sought greater emphasis on a number of other responsibilities education providers have to students with disabilities, including:

- the duty to assess disabilities individually, with clarification about why there is not a list of disabilities that may restrict entry to health and care professions; and

- the responsibility to offer sufficient support and opportunities for students to discuss their learning requirements, from application to graduation.

Reasonable adjustments

4.19 A significant proportion of responses related to the section of the guidance on reasonable adjustments. This was welcomed as an important part of the guidance and considered to be helpfully illustrated with case studies and examples.

4.20 Several respondents felt that more detail about reasonable adjustments would strengthen the guidance such as listing the full set of possible factors that may determine which adjustments are reasonable as set out in the Act.

4.21 A number of other suggestions to strengthen the guidance on reasonable adjustments were made, such as:

- clarifying that the purpose and scope of adjustments is to provide a comparable opportunity, rather than to guarantee entry to, or successful completion of a programme;

- emphasising to education providers their legal requirement to make reasonable adjustments to the admissions process for disabled students; and

- emphasising the need for education providers to be increasingly aware of accessibility when designing environments.

Practice placements

4.22   Overall, guidance on practice placements was welcomed by many respondents and considered to be an improvement from the previous guidance. These respondents particularly focused on the section directed at staff in practice placement providers and welcomed the inclusion of this as a separate section within the guidance.

4.23   We received a number of comments about the guidance on making reasonable adjustments to practice placements. A number of suggestions to improve this part of the guidance were made that included the following.

- Providing more detailed and challenging examples of making reasonable adjustments to illustrate a range of more complex needs and innovative solutions to deal with them.

- Clarifying with examples that there are occasions when curriculum demands mean that reasonable adjustments cannot be made in practice placements. For example a highly pressured emergency response practice placement may not be suitable for someone with a stress-related disorder, or a placement where drug calculations are integral for someone with dyscalculia.

- Emphasising the need for education and practice placement providers to take into consideration that in some circumstances there will be a longer timescale for putting reasonable adjustments in place.

4.24   A few respondents considered that it could be strengthened by addressing the collaboration between education providers and practice placement providers. Suggestions to improve this area of the guidance included the following.

- Emphasising the importance of consulting all parties involved when

considering reasonable adjustments to ensure that they can be, and are, properly put in place.

- Broadening the message on the importance of early and continued communication across HEIs, also to between education providers and practice placement providers.

- Acknowledging that it may be difficult or not possible for education providers to challenge placement providers to make adjustments and providing guidance on handling this.

4.25   Several respondents provided other suggestions to improve the guidance for practice placement providers, including:

- making it clearer that the guidance applies to practice placement providers, not just education providers;

- clarifying how disabled students may be able to demonstrate all required proficiencies without being able to undertake every type of placement; and

- advising 'generic' admissions and occupational health staff to consult with profession-specific staff and practitioners in order to plan appropriate placements and make reasonable adjustments.

Case studies and examples

4.26   A large number of respondents welcomed the addition of case studies and examples to illustrate specific points in the guidance. They generally felt they were helpful, covered a good range of professions and disabilities, and enabled readers to draw comparisons between the circumstances of one profession, or disability, to another.

4.27   Specifically, the student case study within 'during your programme' was felt to be helpful and provide a good level of detail to illustrate how complex needs can be met with reasonable adjustments. The example about a student with bipolar disorder was also welcomed by a number of respondents for specifically illustrating a mental health condition and also clarifying the distinction between qualifying and gaining employment.

4.28   Several respondents highlighted a number of examples they found less helpful or considered were too simplistic or vague, including the following.

- The language used in the case study about a student with chronic fatigue syndrome (page 14) was not thought to sound authentic.

- The example about a radiography student who uses a wheelchair (page 14/15) was thought not to address the functional aspects of the job and whether this person would be able to use necessary equipment in order to meet the standards.

- The example about a physiotherapy student with rheumatoid arthritis (page 15) did not contain enough detail on how her arthritis affected her ability to manage certain aspects of the programme and therefore how reasonable adjustments enabled her to meet the standards.

- The practice placement coordinator case study (page 26) did not provide enough detail on what the difficulties experienced by the student were to allow a full understanding of how the reasonable adjustments met her needs, nor was the profession being trained for stated.

4.29 Several respondents sought inclusion of more complex and challenging examples with more detail which are more closely applicable to real life cases.

4.30 A number of respondents commented that the case studies and examples mostly had positive outcomes which may give the false impression that this is representative of real life. Some of these respondents sought to address this by including examples in which applicants are considered not able to meet the standards and are not accepted on to a programme, in order to provide a more balanced picture about the application process.

4.31 There were a number of requests for specific examples to be added to the guidance. This included the following areas.

- Dyspraxia which was felt to be underrepresented but important given it may affect a significant number of potential applicants.

- Reasonable adjustments making use of contemporary IT based solutions which was felt to be an area practice placement providers often ask questions about.

- A non-disabled student who has to adapt or restrict their scope of practice to show that scope of practice issues are not just restricted to people with disabilities.

- Examples to illustrate the changing workplace environment such as mobile working to ensure that students consider this when applying to a course.

- An example to illustrate an admissions advisory panel effectively making

decisions on profession specific applications.

4.32 Several respondents were concerned that mental health issues were underrepresented in case studies, since there was only one about bipolar disorder while the others all related to physical impairments. This area is discussed in more detail below.

Mental health

4.33 There were a significant number of responses indicating that compared to physical disability, the guidance does not sufficiently address mental health conditions. Some of these responses raised concerns about stigma and discrimination around mental health problems, and therefore the importance of offering guidance to help educators and practice placement providers ensure they offer equal treatment.

4.34 Many respondents called for more explicit reference to mental health conditions throughout the guidance. A large majority of these sought further examples to illustrate how specific reasonable adjustments can be considered and put in place for those with mental health disabilities. Suggestions included adding:

- a case study and/or examples of possible reasonable adjustments that can be made for students with specific mental health problems; and

- guidance to educators and practice placement providers specifically on handling complex, emerging or deteriorating mental health conditions during practice placements.

4.35 There was strong opposition to the specific reference to disclosure of mental health conditions within the guidance to education providers on 'delivering the standards of proficiency'. It was felt that this singled out and potentially discriminated against those with mental health conditions by suggesting that intermittent mental health conditions are more challenging and need extra caution than those with intermittent physical impairment. It was suggested that this paragraph be removed from the guidance, or amended so as not to suggest mental health issues should be treated with extra caution.

4.36 Concerns were raised by a small number of respondents that some mental health conditions may not be classified as disability under the definition given in the Act. Guidance to clarify and address this was sought by a number of respondents.

Occupational Health Assessments

4.37   Several respondents sought to improve the reference to occupational health in the guidance. These respondents made a range of suggestions to strengthen the guidance on this theme, including the following.

- Providing more information about the process of occupational health assessments.

- Highlighting the role of occupational health screening in programme admission processes and in identifying adjustments.

- Encouraging students to be proactive in making use of occupational health services when seeking employment.

- Explicitly including Occupational health professionals under 'who is this document for'.

Additional information and comments

4.38   A number of respondents commented on sources of additional information to the guidance, and gave suggestions to strengthen this, including:

- signposting to a wider range of sources of information about support and funding such as Access to Work and Positive about Disability schemes;

- amending glossary definitions for social workers, operating department practitioners and dyslexia;

- adding glossary entries for dyspraxia, occupational health professional and practice placement coordinator;

- providing URLs to specific pages on the HCPC website where the standards are located;

- stating how alternative guidance formats can be accessed; and

- adding a web link to the Act.

4.39   A few respondents made a range of additional suggestions to improve the guidance, which did not come under the themes already summarised. Suggestions included the following.

- Providing guidance to education providers on enabling students to 'assess' themselves prior to application.

- Explicitly advising education providers to ensure they make information about career support available to students, including Access to Work.

- Extending the guidance to registrants.

- Being more explicit about confidentiality with relation to the process of disclosure.

- Specifically referring to risk assessments before application and after acceptance on to a programme.

- Providing guidance on, or recognising, the issue of making disabled students aware of the challenges they may face in gaining employment without discriminating.

Consultation process

4.40 A number of respondents commented that they had not been aware of the consultation until relatively late in the process. One respondent also commented that they had not been aware of the existing guidance before the consultation and sought wider circulation of the document. Another indicated they would welcome the distribution of this guidance widely to both NHS and independent occupational health services used by practice placements and education institutions.

5. Our comments and recommendations

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

Language

5.2 The majority of respondents to the consultation said that they thought the guidance was clear and easy to understand. However, we received some common suggestions about how it might be improved.

5.3 There was a debate about our use of the term 'disabled people', which some respondents considered to be negative. Having carefully considered the comments, on balance, whilst we are sensitive to debates about language, we have decided to retain this term. 'Disabled people' is a term which is in common usage, for example, by the Equality and Human Rights Commission (EHRC).

5.4 We received other comments suggesting that we might have been inconsistent with our use of the terms 'health condition' and 'disability' in the guidance. We were inconsistent in places, so we have made a small number of amendments to rectify this. We have also included text at the beginning of the document to explain our use of these terms. In places in the guidance, where we are talking, for example, about health declarations that all applicants need to complete, not just disabled people, we use both terms. Where in the guidance we are referring to law which protects disabled people, for example, when we are talking about reasonable adjustments, we have referred to 'disability'.

The law on disability

5.5 We received a number of comments about what we had said about the Act and other laws which affect disabled people and education providers and some comments that we should refer more specifically to the legislation.

5.6 We want the guidance – not just the section for disabled people – to be accessible as far as possible to a wide range of audiences, including importantly to disabled people. So, our approach has been to refer to the legislation by name in setting out the legal definition of disability in section one, and then to refer only generally to the legislation elsewhere in the guidance.

5.7   However, we have made a number of changes for clarity as a result of this feedback. These changes have included restructuring the information about the Act in section one, particularly to be clearer that the emphasis of the Act is on the impact of a person's health condition and that some people may not consider themselves to be disabled but may be protected under the Act, whereas others may consider themselves to be disabled, but may not be. We have amended language in the guidance to avoid inferring that education providers are required to treat disabled people the same as other students, as they may need to treat them more favourably. We have also made an explicit reference earlier in the guidance to the responsibilities under the law of practice placement providers to make reasonable adjustments for disabled students.

Reasonable adjustments

5.8   The content in the guidance on reasonable adjustments was generally well received. However, we have made some improvements as a result of the consultation feedback.

5.9   We have placed more emphasis on the importance of collaboration and early communication between education providers and practice placement providers to make reasonable adjustments. This helps to ensure that reasonable adjustments are practicable and implemented effectively.

5.10   We have also updated the list of factors in section three that might influence whether an adjustment is reasonable for an education provider to make, so that it is more in line with Equality and Human Rights Commission (EHRC) guidance.

Case studies and examples

5.11   We are pleased that the majority of respondents welcomed the case studies and examples and thought they were helpful.

5.12   Although there was some criticism that one of the case studies was inauthentic, all the case studies were developed with students and staff involved in education and training and so represent their own words. We have reviewed the case studies, and, on balance, we are content that the range and content of the case studies is appropriate. However, we will gauge the reception of the guidance when it is published and we will develop more case studies to publish on our website if it becomes clear that this would be helpful.

5.13   One theme in the consultation was an observation that the examples and

case studies almost exclusively focused on physical rather than mental health conditions. Whilst we do not want to develop new case studies at this stage which would risk inauthenticity, we do agree that the guidance could benefit from a further example about reasonable adjustments for a student with a mental health condition. We will add a further example to the guidance in this area.

Consultation process

5.14   We received a small number of comments about the consultation process, with respondents saying that they had not been aware of the consultation until relatively late or that they were not aware of the previous version of the guidance.

5.15   A link to the consultation was emailed to our consultation list of professional bodies, employers, public bodies, individuals, service user groups and others, as well as to programme leaders on HCPC approved programmes. We also included information about the consultation in a press release, in our newsletters and promoted it on social media.

5.16   We know that once the guidance is finalised one challenge is making sure that it is readily accessible to those who might be interested in it, for example, to staff working in careers or disability services who might be giving advice to disabled people who are thinking about training to be a health and care professional or who work on approved programmes. We are developing a range of communications activities to achieve this. We also want to develop a dedicated section for the guidance on our website. This will include full written versions of the case studies abridged in the guidance, filmed case studies and links and references to sources of further support and advice.

Other changes

5.17   We have made a number of other changes to improve the content and clarity of the guidance, including the following.

- We have updated the flow diagram about the process of becoming a health and care professional to make it clearer (section two).

- We have strengthened our messages on early disclosure for students (section two), by explaining how this can help make sure that effective adjustments are put in place, particularly at practice placements where they may take more time to organise.

- We have added more information to section two about occupational health assessments and their purpose.

- We have provided extra clarity about why students do not necessarily need to do all types of practice placement to demonstrate that they meet the standards of proficiency for their chosen profession (section three).

- We have added a new sub-section to section three for education providers about students who develop or disclose a disability whilst on a programme.

- We have removed specific reference to the disclosure and assessment of mental health conditions; we received strong feedback that this is inappropriate and unnecessary.

- We have amended terminology throughout the guidance to avoid the unintended inference that all disabled people will necessarily be successful in being offered a place on a programme (e.g. they also have to meet academic criteria) or in completing programmes.

- We have updated the glossary by adding further definitions and by making minor amendments for clarity to the definitions of other terms.

6. List of respondents

We have listed below the organisations that responded to the consultation.[1]

Academy for Healthcare Science
Association for Perioperative Practice
Bradford College
British Chiropody and Podiatry Association
British Dietetic Association
Canterbury Christ Church University (OT and SLT)
Cardiff University
Cardiff and Vale University Health Board
Cardiff Metropolitan University (Centre for Speech and Language Therapy)
Chartered Society of Physiotherapy
College of Occupational Therapists
Cwm Taf University Health Board
Keele University (School of Health and Rehabilitation)
Leeds Beckett University
Mencap
National Association of Educators in Practice (NAEP)
New School of Psychotherapy and Counselling
NHS Education for Scotland
NHS National Services Scotland
Northumbria University (Healthcare Doctorate in Clinical Psychology)
North Wales Community Health Council
Public Health Agency, Northern Ireland
Society and College of Radiographers
Scottish Ambulance Service
Sheffield Hallam University (two responses, including Faculty of Health and Wellbeing)
Kingston University (School of Social Work)
Shaping our lives
The Patient and Client Council
University College London (Speech and Language Therapy)
University of East Anglia (two responses, including School of Health Sciences)
University of Exeter
University of Leicester (School of ODP)
University of Manchester (School of Psychological Sciences)
University of Plymouth

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[1] A small number of respondents selected that they were responding on behalf of an organisation on the online survey tool but did not give their organisation's name. These responses have been counted as organisation responses but are not listed here.

University of Portsmouth (School of Health Sciences and Social Work)
University of Salford
University of Sheffield
University of Surrey
University of Worcester (Institute of Health and Society, Disability Special
Interest Group)
Wave-length Social Marketing CIC