Education and Training Committee, 5 June 2014

Guidance for disabled people wanting to become health and care professionals - Research

Executive summary and recommendations

Introduction

At its meeting on 7 March 2013, the Committee agreed plans for reviewing and revising guidance for disabled people interested in training to become a health and care professional registered with us. The original guidance - 'A disabled person's guide to becoming a health professional' (published 2006) – is attached to this paper at appendix 1 for the Committee's information.

As part of the review of this guidance, the Executive commissioned Coventry University to carry out research with disabled students, educators, admissions staff and staff in disability services to inform changes to the guidance. The research team consulted with 107 stakeholders about the guidance through interviews, focus groups and a stakeholder event. This paper is the full research report, completed in March, which outlines the research findings and subsequent recommendations of the research team.

The recommendations include a number of changes to update and improve the content, format and accessibility of the existence guidance. Attached to this paper at appendix 2 is a preliminary outline of the changes the Executive currently anticipates to the guidance based on the research findings.

Since the Committee noted the timetable for this project in November 2013, the Executive has revised the timescales to allow for more time for the revisions and to ensure that the public consultation does not coincide with the academic summer break, given that we anticipate education providers to be key respondents. The updated timetable for this review is also included in the paper at appendix 2.

Decision

The Committee is invited to discuss the findings and recommendations of the research report.

Background information

- Education and Training Committee, 13 November 2013. Enclosure 11 http://www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=653

- Education and Training Committee, 6 June 2013. Enclosure 16
  http://www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=649

- Education and Training Committee, 7 March 2013. Enclosure 8
  http://www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=647

Resource implications

None as a result of this paper.

Financial implications

None as a result of this paper.

Appendices

- Appendix 1: A disabled person's guide to becoming a health professional

- Appendix 2: Revising the guidance for people wanting to become health and care professionals

Date of paper

23 May 2014

Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Draft Report Prepared for: **The Health and Care Professions Council**

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13th December 2013

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Acknowledgments

The project team wishes to thank a large number of people for their help in conducting the research for the project on which this report is based.

We begin by thanking HCPC; in particular Selma Elgaziari, for her close involvement and commitment to the project. We thank the Project Advisory Group for their engagement and guidance. In particular, we are grateful to Nick Gee, who chaired the group and from whom the project benefitted in terms of his wisdom and expertise in the area of disability research.

In the interests of anonymity we thank but decline to name the numerous individual employers, Practice Educators and graduates in NHS Trusts and Social Care organisations who became involved in passing the word, sending out information and expanding the research base through their contacts. Specific thanks go to the British Association of Art Therapists and to the Disability in Professional Practice Special Interest Group. We also would like to thank colleagues from a number of Universities for their proactive engagement.

We are enormously indebted to the student/graduate co-researchers who were involved in the research team and to all of the participants who agreed to share their problems and triumphs, their hopes and aspirations at interview. Finally, we express gratitude to all of the people with disabilities and Practice Educators who supported them who agreed to write, and in some cases record, case studies based on their experiences.

1. Project Details

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2. Executive Summary

The Health and Care Professions Council (HCPC) commissioned this research from the project team in the Faculty of Health and Life Sciences and the Welfare and Disabilities Team at Coventry University. The report will inform HCPC's revision of guidance available to disabled people wanting to become health or social care professionals. The primary aim of the project was to produce a comprehensive report, on suggested changes to the existing HCPC guidance. In order to meet this aim, the team commenced the research by conducting a critical appraisal of the existing guidance with a small group of students and recent graduates. It held a Stakeholder Day where the perspectives of Admissions Tutors, academic staff, Practice Educators and Disabled Students' Support Services were gained on what helps and enables, and what could improve the chances of, disabled students becoming health or social care professionals. The team conducted interviews with students and recent graduates with a wide range of disabilities. The aim of these interviews was to gain first hand insights into the usefulness of the existing guidance, as well as the students' experiences of pre-admission to

their health and social care programmes, the admissions process, studying on the programme, placement experiences and the transition to employment.

Ethical approval was obtained through the Coventry University Research Registry Unit. The project philosophy was one of 'appreciative inquiry' and participatory research. The participatory approach of involving people with disabilities in conducting the research and producing recommendations gives it authenticity, credibility and face validity.

A total of 107 interviews were conducted, comprising of 48 individual and focus group student interviews, 24 academic staff, Admissions Tutor and Disability Support staff interviews from universities across the UK, 23 Practice Educators interviews and 12 employer interviews. Although the research brief did not include employers, the project team considered the perspective of employers to be important. Students and graduates need to understand employers' role in helping to facilitate the transition to employment through the negotiation of reasonable adjustments and occupational health assessments.

Recommendations for the new guidance falls into two main aspects: style and content**.** First, the style of the guidance requires review. Its availability in a range of formats, such as online with a version with British Sign Language and in DVD format was recommended to improve overall accessibility. Accessibility and enhancement of the contemporary style of the guidance could be improved with the use of audio and video clips. The text version could be improved with specialist input and advice from the British Dyslexia Association and visual inclusions such as the existing flow chart are helpful. Participants were particularly in favour of the use of authentic case studies. Some examples of which have been provided in this report. Aspects of the style of the current guidance that should be retained include its clear structure, its accessible writing style and good signposting to alternative sources of information; background information on the HCPC and its function and role, information about the registration process, standards of education and training, standards of proficiency, meeting standards, scope of practice and applying for registration. The list of professional bodies, other useful contacts and glossary of terms should also be retained.

The content of the guidance also requires review. The guidance should be updated by providing background to the Equality Act 2010 and its implications for people with a disability. Research findings demonstrate the importance of the guidance providing a thorough understanding of 'disclosure' and its link with reasonable adjustment. Examples of reasonable adjustments in the very different contexts of university, placement and in employment are necessary. The content could be expanded to illustrate how a student progresses through the major stages of their programme, including specific stages of recruitment and admissions, in-university support, placement experiences and the transition to employment. Placements form a substantial aspect of most professional programmes; a separate section on the 'placement experience' could deliver a number of key messages for students, universities and placement providers. These include the importance of forward planning, fostering good communications, the benefit of pre-placement visits and specific strategies that are used to help students settle into placement. Clarification on sources of funding for reasonable adjustments both pre-registration and on employment in the different contexts is also important.

Students and recent graduates were asked how they referred to themselves and what their preferred term for someone with a disability would be. Views varied, with a slight majority, most of who were familiar with the thinking behind the social model of disability, favouring the term 'people with a disability', rather than 'disabled people'. However, many students disliked both terms. Given divided opinion and the fact that that the term 'disabled people' is a legal term,

which is used in the Equality Act and recognised by the Higher Education Funding Council for England (HEFCE), the team suggests that the HCPC retains it. However, we also suggest that they acknowledge that the terminology differs internationally where 'people with a disability' is used.

Dissemination of the guidance should be considered. Many potential students do not know about HCPC therefore the guidance should link to sites that they would visit, such as Universities and UCAS. Information for the target audience could be expanded and every opportunity should be taken to use networks to disseminate the guidance locally and nationally. For example, through the Disability in Professional Practice Special Interest Group, the National Association of Educators in Practice, DSA, UCAS, careers guidance, admissions tutors and practice education teams.

3. Introduction

The project team was delighted to be selected to carry out the research project on behalf of the Health and Care Professions Council (HCPC) to inform the revision of their guidance document 'A disabled person's guide to becoming a health professional'. Although ambitious, on commencing the project, we deemed it important to aim to give a voice to students and other stakeholders in each of the professions regulated by the HCPC. We were also keen to avoid any profession specific issues being overlooked.

While we were able to access the majority of HCPC regulated professions, we were unable to access staff or placement educators from clinical science or students from this profession and orthoptics. We consider that despite not managing to access students across all professions we reached a stage of data saturation that suggests that it is unlikely that any new insight would have been gained from further additional interviews. Given the range of disabilities identified and the ubiquity of dyslexia across the professions we are confident that the insight into barriers and enablers provides a sound basis on which the HCPC can provide relevant advice in its updated guidance.

Recommendations are made based on findings of what helps students succeed and what is possible rather than rehearsing the problems. Of course there are disabilities that are ubiquitous and therefore suggested adjustments in university and in the workplace, both during training and as an employee, apply across the professions but there are professional differences that have been drawn out too.

The team submits this research report confident that it provides insight into the contemporary first hand experiences of health and social care colleagues training for and entering the professions, as well as Admissions Tutors, academics, Disability Support Tutors, Practice Educators and employers. It also provides valuable insight into the shortfalls of the existing guidance and suggestions for content, style and dissemination of future guidance. As such the report is a sound basis from which the HCPC can update their guidance in line with the Equality Act 2010. The inclusion of illustrative individual student case studies, with links to short videos or podcasts, reflects students' suggestions of the need for alternative formats and more engaging material to increase the accessibility and student-friendly nature of the guidance.

4. Project Report

4.1 Project aims and objectives

The principle aim of the research was to investigate the contemporary experience of disabled students studying on HCPC approved programmes and the stakeholders with whom they come into contact to inform the updating of guidance available to potential applicants to HCPC accredited courses.

Objectives

- *Conduct a critical appraisal of the existing guidance with a small group of students with disabilities as co-researchers*
- *Seek first hand insights from disabled students on the usefulness of existing guidance pre-admission, during the admission processes, while studying on the programme and during placement experiences.*
- *Investigate the perspectives of admissions tutors, educators, practice placement educators and disabled students' support services on what helps and enables, and what could improve the chances of, disabled students becoming health or social care professionals.*
- *Generate a series of short individual student case studies demonstrating the ways in which students cope with the demands of their programme*
- *Produce a report on possible changes to existing HCPC guidance available to disabled people wanting to become health or social care professionals.*

The project ran in accordance with its aims and objectives as originally planned (See Appendix I for a table of completed project activities).

5. Project Methodology

5.1 Appreciative Inquiry

The project was designed in consultation with disability services and the student co-researchers. In adopting the principles of appreciative inquiry (AI) (Cooperrider & Srivastva 1987) the aim was to shift the focus of inquiry beyond the usual frame of problem identification to what is working for individuals and how they understand their lives (Reed, 2006). The potential of fostering an egalitarian dialogue associated with social-system effectiveness and integrity (Cooperrider & Srivastva 1987) was deemed highly relevant to the research topic.

Appreciative inquiry's emphasis on creative description and understanding of social engagement links to social constructivist research (Gergen, 1999) as well as resonating with narrative methodology in aiming to capture people's stories (Gubrium & Holstein, 1999). Seeing each profession and each individual as discrete cases (Yin 1994) promoted contextual understanding which was felt to be vital given the diversity of professions and possible range of impairments.

The project team's aim was to identify what worked for individuals in the respective professions through the phases of admission, progression and achievement. We were looking to identify good practice which enhances the students' learning experience, allows them to meet the required standards of proficiency and helps them achieve success in their chosen professions. Critics of the AI approach suggest that focusing on the positive aspects of experience is somewhat idealistic. The potential repression of important and meaningful conversations (Bushe, 2011) in favour of studying 'the best of' something is countered by Oliver (2005) who

makes the point that positives and negatives are not polarized; what is positive for some might be negative for someone else. The aim is to not ignore the problems that will inevitably emerge but to turn them into ideas for improvement, generated with the people who can provide realistic and authentic insights.

Inevitably stakeholders tend to rehearse the issues and problems that they have encountered and/or envisage and there needs to be a constant reminder from the interviewer that while the problems are important, cases where they have been overcome are crucial to developing understanding if change is to be instigated.
Hence, questions were framed around topics that identified things that had worked well for students and other stakeholders as opposed to the more commonly encountered questions of 'what are the problems' and 'what is not working'. In developing the interview questions we hoped to create discourse around what is possible rather than what is impossible for disabled students (See Appendix II).

5.2 Data Collection

University ethical clearance was gained on 10th July 2013. Inquiries regarding a concurrent application to NRES Committee Region- East Midlands confirmed that because the research did not involve patients or patient data it did not raise any ethical concerns for them (See Appendix III).

The student co-researchers, each of whom had declared a disability, were appointed from health and care programmes at Coventry, and comprised of two students (Physiotherapy and Occupational Therapy) and two recent graduates (Social Work and Physiotherapy). The co-researchers carried out a critical appraisal of the existing HCPC guidance with the support of the project team and the help of a template adapted from Wallace and Wray (2011). They were given the following documents.

- An electronic version of the HPC's 2006 'A disabled person's guide to becoming a health professional' available on the HCPC website.
- The consultation document which accompanied the first draft of the 2006 guide.
- The Equality Act 2010.
- The critical appraisal template.

Three students' findings were subsequently presented, and informed discussions, at the Stakeholder Day. Another completed the critical appraisal following the event. Their involvement and specific remit to critique the guidance, which addressed objective 1 of the project, proved invaluable given that the majority of students interviewed subsequently had not been aware of the existence of the guidance.

Flyers advertising the Stakeholder Day were circulated through the Health Faculties' administrative and/or admissions offices, the College of Occupational Therapists, the Royal National Institute of Blind People (RNIB), the Disabled Student Allowance Forum, the Disability Support Tutors Network, the National Association of Educators in Practice Network and the Disability in Professional Practice Special Interest Group.

The aim of the stakeholder event which was held on 11th September 2013 was to gain as much insight from a diverse range of perspectives as possible and then to fill in any gaps which became evident after the event with individual interviews. Twenty-five delegates attended the Stakeholder Day, including 5 students with disabilities, a carer and a Communications Support

Worker. A variety of presentations and workshops were used to generate discussion which was captured as data in written format (Appendix IV - Stakeholder Day Programme). The representation across the professions, including academic staff and Practice Educators, was reasonable including Dietetics, Occupational Therapy, Physiotherapy, Social Work and Nursing. Colleagues from nursing with a particular interest in this area made a valuable contribution to the day by providing comparative insights from the perspective of the Nursing and Midwifery Council (NMC).

Following the Stakeholder day, the team established where the gaps in knowledge lay. The lack of placement providers/employers at the Stakeholder Day was notable and therefore necessitated seeking individual interviews with them, as well as with academic staff and Practice Educators to augment the data to provide a holistic picture across the professions. Recruitment of practice colleagues for interview occurred through the profession specific networks, through identification by practice education teams and through word of mouth in which one Practice Educator nominated another. Two Practice Educator update days (in Dietetics and Physiotherapy) were attended by members of the team in an attempt to publicise the research and recruit potential Practice Educators. By identifying higher education institutions that delivered programmes for more than one of the professions the impact of gate keepers on delaying progress was in some cases mitigated. In addition, members of the Disability in Professional Practice Special Interest Group and the National Association of Educators in Practice, both of which are national networks, were proactive in offering their support in accessing to students and professionals. Our attempt to contact Careers Advisors was unfortunately fruitless probably largely because the profession is currently undergoing significant reorganisation to be controlled by the private sector. This is an area that could be explored further and especially with respect to the new guidance.

The substantive aspect of the research, which focused on objective 2, was to gain insight into the experiences of students and recent graduates with a variety of disabilities so that their collective voice could inform the new guidance. Access was gained through Departmental Heads, Course Directors, Disability Support Offices, Faculty Disability Tutors and in one instance, a professional body. These people contacted whole cohorts of students and recent graduates by email thereby raising awareness of the research across hundreds of students. In some cases this approach was augmented by Course Directors sending emails directly to students who had disclosed a disability. These two approaches combined generated the majority of interviews, though a few were the result of snowballing from one student or graduate to another.

Given experience to date of researching the experience of disabled students (Opie & Taylor 2008) and the potentially sensitive nature of disclosure of experiences, a decision was made to interview students individually rather than in focus groups. The majority of interviews were conducted by telephone to optimise efficiency and to extend the project reach countrywide. A small number of students were interviewed face to face and a minority, particularly those with hearing impairments, emailed their written responses. Interviews lasted between 20-40 minutes and responses were recorded in note format on a template. In the event of Paramedic and Operating Department Practitioner students failing to come forward for individual interviews, their Course Directors at Coventry University were contacted to ask if the students would feel more comfortable talking in a focus group context. They agreed that they would and therefore two focus groups were held. The groups both included students with disabilities who talked openly about their experiences despite the less private interaction.

All participants were given participant information sheets (Appendix VII) and consent forms (Appendix VIII) to complete prior to interview. A separate consent form was completed by for those people involved in producing case study material. Overall, the team is confident that breadth of insight was generated in terms of gender, age, disability, profession and year of study, including recent graduates (See Appendix V).

5.3 Changes or additions to the original activities/milestones

A major hurdle to overcome in any research setting is to identify the 'gate keepers' with whom access must be negotiated. Obviously within one's own institution this is relatively easy; externally this is more of a challenge. Cold calling was slow and protracted with gate keepers having to seek senior management approval in several cases. Our target was to interview 3 students at various points in their course or recent graduates from each profession. Data protection meant that without student contact details we were dependent on Departmental Heads, Course Directors, Disability Support Offices, Faculty Disability Tutors and in one instance, a professional body. Whilst this conduit was effective it was slow and even some students who agreed to be interviewed did not respond once details were passed to the research team. Lack of time appeared to be a significant factor. Another crucial aspect of timing was whether students were in university where they appeared to be easier to contact or out on placement. Whilst the number of students involved in each profession is variable we were successful in gaining insight across fifteen out of the sixteen professions regulated by HCPC through a range of stakeholders (Appendix VI). We are confident that we reached 'saturation' in identifying the main issues for students with the data set that we achieved.

The team conducted more individual stakeholder interviews and the interview period was more protracted than originally anticipated, because some key contacts in identified institutions were more difficult to make contact with in the run up to the Stakeholder Day and in some cases there was no take-up from students and other stakeholders. In addition, where response was good we were reluctant to turn away volunteers who could develop our insight into the project overall and the enrichment of the data. In the interests of ensuring a holistic picture was gained from as many stakeholders and students as possible the HCPC kindly agreed to an extension of two weeks and a submission date of 13th December for the final report.

The original project plan included 5 student co-researchers. However, making contact with students was complicated, particularly as many students had already started their summer vacation. The 4 co-researchers appointed from a number of professions, at a range of stages at university, were deemed sufficient and a fifth co-researcher was not pursued.

5.4 Data analysis strategies

All telephone interviews were recorded on an interview template. One member of the project team performed the initial coding and a thematic analysis of the data, which was synthesised across all participants. The analysis generated a series of themes from which a set of recommendations for changes to the existing guidance has been distilled. Boyatzis (1998) identifies two ways in which thematic analysis can be used to identify themes or patterns in the data. The first is inductive; themes are linked strongly with the data and may bear little relationship to the questions asked of participants. The data is coded without attempting to fit it into predefined categories or themes. The second approach is theoretically driven by the specific area of interest or theory. *Apriori*, or predetermined categories are defined and data are analysed according to them. Boyatzis (1998) also contrasts the possibility of themes being identified at a semantic or explicit level at which what the participant has said or written is not analysed in any greater depth and analysis that identifies latent or interpretive themes

identifying underlying ideas and assumptions. The approach adopted here was primarily one of theoretical thematic analysis given that HCPC had identified specific themes that they wished to be explored. For example, they were keen for the research to explore the use of language and terminology in this area. However, an inductive analysis occurred simultaneously as participants related their experiences and this level of analysis informed the research and subsequent recommendations by providing rich data to underpin many of the ideas that are proposed. Data from all interviews and from the Stakeholder Day were synthesised; one researcher coded the data and codes were checked with the research team who generated and agreed major themes.

6. Quality Assurance

An inter-professional project Advisory Group was convened as a quality assurance measure to broaden scrutiny of the project. Importantly, it also offered multiple perspectives on the ethical dimensions of the project, which is crucial especially when researching with potentially vulnerable groups (Nind, 2008). Its composition was designed to offer a range of different perspectives, including those of the four student co-researchers, disability services representatives, academic staff and Practice Educators. The group's terms of reference can be found in Appendix IX.

The intention was to meet twice during the life of the project. The group met once face to face and a second time through electronic communication to provide feedback on the draft project report. The group was particularly charged with checking the veracity of themes to ensure that eventual recommendations were drawn from salient data. It was keen to ensure that the project team was attentive to protecting the interests of the research participants who agreed to produce case studies.

7. Critique of Existing Guidance and Research Findings

The HCPC was keen to gather the views and experiences of disabled students studying on HCPC approved programmes, alongside the experiences of relevant staff and educators. Several overarching themes that impacted on the experiences of participants were identified. These themes included general attitudes to disability, the issues involved in disclosure of a disability and the ambiguity surrounding perceptions of reasonable adjustment. Theoretical thematic analysis was structured by major stages of the student journey through recruitment and admissions, in-university experience, placement experience and transition to employment. An additional emergent theme that advocates highlighting alternative career pathways is also discussed.

Recommendations are made for future style and content of the guidance based on the co-researchers' critique (see raw data in Appendix X), and the research findings generated at the stakeholder day, through stakeholder interviews and most importantly through interviews with students with disabilities.

7.1 Style

7.1.1 Accessibility

The existing guidance has been available to be read online or printed in hard copy. Hard copy is vital for those without a computer and has the added advantage of providing ready information in public spaces, such as waiting rooms, or could be handed out at Careers events

or university Open Days. The suggestion made at the Stakeholder Day to make the guidance also available in a range of different formats to allow maximum accessibility should be relatively easy to achieve. The small minority of users who had accessed the guidance had done so online and, although this means is likely to become increasingly dominant, it could also be provided on DVD, for use by those without internet connectivity.

Online delivery has the benefit of allowing for regular updating of content to keep the guidance current. It also allows text to be supplemented with additional supporting media such as audio, video and a BSL signer which we recommend. Case studies should appear in textual form for people with hearing impairments but they can also be presented through video and/or audio links. The entire guidance could be narrated for people with visual impairments. Stakeholder Day participants suggested that if the guidance could include hyperlinks that took a visitor immediately to other relevant sites, it could, in effect, become a one-stop-shop, negating the need to navigate between different websites and finding relevant pages.

There was also support for the guidance to be expanded to provide more detailed information for the wide range of stakeholders that it currently caters for, in addition to students. Admissions Tutors, Disability Support Tutors, Practice Educators, employers, academic staff and careers advisors could all benefit from expanded dedicated sections which could be cross referenced with clickable links to avoid repetition. Stakeholder Day delegates discussed the possibility of separating the guidance into two documents, one for students and one for other stakeholders but this was not seen as particularly advantageous by research participants as much of the information would simply be duplicated.

As many potential students do not know about the HCPC, the guidance needs to be disseminated more widely and this could be done in a number of ways. Networks such as the Disability in Professional Practice Special Interest Group and the National Association of Educators in Practice could be used to publicise the guidance nationally, and more local dissemination of the guidance through careers guidance, admissions tutors and practice education teams would raise awareness of good practice. The HCPC could also increase the dissemination of the guidance online and seek to link to popular sites students visit, such as Universities webpages and UCAS. Internet ‘badging’ it ‘to get it to the top of a Google search’ is also recommended to increase the online presence of the guidance. In increasing the presence and dissemination of the guidance, it is crucial that the revised guidance is given a higher profile on HCPC’s own website – possibly by devoting an entire page dedicated to disability, including guidance/videos/links etc.

7.1.2 Format

The structure of the current guidance was deemed to be clear with good signposting to other relevant sources of information. The rationale presented in the introduction is concise and the guidance is written in plain English overall. The HCPC is advised to consider different learning styles and the ways in which different impairments might affect the benefits to be derived from the guidance when updating the current guidance. The research highlighted that the textual format of the current guidance is off putting for some students with Dyslexia. A Podiatry student suggests:

> *We do not need long texts and explanations just bullets points, straight to the point. Punchy sentences so you don’t need to wade through lots of information – looks like block texts to me. I know it sounds bad, but it should be interesting with pictures, interactive. People should be able to go to sections relevant to them no waffling around long paragraphs*.

Research by Ryan Baker (2005) on readability of online sources suggests that fast readers perform best when presented with two-column full-justified text, while slow readers benefit from a single column non-justified layout. This insight suggests that further specialist guidance should be sought to achieve optimal accessibility for students with dyslexia.

The possibility of interspersing text with bullet points or key message boxes should be considered as a means of breaking up the text. The use of jargon should be minimised, especially to be accessible for younger readers starting to think of their career options. Generally jargon is avoided but for example, the existing guidance talks of 'grandparenting' without explanation. Some statements are emboldened to add emphasis and this was deemed helpful. The flow chart was also found to be useful and highlights that some readers will find visual information presented in charts and diagrams more accessible than text.

7.1.2 Examples

Students considered the examples used throughout the guidance to be useful but identified a need to update them to make them more contemporary and also authentic. Students also suggested using real life case studies with named people with experience to share. Based on these recommendations we have used case studies, negotiated with various participants during the research, to create nine short examples, emphasising in the participants' own words, the key messages from the full transcript included in this report. We have also created podcasts or videos from these case studies which elaborate on each of the examples and have the potential to bring to life many of the issues covered in the guidance and give potential students a sense of some of the barriers that existing students and graduates have overcome. They also bring colour and depth to the guidance. The short personalised examples, alongside the accompanying audio and video, could be incorporated by the HCPC into the revised guidance.

7.1.4 Language and terminology

The language used was an important point of discussion both at the Stakeholder Day and in subsequent interviews. Opinions on terminology and the labels which people must live with were contentious. Although deemed acceptable by some research participants with disabilities, the term 'disabled person' was seen by others as privileging the disability. One student succinctly stated '*I prefer 'people with disabilities' because I am a person first'.*

Stakeholder Day debate around terminology was fuelled by a discussion about attitudes to disability in general. Interestingly this incorporated self-image with the suggestion that 'people *with a disability have a poor image of what disability is'*. A Speech and Language Therapy (SLT) student suggested that people with disabilities can *'feel like imposters'*. Another suggested that those with unseen disabilities can '*feel they are making a fuss, feel they are making excuses'*. However, strong statements such as *'I do not want disability to define/control my life'* (OT student)*, 'I'm determined not to let it take over, 'I can't live my life around disability'* (SLT student) and '*I don't want to stick out'* (OT student) suggest that many people learn to cope with their impairment and get on with their lives, and with becoming health and social care professionals. Students and recent graduates were asked explicitly how they referred to themselves and what their preferred term for someone with a disability would be. Views varied, but a slight majority, even having familiarity with the thinking behind the social model of disability, favoured the term 'people with a disability', rather than 'disabled people'.

However, many of the participants who have disabilities said that they did not consider themselves to be disabled at all. For example, a Physiotherapy student with Rheumatoid Arthritis did not disclose her condition prior to starting the course and despite experiencing some physical constraints did not consider herself to be disabled. Another Physiotherapy student reflected that he *'ticked the UCAS box, although I don't feel it's apt. I am a special person – A person with dyslexia.* Similarly, a Paramedic student suggested *'to be referred to as a student with Dyslexia is preferable',* stressing that each person should be viewed as an individual. So, in fact, many students disliked both terms.

Because some individuals do not identify themselves as disabled, a suggestion for the new guidance might be to include a definition of disability in the introduction to the guidance (rather than in the glossary). If a definition is offered that shows the breadth of impairments that might be included it could provide a means of helping students identify whether they could negotiate some adjustments if they have these impairments thus encouraging more students to disclose their disability.

This research was underpinned by the British disability studies stance, which is based on the social model of disability; disability being caused by physical and social barriers within society (Marks, 1999). As such we committed to ensure that we represented disabled people as a heterogeneous group with many different impairment diagnoses, but who all face overlapping experiences of disablement or exclusion (Goodley & Lawthom, 2006 p.2). We used the terms 'disabled student' and 'disabled people' throughout this study as terms which are favoured by the British disability movement to signify that disability is socially constructed (Shakespeare, Lezzoni and Grace, 2009). On balance, given that the term 'disabled people' is a legal term which is used in the Equality Act and by HEFCE; the team suggests that the HCPC retains it in the revised guidance. 'Disabled people' is the preferred term of the British disabled movement as it is a political statement that the person is disabled by society not by their impairments. However, we suggest also that the HCPC acknowledges that the terminology differs internationally where 'people with a disability' is used to stress 'people first' - *'see me not my disability'.*

The complications around terminology are exacerbated by the sensitivities of students trying to come to terms with the *'label of disability'* and how it impacts on perceptions around disclosure. Some students are diagnosed at University and find it difficult to come to terms with; others who have had a condition for a long time, are accustomed to using the terminology and are not threatened by it. Students who had come to terms with their disability were often mature with copious amounts of work experience and *'confidence developed from life experience*' (Podiatry student). A student Prosthetist/Orthotist had never disclosed his dyslexia until he applied to do his first degree. He stated:

> *I know I have a disability and it affects me in certain aspects but I don't feel disabled. During my first degree it took longer for me to get to the stage of everyone else and I had extra time for things but there was a stigma to having extra time – other students used to think it was unfair.*

A number of other students stated they had no problems discussing their condition and needs with others*. 'It makes me who I am; I have a disability'* (Podiatry student). However, other students' comments about trying to explain their condition to their peers to avoid judgemental attitudes shows how important the acceptance of others is for accepting disability as an aspect of identity:

You can discuss your needs with your tutors and this year (2nd year) I have explained to my peers why I need the extra support, once you explain and they see your needs they understand; everyone knows now (SLT student).

The term 'disclosure' was also found to be problematic. As a student pointed out it is a term associated with criminal convictions. Disclosure was to some a '*dirty word'* that needed to be reviewed in favour of something '*friendlier'*. Suggestions were made of more encouraging words, such as, '*inform',* or a statement such as, *'available for open discussion about support needs'*. However, many students who were interviewed used the term disclosure without really suggesting that they had found it problematic; some also referred to *'declaring a disability'*. A possible solution is to continue to use the word disclosure but to provide more information about it so that students associate it less with potential stigma and link it more closely to the advantages that it brings in terms of reasonable adjustment. The inclusion of a definition of disability in the introduction to the guidance (rather than in the glossary) could encourage more students to disclose their disability.

7.2 Content

7.2.1 Positive Aspects of the Current Guidance

The current guidance primarily addresses people wishing to become health and social care professionals but content is also aimed at a range of other stakeholders. Included are examples of assumptions about people with disabilities and their abilities, which are useful in that they demonstrate a positive attitude to disability *'abolish[ing] assumptions that those with disabilities cannot apply for HCPC courses'* (Co-researcher).

Aside from the necessity to replace the information provided on the Disability Discrimination Act and its implications with information on the Equality Act, many aspects of content remain relevant and helpful. For instance, students are given useful background information about the HCPC and its function and role. There is good information about the process of registration with the HCPC and students are alerted to the fact that completing an approved course does not guarantee that someone will become registered. Positive aspects of the guidance that we recommend retaining include details of how applications are assessed and the recourse that students have if they feel that they have not been treated fairly. Clear and unambiguous information about standards of education and training, standards of proficiency and practising within a scope of practice that meets the standards is provided. The examples provided to illustrate occasions in which scope of practice has altered (due to health, disability, conduct etc) are useful and should be retained. They offer insight into the importance of the individual being responsible for finding ways in which to maintain fitness to practice, for example, by using appropriate technology. An extensive list of other organisations and professional bodies is provided which when updated with the contact details of the professions most recently added to the list of those regulated by the HCPC will prove to be an excellent resource. The glossary of terms is another feature that is useful and should be retained.

The current section of the guidance entitled 'During your course' is very useful and should be expanded to illustrate how a student progresses through the major stages of their programme. The 'journey' metaphor was frequently used to incorporate experience of disability into career plans and aspirations and therefore it is suggested that this section of the guidance is presented so that the 'journey' is clear. Our suggestions for specific sections are presented below under disclosure, reasonable adjustment, recruitment and admissions, in-university support, placement experiences and finally, the transition to employment. A final section briefly considers alternative career pathways.

7.2.2 Disclosure

Disclosure is discussed fairly briefly under the section 'Your responsibilities' in the current guidance. As disclosure has emerged as a significant issue in the current research we suggest that its status in the new guidance should be enhanced. Research findings suggest that the relationship between disclosure and reasonable adjustment is not always fully appreciated by students therefore this relationship should be made more explicitly in the revised guidance.

Recognition that *'getting people to disclose is a massive hurdle because they feel they will be judged and disclosure will get in the way of their career'* (Clinical Psychology Educator) suggests that it needs to be presented in a positive light to tackle perceptions of possible stigma and its associated impact. Students and other interviewees confirmed this position.

> *Some people find it difficult to disclose. I have a lot of disabled friends who are so scared of disclosing because of the stigma and because they may not get a job/placement* (SLT student).
>
> *There never seemed to be a route to ask for help but I also knew that if I did disclose I would be seen as not ready to practice as a therapist* (Art Psychotherapist).

Stakeholder day delegates were concerned that *'there may be pressure to disclose when people do not want to [do so]*'. However, there was general agreement from participants interviewed that the decision '*to disclose or not to disclose'* was the responsibility of the student. This point is emphasized in the current guidance under 'Your responsibility' and is an important point to maintain in the new guidance.

There was also recognition that there might be another layer of stigma attached to certain conditions and particular courses. For instance, that attached to HIV, the potential issues associated with people with eating disorders, which according to one student interviewee *'are so misunderstood'* and people wanting to become Clinical Psychologists who have mental health issues. However, declaring a disability also depends on whether or not it is perceived to be disabling. A recent graduate Hearing Aid Dispenser reflected on how *'hearing is now a major thing in my life. At university doing my first degree, at eighteen I didn't tell anyone, initially I didn't see it as a disability, although I did have problems.'*

Unsurprisingly, Admissions Tutors, Disability Support Tutors, Practice Educators and employers were unanimous in advocating early and ongoing disclosure as a prerequisite for assessing support needs. A Dietetics employer and placement provider was emphatic in advising students to '*disclose your disability. Be involved in the process.'* Not doing so can have profound implications and it is important that students appreciate this:

> *It is so difficult to work with a student who does not disclose their disability. You do not know how to deal with the problems and some students can be very defensive* (Clinical Psychology Educator).
>
> The experience of a Clinical Psychology educator who reflected on a difficult situation where disclosure had not occurred highlights how non-disclosure can result in problems escalating:*I tried to help - gave [the student] software and sat with [him], but he did not want to be labelled disabled. It was an awful experience.*

Although disclosure for one SLT student was successful in gaining local support, disability services support was still lacking. She recalled:

> *My disability service was rubbish throughout the course, I did not receive anything I requested and my accommodation and access issues were not sorted. Thankfully, I had contacted lecturers and programme director and was well supported by them.*

The consequences of non-disclosure therefore need to be emphasised in the revised guidance so that students understand its importance for their progress. The suggestion that the important thing was to '*give people confidence to disclose their disabilities even when they don't know you'* highlights the significance of establishing a good relationship with students and this is a crucial message for Admissions Tutors, Disability Support Tutors and employers. The notion of fostering an atmosphere of understanding and empathy was prevalent in most cases. An academic in Audiology suggested that the ethos in her institution was one of:

> *Making sure that students are confident that they can seek support and that you are not going to make them feel 'odd'. The approach reflects that of the course itself which encourages students to be open-minded about people who are all different.*

Similarly, an Art Psychotherapy Manager suggested that this approach is adopted in her workplace:

> *New recruits have to be confident enough to know the person will be helpful to disclose. But the culture is important. We are 'enablers' that's our job so it's no big deal. We are possibly very different to other professions in the way we view people as people; we don't work with symptoms we work with the person.*

The question whether disclosure is '*to one person or to all'* is also very pertinent. A Physiotherapy student was keen to suggest reinforcing to students the importance of disclosure as not one off but *'throughout the course'* and to *'encourage students to do this'.* However, this openness might be challenging for some students and should be sensitive to the individual's wishes. For example, a SLT student reflected on how she had requested that her disclosure be limited to only select people so that '*on placement only some people* [her Practice Educator] *knew, **not** everybody*!' The revised guidance could include a message to both students and academic and Practice Educators about the importance of individual preferences for when, how and to whom disclosure occurs and the importance of a supportive environment needed to foster it.

The implications of disclosure can be complex. For instance, disclosure can mean more supervision, which is double edged in that whilst helpful it might create more pressure for students. In addition, more time for assessments means lengthier scrutiny and/or questioning. A SLT student reflected, '*"disclosure" helps; it can be a bit problematic because you may get more supervision, but that can be positive'.* Similarly a Podiatry student reflected:

> *I don't disclose [my dyslexia] to placements or my peers. If you disclose they will give you more time on everything and viva's can be tricky – more*

time with patients, writing notes and talking to the assessor. This puts people off [disclosing], because you may have to answer many questions.

Nevertheless, in accepting the scrutiny inherent in disclosing a disability a Podiatry student discussed how she felt the extra supervision was for her benefit:

I know I will not get a first, in fact I am aiming for a 2.2; but I aim to become the most empathetic, efficient Podiatrist I can be. Health care is vocational as well as academic, my dyslexia has made me more resourceful and I think more laterally. I can compensate in practice for the things I cannot do academically. I am more than happy to accept close scrutiny – I want to get it right (Podiatry student*).*

It is important to mention that the project team predominantly encountered students who had chosen to disclose their disability. In other words, the sample was self-selecting and therefore this report focuses on the thoughts and ideas of those students rather than those who had found ways of coping without formal support.

Example 1: Frank's message on disclosing a disability

I am a 20 year old with Chronic Fatigue Syndrome (CFS) currently in year 2 studying physiotherapy. The main symptom is extreme tiredness, which could mean sleeping during the middle of the day and at night just to keep going. I disclosed my disability during the Admissions process because, like with anything, help is only available if you ask for it. Within the first week of my first year, I made an appointment with the Disability Support Tutor to discuss strategies for coping and as a result of these discussions my University has been extremely helpful and supportive.

As CFS is a condition that can be managed by a physiotherapist I expect there to be some level of understanding of my condition when I am on my physiotherapy placement. Some reasonable adjustments would need to be made, such as small regular rest breaks but this can be easily arranged by communicating with them.

The key to being successful at university and in a health care career, regardless of having a disability, is communication. Ultimately, help cannot be given if people do not know that it's needed. It is up to you to decide whether to tell your peers about your disability and certain situations may prompt a need to tell as it helps others to understand. The best thing to do, I have found, is to get to know people first so you can determine who you may want to tell so they can support you. Don't be afraid to admit you may need help. Help is there for a reason.

See Appendix XI (Case study I) for full case study transcript

7.2.3 Reasonable Adjustment

It is crucial that students make the link between disclosure and reasonable adjustment, and that they understand '*why they are asked* [about their disability] *at interview, when joining the course and in preparation for placement'*. However, what is reasonable and what might be available seems to be very unclear:

I wasn't sure what to ask for (Occupational Therapy student).

> *I did not know what reasonable adjustments were* (SLT student).
>
> *I wasn't sure what kind of reasonable adjustments I could access* (Clinical Psychology student).

The word 'reasonable' is of course ambiguous. An admissions tutor for a Prosthetics/Orthotics programme suggested that the HCPC '*could be more explicit with their guidance on reasonable adjustments and give more examples'.* A Radiography practitioner highlighted the potential usefulness of examples of adjustments that had worked:

> *It will be great to have a list of good examples, because some things you think are impossible but when you see how others tried to accommodate you kind of think 'yeah, perhaps that would work'. We had a severely dyslexic student and oh we learnt a great deal from her. She knew what she needed. She was very intelligent and we have used what we learnt from her for many other students who have dyslexia, dyscalculia and other specific learning difficulties.*

Similarly, a Radiography practitioner spoke about her attempts to identify possible adjustments that could be put in place for students supporting the need for more readily accessible information:

> *The [HCPC] guide, well I looked at it a few years ago and it was not very helpful, it is the practice elements we were looking for guidance about, particularly from a hospital practitioner perspective.*

The suggestion of providing more examples and stressing the individual nature of adjustments is an important one. A recent graduate Hearing Aid Dispenser, now in full time employment, was highly complementary of the adjustments that had been put in place, including allowing her guide dog entry, providing extra lighting and amplified telephones illustrating how adjustments are very individual in nature. Students spoke about their experiences reinforcing the message about individuality time and again. A student suggested emphatically, '*don't make assumptions prior to meeting with a student; be open minded'.* However, students recognised that adjustment '*does not mean 'rose tinted'. For example, it doesn't replace competence standards – there is a need to understand its limitations'.* Nevertheless, as one occupational therapy student asserted '*students need to know that they are entitled'*; *people with disabilities have a legal right to it* [reasonable adjustments].

An Orthoptist suggested that, '*people's understanding is very important'* and a student Prosthetist/orthotist suggested:

> *It's the little things that make a difference – just implementing suggestions like putting notes on Blackboard* [online learning platform].

The new guidance needs to make clear the practical adjustments that become apparent below, in the very different contexts of university, placement and in employment. As well as mentioning the tangible adjustments that can be made, it should alert all stakeholders to the more affective dimensions of making adjustments, such as devoting time to develop a good understanding of students' needs.

A SLT Admissions Tutor suggested '*students need to negotiate the level of support they need'*. However, negotiation was highlighted as difficult for some students:

> *I am never forceful. I never say I deserve this or that* (SLT student).
>
> *I always try to ask nicely. I don't want to be brash and if they say they can't do it, I just say 'okay'* (SLT student).

Perhaps these students demonstrate a slightly too apologetic approach to negotiating adjustments; another student's suggestion of the need *'to have a full and frank discussion'* (SLT student), might be a challenge for some students. The guidance could include a section promoting the idea that negotiation is acceptable in support of those students who feel awkward about asking for adjustments, for example, those students who have hidden disabilities, such as a Social Work student who perceived that '*as my disability is hidden, people do not go out of their way to* [make] *reasonable adjustments'.*

The guidance could also reinforce the message that openness to experiment and be creative with adjustments to see if they work is important. An Audiology academic stressed the need to consider all options; '*being proactive and imaginative - not saying no without consideration'.* Similarly, a Dietetics employer and placement provider advised students to*:*

> *Be honest, open, transparent. Do not try to fit the mould – learn the way that is best for you. The placement is about your learning. We do the best to make the most of the placement.*

The fact that adjustments might not be working as well as they might or that needs change necessitating revisiting adjustments to see if they continue to be effective is also an important point to highlight in the guidance, as highlighted by the experience of another recently graduated Hearing Aid Dispenser:

> *I had issues with some of my note-takers being on their mobiles while they were supposed to be helping so I talked to my tutors. Try and be confident and say when things aren't working – it's a constant negotiation. As long as you've got someone to either email or pop along and see you can change things.*

Provision of reasonable adjustment in the workplace was perceived as possibly more problematic. A student questioned *'how far can employers go to provide reasonable adjustment? What is realistic?* As many of the examples provided in this report seem to illustrate, adjustments that have been deemed realistic and put in place are actually quite extensive, illustrating that many employers seem to be fully committed to seeking advice, making necessary adjustments and having a flexible approach to altering practice where necessary. Again by providing examples of adjustments in the workplace employers have a point of reference for what might be 'reasonable'.

7.2.4 Recruitment and Admissions

Openness to disability by course teams who are encouraging of disclosure was evident in the majority of accounts of the preadmission and admissions stages of the student journey. Several academics mentioned going out into schools to raise awareness of careers in their profession and explicitly mentioning disability. An audiology academic recalled being approached by pupils on campus visits about opportunities for those with a disability. The

message was to support students with as much information as possible through the pre-application, application stage and during the transition to taking a place. A Radiography academic reflected:

> *We introduce literacy and numeracy tests during interview and give students opportunity to disclose before you do admissions, a lot of them chose to disclose then; we have inductions, a very good central system, etc. We give lots of opportunity to disclose at various points and throughout the course. We make it easy to disclose using the techniques we have learnt and show that it will be a benefit to them. We show them the support you can get and ask them to talk to us independently if they want to.*

Admissions tutors were proactive in mentioning disability support during university Open Days but students also gained information on the profession specific websites and from professional bodies. An ODP student observed that *'the information on the profession is generally scant without even thinking about disability'*. She suggested that the HCPC document should be given out at university Open Days. Some educators and employers suggested the HCPC should take a more visible lead in this area, especially because opportunities for open days and observation days were shrinking due to pressure and work constraints in the NHS.

Schools were criticised for not being inclusive and adequately supporting students into higher education. Delegates at the Stakeholder Day suggested that the HCPC might publicise the new guidance more widely so that it is accessible to career tutors in general, and more specifically to those in colleges, to reach students at an age when they are making choices about their future study and careers.

Whilst universities have disability support systems students suggested that '*it is not always obvious who is the right person to speak to'*. The need for up to date information was very clear. An Occupational Therapy student was keen to be shown *'all of the help and information available'* and a Social Work student suggested that because there are *'so many things to think about, so many unknowns – as many examples as possible are needed.'* Delegates at the stakeholder day therefore suggested that the revised guidance could encourage good practice amongst Admissions Tutors in talking about disability and identifying who to approach at University Open Days.

A particular aspect of the decision-making process on entry to higher education and an area where information could be improved was funding:

> *I almost did not start the course because I thought I could not afford the extra money I was going to spend. No one told me of the DSA*' (SLT student).
>
> *I had to pay for my own taxis for a year because I was not aware of DSA* (SLT Student).

Again an additional section that clarifies funding issues would be helpful especially including information about placements as they add an additional complication to the issue of funding. Whilst DSA funding covers equipment that can be used both in university and on placement, any additional requirements exclusively for placement, such as the services of a communication support worker, are not funded by DSA. Such adjustments are deemed to be the responsibility of the placement provider. This could potentially cause difficulties

given that most student health and social care professionals are required to complete a substantial period of time in the placement setting.

Information about the Disabled Student Allowance (DSA) was thought to be hidden. Even when applications are made, funding issues seem to be somewhat slow in being sorted out. The advice from a Hearing Aid Dispenser graduate was to start early even before the course starts. Of course this requires knowledge of the system and perhaps reflects a need for future HCPC guidance to make explicit links to information from funding agencies.

Example 2: Recent graduate with spina bifida discusses the admissions process

Hi, I am Emily. I am 23 and I have a condition called Spina Bifida and the main impact of that is that I use two crutches and I have difficulties sort of walking long distances and carrying things. I also catheterise.

My journey into higher education began at sixth form. I was speaking with my tutors and the careers advisers when I was thinking about what kind of health care profession do I go into. I knew that I wanted to be a heath care professional. They were really supportive in terms of giving information and encouraging it as a career. I finished sixth form and took a gap year. I took some time to do proper research then I applied in my gap year with my grades.
When I chose my top two universities, I made sure that I went and researched the environment and made sure that it was going to work for me and be accessible. I got in touch with the degree administrator to talk about the set up of the university. Then I applied through UCAS and got an interview and was offered a place. I was sort of excited and ready to go really.

See Appendix XI (Case study V) for full case study transcript

7.2.5 In-University Support

The guidance could identify the process for gaining in-university support which was generally triggered by the Disability Tutor/ Departmental Disability Co-ordinators contacting the student. Support took a variety of forms. Examples of the types of strategies and adjustments that are feasible would be a useful inclusion in the guidance to show the wide range of adjustments that have been made in the past and that are feasible. The majority of students and recent graduates interviewed were highly complementary of the support that they had received in university. Many students spoke of how support mechanisms were mentioned during Freshers' week.

Disability Support Units and Departmental Disability Coordinators were crucial to maintaining good communications between the student and others who needed to be aware of the students' needs. Various adjustments and arrangements were regularly put in place. These included adjustment to the assessment process, use of scribes in exams, extra time in exams and sheltered conditions. In class, coloured handouts sent electronically in advance (but not at cost to student to print), resources such as laptops and access to IT in teaching rooms, 1:1 support such as note takers, scribes, signers and

use of dictaphones in lectures were all of use. Availability of lecture material usually in either video or PowerPoint presentation format on a virtual learning environment (VLE) provided free access to lecture material after class.

Laboratory settings gave rise to particular challenges with respect to making reasonable adjustments. A Biomedical Science tutor emphasised the *'strong constraints on people working in laboratory settings due to health and safety risks [but] recalled having had special chairs in labs'*.

Finding ways around problems of access to rooms, building and lifts was commonplace. However, a hearing aid dispenser graduate cited having raised problems with noisy air conditioning that was so loud it was impossible for her to hear the lecturer, which were investigated as a result of her raising it as a barrier.

The importance of support from peers and tutors, especially those trained in disability issues who are 'experts' in inclusive teaching, disability champions and mentors was frequently highlighted. A buddy system is also useful:

> *I had a friend who helped me over the four years. If I missed anything, say in a lecture, I just asked her - she was my number one support. If we did group work the lecturers would place me with her as they all knew – sometimes it looked like we were just talking but I was blessed that I had her'* (Graduate Hearing Aid Dispenser).

The guidance could encourage Admissions tutors and academic tutors to promote the support mechanisms mentioned above through highlighting alternative strategies and showing them what is possible.

Example 3: Emma's experience of support at university

I'm a third year physiotherapy student and was diagnosed with rheumatoid arthritis (RA) as a child. It predominately affects my knees.

I applied through UCAS like all other prospective students and the process was simple enough. I was worried about declaring I had a disability on my application form as I didn't feel my RA was disabling to me. I was also worried I wouldn't be offered a place on the course, so I pondered as to whether to declare it or not. I decided to be honest and tell the university about my condition. I was offered a place despite being considered disabled so in the end I was glad I was honest as I could really be myself.

As I declared my disability on my UCAS form, the University's disability services were able to contact me during the admissions process and offer support. In the first week of starting the course I had to have an occupational health review to highlight areas I may struggle with. I also visit the tutor for disabled students a couple of times per year to check everything is ok and that I'm still managing without any issues. The lecturers on my course have also been very supportive and have even provided alternative physiotherapy treatment techniques to replace positions that place my joints in painful positions.

See Appendix XI (Case study VII) for full case study transcript

Example 4: Social work student discusses experience of developing a disability during his training.

My name is Mr.C and I am a full time student at Coventry University in my final year. I am studying BA Social Work and I am on my final placement. I was diagnosed with Trigeminal Neuralgia and Atypical Facial Pain eight months before I was scheduled to graduate, after suffering with the symptoms for two months. I wasn't sure whether I would continue on the final year as my disability is very bad. I spoke to my course director to discuss what my options would be. My course director and placement coordinator were really helpful, after talking to them I felt that I had some options and reasonable adjustments could be put in place.

I was able to speak to the disabilities support team at the University who showed me how much support and help I could get from the university and also from the Disabled Students Allowance (DSA)*. I was also able to access counselling from the university to help me deal with what will possibly be a lifelong disability.

My experience with the university since I have had this disability has been very, very good. Being on placement has been hard at times as I don't want my disability to stop me from being there and accomplishing what I need to; I know that I'm capable of finishing this degree and doing really well on placement. At the placement, I have found staff to be supportive and very understanding.

*As a higher education student living in England, you can apply for a Disabled Students' Allowance (DSA) if you have a – a disability, a long-term health condition, a mental health condition or a specific learning difficulty such as dyslexia. The support you get depends on your individual needs and not on income.

See Appendix XI (Case study VIII) for full case study transcript

7.2.6 Placement experience

Placements form a substantial aspect of most professional programmes and are a significant source of stress for all students. For this reason we suggest that the new guidance devotes space to a separate section on the 'placement experience' as there are a number of key messages it should provide.

Forward planning and good communication between the student, university and placement provider were deemed essential to negotiating and putting into place reasonable adjustment leading to positive placement experiences:

> *I think it is best for students to be open and honest, discuss their needs before they arrive. This is better for them and us rather than having to discover about their disability* (Clinical Psychology Practice Educator).

> *We encourage students to come to the site before their placement to discuss their needs and look around* (Dietetics manager).

Another Dietetics manager and placement provider promoted the idea of:

> *More structured planning between university and clinical placements. I acknowledge that first placements can be trickier but we feel that we are driving things. University can do more to help with negotiation, structure around adjustments, discussion etc.*

For a student hearing aid dispenser, with a hearing and sight impairment, forward planning had been crucial as preparations were considerable:

> *Risk assessments had to be drawn up for my Guide Dog as there was previously no 'Assistant Dog' policy. Infection control also had to be consulted. [The placement] was very good. The adult services I joined were all very welcoming.*

An Arts Psychotherapy Manager and placement provider stressed the attention which she gave to placing students:

> *We work hard to make a positive experience. I gate keep. All trainee institutions come to me with requests so I can set up placements safely under the wing of a qualified therapist*.

The importance of forward planning and good communication between the student, university and placement provider would be usefully stressed in the new guidance. A pre-placement visit is also an aspect of good practice that can benefit both the student and the Practice Educator that might be highlighted. A SLT student observed:

> *Some placements/employers are terrified. They do not know what to expect. The HCPC should work through its policies and advocates to eliminate the "fear factor". When you say you are arriving in a taxi and will need to leave a mobility scooter somewhere safe they are not sure what you can do and think they will need to make so many adjustments (*SLT student).

Three-way communication is the ideal and clearly paid off in some cases:

> *My placements were carefully chosen for me based on my academic needs, accessibility and other factors, and I had an input (*SLT student*).*

Going out onto placement for the first time is an anxious time for all students but perhaps those with impairments need additional reassurance:

.

> *I was nervous at the start of placement - they made it sound so scary, but I got through* (Social Work student).

> *I do not want to endanger anyone – I wanted support so I could be competent (*SLT student).

Example 5: A Clinical Educator discusses planning placements

I am a highly specialised speech and language therapist in an inpatient neurorehabilitation centre. I work in a multidisciplinary team with occupational therapists, physiotherapist, nursing and neuropsychology. We have a lot of students each year from various universities. We are contacted by the university before a student is allocated to us.

On one occasion they asked if we are able to take a disabled student with mobility needs. Once we accepted, we had to discuss accessibility needs and other reasonable adjustments. The university were very organised in specifying exactly what was needed – we were informed at every step.

The student also contacted us before the placement started informing us that she was on crutches and therefore unable to push people in wheelchairs. Initially, we were able to ensure that she saw only people who were self propelling or walking. Later on in the placement, she felt comfortable asking other staff to bring patients to therapy rooms.

The experience was great for all of us. There was the unexpected bonus of patients relating to the student as she wasn't able-bodied like the rest of the staff. She was able to offer her view on life with reduced mobility. We would definitely encourage other students with disabilities to consider a career in speech and language therapy. It's a career with many facets; therefore there are lots of opportunities available.

See Appendix XI (Case study II) for full case study transcript

Strategies that could be highlighted in the new guidance, which are used to help students settle in and perform to the best of their abilities, include 'paired placements' and peer support (SLT and student Hearing Aid Dispenser). The list of reasonable adjustments on placement include: provision of a quiet space for report writing, extra time for report writing, facility to have written reports double checked by someone else, access to computers, regular breaks, adjusted seating arrangements, altered working hours, use of a communications support worker and use of assistive technology. For many, adjustments are relatively easily achieved:

> *It was interesting being a student and being hearing impaired. A lot of people knew exactly how to deal with me. For instance, they set up a room that became my room with the desk moved so that patients were able to sit on my good side. It was so simple but often that's what works* (Graduate Hearing Aid Dispenser).

> *I had some anxiety about having a Neurology placement but I was given extra teaching regarding adapting positioning for my condition* (Physiotherapy student).

A Prosthetics/Orthotics tutor recalled how being concerned at how a particular student would manage on placement they had arranged for a local placement close to home:

To make sure that the student could get home each night and make the most of family support during this period of change.

This same tutor had developed a protocol to help a student whose disability meant that they needed to take regular breaks at work. The protocol set out steps for the student to excuse themselves from patients to ensure that standards of practice and patient satisfaction were not compromised.

Interview findings suggest that written protocols are likely to be useful for people with Dyslexia. For example, a Prosthetics student with Dyslexia suggested that having a written protocol for any unfamiliar procedures that might be met in practice would be useful:

to avoid having to frantically try to scribble down notes while listening and attending to the practical situation.

A Radiography academic reflected on the considerable effort made to support a student who went on to qualify as a radiographer:

We had a severely deaf student, we could make reasonable adjustments for her in teaching and learning but we were worried about employment at the end. She relied heavily on lip reading and needed doctors to wear clear masks in the theatres so she could see. In that case we contacted the HCPC and looked at the guide, but in the end we just had to call a number of Trusts and ask will you take this student, some said yes, others said no. We chose to send her to the Trusts who had agreed to have her for placement. It should not be the case.

Importantly, placements provide opportunity to meet and to interact with people who are potential role models. To work with people with disabilities who have succeeded and built successful careers can be tremendously inspiring for students but also can help to expose them to potential strategies that might be of use. The new guidance might emphasise that students are likely to meet people in the workplace with similar impairments and that these people could potentially offer a source of support. For example, a Physiotherapy student related:

I met a physio during placement who had chronic fatigue and she discussed how she managed it and paced herself.

Example 6: Louise's experience of reasonable adjustments on placements

I am profoundly deaf with a visual impairment and have recently graduated as an occupational therapist. I received comprehensive support from the University placement team prior to and during all three placements and fantastic support from each Placement Practice Educator (PPE). The concerns I had were discussed with the placement team and individual PPEs.

A pre-placement visit was completed with the potential PPE, a member of the university placement team and myself, before each placement to discuss my situation and any reasonable adjustments. This planning was excellent and I felt I was being listened to and my concerns taken seriously. The placement team suggested I step out of my comfort zone in order to encourage different experiences within a safe environment, which was a good learning opportunity. All PPEs seemed open minded, flexible and adaptable to my support needs.

An example of one the adjustments I had: As a hearing impaired student unable to use the telephone, a helpful reasonable adjustment was that no PPE would ask me to make calls. If I needed to make telephone calls, it was agreed I could ask the receptionist, OT assistants or OT's ensuring confidentiality.

See Appendix XI (Case study IV) for full case study transcript

Example 7: Placement Coordinator discusses how the university support students on placement

The majority of my involvement with Louise throughout her OT studies was mainly in connection with her 3 clinical placements.

I met with Louise prior to her 1st placement to discuss what adjustments she felt would be needed within a clinical setting (in line with the Equality Act (2010), DDA (1995) & the University's policy regarding supporting students with a disability). I found a placement within commutable distance for Louise within an acute hospital setting and contacted the educator to discuss Louise's situation. The educator was very happy to arrange a meeting with Louise and myself, in order to discuss solutions relating to areas of concern.

We met at the placement venue and discussed all concerns that Louise and the educator had. The educator stated that it would be a learning opportunity for their department too, encouraging the staff to re-think communication styles and strategies. We agreed Louise could undertake the placement and decided which reasonable adjustments were needed. I completed a half way visit in week 3 to monitor Louise's progress. The placement was a successful experience for Louise. The same process was undertaken with Louise for her level 2 & 3 placements.

See Appendix XI (Case study III) for full case study transcript

7.2.7 Transition to Employment

The current guidance includes a section on applying for registration and discusses 'After graduation – employment and occupational health screening'. This is an important section that could be reviewed and expanded to discuss disclosure and its implications for securing an interview. Information on the funding of reasonable adjustments through the Access to Work scheme would also be a useful addition for students and employers alike, many of who did not have knowledge in this area.

For those students who successfully complete their programme of study the next step is finding employment and settling in. Recent economic trends mean that finding employment is a challenge for all graduates. However, disabled students can be strategic about job applications and 'ticking the disability box'. Those interviewed are certainly aware of the 'two ticks' symbol on adverts and application forms; a sign that employers are committed to employing disabled people. If applicants are disabled and meet the basic person specification for the job they are guaranteed an interview. This was seen as a definite incentive to disclose a disability:

> *If I go for a job I definitely declare as for one thing it guarantees an interview* (Graduate Hearing Aid Dispenser).

However, a recent graduate with a hearing impairment discussed issues around appropriateness of interviews and lack of sensitivity to her needs even post disclosure, relating how she had been invited to a telephone interview.

> *People know about the policies but in practice not everyone follows them* (SLT student).

A graduate hearing aid dispenser reflected:

> *There were rather a lot of questions during the interview about my Guide dog, which perhaps should not have been asked, but actually it did not stop me getting the job.*

Countering negative attitudes, several employers interviewed talked about the having '*an accepting and understanding ethos in the team'* (Clinical Psychology manager). Strategies that are put in place in the workplace to support new employees and particularly those with a disability were not uncommon.

> *We provide structured induction packs, observation days etc for disabled people* (Dietetics employer).

The revised guidance could include mention of supportive employers and what might be expected from an employer such as the strategies mentioned above. It could also alert students to the longer term issues of funding once in employment. Discrepancies between the Disabled Student Allowance and what it can fund and the provision available through the Access to Work scheme should certainly be highlighted to students, making this an important inclusion. Awareness of the Access to Work scheme and its capacity to fund reasonable adjustments for employees was variable, supporting the perception that it is not well publicised. For instance, a manager of large Trust had not heard of the scheme. Others who had worked with Access to Work to meet their employees' needs, such as a Social Work manager, were fully aware of its potential to support both employer and employee.

Mechanisms that support practitioners, in general, include both one to one and group supervision. An Arts Psychotherapy student who had recovered from an eating disorder had disclosed her previous problems because she knew that they would come out in supervision and she felt that supervision provided an important means of promoting openness. In her case the transition to employment was supported by the 'gentleness' of her colleagues and work context in which she was able to take on everything new around her slowly.

A Podiatry student discussed his assumptions about the possible impact of seeking reasonable adjustment in the workplace. He highlights the pressures felt by some people in suggesting that being dyslexic and asking for extra time to complete some tasks might be disadvantageous:

> *You want to be able to compete when applying for a job. You won't get employed if it takes you an hour to see X no of patients and 30 minutes for other people.*

A section on the transition to employment might emphasize the mechanisms in place in the workplace that new graduates find helpful, including one to one and group supervision, as well as the duty of employers to ensure that they do not discriminate against people who do disclose a disability.

The existing guidance stresses that describing disability in a positive light can be helpful and we suggest that this statement could be expanded. Participants at the Stakeholder day discussed how it might be helpful to highlight positive aspects of disability in recognition that employees with a disability could provide '*added value',* especially in the context of the extent to which positive discrimination prevailed in a tie breaker for a job situation. In fact, interviewees identified significant perceptions of added value that could be highlighted in the new guidance:

> *At times I talked about what I was going through and they [service uses/clients] were able to talk to me at a different level because of my disability* (Graduate Hearing Aid Dispenser*).*
>
> *I can actually say with credibility "I understand" to kids or parents of kids who have disabilities* (Social Work Practice Educator with a disability).
>
> *The kids with complex needs on my placement said "you are like us". I had built a good relationship with them because of my disability and the placement tutor said the therapy they had when I was there was one of the best they had had. This was due to my disability* (SLT student).
>
> *You can inspire and encourage patients/clients" as a disabled person*" (Clinical Psychology Practice Educator).
>
> *I can see huge benefits [to my dyslexia]. I can think outside of the box. I can think around things not in a linear way. People with dyslexia are often very creative* (Art Psychotherapist graduate).

Example 8: Emma's thoughts on a career in physiotherapy

I don't have any concerns about finding employment as a disabled physiotherapist when I am qualified. Throughout clinical placements I have found alternate ways of coping which I will emphasise when applying for jobs and at interviews. I've come to understand however that my rheumatoid arthritis may mean that some areas of physiotherapy will be physically too much for me to cope with, such as tasks involving heavy lifting and moving and handling patients. However other doors in the profession remain fully open to me like all other physiotherapists without a disability.

I am beginning to realise how rewarding a career I will have working in health and social care and I would encourage people with disabilities to apply for courses in health or social care. Having a disability and working with people with similar problems is not a bad thing – it is quite the opposite in fact. It means you can draw on your own experiences and empathise with patients and treat them holistically.

See Appendix XI (Case study VII) for full case study transcript

7.2.8 Alternative Career Pathways

An emergent theme was the suggestion that the guidance could make mention of alternative career pathways for those students who do not qualify or those who are eligible to register, but might struggle to fulfil a professional role in its totality as an employee. It may also identify that, for example, some work environments or even some professions are more suited to certain disabilities than others, as the research suggests. This theme emphasises that disabled people unable to complete their training may find other ways to contribute or a role in a different profession. It also challenges current thinking about the nature of training and whether one size should fit all. The HCPC guidance does not currently touch on the idea of alternative roles and the HCPC would have to decide on whether it felt it was beyond the remit of the guidance. For instance, a dyslexic Practice Educator suggested that working in a setting such as a residential home or a school decreased the pressure on the practitioner to write notes quickly unlike the urgency of working in a more acute setting. Paramedic students spoke about the potential for physical disabilities to be problematic in some aspects of their role. However, they noted that 'First Response' personnel do not do the moving and handling that an ambulance crew would do, for example, so the level of fitness required might differ.

Stakeholder Day participants observed that success or failure might be linked to certain specific contexts or demands of the job, highlighting the tension between generic training models based on the understanding that all students will meet an acceptable standard of practice having satisfied basic competencies in all areas. This point may interest professional bodies but is probably not within the remit of the HCPC. However, currently there appears to be *'many ways to practice, but only one way to train'*. The existence of people with considerable disabilities in the workplace seems to support the fact that they can make a valuable contribution and highlights the insistence that all students must complete the same training as potentially discouraging to some excellent students. In support of this point, a Social Work employer reflected that of the people they directly line-managed *'currently six out of 15 people would class themselves as disabled'*.

Similarly, an Operating Department Practitioner manager suggested:

> *Many ODPs have specific learning difficulties – probably about half when I started, less now because they have raised the qualifications. Many do not discuss their disability openly. I raise the issue and offer support but people do not like to confront the issue you know.*

These insights into a substantial occurrence of people with often undisclosed disabilities in the existing workforce suggest an even greater need to ensure that disclosure becomes the norm ensuring that health and social care professionals reach and maintain high standards of practice. A comment by an Operating Department Practitioner manager illustrates how some people succeed against all of the odds:

> *She was a very efficient practitioner but her notes and organisation were very poor. I offered her support and even discussed my dyslexia but she did not want the label, she refused all the support. She got through in the end and because she is really good in practice actually got a job but still struggles* (ODP manager).

It is feasible that those students who currently do not complete their training may have a valuable contribution to make in a related aspect of the profession. Several cases were cited where students with clear capabilities had failed to complete their course yet had lots to offer:

> *The student was a terrible therapist because of her autism but was an excellent student. She could have made an amazing researcher, but there was no pathway for that. She did not pass the placement (SLT educator).*

Example 9: Dyslexic health practitioner discusses 27 years of practice

I qualified as a Physio in 1987 and at present I am working as a community physiotherapist, part of an integrated therapy team. I have dyslexia and my eye sight is poor, as such I cannot drive.

I have had several jobs, I find the ones most suitable are in schools, community and research. These areas are not fast paced and hectic and I have had time to pace myself and use the strategies I have developed that will help me do my job effectively and confidently. I also use technology like the iPad to support my practice. Recently, I was redeployed and found the pace and pressure of working in the new environment difficult. I have seen Occupational Health and they have advised me to talk to Access to Work* about my needs. There is so much more support these days. If health and social care is something you really want to do, just go for it. People with dyslexia have a lot to offer in health and social care; they usually have great perseverance and empathy, are good at problem solving, developing alternative ways of improving things and seeing the bigger picture. We have lots of positive things to offer.

*An Access to Work grant helps pay for practical support if you have a disability, health or mental health condition so you can - start working, stay in work or start your own business. How much you get depends on your circumstances. The money doesn't have to be paid back and will not affect your other benefits.

See Appendix XI (Case study VI) for full case study transcript

8. Challenges and Successes

8.1 Trustworthiness and Generalisability

The findings provide an insight into the experiences of student health and social care professionals and the people with whom they come into contact as they progress through their university education and into employment. They are not generalisable and cannot be taken to provide a definitive picture on a wider scale.

The insights provide real life evidence of the issues that people with disabilities face and more importantly of the ways in which it is possible to succeed in their aspirations. They are both valid and trustworthy; many of the students and recent graduates have spoken with passion about their experiences and have agreed to participate in this research because they genuinely want to see things improve and are keen to inform future HCPC guidance.

8.2 Representation of the Professions and Profession-Specific Insights

Fifteen of the sixteen professions regulated by the HCPC were consulted. The response of *'we do not have any disabled students on our course'* was an interesting one that occurred with respect to several courses. Time was too limited and the scope of the research too focused to explore the suggestion that people with disabilities '*are under the radar'*, or simply do not apply to certain courses or the possibility that they are not actively encouraged to disclose. However, our overall impression is that some professions, and indeed some universities, appear more open to admitting and supporting people with disabilities than others. The accessibility and prominence of information made available on websites might well be an important indicator.

A major finding which crossed all professions was that personal life experience channels people into wanting to help others by entering professions with which they have had contact. The 'journey' metaphor was frequently used to incorporate experience of disability into career plans and aspirations. Hearing impaired people are inspired to apply to become Hearing Aid Dispensers, people with mental health issues aspire to become Arts Therapists and those with physical impairments physiotherapists and occupational therapists. A recent development is the interest of ex-service personnel who have lost limbs in becoming Prosthetists/Orthotists.

It is not our intention to make recommendations regarding the 'generalisability' of the profession specific issues that we identify but to report the patterns that we have drawn from the data. Clearly our sample is limited and does not cover all possibilities. Notwithstanding this caveat our observations were that profession-specific differences in terms of the disabilities that would preclude success were relatively limited. However, there was evidence of a paradox in that experience of a disability, the very factor motivating someone to enter a profession, might reduce chances of acceptance, success in completing a course and/or eventually securing employment.

Mental health issues were deemed problematic for Clinical Psychology in which mental health is considered to be more of an illness as opposed to a disability. However, Arts Therapy was deemed particularly suited to people with 'life experience' on the proviso that they had worked through their issues prior to embarking on the course. Similarly, Occupational Therapy was found to be accommodating of those with mental health issues.

Being partially sighted was not perceived to be a barrier to most professions with the exception of podiatry and art psychotherapy. Sight impairments were also considered potentially problematic in certain areas of Social Work practice, such as in conducting child protection home visits, although an example of a successful partially sighted social worker illustrates how individual such cases can be and the potential to pursue alternative career routes in the same field as suggested above. Colour blindness and uncontrolled epilepsy were conditions which were likely to exclude students from Biomedical/Clinical Science careers. In fact, few interviewees mentioned the impact of long term conditions such as diabetes or epilepsy but it seems reasonable to suggest that they could prove problematic in most professions if uncontrolled.

Student Paramedics and Operating Department Practitioners said that the guidance on their professions suggested that they need to be 'fit' and felt that this statement was too general to be of use. ODP students suggested that partially sighted people, wheelchair users and those who found standing for long periods might struggle. However, they cited a practitioner with a hearing impairment who functioned well. The paramedic students suggested that mental health issues are probably the major factor that would limit success in a profession in which accident and major incident work means coming into contact with traumatic injuries as part of the daily routine.

Impaired dexterity is considered to be a potential barrier to entry to the Podiatry and Physiotherapy, although an Operating Department Practitioner recalled a colleague with one arm. Hearing impairment seemed remarkably well accepted across the professions with the exception of Speech and Language Therapy where the ability to recognise speech impairment was considered vital; nevertheless, Speech and Language Therapy and Social Work appear to be very accommodating of a wide range of disabilities. Possibly due to its association with creativity, Art Therapy appears to be a particularly attractive career choice open to dyslexic colleagues. However, some physical disabilities were highlighted as potentially problematic in certain contexts where Arts Therapists work with clients whose behaviour is unpredictable.

8.3 Timing

Making contact with both students and course representatives was complicated by the timing of the inception of the project in that many students had already started the summer vacation and were not checking university email accounts, which were the primary route for making contact. Starting during the summer period and gaining momentum through the autumn term to submit a report by the end of November has been particularly challenging. However, it has resulted in effective team work, honed project management skills and tested the strength of networks.

8.4 Raised Awareness and Impact

The research has increased insight into the systems in place in our own institution in comparison to others. It has helped to identify more clearly the 'champions' of disability issues and those with whom future research and development could include. Findings will inform practice in the Disability Support unit and will impact on the role of Disability Support Tutors. However, we are keen to disseminate these findings across the Faculty through the Senior Management team and more widely. In addition, our experience has advanced the idea of working with students as co-researchers and the benefits that they can bring and experience through involvement.

The project has also informed the wider community. A significant majority of interviewees had not have seen or read the existing HCPC guidance. Several accessed it in preparation for interview but otherwise it was *'lost in plain view'*. Others went off to look at it subsequently. Many issues that interviewees were questioned about had previously not been given any thought therefore we hope that at the very least awareness has been raised. This seems particularly important for employers who had limited or no knowledge of the Access to Work scheme.

Some stakeholders that were approached had heard of the HCPC commissioned research and were instrumental in helping to negotiate access to their own institutions. For example, members of the Disability in Professional Practice Special Interest Group, which has national links, were very proactive in offering their support. Members of the National Association of Educators in Practice facilitated access to students and professionals in several professions. Tapping into the existing networks will ensure that the level of engagement and future interest in the new guidance through these networks will be high as they have been sensitised to it. However, in addition, given that Practice Educator support appears crucial to helping students with disabilities to step into practice the need for a national document on practice education has also been suggested.

The profile of HCPC has been raised through this project. Interest in redrafting the guidance is being perceived as a major step forward in encouraging people with disabilities to consider a career in the health and social care professions.

8.5 Case Study Creation

In its first meeting, the Project Advisory Group discussed the implications of including case studies in this report and on the HCPC website, aware that access to personal information can be abused and that stigma can be attached to disability. Nevertheless, the suggestion that case studies would prove useful in bringing to life the issues highlighted in the report we have developed case studies but taken care where necessary to find ways in which to protect identities.

The people who have agreed to contribute case studies (Appendix XI) have done so because they recognise a need for potential students to hear real stories of success. Some who are unconcerned about protecting their identities have consented to be video recorded, putting forward their perspectives with the aim of offering authentic insights into the ways in which people with a disability succeed. One audio case study was recorded by the participant in her own voice and reference is made to her name. Others who were keen to provide positive examples without revealing too much personal information have done so by providing written transcripts that have been audio recorded by actors and pseudonyms have been chosen by the participants. The identity of one of the case study participants has been further protected by changing their gender through the use of an actor. Written consent (Appendix VIII) was sought from all case study participants prior to video/audio capture and again following review of the completed case studies and we are immensely appreciative of their time and energy.

All case studies are presented in textual format and a range of approaches are used to enhance the message of the other media employed. We anticipate that they will provide encouragement and inspiration for future students and the many people that are involved in helping them realize their ambitions to become health and social care professionals.

9. Recommendations for Revisions of the Guidance

9.1 Style and Accessibility

9.1.1 Retain

- An introductory explanation of the structure of the document
- A clear structure, written in plain English and with good signposting
- The term 'disabled student' acknowledging the alternative term 'people with a disability' in use internationally
- Emboldened words and phrases to add emphasis
- An optimistic message about how disability is viewed and how various impairments are accommodated in the health and social care professions
- A statement about who the guidance is for
- A hard copy option

9.1.2 Suggested Amendments

- Develop a dissemination strategy
- Give the guidance a higher profile on HCPC website – possibly devoting an entire page dedicated to disability, including guidance/videos/links etc
- Make the guidance available in other formats for accessibility (for example, audio, DVD and with BSL signer)
- Review how the guidance is publicised - link to sites that students would visit such as Universities and UCAS
- Dissemination through other networks such as DSA, UCAS, careers guidance, admissions tutors, practice education teams would raise awareness of good practice
- Explicit links to information from several other agencies such as DSA and the Access to Work scheme (for post qualification planning)
- Add links to higher education institutions offering courses
- Badging *'to get it to the top of a Google search'*
- Publicise to Careers Services
- Seek the help of relevant networks to disseminate the guidance. For example, the Disability in Professional Practice Special Interest Group and the National Association of Educators in Practice
- Clickable links would enable the reader to move around the document readily and to access related websites creating a one stop shop approach
- Update examples and provide authentic case studies. These could provide a range of perspectives and make more use of other media such as audio and video
- Consult with the British Dyslexia Association on how to create dyslexia friendly text http://www.bdadyslexia.org.uk/about-dyslexia/further-information/dyslexia-style-guide.html

9.2 Content

9.2.1 Retain

- Background information on the HCPC, its function and role
- Information about the registration process
- Information about standards of education and training, standards of proficiency, meeting standards and scope of practice

- Information on applying for registration, how applications are assessed and suggested actions if students feel that they have been unfairly treated
- Examples of altered scope of practice and maintaining fitness to practice
- A list of professional bodies and other useful contacts
- A glossary of terms

9.2.2 Suggested amendments

- Provide background to the Equality Act 2010 and its implications for people with a disability. A hyperlink to the Equality Act could be provided
- Include a definition of disability in the introduction to the guidance (rather than in the glossary) to shows the breadth of impairments included
- Amend the flow chart as a visual map of the journey from joining the course through graduation to employment to include disclosure, as an important stage in the process, which is crucial to student success
- Expand the section 'During your course' to illustrate how a student progresses through the major stages of their programme, including specific stages of recruitment and admissions, in-university support, placement experiences and the transition to employment
- Devote a specific section to discussing 'Disclosure' and its relationship to reasonable adjustment, emphasising positive aspects of disclosure; that it is the responsibility of the student; that it is not one off and needs to occur at different stages; that students might disclose selectively on a 'need to know' basis and that it can be beneficial as it potentially leads to a great level of supervision. Make explicit the consequences of non-disclosure
- Emphasise the need to encourage students to discuss their disabilities openly and early on as an important precursor to triggering processes which ensure that appropriate support mechanisms are put in place
- Discuss the issues related to reasonable adjustments, cited below, in greater depth, including the different contexts of university, practice placement and employment
- Stress that students will need to negotiate reasonable adjustments and highlight that needs may change so adjustments will be in need of re-negotiation from time to time
- Examples of reasonable adjustments (presented in the context of the student journey) would be a useful addition to the guidance so that all stakeholders can see what is possible
- Reinforce the idea that openness to experiment with adjustments is valuable; not all will work and students often do not know what might help
- Emphasise the affective dimensions of adjustments, the need for stakeholders to take time to fully understand an individual's needs, the importance of individual preferences for when, how and to whom disclosure occurs and the importance of a supportive environment needed to foster it
- Include a separate section on the 'placement experience' delivering a number of key messages for students, universities and placement providers, including the importance of forward planning, fostering good communications between the student, university and placement, the benefit of pre-placement visits and specific strategies that are used to help student settle into placement
- Highlight to students that they might meet people with similar impairments in the workplace who could offer/model useful coping strategies

- Reinforce the message currently in Section 3 of the existing guidance that each individual is different and therefore each person's needs require assessment and will be addressed accordingly, possibly by locating some of the case studies in this section
- Provide clarification on sources of funding for reasonable adjustments both pre-registration and on employment in the different contexts is also important as this is a major concern for students and their parents
- Review and expand the section on applying for registration, 'After graduation – employment and occupational health screening. This could include reiterating the importance of disclosure and its implications for securing an interview, information on the funding of reasonable adjustments through the Access to Work scheme, more discussion of presenting disability as having added value and suggestions of workplace support mechanisms in place, such as clinical supervision
- Include a statement about the need for universities to actively disseminate relevant information to students – at events like Open Days etc
- Provide a section for Admissions tutors and academic tutors to promote the importance of peer support mechanisms, such as mentoring programmes and buddy systems
- Develop more detailed information for the target audience to include sub sections for Practice Educators, employers, academic staff and careers advisors
- Consider adding a statement about alternative career pathways for students who do not complete their training who may have a valuable contribution to make in a related aspect of one of the professions

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Appendices

Appendix I Project Activities Completed

Month	Milestone	Activities
June/July 2013	Submit ethics application	• NRES Clearance • Coventry University Clearance • Communicate with identified personnel at other Higher Education Institutions (HEIs)
June/July	Identify and appoint 5 co-researchers	• Contact course directors and select diverse group • Compile a list of students and contact details • Distribute Participant Information sheets (PIS) and seek consent to involvement • Collect consent forms and file
June/July	Establish Advisory Group	• Identify members and invite to take part (including student co-researchers) • Convene meeting of group
July/Aug	Students complete critical appraisal of existing guidance	• Identify documents to include i.e. the HCPC guidance • Identify a suitable critical appraisal tool for use and feedback form • Draft students' brief for the appraisal • Schedule meeting to share ideas • Plan how to present findings at Stakeholder day
July/Aug	Plan and Publicise stakeholder day	• Draft programme and invite speakers • Book Venue • Compile list of potential invitees (priority to stakeholders from participating institutions) • Produce email flyer for advertising • Distribute flyer via networks • Set up registration system
July/Aug	Negotiate access internal and external students and Practice Educators	• Access potential internal student participants through Learning support coordinator - distribute PISs, seek consent etc • Access Practice Educators (PE) through placement teams • Schedule internal interviews - Students (ST), Practice Educators (PE) • Make contact with Course Directors at identified HEIs, seek clearance • Schedule external student interviews • Access Practice Educators through placement teams and schedule interviews
Aug-Oct	Conduct student interviews	• Consult student co-researchers on interview schedules • Pilot interview schedules with internal participants prior to external interviews • Conduct interviews ensuring coverage of professions
September	Host Stakeholder Day	• Gain consent • Collect data in range of formats • Summarise and gain consensus on main themes
Aug-Oct	Collate and analyse data from student interviews and Stakeholder day	• Collate and analyse data • Identify any gaps in data in terms of professions, stakeholders, main categories of disability • Identify/develop case studies with individual students and

		script videos • Film individual case studies
Sept/Oct	Mop-up interviews	• Conduct interviews with students and any other stakeholders not attending the stakeholder day to fill gaps in data
November	Draft report to HCPC for comment	• Produce draft report • Review of report by Advisory Group • Submission of draft report to HCPC -8th November 2013
December	Submit final report to HCPC	• Amend draft report in light of HCPC feedback • Finalise case studies/podcasts/videos • Submit final report -13th December 2013

Appendix II Interview schedule

Questions for student semi-structured interviews

When did you decide that you wanted to be a health or social care professional?
Where did you get information from about your chosen course?
Did you think to look at the Disabled person's guide to becoming a health professional published by HCPC? In what ways was it useful?
How do you tend to refer to yourself: as a 'person with a disability' or a 'disabled person'?
What helped you make the decision to apply for your course?
Do you think that the admissions process was easy to negotiate?
Is there anyone or anything that smoothed the transition to university for you?
What helped you settle onto your course?
Can you think about a high spot experience?
What made it a high spot experience?
What steps did you take to prepare for going out onto placement?
What was your experience of going onto placement?
What helped you cope with placements?
What did you learn about your capabilities on placement?
What advantages does your disability hold for you?
If you could make an experience ideal for you how would it be?
What support have you accessed?
What has worked well for you in doing your course so far?
What advice would you give to other students thinking of applying to do your course?
What reasonable adjustments have you identified that you will ask an employer to consider making?
What would you like to see in the new guidance for disabled people? Please explain why you think this would be useful for disabled people
Can you describe your transition to employment? Please discuss support systems provided by your employer during interview, induction, etc, financial support from access to work or other organisations, reasonable adjustments, attitudes, etc

Semi-structured interviews- questions for academic staff/educators

Do you know any disabled people (including those who declare/those who do not declare hidden disabilities) who are health and social care professionals?
Do you offer support to HSC professionals who are disabled?
Can you describe the most fundamentals needs of disabled people from Recruitment through to transition into employment?
Have you offered information or advice to disabled people who want to become HSC professionals?
What percentage of people applying to study on your course/starting a placement identify as disabled?

Where do they obtain information about your course from? Do you think they have sufficient guidance and information before they come to you?
Do you think disabled people generally have good information about your degree programme, requirements, professional standards and what to expect?
Have you seen the Disabled person's guide to becoming a health professional published by HCPC? In what ways is it useful to you and the admissions team and possibly (if you aware) to potential applicants?
What other documents are available for potential students to access?
Do you think that the admissions process is easy to negotiate for disabled people?
Do you have special induction sessions, disability officers, etc that support disabled students on your course or HSC programmes in general?
What are the most important factors that help disabled students settle onto your course?
Do you have any arrangements with placements when disabled students are placed? Can you discuss the steps you take to support students? What about students who choose not to declare their disability?
What kind of experiences do students have on placement? Are there any particular good examples of disabled students being supported effectively so they can learn and develop? Are there any areas you need to work more with placement facilitators or educators?
What support is available for disabled students on your programme?
Do disabled students access these?
What has worked well for disabled students on your course so far?
What advice would you give to students thinking of applying to do your course?
What reasonable adjustments have you identified with respect to the students you support at present?
Do disabled students successful graduate from your course? Do some have to drop out?
Do you think disabled students have advantages/disadvantages when studying this course?
What would you like to see in the guidance based on your experience and observation?

Appendix III Ethical Clearance

REGISTRY RESEARCH UNIT

ETHICS REVIEW FEEDBACK FORM

(Review feedback should be completed within 10 working days)

Name of applicant: Arinola Adefila.....

Faculty/School/Department: [Faculty of Health and Life Sciences] Nursing, Midwifery and Healthcare

Research project title: Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Comments by the reviewer

1. Evaluation of the ethics of the proposal:
Looks generally straight forward Quite a lot MAY be asked of staff but this is made clear in advance Section 5.2 is cut off without completion- this MAY be a function of the technology with restricted characters? However it is thus not clear if calls will be recorded? section 12 More needs to be added to address how the pre-existing relationship students will have with Coventry University will be protected BY participating- i.e. the risk of disclosing negative experiences Section 13- needs to indicate how electronic data will be safeguarded
2. Evaluation of the participant information sheet and consent form:
This is addressed to staff- did not see one addressed to recruit students and I assume this will be different? 9TH JULY 2013 I HAVE LOOKED AT THESE AND OTHER THAN THE ONE ADDRESSED TO PRACTICE EDUCATORS - WHICH SHOWS TRACK CHANGES ON THIS VERSION AND WILL OBVIOULY SIMPLY NEED TO BE CORRECTED- I AM HAPPY WITH THEM IN TERMS OF UPHOLDING ETHICAL PRINCIPLES
3. Recommendation: (Please indicate as appropriate and advise on any conditions. If there any conditions, the applicant will be required to resubmit his/her application and this will be sent to the same reviewer).

X	Approved - no conditions attached
	Approved with minor conditions (no need to re-submit)
	Conditional upon the following – please use additional sheets if necessary (please re-submit application)
	Rejected for the following reason(s) – please use other side if necessary

	Not required

Name of reviewer: Anonymous.....

Date: 09/07/2013.....

From: Coventry and Warwick NRESCommittee.WestMidlands- (HEALTH RESEARCH AUTHORITY) [mailto:nrescommittee.westmidlands-coventryandwarwick@nhs.net]
Sent: 03 July 2013 15:07
To: Arinola Adefila
Subject: RE: Clarification over IRAS application

Dear Arinola

Thank you for your e-mail. As I'm sure your R&D department can advise, studies which do not involve patients do not require ethical review by a REC. You will however still require approval from your own R&D dept

Kind regards

Andrea

Andrea Graham, NRES REC Co-ordinator & Wendy Rees NRES Assistant Co-ordinator
Health Research Authority / NRES Committee Region- East Midlands
Research Ethics Committee (REC) Centre
The Old Chapel, Royal Standard Place, Nottingham
NG1 6FS, Telephone: 0115 8839311 (Andrea Graham) or 0115 8839309 (Wendy Rees)
Email: NRESCommittee.WestMidlands-CoventryandWarwick@nhs.net

Appendix IV – Stakeholder Day Programme

Enhancing HCPC
Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Stakeholder Day
Wednesday 11th September 2013
Venue: Coventry University, Richard Crossman Building, Room 123

9.30am	*Registration and refreshments*	
10.00am	Welcome and rationale for the day	Lynn Clouder
10.10am	The HCPC Vision	Selma Elgaziari
10.30am	Existing HCPC Guidance: A Critique	Student co-researchers
10.50am	Implications of the Equality Act	Sarah Lewis
11.10am	*Break for refreshments*	
11.30am	Admissions under the microscope	Sonna Odedra
12.20pm	How do we achieve 'Reasonable adjustment'?	Lynn Clouder
1.15pm	*Lunch*	
2.00pm	Facilitating a Positive Placement Experience	Joanne Opie
2.50pm	Transition into employment: Fit for Practice? *(including tea)*	Caroline Jackson
3.40pm	Building consensus: ideas that work	Lynn Clouder
4.00pm	Close	

Appendix V – Student Interviewee Demographics

Students	Degree awarded	Disabled student Current/Past	Gender		Year of Study					Range of disabilities
			Male	Female	1	2	3	4	RG *	
Arts therapists	GDip Dramatherapy	3		3			1		2	Dyslexia, Eating disorder, Visual impairment, Mobility impairment
Biomedical scientists	BSc (Hons) Applied Biomedical Science/	2	1	1			2			Dyslexia
Chiropodists / podiatrists	BSc Hons Podiatry	3	1	2		2	1			Dyslexia, Physical impairment, Mobility impairment
Clinical scientists	Certificate of Attainment									
Dietitians	BSc Hons Dietetics	3	1	2		1	1	1	1	Dyslexia, Diabetes, mobility impairment, muscle + physical impairment
Hearing aid dispensers	BSc (Hons) Audiology with Professional Training	3	1	2			2		1	Hearing impairment, Dyslexia, Visual impairment, physical impairment, mobility impairment
Occupational therapists	BSc (Hons) Occupational Therapy	4		4		1	2		1	Dyslexia, Visual impairment, Hearing impairment,
Operating department practitioners	BSc (Hons) Operating Department Practice OR DipHE Operating Department Practice	5			5					Dyslexia
Orthoptists	BSc (Hons) Orthoptics									
Paramedics	Dip HE Paramedic Science	5				5				Dyslexia
Physiotherapists	BSc (Hons) Physiotherapy	4	1	3		2	1		1	Chronic Fatigue Syndrome, Arthritis, Dyslexia, Hearing impairment,
Practitioner psychologists	PhD Clinical Psychology	3	1	2			1	1	1	Mental Health, Anxiety, Dyslexia
Prosthetists / orthotists	BSc (Hons) Prosthetics and Orthotics	1		1				1		Dyslexia
Radiographers	BSc (Hons) Diagnostic Radiography	4	2	2	1	1	1		1	Dyslexia, Dyspraxia, physical impairment, Synesthesia, Hearing impairment
Social Workers	BA (Hons) Social Work	4	2	2		2	2			Muscle, Complex physical impairment, Dyslexia, Dyspraxia, Visual impairment, mobility impairment
Speech and language therapists	BSc (Hons) Speech and Language Therapy BSc (Hons)	4	2	2		1	2		1	Muscle, Complex physical, Spina Bifida, Dyslexia, Dyspraxia, Visual impairment, physical impairment, mobility impairment
Total		48								

RG – Recent Graduate

Appendix VI- Total Stakeholder Interviews

Profession	Degree awarded	Disabled student Current/Past	Interviews with Staff/Admissions/ Disability Support	Practice educators	employers	Total
Art therapists	GDip Dramatherapy	3	1	2	**1**	**7**
Biomedical scientists	BSc (Hons) Applied Biomedical Science/	2	2			**4**
Chiropodists / podiatrists	BSc Hons Podiatry	3	2	1		**6**
Clinical scientists	Certificate of Attainment					
Dietitians	BSc Hons Dietetics	3	2	4	**2**	**11**
Hearing aid dispensers	BSc (Hons) Audiology with Professional Training	3	1	3		**7**
Occupational therapists	BSc (Hons) Occupational Therapy	4	2	2		**8**
Operating department practitioners	BSc (Hons) Operating Department Practice OR DipHE Operating Department Practice	5	1	1		**7**
Orthoptists	BSc (Hons) Orthoptics			1		**1**
Paramedics	Dip HE Paramedic Science	5	1			**6**
Physiotherapists	BSc (Hons) Physiotherapy	4	2	1	**1**	**8**
Practitioner psychologists	PhD Clinical Psychology	3	4	3	**2**	**12**
Prosthetists / orthotists	BSc (Hons) Prosthetics and Orthotics	1	1			**2**
Radiographers	BSc (Hons) Diagnostic Radiography	3	1			**2**
Social Workers	BA (Hons) Social Work	4	1	2	**1**	**8**
Speech and language therapists	BSc (Hons) Speech and Language Therapy BSc (Hons)	4	3	3	**5**	**15**
Total		**48**	**24**	**23**	**12**	**107**

Appendix VII - Participant Information Sheet (student)

Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Participator Information sheet - students

We would like to invite you to participate in a study which will inform the Health Care Professions Council's (HCPC) update of the guidance document ***"disabled person's guide to becoming a health professional"***

This information sheet will explain the purpose of study and how you can be a participant. If there is anything that is not clear, or if you have any questions, please contact Arinola Adefila by e mail arinola.adefila@coventry.ac.uk or Tel: 02476 888292.

What is the purpose of the Enhancing Guidance for Disabled People Wanting to Become Health and Social Care study?

The aim of this study is to gather views and experiences of disabled students studying on HCPC approved programmes, as well as other stakeholders including admissions staff, educators, practice placement educators and disability services staff to inform advice on proposed revisions to the existing guidance. The research report will enable the HCPC to update their guidance in line with the Equality Act 2010 and through the inclusion of a range of illustrative individual student case studies, with links to short videos, promote a more accessible and student friendly approach to the guidance.

The Equality Act 2010 was introduced as part of government commitment to eliminate discrimination towards disabled people. The Act states that an institution must not discriminate against a student in the admission process; in the provision of education; in the access to services, or in the awarding of a qualification (HMSO 2010 p.58.) It also requires universities to make reasonable adjustments for disabled students to enable them to complete their chosen course. The HCPC is committed to ensuring disabled people have equal access to the health care professions. The Council is in the process of updating its guidance in accordance with government legislation and has commissioned Coventry University to support the process of including the voice and opinion of stakeholders.

You have been chosen to participate because you may have had experiences or ideas which could inform the study and contribute to the guidance document the HCPC is updating.

What will the study involve?

The principle aim of the research is to investigate the contemporary experience of disabled students studying on HCPC approved programmes and the stakeholders with whom they come into contact to inform the updating of guidance available to potential applicants to HCPC accredited courses.

As a student co-researcher you may be asked to

1. Provide first hand insights based on your experience as a disabled student or interaction with such students on the usefulness of existing guidance pre-admission, during the admission processes, while studying on the programme and during placement experiences.

2. Explore options that would support and enable disabled students and offer perspectives that could improve the chances of disabled students becoming health or social care professionals.
3. Help develop a series of short individual student case studies demonstrating the ways in which students cope with the demands of their programme.

What will I have to do?

Participants will be required to engage in an interview. This could take place face to face, over the telephone or on Skype if you are comfortable with the technology. It would last between 45 minutes to an hour.

Some may also wish to be involved in helping to develop case studies in interactive formats such as video/audio recording or animation.

Benefits and risks of participating in pilot

You will be contributing to a valuable document which will support many potential students in the coming years. Involvement will provide you with the opportunity to introduce valuable ideas to healthcare education and policies and to act as a role model for future students.

Although it is anticipated that the risks to participation are low it is possible that talking about experiences might be stressful requiring a post interview debrief. The study has been reviewed by the University ethics committee and complies with all ethical guidelines.

Will I be paid for taking part?

You will not be paid for taking part in the research.

What happens at the end of the study?

At the end of the study, we will submit our findings to the HCPC. Student podcasts will be uploaded to the HCPC website to sit alongside the new guidance for potential students.

What if there is a problem?

If you have any problems with the conduct of the study please contact Lynn Clouder on 02476 887841 or email d.l.clouder@coventry.ac.uk who will arrange for your worries to be investigated. Any complaints will be handled through Coventry University Complaints Procedure. If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action, but you may have to pay for it. Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal complains mechanisms should be available to you.

Will my taking part in this study be kept confidential?

In compliance with the Data Protection Act (1998) all information, which is collected about you during the course of the research will be kept strictly confidential. All information including digital recordings and

transcripts will be coded to protect anonymity and stored in a locked filing cabinet. Recordings will be destroyed following transcription.

What will happen if I don't want to continue participating in the study?

You will be free to withdraw your participation provided you inform the team by the end of the study period (October18th 2013) before you disengage. We hope that you would be willing to tell us why you have decided to withdraw but you do not need to do this.

What will happen to the data we gather?

All the information collected from the activities will be confidential and will be anonymised. It may be used to write a report for the HCPC, be included in the actual guidance or some academic papers. The anonymised evaluation data will be kept in a locked drawer in a locked office for a period of 5 years at which time it will be destroyed.

Who is funding the study?

The study is funded by the Health Care Professions Council.

Review of the study

This study has been reviewed by the Ethics committee at the Faculty of Health and Life sciences Coventry and discussed with NRES staff for the Coventry and Warwick cluster.

Contact for Further Information

Should you require further information about the proposed study please contact Arinola Adefila on 02476 88272 or email arinola.adefila@coventry.ac.uk or by mail at the Centre for Excellence in Learning Enhancement, Faculty of Health and Life Sciences, Coventry University, Priory Street, Coventry CV1 5FB.

Many thanks for taking time to read this information sheet which is for you to keep.

Appendix VIII Consent Forms

CONSENT FORM

Reference Number:

Title of Research Project

Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Name of Researcher	Please tick to confirm
➢ I have read the information sheet (Version 1) for the above study.	☐
➢ I have had the opportunity to ask questions about the study and to discuss it.	☐
➢ I understand the purpose of the study and how I will be involved.	☐
➢ I understand, and accept, that if I take part in the study I will honestly commit to partake in the interviews/focus groups	☐
➢ I understand that all information collected in the study will be held in confidence and that, if it is presented or published, all my personal details will be removed	☐
➢ I confirm that I will be taking part in this study of my own free will. I understand that I may withdraw my participation at any time and for any reason without having to give an explanation. This will not affect my legal rights	☐

I agree to take part in the above research study

Signed _____ Date: _____

Signed (person taking consent) _____ Date: _____

Researcher (if different to above) _____ Date: _____

*1 copy for participant, 1 copy for researcher,

Consent for Print, Audio, and Video Production

I, the undersigned, consent to:

- the use of my words
- images of my work
- recordings of my voice
- video recording of myself (delete as appropriate)

being used within the Health Care Professions Council updated version of 'A Disabled Person's Guide to Becoming a Health Professional'. I understand that this may be used for educational, and marketing, purposes, and that copyright will reside with the Health Care Professions Council.

I acknowledge that the quote, image or recording may also be used in, and distributed by, media pertaining to the Health Care Professions Council activities other than a printed publication, such as, but not limited to CD-ROM, DVD or the World Wide Web.

Copyright restrictions placed on the Health Care Professions Council publications and case studies prevent content being sold or used by way of trade without the expressed permission of the Health Care Professions Council, as copyright holder. Images and recordings may not be edited, amended or re-used without permission from the Health Care Professions Council. Personal details of those taking part are not made available to third parties.

Please complete the Participant details below and return the form to Arinola Adefila, the Project Manager at Coventry University.

Participant's details:

Name:

Contact details:

PLEASE CONPLETE THIS INFORMATION ON PAGE 2

I require/do not require that my name is removed/retained in association with images and/or recordings (please delete as appropriate)

Signature:

Date:

Coventry University Contact:

Arinola Adefila OR Deanne Clouder
Project Manager Project Lead

Centre for Excellence in Learning Enhancement
James Starley Building
Faculty of Health & Life Sciences
Coventry University
Priory Street
Coventry
CV1 5FB
ab0191@coventry.ac.uk
Tel: 02476 888 292

Contact Details:

Name:.....
Professional title:.....
Contact Address:.....
.....
.....
.....
E-mail:.....
Telephone:.....

Appendix IX - Advisory Group Terms of Reference

Enhancing Guidance for Disabled People Wanting to Become Health and Social Care Professionals

Terms of Reference for Project Advisory Group

The Advisory Group will meet twice during the life of the project to:

Provide breadth of input to the project design, implementation and analysis of findings
provide feedback in the spirit of critical friendship on the draft project report
It will be an interprofessional group which will include:

- Chair of the Disability in Professional Practice Special Interest Group (Chair)
- 4 student co-researchers
- 3 colleagues expressing interest in involvement in the project
- Selma Elgaziari, Policy Officer, HCPC
- A Practice Educator
- An Admissions Tutor

Appendix X - Critical Appraisal of Existing Guidance

Completed Student Critique

What review questions am I asking of this text?

1. Is the document useful for disabled students, admissions staff and clinicians, etc?
The consensus was that the document is useful for general guidance as each person's circumstances will differ. Other formats would be useful (audio, DVD with BSL signer etc).
From the perspective of a disabled student it provides:

- Better understanding of who the HCPC are and their role in my career as a physiotherapist
- Guidance for when carrying out the course, after graduation and through to employment thus are able to prepare for the next stage (pg 5- effective use of flow diagram)
- Reassurance that there is help and support available through all stages
- Abolishes assumptions that those with disabilities cannot apply for HCP approved courses.

2. Does the document address/question prospects of studying successfully and being integrated into the profession of my choice?
A separate section dealing with placement issues may be useful. It could then go into detail about the fact that Access to Work does not apply during placement; Disabled Students Allowance can be used instead. It could also provide greater detail about the DSA assessment process and assessment centres, the importance of being open with your placement provider as well as the DSA QAG web address.
Section 3 – provides information for admissions staff. Examples used of what must be considered. Should a disabled person not meet one profession's standards of proficiency that they have applied for, there is option to consider an alternative of whose standards could be met. An example of its not about what a disabled person cannot do but what can that person do. It shows how support from the university and practice placements can help to promote successful studying and how to get the most support they can by speaking to the disability office, which is good advice.

- The guideline refers to the 'CSP guidelines for supporting students with disabilities' (2010) which answered many questions and worries I had during clinical placement
- No specific guidance for physiotherapists

3. Does the document incorporate the experiences and voice of disabled health and social care students/clinicians?
The case studies need to be updated, maybe with a photo and/or contact details if all parties are agreed. The examples are useful in giving better insight into the information given but are anonymous. Real quotes from previous students (these can be anonymous quotes) and their experiences could help with relevance to the reader if they are in a similar situation. Difficult to have a list of 'coping strategies' for this as everyone is individual.

What type of document is this?

1. Is it targeted at the right audience (students, careers guidance staff, recruitment tutors, disability officers, etc?) Are there any target audiences that have not been addressed?
It provides general guidance for prospective registrants and admissions staff on the front page. Would others who did not fit into these categories pick this up and read further?
The document could go some way to allaying the fears of nervous parents. The entire document needs to be better advertised though. Maybe the HCPC could, improve their contacts with the schools' career service by providing specific training. Other audiences could be:

- Education authorities i.e. Universities are given strict guidance with examples in ensuring that they act and respond to disabled applicants and students lawfully.
- Clinical educators, visiting tutors and others involved with supporting a student can find reference to government legislations and CSP guidance
- Personal tutors of disabled students, NHS bursaries/ DSA providers, National Centre of Assessment

Providers.

2. Does it provide adequate information?
This is difficult as a balance has to be struck between providing information and keeping the guide readable. I think that more could be written re the intricacies of the funding process during placement. I felt I had to work out appropriate funding streams myself**.**
It is almost impossible to have every piece of information but this document forms a good basis for people to find out more information should they need it. It highlights the importance of abiding by DDA legislation and the legal responsibilities of education providers.
Access to Work is mentioned on p9 and glossary but provision and application of ATW could be made clearer for disabled graduates, in need of reasonable adjustments, additional resources/ support to do their job.

3. Are there pieces of information missing?
More detailed information re DSA and Access to Work application processes. Updating references to replace DDA with Equality Act is also necessary.
There could be a part for parents/carers for advice on helping the student through their studies and managing expectations for example if the course is not suitable for their needs or adjustments cannot be made by the university.

What sort of information dissemination is being undertaken?

1. **Does the document provide the kind of guidance you expect?**
Yes. Good for showing disability in a positive light (please see 'value laden statements that contradict ethos of doc for another example). Although the guidance is not healthcare profession specific it is very useful to have the links to all the specific governing bodies so further information about disability and that profession can be investigated. If each profession had a section the document would be too long and information could be repeated and make the reader confused.
No guidance with regards to the protection given by the HCPC following registration. Do the same protection policies apply to disabled HCP as those who are not registered as disabled? - only states that the employer is responsible for making appropriate adjustments. If a complaint is made against a practitioner with a disability who would protect that practitioner - the HCPC or the employer? Refer to other guidelines written by HCP?

2. Is the language used clear and can it be understood by the audience?
If the guide is going to be distributed to younger prospective students, the language may need to be slightly simplified or a separate guide produced but it was clear, logical and understandable. Examples were useful in reinforcing the points made.

3. Is the information provided accurate?
Some terms in need of updating – HPC is now HCPC. DDA 1995 has now been incorporated into the Equality Act 2010. On p13 a health reference is no longer asked for as part of the registration application. This information needs updating on all relevant HCPC docs.

4. Is further clarification needed?
With DSA and Access to Work. Contact details provided if further clarification is needed.
Page 3 & 6- applying for registration and the difference between a place on an approved course and registration at the end of it? E.g. research aspect as opposed to practicing?
The extent of reasonable adjustments. Are the adjustments made purely up to that of the employer? Page 21.

What is being claimed that is relevant to answering my question?

1. Is the information adequate for making informed decisions? What gaps exist?
A directory of contacts from all UK universities to further discuss possible HCPC covered careers would be useful.
Yes and no. You are only allowed to apply for registration on completion of an approved health and social care program. No guarantee you will be registered with HCPC. Whilst this is made very clear, no mention of

named disability department/person at HCPC to contact regarding this.
Although the guidance is not healthcare profession specific it is very useful to have the links to all the specific governing bodies so further information about disability and that profession can be investigated. If each profession had a section each the document would be too long and information could be repeated and make the reader confused.
As a student I would need to discuss with the course provider how my disability would affect my participation on the course and whether I would cope in the profession when employed. This however is already stated in the guidelines.

2. Are all professions, areas of interest adequately covered
The guide could be criticised for being too general but if it covered detailed information regarding all the professions coved by the HCPC, then the guide could be overly long. A range of different professions and disabilities are referred to during the examples. Physiotherapists- refer to the CSP guidelines in supporting those with disabilities (2010)

3. Is signposting needed? Is this provided?
Clearly sign posted and logically ordered. All relevant information for finding the governing body of a profession is clearly given at the end of the document.
More address contacts needed to all UK universities. Prospective students need to be given accurate up to date information from advisors that are trained to know about the issues concerning disabled students. Could provide direction to disability specific websites regarding education - for example, students with a visual impairment can now train as a physiotherapist with support from RNIB. Students advised to contact the RNIB Physiotherapist Support Service Manager re more information on gaining entry and the support required (nhscareers.nhs.uk)

4. Is information about support on placement, support with resources, support provided by the Institutions clear, etc? Would other pieces of information be needed?
The support available is generally good but more information about support during exams should be included. Support on placement is discussed well, as this is a big part of the overall degree. Guidance given but as states the HCPC is responsible for registration and therefore acknowledging support in these areas is not mandatory for this document. However it does provide useful references for applicants and students.

- Section 3 lists clear obligations of the University Placement staff. Good suggestions for supporting disabled students when considering placements.
- To consider having pre placement meetings with placement team, disabled student and prospective practice educator(s) to discuss face to face reasonable adjustments, breaking down potential barriers and assumptions etc
- Good example of CSP doc on supporting disabled students on placements. To be given to placement educators. Do other professional bodies (apart from OT) have similar specific docs related to their professions?
- Personally I found difficulties with DSA funding for a support worker. It wasn't possible to have one on placement therefore further consideration should possible to given for increased funding when on HCPC programs that require being on placement for a number of weeks.

To what extent is there backing for these claims?

1. Do you think that the case studies/exemplars provided are useful?
Yes, but more modern case studies needed. A broader range of examples from all the professions could be beneficial however it would be difficult to have a relevant example for every profession or for a person to relate to.
Examples used are short and anonymised. Useful for those interested in applying for a HCPC program as a screening tool. Good examples used of 'proving' your fitness to practice.

2. Are there any further case studies/exemplars that are needed?
Similar to above, it would be difficult to provide an example for every profession and every type of disability. Possible longer case studies on various HCPC programs which are not anonymised (i.e. photo/name used with permission) highlighting various positive examples of disabled students process onto, during the program/placements and process of registration.

P11 – a positive example or case study could be very useful for a disabled student when considering whether or not to disclose their disability to the University. Show collaboration between University Disability Unit, disability support tutor on approved course, admissions tutor, disabled student etc.

How adequately does any theoretical orientation support claims?

1. Is the guidance consistent with any theoretical model? Should it be?
No, the guide should concentrate on practicality, not theories.
No mention of the social model in the doc, should there be?

To what extent does any value stance affect claims?

1. Are there any particular value laden statements that are made which contradict the ethos of the document?
P6 – 'In particular, it is important registration is never seen as a guarantee of employment. Equally, a place on an approved course is not a guarantee of registration'. Whilst made very clear, maybe it would be better to consider a HCPC interview regarding fitness to practice for placements and meeting the standards of proficiency for the program during selection days for approved HCPC courses. Possibly consider student registration at the beginning of the course, then this is to be upgraded to professional status on application following student's degree award. As it is potentially a waste of time, resources and money for University, disabled student, DSA providers and HCPC - could make this more efficient.

To what extent are claims supported or challenged by other's work?

2. The term 'disabled people' is used throughout the document in line with the social model of disability. What do you think about this kind of terminology?
I prefer the term "people with a disability" but that is just my opinion**.** 'Disabled people' may have a stigma attached especially as not everyone sees themselves as having a disability. 'Those with a disability' or 'a person with a disability' may be a better phrase. Disable people labels those people as that disability. Would it be more preferential to use 'people with disabilities'?
Disclosure is a damaging word to use - also used for those who declare a criminal conviction. Negative stigma towards the term 'disclosure'?

Schedule 1, part 1 – determination of disability of the Equality Act 2010. Impairment / long term effects/ severe disfigurement/ certain medical conditions/ progressive conditions etc are terms used to describe disability? There may be some people who do not consider themselves 'disabled' or want to be labeled as such. However, it is a generic PC term used during recruitment/ Equality Act 2010 etc.
On monitoring forms during recruitment process for example – sensory, physical, mental health, learning, other etc. People are able to specify further their disability type. Do people feel more or less comfortable with specifying their disability type?

3. **Is the guidance consistent with the current legislation (specifically the Equality Act 2010)?**
I have not got enough knowledge of the Equality Act 2010 to comment.
Yes, because it describes clearly how decisions are based on being able to prove that a person can maintain the standards of proficiency. Plus it highlights the types of adjustments that can be made to enhance learning in line with legislation. It is 'positive action' to guide and encourage more disabled people into health and social care professions, which previously they may not have considered. As well as admissions staff to consider disabled students for such courses and how to meet their legal obligations etc.
What are the consequences of a course provider or employer failing to abide by the regulations?

To what extent are claims consistent with my experience?

1. Did you use this document? Would you have liked to have it before you applied?
I would have valued specific HCPC trained contacts at all UK universities. I had never seen the document till I was asked to review it. I was unaware of this document and would have found it useful to read before applying.
I looked at the document when carrying out my 3rd year project. It was not made known to me prior to this.

This may be because I did not doubt that I would be able to become a HCP despite my hearing impairment and therefore did not seek any guidance in this. However, it has been useful to me in terms of registration post-graduation and reinforcing the legislations that have been put in place to protect those with disabilities. I only read this document not long after agreeing to be a member of this workshop, as I did not know it was available. It would have been useful for reassurance before/ during the application process for the OT course.

2. Could this document be useful to students thinking about applying for HCPC programmes?
Yes…see above**.** Definitely, it should be a document that is recommended to read when people visit on open days with links available so people can find it online.
Physiotherapy students- useful reference to the CSP guidelines (2010) in supporting physiotherapy students with disabilities that could be transferred to other professions.

- Prior to starting a course the document advises to look at the approved courses list for HCPC registration
- The document can be a comfort to former students- easy to read, well-structured and provides the necessary legislations that reinforces the support and protection that will/can be provided for their disability
- Effective use of examples and adequate contact information should the applicant require more information on any area of the document
- Yes to reassure and break down assumptions (held by those with and without a disability) and highlight legal changes re disability/ education and future employment

What is my summary evaluation of the text in relation to my review question?

Any information about a possible future career choice is valued, especially if the information validates your choice. If the guide concentrated more on the placement period, I would personally have found it of greater use.
The current document covers relevant information that a prospective student may want to know and any other questions they may have can be answered on an individual basis. The information is concise with easy to follow wordings and regular examples to demonstrate how it could be applied which also helps with the explanation.
Something that may be relevant and not currently in the guidelines is if they feel worried about how they will be accepted by their peers if they require additional support. It may be seen that they have preferential treatment so possibly some information on advice for how to talk to others or telling others about their disability (should they want to disclose this). This could be very important for more physical courses, for example manual-handling techniques may be more tiring if repeated and the student needs a break. The student they may be paired with may feel it is unfair for the student to have a break if they are unaware of the disability. This could cause awkwardness within the teaching group or from this one other student.
Another possibility for the document is advice for parent or carers on managing expectations if reasonable allowances from a university or practice placement cannot be made. Parents/carers are key when anyone goes to university for the first time. Those with disabilities may be more reliant than others so this sort of information for parents/carers could be very helpful.
Also information on the help available for exams could be beneficial. At school or college they may have received extra time, rest breaks, scribes etc and may worry about how they may be assessed at university. A short section on the alternatives, although they may be similar/the same, it could put their mind at ease when reading through the document.
As a sufferer of Chronic Fatigue Syndrome, the definition in the glossary I feel is not representative of the condition itself. A definition I have created (although it does not fully describe the reality) is ‘a condition where extreme tiredness is experienced daily which affects a person’s ability to take part in day to day activities, which lasts longer than 6 months’.
As another point, the fact that this guidance is out there should be promoted at university open days during subject talks, both the HCPC guidance and the profession specific documents.
This document provides clear, logical and succinct information stating who the ‘Health Care Professionals Council’ are and the process of registration post-graduation.
Key points made in this document that were helpful to a physiotherapy student and recently qualified physiotherapist:

- Who is the document for? – disabled person
- Physiotherapists are regulated by the HCPC
- The Disability Discrimination Act (1995)- protection and rights as a disabled student
- About the registration process
- Abolishes the assumptions that all those with disabilities cannot study a HCP course
- Approved courses and ways of verifying these
- Becoming a health professional- flow chart
  ? Would it need to acknowledge that agreed adjustments are made on the course?
- Clearly states the difference between registration and employment with effective examples
- Scope of practice highlighted well- an essential element for all HCP and their practice. Appropriate examples utilised.
- 'Access to Work' reference – useful for when applying for jobs. These adjustments made must enable the HCPC to maintain standards of proficiency following appropriate adjustments. These include both generic and profession specific.
- HCPC only deal with registration aspect therefore all other information is referenced for applicants to read elsewhere
- Good acknowledgement of the DSA- I was not aware of this when I started my course as a student. It was the disabilities support officer at the University that informed me. It proved to be beneficial when needing an electronic stethoscope as I could not hear using a 'normal' stethoscope. I could not go out on placement without it.
- Reinforcing disclosure throughout course
- States that the support continues as you become employed (if registration is given?)
- Useful glossary and references to turn to for more information other that registration

Points that could be altered/added to the document:

- Definition of 'disabled'?- refer to Equality Act 2010
- For those applicants looking to become a health professional there is minimal information on the specific job specifications thus the applicant is to be encouraged to read around the profession they wish to study to ensure they are aware
- What do those students do if they have completed an approved course but not been able to get registration? Why would the applicant choose to do an approved course if they are aware they may not get registration at the end of it? Involved in research aspect of profession as opposed to working with patients?

(Once updated) an essential document for potential students who are disabled and thinking of a health and social care career, wanting to apply to an HCPC approved program.

Appendix XI – Case Study Transcripts

Case Study I Student with Chronic Fatigue Syndrome discusses disclosure

I am a 20 year old with Chronic Fatigue Syndrome (CFS) currently in year 2 studying physiotherapy. I became interested in physiotherapy when I was seen for my CFS by a physiotherapist.

The main symptom is the extreme tiredness and at the beginning it would mean I would be sleeping during the middle of the day and at night just to keep going. It took a few months for me to come to terms with how it affected me. I am quite lucky in the fact that my CFS was not too severe when I was diagnosed, I was still able to get out of bed and although I would become extremely tired, I was able to complete some daily activities. Even 6 years on I have good and bad days but I am much better at recognising the signs when I need to rest and how to pace myself. Along with the severe tiredness I also suffer severe migraines that can be very debilitating, especially at busy times.

As my health was affected halfway through my GCSEs I had to discuss with my school some special arrangements to allow me to still attend school in a way that suited me. This only happened because I regularly communicated with teachers and the deputy head teacher. It never occurred to me that I may not be able to go to university; I assumed that I would be able to go just like anyone else would. On some of the open days I spoke to some of the tutors about the help that may be available and they told me how the university could help me.

Applying to university was the first time I had to identify myself as a person with a disability. As I only received one offer from my 5, I did feel as though it was due to my disability; however, there is no way of knowing. It could be that simply I did not meet their requirements.

My university are extremely helpful and supportive. Within the first week of my first year I made an appointment with the Disability Support Tutor to discuss strategies for coping at university. However, like with anything, help is only available if you ask for it. The personal tutor system is also there if you need to talk to someone, but they are not always the best person to help. I have not been out on full placement yet, although it has been discussed and the same conversation with clinical educators will need to take place to ensure that I am safe but that patients are safe as well.

Luckily CFS is a condition that can be managed by a physiotherapist as I experienced, so I would expect there to be some level of understanding. Some reasonable adjustments would need to be made, such as small regular rest breaks, but this can be easily arranged. Full time work will be a challenge; but, by working in a routine and being surrounded by other qualified staff that can help, it is a challenge that I look forward to.

The key to being successful both at university and in a health care career (with or without having a disability) is communication. Help cannot be given if people do not know that it's needed. Making friends is a key part of university life and the way friendships are managed will depend on the type of disability that a person has. Obviously CFS means that I cannot participate in activities all of the

time and I don't enjoy going out on a social night; but my friends understand and we do other things, such as going to the cinema. It is up to you to decide whether to tell others (your peers and staff) about your disability. Certain situations may prompt a need to tell as it helps others to understand. The best thing to do is to get to know people first so you can determine who you may want to tell so they can support you. Don't be afraid to admit you may need help. Help is there for a reason.

Case Study II Speech and language therapist discusses reasonable adjustments

Introduction

I am a highly specialised speech and language therapist in an inpatient neurorehabilitation centre. I work in a multidisciplinary team with occupational therapists, a physiotherapist, nurses and a neuropsychologist. We have a lot of students each year from various universities – we do either individual or paired placements in both blocks and ongoing e.g. one day a week.

Condition involved

The placement involved coming one day a week (for six months) to a large London hospital. The student was expected to see patients, write notes and attend meetings where necessary.

Preparation for placement

We were contacted by the university before the student was allocated to us and asked if we were able to take a disabled student. As we are a centre for people with acquired brain injury, it was fine. Our environment is completely accessible.

Discussing and organising reasonable adjustments

The student also contacted us before the placement started and asked if there were going to be any issues about mobility. She informed us that she was on crutches and therefore unable to push people in wheelchairs. Initially, we were able to ensure that she saw only people who were self propelling or walking. Later on in the placement, she felt comfortable asking other staff to bring patients to therapy rooms. During the placement, she became unwell, however, she made up her sessions at the end of the placement; so, neither she nor patients missed out on planned sessions. She kept in regular contact with us by email and gave us enough notice to re-arrange her timetable.

General experience on placement

The experience was great for all of us. There was the unexpected bonus of patients relating to the student as she wasn't able-bodied like the rest of the staff. She was able to offer her view on life with reduced mobility. She was flexible – we had one instance where a meeting was called on the other side of the hospital. Our student realised that it was too far to walk and agreed to be taken in a wheelchair (which wasn't her usual form of mobility).

Interaction between University, student and placement

The university were very organised in specifying exactly what was needed – we were informed at every step.

What would you say to other students considering a health and social care career?
We would definitely encourage other students with disabilities to consider a career in speech and language therapy. It's a career with many facets; therefore there are lots of opportunities available.

Case Study III Louise from tutor's perspective

Interview process

Louise attended the occupational therapy interview process. Within the interview she was required to interact within a small group. Prior to this group activity, a discussion took place where she informed me of her disability, what she might find challenging and what adjustments would need to be made. The group were set two activities, one of which was to problem-solve which items out of a box were most important if stranded on a desert island. The group had to decide between themselves and pick out 10 items.

Louise communicated to the other members of the group that she had a hearing impairment and that when speaking it would help her greatly for people to use a radio aid system which she had brought with her. She also asked that people didn't speak at once but took turns to speak. Louise discussed this very appropriately with the group and came across well and confidently. The group had no issues with this and the activity commenced. The group worked very well together, giving each other the opportunity to join in the discussion and each play their part. Louise's involvement was very appropriate and she appeared happy with her involvement.

Preparation for placement

The majority of my involvement with Louise throughout her OT studies was mainly in connection with her 3 clinical placements. I met with Louise prior to her 1st placement to discuss what adjustments she felt would be needed within a clinical setting (in line with the Equality Act (2010), DDA (1995) and the University's policy on supporting students with a disability). Her main concerns were:

- She was unable to use a telephone – how would this be overcome within a placement setting?
- Communication with patients – she was concerned that she would struggle to understand patients and they would struggle to understand her.

I found a placement within commutable distance for Louise within an acute hospital setting and contacted the educator to discuss Louise's situation. The educator was very happy to arrange a meeting with myself and Louise in order to problem solve these areas of concern.

We met together at the placement venue and discussed all concerns that Louise and the educator had. The educator stated that it would be a learning opportunity for their department too as it would encourage the staff to re-think communication styles and strategies. It was agreed that Louise could undertake the placement. The reasonable adjustments were:

- If a phone call was to be made, another OT or member of the team would do this on Louise's behalf. Louise could then read the notes and discuss the outcome with that staff member.

- When introducing herself to patients, Louise would explain about her hearing impairment and ask them to use the microphone system. Louise can also lip read so this strategy could also be used on occasions. It would be a case of trial and error to see what worked the best.

- Louise would ask patients to repeat what had been said should she not understand responses.

This pre placement visit gave Louise confidence prior to starting the placement not only in meeting with her educator and putting her mind at ease but also I believe in problem solving some situations which she might find difficult. These strategies could then be transferred over to her next two placements if they worked well. I completed a half way visit in week 3 to monitor Louise's progress. She was progressing very well and enjoying the challenge. The placement was a successful experience for Louise.

Following this placement, Louise took part in a placement debrief session where all students reflect on their clinical experience. This enabled Louise to reflect on what worked well and what didn't work. The same process was undertaken with Louise for her level 2 and 3 placements. Each time I met with Louise prior to matching her to a placement, then spoke with prospective educators and set up a meeting for the three of us to meet and discuss what adjustments could be made. Each of Louise's placements were a successful learning experience for her. Her 2nd placement was within older adult in-patient mental health where she was required to re-locate for 10 weeks. Her 3rd placement was within outpatient neurology department.

Throughout her studies at University, I noticed that Louise grew in confidence and became very adept in communicating with members of the MDT and patients. This process supported her throughout her studies and enabled her to get the most from her clinical placements, working towards obtaining her degree in Occupational Therapy. I am very proud to report that Louise gained a 1st, which reflects all the hard work, commitment and enthusiasm Louise put into her 3 years at University.

Case Study IV Student journey: recent occupational therapy graduate with hearing and visual impairments

Condition

I am profoundly deaf with a visual impairment, according to the Equality Act 2010; these are classified as sensory impairments. Which have affected me more in education and work? Both of them – I have been deaf all my life and the visual impairment began during my late teens.
How do they affect me? I lip-read and have bilateral hearing aids, which I use with a radio aid system which I have used throughout my education and career. However, I cannot hear everything

individual people say or distinguish speech during loud background noise. This includes small and large group working scenarios during seminars and lecturers presenting. Echo recordings, podcasts, radio clips, voice overs on videos and YouTube (how are you supposed to lip-read these?). This is where my visual impairment becomes a hindrance; I am an expert lip-reader but only if people are within 3m or so as I can't see from the distances I used to. And if the lighting is turned off or down, how am I supposed to lip-read then?

Journey into Higher Education

As I was already working within the NHS, throughout the UCAS application process, I did not inform my colleagues that I had applied for a place on the OT course. At the time the biggest support came from my support worker at the time. Prior to my filling in the UCAS application I consulted the Occupational Therapy Careers Handbook, which was likened to a bible at the time. It was inspiring and listed recommendations such as visiting occupational therapists prior to application, how to write my personal statement and signposted me to information regarding Disabled Students Allowance (DSA), which I previously knew about due to being a recipient on another course. The UCAS process from what I remember seemed fairly straight forward and I ticked the box to indicate I had a disability. One university's disability services team sent an email very quickly asking about the nature of my disability and support needs. This was excellent integration and sharing of information, as had I have got a place there, I am confident my support needs would have been in place on arrival.

Admissions Process

I found the process and the waiting quite stressful. In order to gain information throughout the admissions process, my support worker called on my behalf; this was a great help as often conversations by email (as useful it is) can be brief and are not answered immediately.

On being invited to the selection day/ interview, I was anxious about whether I would mishear or, worse still, not be able to lip-read or hear people during the group-work activity because of their accents, quietness of their voice or loudness of background noise. As if these events did occur, would it reflect badly on me? Would it lead to me not being given a place? Therefore, in managing these anxieties, my support worker rang in advance to ask how the selection day would happen. Knowing what I knew about the DDA (1995), I was aware services such as Universities are required to provide support to (potential) students and the keyworker for deaf students had arranged for a communication support worker to attend the day with me. Along with using my radio aid system, I explained to the lecturer and my small group what it was and how to use this in order to help me hear what was being said. I also introduced my Communication Support Worker who would support me by signing anything I missed, explanations from the lecturer and comments from the bigger group as a whole. During the activity itself I realised I was the oldest member and after reading the task out, I remember asking the group for their thoughts. This was to encourage discussion as there was not much conversation happening spontaneously, probably due to everyone's nervousness. This was a good strategy which I used in order to feel more in control of the situation. This also showed that I am able to manage my disability and support needs because after all, how would I as an OT be able to empower and advocate for other people with various disabilities, impairments and support needs if I couldn't do this for myself? Following the selection day which included a written test, I felt confident that I had done my best. I met the Occupational

Therapy Course Year 1 Lead prior to starting the course along with representatives from the Disability Unit to discuss my specific learning support needs in view of my disability. Therefore, I am glad I told the University about my disability and in sharing this information with the Disability Services Unit ensured my support needs were met.

General experience – teaching and learning

I naturally had anxieties regarding whether I would hear and keep up with the teaching programme as I entered my first few lectures and seminars. However, I soon got over these anxieties as I settled into my first year seminar group, as I could see a few students with disabilities. I wasn't the only student with a disability, as I had always been throughout my education. I remember thinking 'I didn't want to have to explain my disability' because I didn't want to 'force' it on people, therefore I would only talk about it if it came up during conversation or people asked me about it directly. The biggest help was the fact I could essentially 'employ' a freelance Communication Support Worker (CSW) with funding from the Disabled Students Allowance (DSA). I had an assessment prior to the course and was allocated a package of resources to help with the learning experience at University.

The CSW took notes in lectures, seminars and group-working, as well as signed anything I did not hear. They would also write notes from online lecture or podcasts. Other students could have access to these at home whereas I did not have this flexibility and I would have to have these written in between lectures at University to make the most of the time a CSW has been allocated for. Having the same CSW for certain modules was very helpful for continuity and CSW understanding of terminology for both signing and written notes. Online access to Moodle was useful in other ways, for reading lecturers' PowerPoint slides, important pdf's, other notes and forums. However, this facility is only helpful when lecturers would post the PowerPoint's and information in advance which did not always happen.

Having use of a radio aid system was invaluable with students and staff during all teaching methods, as I could control the volume of people's voices. During the course of each lecture and seminar I would hand over my microphone to the lecturers and students, pretty much most would forget to hand it over to another speaker and I would always have to remind them! The face to face teaching I felt was very good, but there seemed to be a lot of emphasis placed on alternative online teaching methods, such as online lectures, Skype, video and audio use which to a deaf student isn't user friendly. For the CSW to transcribe very single one of these would be too expensive, however I did request for some materials to be transcribed and was told it wasn't possible therefore as a student I had to make a choice of which was the most important to the CSW to transcribe, bearing in mind I had been allocated a limited DSA fund. For this reason, it did feel as though I had to work a lot harder than non-disabled students by reading a lot more, to prove I could do it and it taught me problem solving and prioritisation skills and working around these issues.

Placements

I received comprehensive support from the University placement team prior to and during all three placements and fantastic support from each Placement Practice Educator (PPE). Despite having a

previous working history within the NHS, it was not as an OT. Therefore, I did have concerns which were discussed with the placement team and individual PPE's.

A pre-placement visit was completed with the potential PPE, a member of the placement team and myself, before each placement to discuss my situation and any reasonable adjustments. This planning was excellent and I felt I was being listened too and my concerns taken seriously. The placement team suggested I step out of my comfort zone in order to encourage different experiences within a safe environment, which was a good learning opportunity. All PPE's seemed open minded, flexible and adaptable to my support needs. Discussions regarding reasonable adjustments included:

I do not use the telephone, as I cannot hear people well enough to distinguish clearly what is being said. Therefore no PPE would ask me to make calls, however if I needed calls making, it was agreed I could ask the receptionist, OT assistants or OT's ensuring confidentiality.
On a mental health placement, strategies were discussed regarding my not hearing patients come up behind me. As a result, I would ensure I placed myself in a position where no one could, for example, back close to a wall or be in a position to observe what was happening safely.
On a Neurological placement, I was not able to hear some patients who had a communication deficit affecting their speech i.e. stroke. Therefore, during initial assessments it was agreed I would ask the questions and observe reactions whilst the PPE write the responses.
I would always inform patients I was deaf and would it be ok for them to wear a microphone to help me hear (except on the mental health placement where patients did not have capacity due to their dementia). I do not recall having a negative response as most people wanted to be of assistance. In my experience, being deaf can be very useful particularly with those who have hearing aids or know of others who are deaf. It was therefore, very useful for building therapeutic relationships with patients.

On reflection, all three placements were incredibly tiring because as a deaf student, it is draining when observing activities and trying to listen to everything people were saying. Therefore, my advice to other prospective health and social care students, who are disabled on how to get the most out of placements, are as follows: always be helpful and friendly to others, muck in and be a part of the team to help others out who are supporting you. Be open and honest about your disability and how it may affect you and aspects of the placement and suggest ways of working around it or what you can do instead. Use your initiative and ask <u>all</u> staff members how you can help them and do not stand or sit around doing nothing!

Overall, my three placements were positive experiences, I felt I not only learnt a lot but that I could also educate others on the placement in terms teaching aspects of deaf awareness and lip-reading exercises to show how intense it can be for deaf or hard of hearing patients.

<u>Thoughts on qualifying and/or employment</u>
I have a BSc (Hons) Occupational Therapy degree in which I gained a First classification. All my hard work paid off and I proved to myself and others that I could do it! The fact that I also achieved first class grades on all three placements highlights the fact I can put into practice all the skills I have learnt. In doing this, I had to balance demands placed on family time and moving areas for

good placement opportunities. I am very proud of what I achieved and am now looking forward to the next challenge – finding an Occupational Therapist role!

Employment

Finding your first Occupational Therapist role is a challenge and even with first class grades! Having had a few interviews, it was surprising how little awareness occupational therapists have of the Access to Work (ATW) funding grant, considering some work with clients who have disabilities or impairments. This is in short, similar to DSA but provides practical support for qualified disabled health and social care professionals to gain/ stay in employment or start a business.

What would I say to other students considering a health and social care career? First and foremost, be honest with yourself and be your own expert about your disability or disabilities. Some people do not like to share their disability with UCAS, the University or others. This is your choice but if you do, the University has a duty to support your needs and develop a plan to facilitate this but they can only do this, if you inform them. It will also lessen the stress prior to and during the first few weeks on the course. Ensure you have a DSA assessment well in advance of the course commencing so your support needs can be in place from the start. Talk to the Disability Unit of your chosen University; find out if they have keyworkers for dyslexia, deafness and visual impairments, mental health, learning difficulties and other physical and sensory difficulties. As it may be, that they have other information or strategies which could be of use.

On a more general note, do not rush into doing a health/social care course. Do work as a health care assistant, OT/Physiotherapy assistant, social care support worker or do voluntary work in a particular sector which interests you, such as older people, learning disabilities or neuro-rehabilitation. This experience will be valuable in getting on to your chosen course and possibly give you an advantage regarding future employment. Health and social care courses are not like doing more general degrees; you are expected to be a professional from day one. As there is an expectation you will be registered by your professional body on qualifying, this makes the courses intense and pressured so be hardworking, determined and it will pay off. Hopefully your colleagues and patients will see you as a role model, even if you may not consider yourself to be one!

Case Study V Student Journey: Speech and Language therapy student with spina bifida

Hi, I am Emily. I am 23 and I have a condition called Spina Bifida and the main impact of that is that I use two crutches and I have difficulties sort of walking long distances and carrying things. I also catheterise.

In terms of my journey into higher education, at sixth form, I was speaking with my sixth form tutors and the careers advisers when I was thinking about what kind of health care profession do I go into. I knew that I wanted to be a heath care professional. They were really supportive in terms of giving information and encouraging it as a career. I finished sixth form and took a gap year, so I hadn't applied in upper sixth. I took some time to do some proper research and some time out and then I applied in my gap year with my grades.

Admission
In terms of the admissions process, I was really keen to do my research and knew what I was getting into. So my top two universities, I made sure that I went and researched the environment and made sure that it was going to work for me and be accessible. I got in touch with the degree administrator to talk about the set up of the university. Then I applied through UCAS and got an interview and was offered a place. I was sort of excited and ready to go really.

Teaching and learning
In terms of my general experience at university with the teaching and learning, it was a very positive experience for me. I just made sure I was honest and told people what I needed because how are they going to know otherwise. So I just said when I was in plaster, I needed ground floor teaching rooms, I needed a bit of time to be able to go and do my catheter, you know I just found that the more honest you were the better. They also gave me extra time in exams to have rest breaks. They never got angry about that or frowned at it, it was just totally encouraged.

Placement
In terms of placement that was also an incredible experience. The university were really supportive in organising it. They would get in touch with the educators and would explain that I was disabled and that my needs were kind of mobility wise. Then I would get in touch with them before the placement started and explained what I needed and just have a discussion about whether it could work and how we could make it work. I think it is really important to know that sometimes the placement supervisors are as nervous as you are about taking a disabled student and that all you need to do is to be honest and discuss what you need and then everybody knows just where you are at. Just be honest; don't be afraid to speak up.

Qualifying and employment
In terms of qualifying and employment just go for it! You know, you are working in a hospital, you are working in the community, and there are people who are disabled as well. I found that it is just a totally positive experience. You can build up a rapport with patients because you understand a bit more of what they are going through and you tend to be able to give them your own experiences as well.

GO FOR IT!
In terms of people who are considering training as a speech and language therapist or as a physio or something like that with a disability, you know don't let anything put you off. You know, get in touch with people; discuss what you want to do. Discuss what adjustments you need to be made and just go for it. You know, nothing ventured, nothing gained.

Case study VI Practitioner with dyslexia: 27 years of successful practice

I am sharing my experience of having dyslexia and how that has affected my working life. I qualified as a Physio in 1987 and at present I am working as a community physiotherapist, part of an integrated therapy team. I have dyslexia and my eye sight is not fabulous either and the combination of those two means that I cannot actually drive.

I was not diagnosed as having dyslexia until just before taking my O levels. That was because I had a really astute English teacher for the time that expressed to my parents her concern that even though I was bright and able verbally, my written work was appalling and even though my mum went through my spellings on practically every subject of my work, I was obviously having great difficulty. At this time I don't think dyslexia (and certainly in the school and Local Education

Authority (LEA) I was in) was really talked about. So the school and LEA didn't have any procedures in place to look at why I might be having these difficulties, so they advised my parents to send me to a private educational psychologist who accessed me and sort of gave me a diagnosis of dyslexia based on my IQ, which was high. My written work was appalling and of course I had visual and perceptual type problems as well. As a result of that, I was given extra time for my O levels and A levels and I did my exams on a separate table with a lamp to help with my visual problems. So that was where I actually got with my school, I did really well with my O levels and A levels so that was great and I decided during that time to train as a Physio. At that time I did not realise that the educational psychologist had really advised my parents strongly not for me to do A levels or go on to further education because they thought I will find it too stressful. Luckily they didn't tell me, but kind of just supported me in my decisions.

One of the things people want to think about is the procedure for applying to become a health care professional, especially if you have dyslexia. Really at that time, because it was not recognised, it didn't even come up in the interview; I don't know if the school wrote anything in their reports about me so it wasn't a question of disclosure or non disclosure it was not really anything. It wasn't something anybody really talked about and to be honest even though I had been given a diagnosis I tended just to shrug it off and not take any notice about that.

In my school before that, I had quite a tricky time. The typical problems of been told off for failing a spelling test, getting nought out of twenty or one out of twenty even though I tried to learn them and really struggling with copying things off the board. So, I was perceived as sort of being slow, and so it was the whole thing of when you are looking at the board and you are trying to write it down you just can't do it and the more stressed you get, the harder it will get and I will often have to stay behind and do that. I was told off for being lazy and being careless. I remember having to go to the head teacher's once because I had been a bit naughty but she also had my rough book. There was a group of us that had been naughty but I was made to stay behind afterwards and really blasted for having such appalling writing and told it was disgusting and she went on and on about it. That was often the implications of having dyslexia.

When I got to college in some ways things became harder, though school didn't give me much in the way of strategies to learn, I just kind of worked those out for myself; at college I found things harder because it was people talking and trying to write it down, which I found incredibly hard and trying to look at the board and write it down. When I was at school, especially in sixth form I had one or two friends whom I knew incredibly well, they would always give me their notes after every lesson and I would have to spend the extra time with their notes and putting them in a way I could learn. I couldn't really use anything I had written down in the class as it never made sense; I could not even read my own writing basically. At college, it was new people who were actually quite competitive and there was not really a sense of being aware of those issues. Even the girls that I lived with were not prepared to let me use their notes because they thought I was just copying and using them, so that was really quite hard. It didn't occur to me to go and talk it over with anybody. I also find it hard just rote learning muscles, which is what the anatomy was like in the first year because the way I like to learn is really understanding. So, if I can understand a concept and see it through that is fine; if I am actually trying to look at a word and memorise it, that is hopeless. I have issues with remembering names and visual perception is really hard so. I might be told someone's

name and try to remember it even though I have been told several times or write it down really clearly. That kind of learning for me was really hard. In exams at the end of the year, what we called Part 1s there was no indication that I would be given extra time, so I kind of just went along with it.

In the second year, in the clinical field, things could have gone to a bit of a head. I obviously got quite stressed, but was OK until I had a problem with one of my placements which was kind of linked to the difficulties I had with dyslexia. On the next placement it was outpatients and I found that really, really hard and so I decided that perhaps this wasn't the job for me, but there were other reasons as well. At that point there was a bit of help, I think people realised I must be struggling, but whereas they let me have like a week to think (and at the end of the week I thought "no I really wanted to do physio"). Nothing was put in place to help or support me and I think that was just because that wasn't just what happened in those days and there wasn't the technology. So I just plodded on and I got through my training and then for my finals there was no assistance for my exams, no extra time as I had in O levels and A levels; that wasn't seen to be appropriate. I think I may have discussed it with my tutor and they just said you have to cope in the real world basically. I passed and had my first job.

Moving into work was very easy in those days, I had several job offers and because I was getting married I moved to the job that was most convenient to where we planned to live. To be honest having managed to get to O Levels, A Levels and all my training, which as a physio was very hard, because you had to do all the academic work as well as working and lots of travelling, I think if you can get through that amount and then going into the working world you are kind of there-really. In those days there wasn't the technology or anything so you are just expected to work and so you just take it in yourself. You know you are going to take longer doing everything, you know there are certain things that are going to stress you so you try and work out certain strategies that will help.

I will always stay late, writing things up, you know; so, writing in rough and then writing [notes] up later, especially in outpatients. I think that is probably the main strategy. I also probably took stuff home quite a lot. So I just sort of muddled through and put the whole dyslexia thing behind me and did my rotations in those days and then got my job in paediatrics. That was actually a real relief because you are not working in the acute systems and you are spending much more time with parents and families; there is much more of an emphasis on having empathy and those kinds of skills can come through then. In those days you were not expected to be rushed, you were expected to give people time and if they needed a cup of tea you took the time, and that was acceptable in those days, but not now. So rather than having to see several people in outpatients, say, every ten minutes and having people go, and rushing from one cubicle to another you just had to pace yourself to relate to children and family. So that was better.

I worked for a while at the Children's Hospital in Birmingham which was very research oriented and very much a calm atmosphere and taking time and so there weren't any issues there and then I had like several types of little jobs due to personal circumstances. The next long job I had was working in a residential school and really dyslexia was not really an issue there because you could pace yourself. But it was there that I began to actually face up to the fact that I might have a problem, because I think you don't want to be different to everybody else and you don't want to

make a song and dance for everything, you just think this is me, this is who I am. One of two things came to a head that weren't anything to do with dyslexia and the Head of that School was an English teacher and I had gone to see her and chat things over and she said "you know you do remarkably well for someone that has dyslexia". I almost burst into tears then because (a) I thought how did you know? and (b) if I had not actually told somebody then I must really have a problem. That was one of those moments that you remember and I thought "that is really useful to know". Whereas before that even though I have had help in O levels and A levels, nobody apart from the educational psychologist had ever really acknowledged that I had a problem. That was useful; it didn't mean that my working practice changed. This was before the days of PCs so you would write your reports in hand and then the secretary will write them up. They were lovely, they got to know my handwriting and all my little abbreviations and things and that was fine.

I just trundled along with things and I got a similar job when we moved in a residential school when we moved and things just ticked along OK. I was very much aware that I would take longer than other people. I got to grips a lot more with IT in that job; the previous school hadn't had computers. This school did. I found that once I was shown what to do I picked things up quite easily but I think the thing I find hard and still find incredibly hard is speed of typing. I find it difficult having thoughts and then having to type. It was fine. I was able to pace myself. Unfortunately, that school was closed and I have just been recently redeployed into the community, which is lovely in many ways; but I think I have felt the most dyslexic in my life with the pace and pressure of working in a different environment. This made things come to a head a wee bit or more than a week back and I had to go and see Occupational Health and they advised that I need to talk to Access to Work about it. That is where I am now.

I would say if it is something you want to do, just go for it and there is so much more support now, so I advise that if I can manage it then you can manage it. When I came to the established trainers' day for the students, there was a workshop on dyslexia and I think the lady that was leading said can you get into small groups and discuss the positive things about having a student that has dyslexia with you and everybody's reaction in my group was just really negative. They just said they can't think of anything positive and that really upset me and so I just thought of all the things that are positive that people with dyslexia have. When you have had something like that and have had to work through it you know:

- People with dyslexia will have great perseverance
- They will have much more empathy because they have had to cope with something that is hard. They will be absolutely good at problem solving and they would really be good at thinking outside the box
- They would be much better at seeing the whole picture of things
- They would be used to developing other ways of doing things because a person who hasn't got that problem may not have had to do this.

I would say that if you have dyslexia you have the potential of developing all those gifts and in spite of, well not in spite of but because of, your difficulties, you have got lots of other positive things to offer, so I would encourage you to go for it.

Case study VII Student Journey: physiotherapy student with rheumatoid arthritis

Hi, my name is Emma; I'm a third year physiotherapy student from Coventry University. I was diagnosed with rheumatoid arthritis as a child, predominately affecting both knees. As I was diagnosed as a child I have had the opportunity to develop effective coping strategies to manage my condition and now I'm 28 years old I don't feel my arthritis really affects my daily life.

As you can tell by my age and that I'm only a third year student, I didn't jump straight from school to college to university. I worked for several years in IT before deciding to go to college and eventually university to study sports therapy. It was during this degree I realised physiotherapy was the profession for me. I had guidance from my tutor at university about the physiotherapy course, however, I didn't feel the need to seek guidance about how I'd cope with having RA and becoming a physiotherapist. I didn't feel my condition would be an issue – possibly due to the fact I hadn't had any severe flare ups for a couple of years – like I say I was able to self-manage quite effectively.

The admissions process was simple enough, through UCAS like all other prospective students. I was worried about declaring I had a disability on my application form as I didn't feel my RA was disabling to me. I was also worried I wouldn't be offered a place on the course, so I pondered as to whether to declare it or not. I decided to be honest and tell the university about my condition. I was offered a place despite being considered disabled so in the end I was glad I was honest as I could really be myself.

In the first week of starting the course I had to have an Occupational Health review to highlight areas I may struggle with. I also visit the tutor for disabled students a couple of times per year to check everything's ok and that I'm still managing without any issues. The university have been incredibly supportive at offering advice and they have a wide range of services for disabled students. The lecturers on my course have also been very supportive at providing alternate physiotherapy treatment techniques to avoid placing my joints in painful positions. On my clinical placements my educators are aware of my RA, as I agreed for a letter to be sent from university prior to me starting the placement. All placements have made it clear that my RA isn't a problem and have allowed me to work comfortably throughout. I've not experienced any major issues, although having a physical disability makes you much more aware of your posture when treating patients!

I don't have any concerns about finding employment as a disabled person as throughout clinical placements I have found alternate ways of coping which I will emphasise when applying for jobs and at interviews. I've come to understand, however, that some areas of physiotherapy may be physically too much for me to cope with when I'm qualified; however, other doors remain fully open to me like all other physiotherapists without a disability. I would encourage people with disabilities to apply for courses in health and social care – I'm beginning to realise how much of a rewarding career I will be getting by working as a healthcare professional. I don't think having a disability and working with people with similar problems is a bad thing – quite the opposite in fact. You're able to empathise with patients and treat them holistically as you can draw on your own personal experiences.

I hope I've been able to reassure those of you who are worried their disability will be an issue when applying for and training in their chosen profession. My experience is only a positive one – so I would encourage you to go for it!
Thank-you for listening.

Case Study VIII Student Journey: social work student with trigeminal neuralgia and atypical facial pain

Introduction

My name is Mr. C and I am a full time student at Coventry University in my final year. I am studying BA Social Work and I am on my final placement this year and will graduate in 2014.

Condition/Disability and University Experience

I was diagnosed with Trigeminal Neuralgia and Atypical Facial Pain at the end of November 2013 after suffering with the symptoms of this from the beginning of October 2013. I wasn't sure whether I would continue on the final year, as my disability is very bad and I was not sure whether I would be able to continue. I spoke to my Course Director to discuss what my options would be. My Course Director really helped me and we went to see the placement coordinator as I was going to be going on a 100 day placement starting September 2013. After talking to both I felt that I had some options and things that I could put into place [to help].

I was able to speak to the Disabilities Support Team at the university who showed me how much support and help I could get from the University and also from the DSA (Disabled Students Allowance). I was also able to access counselling from the university to help me to deal with what will possibly be a lifelong disability as there is no easy cure for this. My experience with the university since I have had this disability has been very, very good. I have been extremely impressed with the way that the Course Director and Placement Coordinator have handled my disability and how they ask me each time they see me. They like to find out how things are going with me and the placement and what is happening with my disability and how I am managing it with doing the placement.

Being on placement has been hard at times as I don't want my disability to stop me from being there and accomplishing what I need to as I know that I'm capable of finishing this degree and doing really well on placement. At the placement, I have found them all to be supportive and very understanding and if I need to go home and work from home then they have been happy for me to do that. I think that sometimes though, they all forget that I have a disability or an illness as 80% of the time, it is controlled. I don't see this as a problem as I don't want people to focus on me being in pain all the time, but instead, look at what I can do and focus on that all the time. However, my placement has been fantastic as well and they have figured out some of the signs for when I am in pain.

I am looking forward to qualifying but am very nervous about being employed, as I would have to tell the employer eventually about my disability and that scares me as hardly anyone knows about it and if they do know anything, then they are usually only slightly informed and I'm not sure what

the reaction would be. However, when I qualify with this degree then that makes me a fully qualified social worker who is competent to practice as such, here should not be any judgements based on my competence and whether I can function as a social worker with a disability. I will be someone who has a disability who is able to work. I think that anyone who has a disability should definitely consider a career in health/social care. I think that as a career the jobs that you might go into within those fields, mean that you are there to help people and any type of disability that you might have should not be seen as a hindrance and/or a bad thing, but that actually your experience is valuable and might help with different situations.

hpc health professions council

A guide for prospective registrants and admissions staff

A disabled person's guide to becoming a health professional

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Who is this document for?

"I am a disabled person – can I become a radiographer?"

"I am a teacher and one of my students is a wheelchair user. She wants to know if she can train to be a physiotherapist. Who can advise me?"

"My course has received an application from someone with an impairment. Will they be able to complete the course? If they do, can they practise as a dietitian?"

These are some of the issues that this document looks at.

We have written this document to give you more information about disabled people becoming part of the professions that are regulated by us, the Health Professions Council.

You may find this document useful if you are:

- a **disabled person** who is considering becoming a health professional;
- a **careers advisor** who may give advice to disabled people; or
- a **teacher** at a school or sixth-form college.

Another group of people who may find this document useful is people working on approved courses. This group might include:

- **admissions staff** dealing with approved courses;
- academic staff and disability support staff on approved courses;
- practice placement coordinators and supervisors; and
- any employee on an approved course who is developing a disability policy.

This is not a complete list of possible audiences, but it should help to give you an idea of whether this document will help you.

About the structure of this document

We have decided to put all the relevant information about this topic into this one document, to make our role and our processes as clear as possible.

To help you get the information that you need, we have split it up into sections.

- Section 1 is the **Introduction** and contains information about us and our standards and what we do.
- Section 2 is called **Information for applicants**. It should also be useful for teachers, parents and careers advisors. It is aimed at disabled people who are thinking of becoming health professionals and the people who advise and support them. In this section, 'you' refers to a disabled person who wants to become a health professional.
- Section 3 is called **Information for admissions staff**. It should also be useful for both academic and disability support staff. It may be a useful section for practice placement educators as well. It has information about the responsibilities of education providers, both to people applying for jobs (applicants) and also to us. In this section, 'you' refers to staff making admissions decisions.
- Section 4 is called **Extra information** and has information about reasonable adjustments, finding out more, the glossary and other useful organisations which could be relevant to both applicants and admissions staff.

If you have any questions about the issues that this document looks at, you may find it useful to read the whole of the document to understand what we do and how it may affect you.

Section 1: Introduction

About us (the HPC)

We are the Health Professions Council. We are a health regulator, and we were set up to protect the public. To do this, we keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

Health professionals on our Register are called 'registrants'.

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

We may regulate other professions in the future. For an up-to-date list of the professions we regulate, please see our website at www.hpc-uk.org

Each of these professions has a 'protected title' (protected titles include titles like 'physiotherapist' and 'dietitian'). Anyone who uses one of these titles must be on our Register. Anyone who uses a protected title who is not registered with us is breaking the law, and could be prosecuted.

Our Register is available on our website for anyone to search, so that they can check that their health professional is registered.

Another important part of our role is to consider any complaints we receive about registered health professionals. We look at every complaint we receive, to decide whether we need to take action or not. We may hold a hearing to get all the information we need to decide whether someone is fit to practise.

How we are run

We were created by a piece of legislation called the 'Health Professions Order'. This sets out the things that we must do and it gives us our legal power. We have a council which is made up of registered health professionals and members of the public. The Council sets our strategy and policy, and makes sure that we are fulfilling our duties under the Health Professions Order.

The Disability Discrimination Act

The Disability Discrimination Act 1995 (DDA) is a piece of legislation which protects disabled people. There are several parts to the act, which place different responsibilities on different kinds of organisations.

Education providers have responsibilities to their students and applicants to make sure that they are treated fairly.

Employers have a duty to their employees and to applicants.

Under the DDA, we fall into the category of a 'qualifications body'. This is because we award 'registration' which allows people to practise the professions that we regulate. This means that we have certain duties under part 2 of the act, to make sure that our processes are fair and do not discriminate against disabled people.

The Disability Rights Commission is a body which has a role in England, Scotland and Wales to stop discrimination and promote equal opportunities. The equivalent body in Northern Ireland is the Equality Commission for Northern Ireland.

If you would like to read a copy of the codes of practice which set out our responsibilities under

the DDA in detail, you can find it on the websites of the Disability Rights Commission and the Equality Commission for Northern Ireland (see the section 'Other organisations' at the end of this document for contact details). They also publish information about the responsibility of education providers, employers, and service providers and other aspects of the Disability Discrimination Acts 1995.

About registration

Health professionals must register with us before they can use the protected title for their profession. This means that even if you have completed a course in, for example, physiotherapy, you will still not be able to call yourself a 'physiotherapist' unless you are registered with us.

Registration shows that the health professional meets our standards for their profession.

Registration exists to show the public that health professionals are fit to practise, and that they are entitled to use the protected title for their profession. It shows that the people on our Register are part of a profession with nationally recognised standards set by law.

When we say that someone is 'fit to practise', we mean that they have the skills, knowledge, character and health to do their job safely and effectively.

Approved courses

Most people who apply to our Register complete an approved course to show us that they meet our standards for their professional skills.

When an organisation wants to set up a course in one of the professions that we regulate, they need to contact us to ask for it to be approved. We will then look at the course to make sure that it meets our **standards of education and training**. We will also make sure that students who complete the course have learnt everything they need to meet our professional standards, which are called the **standards of proficiency**. Registered health professionals called 'visitors' visit the organisation for us, and write a report on how or if the course meets our standards. Depending on the result of this report, we will then decide whether to approve the course.

We publish the list of approved courses on our website, so that anyone who wants to become a health professional registered with us can access it and decide where and how they would like to study.

Education is covered by part 4 of the DDA which was introduced through the Special Educational Needs and Disability Act 2001 (SENDA) in England, Scotland and Wales, or the Special Educational Needs and Disability Order 2005 (SENDO) in Northern Ireland. The Quality Assurance Agency also sets out standards for universities in terms of how they deal with disabled people.

Because completing an approved course is the main way that people become registered (the exception is international applicants, who have trained outside the UK), it is very important that we let applicants to approved courses, and people working on approved courses, know about our role and our responsibilities under the Disability Discrimination Act 1995. This is another reason why we have produced this document.

Applying for registration

Completing an approved course does not 'guarantee' that someone will become registered. But it does show us that the applicant meets our professional standards and so is eligible to apply for registration. We need more information from them to be able to register them.

When someone first applies for registration, as part of their application they need to send us information such as a health reference, a character reference, a photograph and a copy of their passport or birth certificate.

Applicants also need to let us know if they have any criminal convictions, and if they have ever been disciplined by another regulator.

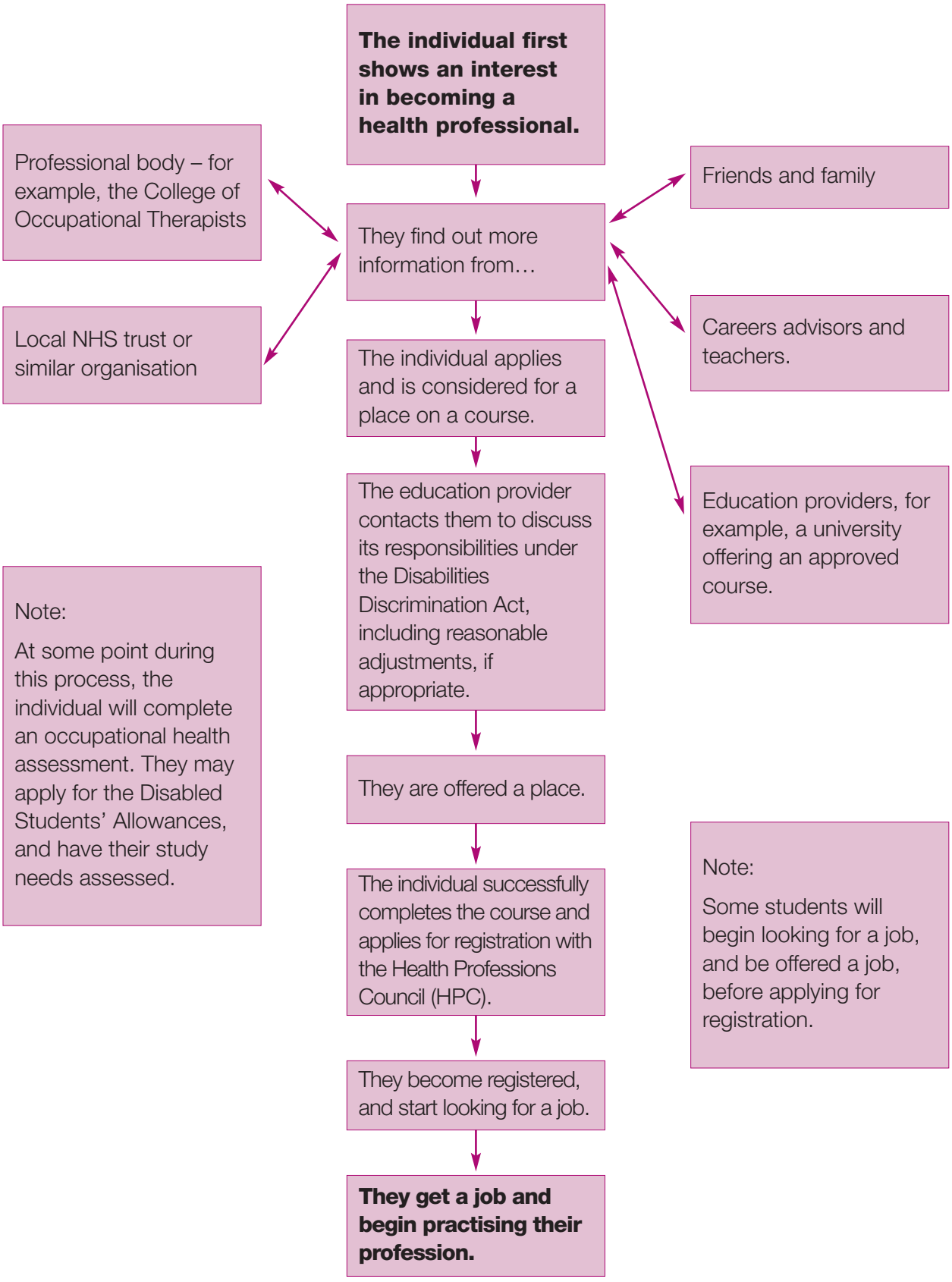
All of the information that we need from applicants helps us to make sure that:

– they are who they say they are;

– they meet our standards; and

– we can contact them if we need to.

Becoming a health professional



What the diagram on the previous page tries to show is that the path an individual takes to become a health professional is one with many stages, where the person may come into contact with many different organisations.

(To keep the diagram simple, we have not included information about, for example, what happens if an applicant does not get a place on a course, or what happens if an applicant does not get registered with us. Also, some stages in this diagram depend on whether a student tells the education providers about their disability. There is more information about this later on in this document.)

A disabled person may be told that they cannot become a health professional. They may assume that they cannot, or they may not get past one of the early stages of the process. This is part of the reason why we have put this document together – to give information about the whole process and to show where they can get more information from organisations with expert knowledge in this area.

We hope that by publishing the correct information about what is needed to register with us as a health professional, people who might previously not have considered these professions will be able to make an informed choice about their future career.

While you read this document, you should remember that we, the Health Professions Council, are only responsible for the **registration** part of the process. Although we are not responsible for some of the things we mention in this document, we have given more information because we think that you might find it useful. Wherever we can, we tell you where you can get more information, or the names of the organisations that can help you.

The differences between registration and employment

There is a major difference between being **registered** as a health professional and being **employed** as a health professional.

We deal with registering individuals, and we do not deal with matters that are related to employment. In particular, it is important that registration is never seen as a guarantee of employment. Equally, a place on an approved course is not a guarantee of registration.

Guaranteeing 'fitness to practise', which is part of our role as the regulator, is not a guarantee of the **opportunity** to practise. It is also not the same as fitness to work, which is decided at a local level between the person registering (the registrant) and an employer.

Example

A registered occupational therapist develops pneumonia. She is on sick leave for several weeks while she recovers. Although she is not fit enough to work, she is still on the Register, because her 'fitness to practise' is not affected by her illness.

As well as negotiating fitness to work, all employers need to carry out their responsibilities under the Disability Discrimination Act 1995. These include providing an accessible workplace and making reasonable adjustments to tasks. We do not make assumptions about 'how likely' employers are to make adjustments, and we will never refuse to register someone because we don't think that they will be employed. We simply register people who meet our standards.

Example

A prosthetist and orthotist is registered with us. Because she has back pain, she has negotiated adjustments to her working environment with her employer, including rest periods and a specially designed chair. These arrangements have no effect on her registration, but are negotiated directly between her and her employer.

The difference between registration and employment means that someone who meets all of our standards for their profession may not ever work in some areas of that profession, or may choose not to.

Example

A paramedic has a mobility problem with her legs. She completes her paramedic training and is successfully registered. She then takes employment in research.

Meeting our standards

Everyone on our Register must meet the standards of proficiency that we have set. The standards of proficiency are the professional standards which health professionals must meet to become registered. (The standards are available from our website at www.hpc-uk.org. If you need a copy in a different format, please contact us. See the section at the end of this document called 'Finding out more from us'.)

The standards of proficiency are made up of 'generic' standards, which all registered health professionals must be able to meet, and 'profession-specific' standards, which only apply to one profession.

An example of a **generic standard** is that all health professionals must 'be able to practise in a non-discriminatory manner'.

An example of a **profession-specific** standard is that a registered dietitian must 'be able to advise on safe procedures for food preparation, menu planning, manufacture and handling'.

We set these standards to make sure that wherever and whenever a member of the public sees a health professional, they can be sure that they meet standards which apply consistently across the UK.

We need to know that these standards are being met, but we do not need to know how the standards are met.

What this means is that registered health professionals can make adjustments in their own practice to meet our standards without being concerned that they can't be registered with us.

Example

A biomedical scientist uses British Sign Language (BSL), and has a BSL interpreter who works with her so that she can communicate with her colleagues. Using the BSL interpreter means that she can communicate effectively. So, she can therefore meet the standard of proficiency which says that anyone who registers with us must:

'be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, users, their relatives and carers'.

Anyone who registers who uses a personal assistant or support worker would also have to make sure that they continued to keep our standard about respecting confidentiality. (The personal assistant would normally have to keep to the employer's policies about confidentiality.) But what this example shows is that a registrant can make adjustments to their practice, still meet our standards, and stay registered.

We don't publish a list of 'approved' ways of meeting our standards. We feel that this level of detail is best negotiated directly, between an applicant and their university to begin with, and then later in the health professional's career, between them and their employer.

We believe that individuals know most about what they can and cannot do, and that universities are the best sources of information about how they can deliver a course to make sure that the disabled student still meets our standards.

We do not want to have a definite list which might prevent some people from registering. We want to make sure that decisions are made about individuals based on that individual's ability to meet our standards and practise safely.

Scope of practice

Registrants must only practise within what we call their 'scope of practice'.

A health professional's scope of practice is the area or areas of their profession in which they have the knowledge, skills and experience to practise safely and effectively, in a way that meets our standards and does not pose any danger to themselves or to the public. A health professional's scope of practice may change over time, and every health professional should be aware of their scope of practice and make sure that they only practise within it.

When a health professional comes onto the Register for the first time, they need to meet all of the standards of proficiency for their profession. (The exception to this is applicants for 'grandparenting' route A, who need to show three out of the last five years' 'lawful, safe and effective practice' before they can be registered. This route to registration is only open for a limited time for each profession, and then closes. There is more information about grandparenting on our website at www.hpc-uk.org)

The standards of proficiency say,

'We do recognise that your practice will change over time and that the practice of experienced registrants frequently becomes more focused and specialised than that of newly qualified colleagues, because it relates to a particular client group, practice environment, employment sector or occupational role.
Your particular scope of practice may mean that you are unable to demonstrate that you continue to meet each of the standards that apply for your profession.

So long as you stay within your scope of practice and make reasonable efforts to stay up to date with the whole of these standards, this will not be problematic.

However, if you want to move outside your scope of practice, you must be certain that you are capable of working safely and effectively, including undertaking any necessary training and experience.'

After a health professional has registered with us, their scope of practice may change so that they can no longer show that they meet all of the standards of proficiency. This may be because:

– of specialisation in their job;
– of a move into management, education or research;
– of a disability or a health issue; or
– their fitness to practise in certain areas is affected for another reason.

A changing scope of practice is not necessarily a cause for us to take action or a cause for concern.

Example

A speech and language therapist's first job after graduating was one where she worked entirely with children. She worked in this area for nearly 10 years, building up considerable expertise.

When the opportunity came to manage a team of speech and language therapists who worked with a variety of different patients, clients and users, she felt that her skills in other areas needed refreshing. With the support of her new employer, she received training and completed private study to update her skills and make sure that she could safely extend her scope of practice to effectively practise in her new role.

Example

An occupational therapist with multiple sclerosis became ill again. He became concerned about his ability to perform certain aspects of his job safely and effectively.

He discussed his condition with his employer, and together they agreed various changes to the way that he worked. For example, he would be accompanied on home visits by an assistant. The assistant would also perform any manual handling that was needed. The

employer and the employee would investigate 'Access to Work' (see the glossary) which could provide funding needed for these adjustments. The employer agreed that support would be ongoing, and also that they would continue to meet regularly, to make sure that the adjustments made could be reviewed and changed if necessary. The employee agreed to update his employer on any further changes in his condition.

In the example above, the registrant has a responsibility to make sure that he keeps to our standards. However, on top of this, the employer has responsibilities to their employee under the Disability Discrimination Act. The example shows how these two different responsibilities can be combined to make sure that the public is protected, and also that the disabled person is protected.

The examples above are about health professionals whose scope of practice changed over time. Other health professionals may have a restricted scope of practice, for various reasons, from the time when they first register.

Registrants have to restrict or adapt their practice where any factor (health, disability conduct, or anything else) may affect their fitness to practise. This applies to every registrant, not only those who consider themselves to have a health condition or disability.

Example

Section 2b.5 of the standards of proficiency says that the people who register must 'be able to maintain records appropriately'. It goes on to say that the people who register must also 'be able to keep accurate, legible records and recognise the need to handle these records and all other clinical information in accordance with applicable legislation, protocols and guidelines'.

If the person registering knows that their handwriting is normally considered to be difficult to read, they may take steps to print their notes in block capitals, or to keep electronic patient records, to make sure that they can be used effectively by their colleagues. In this way, the person registering is taking reasonable steps to adjust their practice to make sure that they meet the standard. **If the person registering has dyspraxia (developmental coordination disorder), they may negotiate extra time with their employer to produce the patient records.** This would be a reasonable adjustment.

Other examples of people who may make adjustments to meet this standard include **someone with a sight difficulty** who uses a dictaphone or adapted laptop computer to help them take their notes, or **someone with dyslexia** who might prefer to keep electronic notes. In each case, the person registering has taken reasonable steps to make sure that they met this part of the standards of proficiency.

Section 2: Information for people applying to become a health professional

Can I be a health professional?

We currently regulate 13 health professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

If you want to work in one of the professions listed above, you will need to gain a place on an approved course, successfully complete that course, register with us (the Health Professions Council) and then gain a job.

You can see a flow diagram of this entire process on page five.

The part of the process that we deal with is your **registration** with us. However, we have put information in this document about other parts of the process (gaining employment, for example) because we think that it will be useful for you to have all this information in one place. We refer throughout this document to other organisations who may be able to support you or give you information as you progress through the different stages of becoming a health professional.

If you are wondering whether you can become a health professional, this document probably won't be able to give you a definite 'yes' or 'no' answer, as each case is looked at individually. But it can tell you:

- what you need to do to find out whether you can become a health professional;
- how you can find out more;
- the organisations you will need to get in touch with; and
- the decisions that you and others will need to make.

Incorrect information

People may have different ideas about the abilities that you need to become a health professional, but sometimes these ideas are not true.

Example

A person who uses a wheelchair is interested in becoming a radiographer. Her friends have told her that she cannot become a radiographer because she would not be able to get up stairs to the different wards.

This is incorrect advice, because to be registered with us as a radiographer, the applicant needs to meet the professional standards for that profession. Being able to get up and down stairs is not a professional standard. (If she did become registered, it would be her employer's responsibility under the Disability Discrimination Act to make reasonable adjustments that allowed her to practise.)

Example

Admissions staff at a university are discussing someone who has applied to their chiropody and podiatry course. The applicant has told them that she has limited upper-body strength and the staff are concerned that she could not be a chiropodist because if she had a patient who became unconscious, she would not be able to move them.

If the admissions staff made a decision on this basis, it would be likely to be unlawful for three reasons.

Firstly, because they would need to contact the applicant and get more detailed information, such as an occupational health assessment or risk assessment (or both) before making assumptions about what she couldn't do. Under the Disability Discrimination Act, the admissions staff need to avoid treating the applicant less favourably, and avoid using stereotypes and judgements on what disabled people can do.

The second reason is that the admissions staff would need to explore what reasonable adjustments could be made for the person to complete the course. They would need to make their decisions with the reasonable adjustments in mind.

The final reason why this would be unlawful is because being able to move an unconscious patient is not part of what makes someone a chiropodist. It is not in the professional standards for chiropody.

These professional standards are called the **standards of proficiency**. If you apply to an approved course, then as part of assessing your application, the admissions staff will try to decide whether they can deliver the course in such a way that you can meet these standards. They may contact you to discuss this with you. (See also the section called 'Meeting our standards' on page seven.)

Your responsibilities

You do not have to disclose your disability when you apply for a course. (Telling a university about your disability is called 'disclosing'.) The university has a responsibility to give you various opportunities to disclose your disability, and to encourage you to disclose it in a safe and confidential way.

However, we would strongly recommend that you do so. This will make sure that the university has time to make the necessary arrangements well before you arrive.

In particular, the university can only act on the information that it knows about. This means it may not be able to give you the support that you need if you have not told admissions staff that you have a disability. In particular, you may find that the earlier you tell the university, the more time that they have to prepare the reasonable adjustments that you need.

Even if you do disclose your disability, you may choose not to give the admissions staff permission to tell anyone else (this is called 'permission to disclose'). But if you do give the admissions staff permission to disclose, they can share information about your needs with people you name, for example, staff on practice placements.

Some people do not want to disclose their disability because they are concerned about discrimination. While we can't guarantee that discrimination will never happen, we can reassure you that universities have specific responsibilities not to discriminate against disabled applicants, and they need to treat you fairly, otherwise you may be able to take them to court.

You can always ask your university about its disability or equality policy, or ask to talk to the university's disability service.

If you are applying to a course which is approved by us, we strongly recommend that you discuss your disability with your university before you apply, so that they can make an informed decision about how and whether you can meet our standards. The university needs information from you, so that they can decide how to help you show how you meet our standards. It will also allow them to assess whether any of the standards are likely to cause you difficulties.

In particular, your disability may mean that you cannot meet the standards, or that the university isn't able to make reasonable adjustments to the programme. If this is the case, the university may want to talk to you about alternative courses, or other ways in which they can support you.

How will my application be assessed?

When you apply to a course that is approved by us, you are entitled to have your application assessed fairly and in a way that meets relevant laws.

On page 15 of this document you can read the advice that we give admissions staff. You can find out more from the university about their admissions requirements and other information about assessing applications. However, as far as we are concerned, the only thing that we ask the university to do is make sure that at the end of the course, you are able to meet our standards of proficiency. (These are the professional standards that we set for each profession, that people must meet to be registered with us.) The standards of proficiency can be met in a variety of ways, which can include adjustments made by individuals, employers or universities.

If you are considering applying for a course that we have approved, you can always ask the staff whether they have read this document. If they haven't, they can download it from our website.

What if I think I have been treated unfairly?

If you think that you have been unfairly denied a place because of your disability, you can take action.

You should contact the university first and follow their internal complaints process.

If, having followed this, you need to take the issue further, you can do so. **Skill: the National Bureau for Students with Disabilities**, publish information about this on their website, including two information booklets which you may find useful.

'Making a complaint' is a document with information about how to complain.

'Disability discrimination post-16 education: the five-step test' will help you decide whether disability discrimination may have taken place.

To take further action, you should contact the **Disability Rights Commission** or the **Equality Commission for Northern Ireland**. The contact details for Skill, the Disability Rights Commission and the Equality Commission for Northern Ireland are at the back of this document.

How do I get the help I need?

If you gain a place on an approved course, and if the course providers are told about your disability, you would be entitled to support.

Depending on who funds your course, the most significant source of financial support to you may well be the **Disabled Students' Allowances**. The allowance covers any extra costs that are directly associated with your disability, for example, the cost of a non-medical helper or any specialist equipment or travel. (Please note that this is only available to home students. However, some universities may have funding for overseas students with support needs.)

To find out more about the Disabled Students' Allowances, you can get in touch with the disability officer at the university you are applying to.

If you haven't yet decided where to apply to, you could contact Skill: the National Bureau for Students with Disabilities, who have published an information sheet called, **'Applying for Disabled Students' Allowances'**. Their contact details are at the back of this document.

There are differences in funding between the four home countries, depending on who funds your course. If you contact your university's disability service, they should have information on the support available for disabled students in their institution, under their funding arrangements.

As part of your entry to the course, your university may ask you to have some form of occupational health check. This will apply to all students, and not only those who have disclosed a disability.

During your course

During your course, it is important that you have a realistic understanding of whether you can do tasks safely and effectively. Your ability to do certain tasks or the level of support you might need to carry them out may change over time.

We would strongly recommend that you continue to disclose any important information about your disability during your course, particularly to university and placement staff.

Providing information to placement staff can allow them to arrange any necessary support or adjustments that you need to practise safely and effectively and meet our standards.

This can help make sure that staff on placements can accurately assess your ability and whether you have met our standards, so that they can make sure that you are not put in situations which might pose a risk to you or to your patients or clients.

After graduation – applying for registration

After you have graduated from an approved course, you will need to apply for registration with us.

As part of your application, you will need to get your doctor to complete a health reference. There is more information about this in our document, **'Information about the health reference'**.

However, the most important thing to remember is that **we do not ask your doctor to assess whether your disability affects your professional skills**. At this stage, because you have completed an approved course, your qualification shows that you meet the standards of proficiency for your profession.

We will ask your doctor for any information about your health which may affect your fitness to practise – that is, any information about your health which might affect your ability to practise safely and effectively in a way which poses no risk to patients or clients.

The doctor who completes your health reference needs to have been your doctor for three years or more, or to have had access to your medical records for the last three years. For this reason, you may find things easier if you register with a doctor in your university town at the beginning of your course. Your 'old' doctor will then send over your notes and your new doctor will have all the information they need when you ask them to complete your health reference.

When you apply for registration with us, you are entitled to have your application for registration considered fairly and legally. We need to know that you can meet our standards, and we cannot make registration decisions on any basis other than our standards and the need to protect the public.

If your application for registration is refused, you can appeal against this decision. First, you can appeal to us. If you do, we will put together an **appeal panel** to look at your application and any extra information that you want to give us. Then, if this is not successful, you can apply to the courts.

If you want more detailed information on how to appeal against a decision we have made, please see our website at www.hpc-uk.org, or contact us.

After graduation – employment

When you have registered with us, your next step is to start to practise. (Or you might choose to apply for jobs while you are still studying and gain a job offer which depends on your eventual registration.)

When you are applying for jobs, you should be aware that employers also have certain duties under the Disability Discrimination Act – not to discriminate against you, to consider your application fairly and to make reasonable adjustments so that you can work effectively.

The Disability Rights Commission and Equality Commission for Northern Ireland both publish a code of practice for 'employment and

occupation' which describes the duties of employers and helps disabled people to understand the law. The contact details for these organisations are at the end of this document.

After graduation – occupational health screening

Once you have been offered a job, your employer may ask you to take part in some kind of occupational health screening, which normally applies to all staff. This is related to the responsibilities of employers not to unlawfully discriminate against disabled staff.

This will normally be a form or questionnaire, which you fill in and then send direct to the occupational health providers that your employer uses. They may then contact you for more information, or ask you to go to a meeting or interview.

If this happens, it may be helpful for you to do some preparation beforehand. For example, it could help if you can clearly describe how adjustments made in your placements have overcome the barriers to your practice. You could describe reasonable adjustments that have been made to your tasks and academic work.

You could also describe your disability in a positive light, showing how your experience may have given you skills that are useful in the workplace. For example, having an assistant may have helped you to gain good organisational skills, communication skills, and budget management experience.

This kind of evidence will help to show how you practise safely and effectively.

Section 3: Information for admissions staff

In this section, we try to deal with the responsibilities of admissions staff when considering applications from disabled people for places on education programmes. We also provide some information (and refer people to other sources of information) about supporting students on programmes and providing reasonable adjustments.

We have included several examples which we hope will help you think about the sorts of things you need to consider when making decisions about disabled people. We recognise that some situations are often more complicated than the examples we have given and that decisions need to be made on an individual basis. However, we hope that they still provide useful illustrations of how you might approach similar situations.

The responsibilities of admissions staff

You have certain responsibilities as a member of staff working in admissions on a course approved by us.

You have duties under part 4 of the Disability Discrimination Act 1995.

Also, because your course is approved by us, you have a responsibility to us to make sure that graduates from your course meet our standards of proficiency.

How you meet these duties is up to you, but we suggest that when assessing applications you should first consider the reasonable adjustments that you could make for the applicant. This would be a duty under part 4 of the Disability Discrimination Act.

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

Example

A person with dyslexia applies for a course in occupational therapy. He meets the admission conditions for the course and could be offered a place.

The admissions tutor contacts the applicant to discuss his needs. The applicant says that he would prefer to be able to complete assignments on computer rather than by hand. He also asks if he could have access to lecture notes in advance so that he can follow the lectures more easily.

The admissions tutor discusses this need with the programme team and with the university disability officer.

Assignments normally need to be word-processed so no adjustment is needed. Following discussion, the university decides that they would be able to make the other adjustment (and indeed that it would be likely to be unlawful if they did not make this adjustment).

The admissions tutor decides that the adjustment needed would be 'reasonable' and would be possible. She then moves to the second stage of the process – considering whether, having made this adjustment, the applicant would be able to meet the standards of proficiency.

She gets a copy of the standards of proficiency for occupational therapy and reads through them. She reads that occupational therapists must be able to make and keep patients' notes. Looking back at the information she has received from the applicant, she is reassured that he would be able to take patient notes. She is assured that the university can deliver the course to make sure that when he graduates, the applicant would meet all of the standards and so she offers the applicant a place.

Example

An applicant to a chiropody and podiatry course says that she has a sight difficulty. The university contacts her to gain more information. They discuss her sight difficulty with her, and get more information from an occupational health assessment. From this, they learn that her vision is extremely limited and that she can see very little, or nothing, of objects that are close to her.

The admissions staff are concerned that because of the extent of her sight difficulty, she will not be able to meet some of the standards of proficiency.

In particular, they note that the standards for chiropodists and podiatrists (2b.4) say that people registering must be able to

'carry out surgical procedures for skin and nail conditions'.

They are concerned about the applicant's ability to perform scalpel work, which forms an important part of the course.

They discuss this with the practice placement coordinators, who agree that surgical and scalpel work is such an important part of their work that it is considered to be a professional skill, without which someone is not able to be a chiropodist or podiatrist.

They contact the university disability officer, to discuss the possibility of an assistant helping the applicant with this part of the course. After some discussion about the assistant's role, they reach a decision that this is not a possible way forward. The admissions staff and the disability officer decide that an assistant could not help the student with surgical work because such a system would rely on the assistant's surgical skills, knowledge and experience, and would not use the applicant's skills.

The university decides not to offer her a place. They contact the applicant to discuss with her the other health courses they offer which may be more appropriate for her.

Example

A person with limited upper-body strength applied to a paramedic training course. The staff on the course were concerned that she would not be able to do the moving and carrying which was necessary to work as a paramedic.

However, they looked at the standards of proficiency for paramedics, and noted that registered paramedics must

'understand and be able to apply appropriate moving and handling techniques'.

They considered that the applicant to the course would be able to learn about all moving and handling techniques, and that they could teach her how to apply those techniques which were 'appropriate' to her (that is, those that she could complete safely with no risk to the patient or to herself). They also felt that she would be able to instruct an assistant to carry out certain techniques on her behalf. So, they offered her a place.

Not making assumptions about employment

When considering applications, it is important to realise the factors that you can take into account, and those that you cannot.

When you look at an application, you should decide:

- whether the applicant meets your admission conditions;
- whether you can deliver your course to the applicant in a way that meets their needs, making reasonable adjustments if necessary; and
- whether at the end of the course, having made any necessary adjustments, the graduate will meet our standards of proficiency.

You should not make any assumptions about the likelihood of the applicant being employed at the end of the course, as this would be likely to be discriminatory.

Example

An applicant to a speech and language therapy course said in her application that she had bipolar disorder (see the glossary).

The admissions staff received an occupational health assessment and more information from the applicant. They were confident that they

could accept the student, who met their admissions conditions.

However, from informal discussions with colleagues who worked in clinical practice, they felt that there was little likelihood of a speech and language therapist with bipolar disorder being employed within the NHS. They felt that employers could be worried about her contact with children or vulnerable adults. So, they did not offer her a place on their course.

This would be likely to be **unlawful**, because such a judgement may be discriminatory and could be based on assumptions or stereotypes about disabled people.

Even if the admission staff are trying to be helpful to the applicant (for example, because they don't want her to experience the frustration of studying for three years and then not getting a job), this is still unlawfully putting barriers in the way of a disabled person becoming a health professional.

Mental health

We recognise that making decisions about applicants who disclose mental health conditions can be challenging, particularly if that condition is intermittent (comes and goes).

As with any other applicant, it is important that you properly explore the nature and extent of the disability, avoiding stereotypes or assumptions. You need to consider whether the applicant can meet the professional standards for their profession and whether any reasonable adjustments can be made.

With more serious conditions, you may have to assess the safety of the applicant, other students, patients and other people in the education and placement environment. This might include using occupational health services.

Whether the applicant has insight and understanding into their own condition will be an important factor in your decision. An applicant will have insight and understanding if they have a realistic, informed idea of their condition. This might include considering whether they have been successfully involved in their own treatment.

Individual assessment

The examples we have given show that it is important that you treat every case individually and avoid stereotypes or judgements. Considering each application individually in the ways we have explained means that you are not making assumptions about disabled people or disability but instead making an informed decision based on the individual applicant.

This means that it isn't possible for us to come up with a complete list of disabilities which would, would not or might affect an applicant's ability to meet our standards.

Sometimes, it might be that an applicant would be able to meet the professional standards in one profession but not those in another. For example, a university might decide that although an applicant with a sight difficulty wouldn't be able to meet all of the standards of proficiency for chiropody and podiatry, they could meet the standards for another profession.

Early communication

An important part of meeting your responsibilities is to consider all aspects of an applicant's course before they begin studying. **What you want to avoid is a student beginning the course, and difficulties arising during the course which you could have dealt with or predicted earlier on.** This would cause the student – and staff – unnecessary stress and difficulty.

When considering applications, you will often find that people applying to your course will already have developed different ways of working. They may already have a good idea of what they would need from you to be able to take part fully in your course, and experience of staff making these changes in their college, or in their previous employment. **Talking to them as early as possible**

about their ideas, their concerns, and their needs, will help make sure that you consider all the relevant factors.

However, some students may not know what they need, and may need to discuss this with the disability service.

It may be helpful to contact everyone who has disclosed a disability, to put them in contact with your disability officer.

If you offer someone a place, you should still contact them about making preparations. Some adjustments can be made quickly, whereas others will take time. For example, reminding lecturers and tutors to provide handouts in different formats may take very little time, but organising alternative arrangements for practice placements may take more time to set up. (However, you should remember that even when an applicant has disclosed their disability, you will still need to get permission from them to tell other people about it before you can tell anyone else involved in delivering the course. You should contact your disability service to find out your institution's policy on disclosure and responsibilities.)

In all cases, early communication between you and the student will help to make sure that things run smoothly.

Example

A person with chronic fatigue syndrome applies for a place on an orthoptics course. He wants to study the course part-time, and in particular needs to structure his practice placements so that he can work shorter days over a longer period, take a rest during the day, and possibly delay his practice placements if he needs to take a break to recover.

The student gives permission to disclose their disability so the course team contact their placement providers and are confident that they would be able to arrange practice placements which offer accommodation, which would allow the applicant to take a break in the day. They also give all their practice placement educators information about supporting disabled students.

The university then contacts the applicant to discuss the arrangements they could make. The discussion covers what they could do if he needed to defer (put off) for a year, how they could support him in keeping his knowledge up to date, and how they could help him come back into the university after time away.

Because they are confident that they can make arrangements before he arrives, and that he can meet the standards of proficiency, the university offer him a place. They also arrange that once he has started the course, they will meet regularly with him and the disability officer to make sure that their strategies for helping him are useful and are still working.

Practice placements

Practice placements are a vital part of approved courses, as they give students the chance to apply their learning to real patients in the practice environment.

It is important to realise that students **do not** need to be able to do all types of practice placement before they can register with us. Some disabled students may not be able to complete certain types of practice placement, but there may be other placements in which they would be able to learn and practise successfully. You should not assume that students cannot complete placements, or make judgements about certain disabilities.

Example

A course team were considering the practice placements for a student occupational therapist who had a speech difficulty after having a car accident and a tracheotomy some years previously.

The speech difficulty meant that, when meeting new people, the student occasionally used strategies such as writing down what he

wanted to say, to make sure that people understood him. The student had found that once staff, colleagues and students had some experience of communicating with him, they could understand his speech without him having to write it down.

The course team met the student to discuss the placements that would be most helpful to him. He said he was worried about practice placements and the barriers which he might face. The course team discussed with him the adjustments they could make. In particular, they offered to visit him before the placement started. They mentioned that all students on placements were visited at least once. They suggested to him that they could visit him during his first week, and again later in the placement if this would be helpful to him, and provide reassurance.

The staff discussed with him one particular placement available, which dealt exclusively with adults with communication disabilities. They discussed with him whether this placement would be appropriate or useful, as the patients' understanding of his speech could be a barrier to his learning on the placement and to the patients' treatment. The student suggested that writing, his usual method of communicating with someone who could not understand his speech, may not be effective in this situation.

They decided with the student that this placement was unlikely to be the most useful one, either for the student's learning or for the patients.

However, this was not a barrier to him completing the course. The team agreed that there were other placements which he could complete and also agreed that avoiding this placement would not have a negative effect on his learning.

This example shows how you need to find placements which give your disabled students the best chance of showing how they meet our standards.

However, this does not replace your extra responsibility to tackle inaccessible placements. You need to make sure that your placements are suitable for disabled students and also that you have a process for tackling placements that are not.

Organisations that provide practice placements also have a direct duty not to discriminate against disabled people under the Disability Discrimination Act 1995.

For more information about the responsibilities of organisations which provide practice placements, see the code of conduct for 'employment and occupation' produced by the Disability Rights Commission or the Equality Commission for Northern Ireland. The Quality Assurance Agency also publishes codes for universities on placements.

To make sure that you protect the rights of your disabled students, you may want to provide specific information to your placement providers about supporting disabled students. You may want to include information about disabled students in the training that you give placement providers, or you may want to find specific placements which meet the needs of individual students.

Beyond our standards on practice placements (which make up the whole of standard 5 of our standards of education and training), we do not have specific requirements on the systems you put in place, but we have suggested the above as possible ways of making sure that you meet your responsibilities.

The Chartered Society of Physiotherapy (CSP) has produced a document called **'Supporting disabled physiotherapy students on clinical placement'** which you may find useful as it provides more detailed information, a lot of which is relevant to all of the professions that we regulate. This document is available on the CSP's website (see the contact details at the end of this document).

Keeping a record

To make sure that you are meeting your responsibilities under the Disability Discrimination Act, we strongly recommend that you keep a record of the decision-making process that you went through, including the people whose opinions and advice you sought, and the reasons for any decisions made.

Your university may have procedures and forms for you to fill in to do this.

You could also ask the applicant to sign that the information you have written down is correct, whether they are happy for it to be passed on, to whom and for what purpose.

Once you have made a record, you must keep this information confidential under the Disability Discrimination Act and the Data Protection Act.

By keeping this information, you will be able to refer to your process and the information you have received if anyone asks any questions about any of your decisions.

Section 4: Extra information

What is a 'reasonable' adjustment?

The idea of 'reasonableness' is vital to the Disability Discrimination Act. It means that people who provide education have a duty to find out how they can adapt their courses to meet the needs of students with disabilities.

Whether or not an adjustment is reasonable depends on many factors, including:

– the cost of the adjustment; and

– the effect of the adjustment.

The idea of reasonableness means that education providers have to look at whether they can make the adjustment. But they do not have to make every adjustment that a student asks for.

However, an education provider cannot claim that an adjustment is unreasonable only because it is expensive or inconvenient.

Example

A university tells a person who uses a wheelchair that it cannot offer them a place because their buildings are not wheelchair accessible. They have been told informally that getting a ramp and a lift would be too expensive. So, the university does not offer the person a place because the adjustments needed are not reasonable because they would cost money.

This would be likely to be **unlawful** because they have not properly assessed the reasonableness of the adjustments needed.

Example

A university receives an application from a student who uses a wheelchair. They get an access audit done of their buildings, which highlights some considerable work that needs to be done to make their sites wheelchair accessible. They can only afford to complete this work in stages, over five years.

They contact the student to ask about adjusting their timetabling so that the student only has to use ground-floor teaching space during their first year.

Although the university cannot afford all of the physical adjustments that the student needs, they are still looking at other ways of meeting the student's needs.

There is more information about adjustments and about reasonableness in documents produced by the Disability Rights Commission (their contact details are at the back of this document).

In particular, a document published by the Disability Rights Commission called **'Code of Practice: Post 16 Education and Related Services'** contains much more detailed information about the legal responsibilities of education providers.

Finding out more from us

The easiest way to find out more information about us and our processes is to have a look at our website at **www.hpc-uk.org**

Here we publish information about how we work, including the list of courses that we approve, all of our forms, news releases and much more.

If the information that you need is not on our website, you can also contact us at the following address.

Health Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

Phone: +44 (0)20 7582 0866
Fax: +44 (0)20 7820 9684
Email: policy@hpc-uk.org

Other organisations

Here we have listed some other organisations who may be able to offer you help and information.

Association of Clinical Scientists (ACS)

C/o Association of Clinical Biochemists
3rd Floor
130-132 Tooley Street
London
SE1 2TU

Phone: 020 7940 8960
Fax: 020 7403 8006
Email: info@assclinsci.org
www.assclinsci.org

The Association of Clinical Scientists is the professional body for clinical scientists.

The College of Operating Department Practitioners (CODP)

197-199 City Road
London
EC1V 1JN

Phone: 0870 746 0984
Fax: 0870 746 0985
Email: office@codp.org
www.aodp.org

The College of Operating Department Practitioners is the professional body for operating department practitioners.

Association of Professional Music Therapists

61 Church Hill Road
East Barnet
Hertfordshire
EN4 8SY

Email: APMToffice@aol.com
www.apmt.org

The Association of Professional Music Therapists is the professional body for music therapists.

British Association of Art Therapists

24-27 White Lion Street
London
N1 9PD

Phone: 020 7686 4216
Email: info@baat.org
www.baat.org

The British Association of Art Therapists is the professional body for art therapists.

British Association of Dramatherapists

Waverley
Battledown Approach
Cheltenham
Gloucestershire
GL52 6RE

Phone: 01242 235515
www.badth.org.uk

The British Association of Dramatherapists is the professional body for dramatherapists.

British Association of Prosthetists and Orthotists

BAPO Secretariat
Sir James Clark Building
Abbey Mill Business Centre
Paisley
PA1 1TJ

Phone: 0845 166 8490
Email: lorna@bapo.com
www.bapo.com

The British Association of Prosthetists and Orthotists is the professional body for prosthetists and orthotists.

British Dietetic Association

5th Floor
Charles House
148/9 Great Charles Street Queensway
Birmingham
B3 3HT

Phone: 0121 200 8080
www.bda.uk.com

The British Dietetic Association is the professional body for dietitians.

The British Dyslexia Association

98 London Road
Reading
RG1 5AU

For enquiries about dyslexia
Helpline: 0118 966 8271
Fax: 0118 935 1927
Email: helpline@bdadyslexia.org.uk
www.bdadyslexia.org.uk

For general enquiries
Phone: 0118 966 2677

The British and Irish Orthoptic Society

Tavistock House North
Tavistock Square
London
WC1H 9HX

Phone: 020 7387 7992
www.orthoptics.org.uk

The British and Irish Orthoptic Society is the professional body for orthoptists.

The British Paramedic Association

28 Wilfred Street
Derby
Derbyshire
DE23 8GF

Phone: 01332 746356
Email: exec.bpa@britishparamedic.org
www.britishparamedic.org

The British Paramedic Association is the professional body for paramedics.

Chartered Society of Physiotherapy

14 Bedford Row
London
WC1R 4ED

Phone: 020 7306 6666
www.csp.org.uk

The Chartered Society of Physiotherapy is the professional body for physiotherapists.

The College of Occupational Therapists (COT) – also known as the British Association of Occupational Therapists

106-114 Borough High Street
London
SE1 1LB

Phone: 020 7357 6480
www.cot.org.uk

The College of Occupational Therapists is the professional body for occupational therapists.

The COT runs a forum for occupational therapists with disabilities, which you can find online at http://www.cot.org.uk/forum/intro.php

The COT also publishes the following documents which you may find helpful.

- **'Guidance on disability and learning'**
- **'Responsibilities of the placement provider'**

Department of Education (Northern Ireland)

Rathgael House
Balloo Road
Bangor
Co Down
BT19 7PR

Phone: 028 9127 9279
Fax: 028 9127 9100
Email: mail@deni.gov.uk
www.deni.gov.uk

Disability Rights Commission

DRC Helpline
Freepost MID02164
Stratford upon Avon
CV37 9BR

Phone: 08457 622 633
Textphone: 08457 622 644
(You can speak to an operator at any time between 8am and 8pm, Monday to Friday.)
Fax: 08457 778 878
www.drc-uk.org

The Disability Rights Commission publishes information about the duties of individuals and organisations under the Disability Discrimination Act. Their codes of practice are particularly useful for education providers.

There is also a section of their website about the rights of disabled people in education.

Education and Library Boards

www.education-support.org.uk

The contact details for the five Northern Ireland Education and Library Boards are on this website.

Employers' Forum on Disability

Nutmeg House
60 Gainsford Street
London
SE1 2NY

Phone: 020 7403 3020
Fax: 020 7403 0404
Minicom: 020 7403 0040
Email: website.enquiries@employers-forum.co.uk
www.employers-forum.co.uk

The Employers' Forum on Disability is the employers' organisation focused on the issue of disability in the workplace.

Employers' Forum on Disability (Northern Ireland)

Banbridge Enterprise Centre
Scarva Road Industrial Estate
Banbridge
BT32 3QD

Phone or textphone: 028 4062 4526
Fax: 028 4066 9665
Email: info@efdni.org.uk

Equality Challenge Unit

7th Floor
Queen's House
55-56 Lincoln's Inn Fields
London
WC2A 3LJ

Phone: 020 7438 1010
Fax: 020 7438 1011
Email: info@ecu.ac.uk

The ECU works to promote employment equality in higher education.

Equality Commission for Northern Ireland

Equality House
7-9 Shaftesbury Square
Belfast
BT2 7DP

Phone: 028 9050 0600
Textphone: 028 90 500589
Email: information@equalityni.org
www.equalityni.org

The Equality Commission for Northern Ireland publishes information about the duties of individuals and organisations under the Disability Discrimination Act. Their codes of practice are particularly useful for education providers.

Institute of Biomedical Science (IBMS)

12 Coldbath Square
London
EC1R 5HL
England

Phone: 020 7713 0214
Email: mail@ibms.org
www.ibms.org

The IBMS is the professional body for biomedical scientists.

Mind

15-19 Broadway
London
E15 4BQ

Phone: 020 8519 2122
Mind infoline: 0845 7660163
Fax: 020 8522 1725
Email: contact@mind.org.uk

Mind is an organisation which offers information to people with mental-health conditions, and campaigns for better support.

Quality Assurance Agency

Head Office
Southgate House
Southgate Street
Gloucester
GL1 1UB

Phone: 01452 557000
Fax: 01452 557070
Email: comms@qaa.ac.uk

RNID

19-23 Featherstone Street
London
EC1Y 8SL

Phone: 0808 808 0123
Textphone: 0808 808 9000
Email: information@rnid.org.uk

RNID offers a range of services for deaf and hard-of-hearing people, and provides information and support on all aspects of deafness, hearing loss and tinnitus.

Royal College of Speech and Language Therapists

2 White Hart Yard
London
SE1 1NX

Phone: 020 7378 1200
www.rcslt.org

The Royal College of Speech and Language Therapists is the professional body for speech and language therapists.

Royal National Institute of the Blind (RNIB)

105 Judd Street
London
WC1H 9NE

Helpline: 0845 766 9999
Phone: 020 7388 1266
Fax: 020 7388 2034
www.rnib.org.uk

If you or someone you know has a sight problem, the RNIB can help. The staff on their helpline can put you in touch with specialist advice services, and give you details of support groups and services in your area. They can also provide you with free information on:

– eye conditions;
– making the most of your remaining vision – magnifiers and lighting;
– registering a blind or partially sighted person;
– benefits and your rights; and
– living with sight loss.

Skill: National Bureau for Students with Disabilities

Head Office
Chapter House
18-20 Crucifix Lane
London
SE1 3JW

Information service (open Tuesdays 11.30am to 1.30pm and Thursdays 1.30pm to 3.30pm)
Phone: 0800 328 5050
Minicom: 020 7450 0620
Email: info@skill.org.uk
www.skill.org.uk

Skill publish a number of useful documents and information leaflets in hard copy and on their website.

In particular, you may want to read the following.

- **'The Disability Discrimination Act part 4.** A guide for senior managers in further education colleges and in local education authority adult and community education'
- **'Disability discrimination post-16 education: the five-step test'**
- **'Applying for Disabled Students' Allowances'**

The Society of Chiropodists and Podiatrists

1 Fellmonger's Path
Tower Bridge Road
London
SE1 3LY

Phone: 020 7234 8620
www.feetforlife.org

The Society of Chiropodists and Podiatrists is one of the professional bodies for chiropodists and podiatrists. There are several other organisations which represent registered chiropodists, and all of their details are posted on our website.

The Society and College of Radiographers

207 Providence Square
Mill Street
London
SE1 2EW

Phone: 020 7740 7200
www.sor.org

The Society and College of Radiographers is the professional body for radiographers.

Student Awards Agency for Scotland

Gyleview House
3 Redheughs Rigg
Edinburgh
EH12 9HH

Phone: 0845 111 1711
www.student-support-saas.gov.uk

Glossary

Access to Work

'Access to Work' is a scheme that is run through job centres. As well as giving advice and information to disabled people and employers, Jobcentre Plus pays a grant, through Access to Work, towards any extra employment costs that result from a person's disability.

You can find out more from www.jobcentreplus.gov.uk

Allegation

'Allegation' is the word used in the Health Professions Order for when someone complains that a health professional on our Register does not meet our standards. We tend to use the word 'complaint' because we think this is easier to understand.

Applicant

Someone who is applying to an approved course, or someone who has completed an approved course and is applying for registration with us.

Approved course

A course that has been approved by us. This means that it meets our standards of education and training, and that graduates from that course meet the standards of proficiency. A list of approved courses is published on our website.

Arts therapist

Arts therapists are regulated by us. An arts therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama.

Biomedical scientist

Biomedical scientists are regulated by us. A biomedical scientist analyses specimens from patients to provide information to help doctors diagnose and treat disease.

Bipolar disorder

Also known as manic depression. It is a mental illness which causes very 'high' and 'low' moods.

Chiropodist

Chiropodists are regulated by us. A chiropodist diagnoses and treats disorders, diseases and deformities of the feet.

Chronic fatigue syndrome

Extreme tiredness lasting six months or more.

Clinical scientist

Clinical scientists are regulated by us. A clinical scientist monitors specialist tests for diagnosing and managing disease. They advise doctors on using tests and interpreting information, and they also carry out research to understand diseases and develop new therapies.

Council

The Council is the group of elected health professionals and appointed members of the public who set our strategy and policies.

Course

See also 'Programme'.

DDA

DDA stands for Disability Discrimination Act.

Dietitian

Dietitians are regulated by us. A dietitian uses the science of nutrition to develop eating plans for patients to treat medical conditions. They also work to promote good health by helping people to change their food choices.

Disability Discrimination Act

This is a piece of legislation which protects disabled people. You can find out more from www.disability.gov.uk

Disability officer

Most universities will have a disability officer who is available to advise staff on how they can meet the needs of students with disabilities, as well as advising applicants.

Disabled person

The Disability Discrimination Act defines a disabled person as 'someone with a physical or mental impairment that has a substantial,

adverse, long-term effect on their ability to carry out normal day-to-day activities'. 'Long-term' is defined as lasting more than twelve months.

Disabled Students' Allowances

The Disabled Students' Allowances cover any extra costs that you have to pay during your course that are directly associated with your disability, for example, the cost of a non-medical helper or any specialist equipment or travel.

DSA

See 'Disabled Students' Allowances'.

Dyspraxia (developmental coordination disorder)

A disorder in the organisation of movement which leads to associated problems with language, perception and thought.

Education provider

Education provider is the term that we use for any organisation which provides education that leads to an approved qualification. We will normally use this term on our website and in our literature because not all education providers are universities.

However, to make this document clear and easy to understand, we have used the term 'university' throughout, to mean education provider.

Fitness to practise

Someone's 'fitness to practise' is their ability to practise their profession in a way which meets our standards. When we say that someone is 'fit to practise', we mean that they have the skills, knowledge, character and health to do their job safely and effectively. We also mean that we trust them to act legally.

Health Professions Order

This is the legislation that created the Health Professions Council.

Health reference

A health reference is part of the information that we need from people applying to join the Register. This is signed by a doctor to confirm that the person is fit to practise their profession.

Occupational therapist

Occupational therapists are regulated by us. An occupational therapist uses specific activities to limit the effects of disability and promote independence in all aspects of daily life.

Operating department practitioner

Operating department practitioners are regulated by us. An operating department practitioner is involved in assessing patients before surgery and provides individual care.

Order

'The order' means the 'Health Professions Order 2001'. This is also sometimes referred to as the 'Order in Council'.

Orthoptist

Orthoptists are regulated by us. An orthoptist specialises in diagnosing and treating sight problems involving eye movement and alignment.

Orthotist

See 'Prosthetist'.

Paramedic

Paramedics are regulated by us. Paramedics provide specialist care and treatment to patients who are either acutely ill or injured. They can give a range of drugs and carry out certain surgical techniques.

Personal assistant

We have used the terms 'personal assistant' and 'support worker' in this document to refer to people who support disabled people. This term should not be confused with an assistant practitioner, for example, a physiotherapy assistant.

Physiotherapist

Physiotherapists are regulated by us. Physiotherapists deal with human functions and movement, and help people to achieve their full physical potential. They use physical approaches to promote, maintain and restore wellbeing.

Podiatrist

Podiatrist is another word for chiropodist. See the entry 'Chiropodist'.

Practice placement

All courses that are approved by us must include practice placements. These are an opportunity for the students to gain workplace experience of their intended profession.

Professional body

Each of the professions that we regulate has at least one 'professional body'. The professional body represents its members and the profession. It promotes and raises the profile of the profession, and develops its learning. Membership of a professional body is optional, although many registered members choose to be a member so they can benefit from the services they offer, which may include professional insurance and a magazine or journal.

Programme

'Programme' is the word that we use for a course. We use the word 'programme' in our information and documents because some of the education that health professionals take to become registered is not a 'course' in the traditional sense. An example of this is the training for biomedical scientists, who often complete a degree, then do a period of practical work with a portfolio to get their 'certificate of competence' which then allows them to apply for registration. However, to make this document clear and easy to understand, we have used 'course' throughout, to mean any kind of education which we approve.

Prosthetist

Prosthetists and orthotists are regulated by us. Prosthetists and orthotists are responsible for all aspects of supplying prostheses and orthoses for patients. A prosthesis is a device that replaces a missing body part. An orthosis is a device fitted to an existing body part to improve its function or reduce pain.

Protected title

Each of the professions that we regulate has a 'protected title' (like 'physiotherapist' or 'dietitian'). Only people who are on our Register can use these titles. Anyone who is not on our Register and uses a protected title is breaking the law, and could be prosecuted.

Qualifications body

Under the Disability Discrimination Act, we (the Health Professions Council) are called a 'qualifications body', because we award people registration, which allows them to practise their profession.

Radiographer

Radiographers are regulated by us. Diagnostic radiographers produce and interpret high-quality images of the body to diagnose injuries and diseases, for example, x-rays, ultrasound or CT scans carried out in hospital. Therapeutic radiographers plan and deliver treatment using radiation.

Register

The Register is a list that we keep of health professionals who meet our standards. We publish the Register on our website, so anyone who wants to check a health professional's registration can do so online, free of charge.

Registrant

The term 'registrant' refers to a health professional who is on our Register.

Speech and language therapist

Speech and language therapists are regulated by us. A speech and language therapist assesses, treats and helps to prevent speech, language and swallowing difficulties.

Standards of proficiency

These are the professional standards that we set, which applicants must meet before they can be registered with us. They set out the professional skills that we need.

Support worker

See 'Personal assistant'.

University

See 'Education provider'.

Park House
184 Kennington Park Road
London SE11 4BU

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www.hpc-uk.org

This document is available in alternative formats and Welsh on request.
Call 020 7840 9806
or email publications@hpc-uk.org

Publication code: 20060805dPOLPUB (printed August 2007)
This document has been produced using trees from sustainable forests

Appendix 2: Revising the guidance for disabled people wanting to become health and care professionals

1. Introduction

1.1 As part of our review of our existing guidance for disabled people wanting to become health and care professionals, the Executive commissioned Coventry University to work with disabled students and education providers to examine the existing guidance and make recommendations for its revision.

1.2 This paper provides an outline of changes to the guidance that the Executive currently anticipates based on the recommendations made in the final research report, and provides an updated timetable for the review of this guidance.

1.3 The draft revised guidance for public consultation is to be considered by the Education and Training Committee at its meeting in September.

2. Anticipated changes

2.1 The preliminary changes currently expected to the guidance are divided into changes to the content and changes to the style and accessibility of the existing guidance.

Changes to content

2.2 Update content of the guidance

- Replace section on Disability Discrimination Act 1995 with relevant information about the Equality Act 2010.
- Revise section on the HCPC's requirements to remove references to the health reference and update with information on the self-declaration now required.
- Update case studies with current examples based on the provided in the research.

2.3 Emphasise stages of the student journey at university

- Enhance the 'during your course' section for students by indicating how students progress through major stages of their programme – including admissions, in-university support,

practice placements and the transition from graduation to employment.

- Include a flow chart in the section aimed at students to provide a visual representation of a student's journey from admission to university to registration and employment.

2.4 Strengthen coverage of disclosure and reasonable adjustments

- Create a subsection on disclosing a disability covering the key messages in this area.

- Emphasise the link between disclosure and reasonable adjustments.

- Provide further high-level information about reasonable adjustments in line with Equality Act 2010.

2.5 Expand 'practice placement' and 'after graduation' sections

- Include a separate section about practice placements for students incorporating a number of key messages including the importance of planning and continual communication.

- Enhance after graduation section to include references to funding and support in the workplace and the continued importance of disclosure, among others.

- Include positive statement about the contribution that disabled people can make to the work place.

Changes to style and accessibility

2.6 Develop language used in the guidance

- Revise language throughout guidance for consistency with current HCPC publications.

- Include a section in the introduction acknowledging the complexity of language in this area and explaining our use of the term 'disabled people' in the guidance.

2.7 Improve access to further information

- Move the section providing contacts and links to further bodies to the website where it can be more easily added to and up-dated.

2.8 Consider alternative formats

- Consider the ways in which the guidance could be made available in other formats.

2.9 Raise profile and increase dissemination of guidance

- Consider the ways in which the profile and dissemination of the guidance could be increased. This could include a dedicated section on the HCPC website.

3. Updated timetable

3.1 The original timescales for this project scheduled the public consultation between June and September this year. Given that we anticipate education providers to be key respondents, it would be poor practice to consult during the academic summer holiday. Changing the timescales to avoid this period will also allow time to more thoroughly revise the existing guidance.

3.2 An updated timetable for this project is provided below.

Action	Timetable
Invitation for research proposals	7 March 2013
Further preparatory work including desk research	Completion June 2013
Deadline for research proposals	10 May 2013
Research team appointed	By 21 June 2013
Final research report submitted	5 March 2014
Research considered by Education and Training Committee (ETC)	5 June 2014
Revisions to guidance	June 2014 to September 2014
Discussion / approval of guidance for public consultation	September 2014 (ETC and Council)

Public consultation (16 weeks)	October to January 2014
Consultation analysis and revised guidance for approval	March 2015 (ETC and Council)
Publication of revised guidance	May 2015