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Research into assessments and decisions relating to ‘fitness’ in training, qualifying and working within Teaching, Nursing and Social Work

Disability Rights Commission

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Glossary

CATCH	Centralised Applications to nursing and midwifery Training Clearing House – provides a system to process applications to Scottish HEI's
CCW	Care Council for Wales – established by the Care Standards Act 2000
COREC	Central Office for Research Ethics Committee
DATE	Disabled Access to Teacher Education
DDA	Disability Discrimination Act
DED	Disability Equality Duty
DET	Disability Equality Training
DfES	Department for Education and Skills
DoH	Department of Health
DRC	Disability Rights Commission
EOP	Equal Opportunities Policy
ESCALATE	Education Subject Centre Advanced Learning and Teaching in Education
GAfREC	Governance Arrangements for NHS Research Ethics Committees
GSCC	General Social Care Council For England – established by the Care Standards Act 2000
GTC	General Teaching Council
GTCS	General Teaching Council for Scotland
GTCW	General Teaching Council for Wales
GTTR	Graduate Teacher Training Registry
HEI	Higher Education Institution
HESA	Higher Education Statistics Agency
ITE	Initial Teacher Education (Scotland)
ITT	Initial Teaching Training
ITU	Intensive Therapy Unit

LEA/LA	Local Education Authority/Local Authority
NES	NHS Education for Scotland
NHS	National Health Service
NMAS	Nursing and Midwifery Admissions Service
NMC	Nursing and Midwifery Council
NRT	National Remodelling Team (disbanded Sept 2005, now known as the TDA)
OH	Occupational Health
PCT	Primary Care Trust
PEdDS	Professional Education and Disability Support
PGCE	Post Graduate Certificate in Education
QAA	Quality Assurance Agency
QTS	Qualified Teacher Status
REC	Research Ethics Committee
RNIB	Royal National Institute for the Blind
SALUS	Salus Occupational Health and Safety – an NHS based organisation providing services to the NHS and industry
SCITT	School-Centred Initial Teacher Training
SENDA	Special Educational Needs and Disability Act 2001
SFR	Standard for Full Registration (Teaching, Scotland)
Skill	National Bureau for Students with Disabilities
SpLD	Specific Learning Difficulty
SPSS	Statistical Package for the Social Sciences
SRA	Social Research Association
SSSC	Scottish Social Services Council established by the Regulation of Care Act (Scotland)
TDA	Training and Development Agency for Schools – formed in 2005, a merger between the TTA and NRT
TTA	Teacher Training Agency (disbanded Sept 2005, now known as the TDA)
UCAS	Universities and Colleges Admissions Service

Summary

Introduction

This report presents the findings from a research project, *Research into assessments and decisions relating to 'fitness' in training, qualifying and working within Teaching, Nursing and Social Work.* The project formed one strand of The Disability Rights Commission's (DRC) formal investigation into the regulatory frameworks that determine whether people are considered mentally or physically suitable to study, qualify, register or work within Nursing, Teaching and Social Work.

Decisions about 'fitness' are made at various stages in a person's career within these professions, and generally require people to declare a condition that might affect their training or work. This may mean that they are asked to fill in a health questionnaire/declaration or to have an assessment by an Occupational Health doctor or nurse. Once a person has qualified, they may be asked to declare any impairment or health condition to their regulatory body so that they can register with them. When applying for a job, an employer may also ask them to go through a process of fitness assessments involving a health questionnaire and possibly an Occupational Health assessment.

Educational institutions, qualifications bodies and employers have separate duties under the Disability Discrimination Act (DDA) in respect of the services they provide; however, they all have a duty not to discriminate against disabled people and to make reasonable adjustments. Teaching, Nursing and Social Work, do share some common elements; namely, they are subject to regulation by a professional body, and they have similar frameworks which include fitness standards (Ruebain *et al* 2006). The DDA is clear that if a provision, criterion or practice of a qualifications body places a disabled person at a substantial disadvantage in getting or retaining a qualification then the qualifications body has a duty to make a

‘reasonable adjustment’. This does not mean, however, that professional and statutory bodies are required to make adjustments to their competence standards. These bodies have been asked to review any competence standards to ensure that the standards in themselves are not discriminatory and are framed in a way that does not exclude disabled people from being able to meet them (DRC 2004 sect. 2.11).

Whilst qualifications bodies were covered by Part 2 of the DDA in 2004, all providers of Teaching, Nursing and Social Work education programmes are subject to SENDA 2001 and the relevant standards set by the Quality Assurance Agency (QAA) (see for example *Code of Practice – Section 3: students with disabilities* QAA 1999). The three professions work closely with partner organisations and employers, as the practice element of the programme is compulsory to gain the necessary professional award. These partner organisations are also subject to the relevant parts of the DDA (Part 3 (goods and services) and Part 2 (employment)).

Aim

The overall aim of the project was to examine formal and informal decision-making about ‘fitness’ to study, qualify or work within the three occupations of Teaching, Nursing and Social Work in England, Scotland and Wales.

Method

Ethical approval was granted by the Faculty of Health and Social Care Ethics Committee (The University of Hull). A two-part research tool was devised comprising a questionnaire section and a case study section. The questionnaire section gathered information on key issues regarding the decision-making process about ‘fitness’ standards: declarations of health/disability; guidance used; support, equipment and adjustments; staff training around disability; and procedures and committees around ‘fitness’. The case study section collected qualitative data and asked participants to provide the particulars of an example of ‘decision-making in practice’.
Given the time constraints of the project, it was deemed impractical to

sample 100% of English institutions; instead a 20% random sample was selected. All education providers in Scotland and Wales were sampled; this weighted sampling reflected the small number of institutions in these two countries when compared to England. Each education provider was also asked to provide up to three contact names for aiding the employer data collection. This route was chosen to facilitate access to contact names and addresses and constituted a form of 'snowball' sampling.

Data collection took place between 19 October 2006 and 7 February 2007. Each participant was sent a primer email, an information letter, a consent form and a questionnaire in the first instance. A prompt was sent one week before the deadline, with a reminder and a follow up letter a week after the deadline. A letter from the DRC was also sent to encourage participation.

The data from the first part of the questionnaire was analysed using the Statistical Package for the Social Sciences (SPSS v14). Frequencies for all variables were produced and analysis undertaken using chi-square tests. Qualitative content analysis was undertaken using a computerised software package, QSR NVivo 7.0.

Response Rates

39 of the 100 questionnaires were returned from education providers across all three professions, representing a 39% overall response rate. 12 education providers formally declined to participate (12%). Response rates for each profession were: Nursing (37%), Teaching (44%) and Social Work (33%). In relation to countries, the highest response rate was from England (43%) and the lowest from Wales (29%).

Only 12 of the 90 questionnaires were returned from workplaces representing a 13% overall response rate. 22 workplaces formally declined to participate (24%). Given that the response rate from employers was low, it was not possible to undertake robust analysis or make generalisations from the data. Therefore a decision was made not to include the data collected from employers in this report. The DRC are exploring alternative ways of gathering the views of employers and findings will be reported separately.

The key findings from this project were:

Policy

The majority of education providers have attempted to address their obligations under the DDA by having generic policies on disability, however not all providers had policies that addressed the particular difficulties of balancing fitness requirements and the requirement for disclosure with the rights of disabled people. It is essential that there is transparency in the decision-making process and this can be encouraged by providing more policy detail regarding how such decisions are undertaken, and by whom. This will create a supportive culture in which disclosure of a disability, impairment or long-term health condition can take place. Currently, there is insufficient detail in policies produced by most institutions to address this.

Professional Guidance

The findings of this research demonstrated a link between the regulations, the guidance issued by the regulatory bodies and how decisions are made about fitness. Education providers are generally following the current guidance laid down by the regulatory bodies. Therefore, guidance needs to be consistent with the Disability Equality Duty.

Social Work appeared to be at a particular disadvantage. Whilst general guidance is available from the Councils a specific document (such as the equivalent of *Able to Teach*) is not.

Fitness Committees/Assessment Panels

Under half of all education providers had a formal procedure for making decisions regarding fitness and this was usually in the form of a fitness committee or assessment panel. Given that the needs of disabled students may well change over time, that students 'acquire' disabilities or may only be diagnosed once the programme has commenced (especially in relation to dyslexia), it follows that students who were judged fit to study may not necessarily be deemed fit to

register. There was no evidence from the research that such committees or panels are an enabling approach for disabled people however, they do provide an opportunity for all parties to come together (including the disabled student) to discuss barriers and reasonable adjustments.

Education providers in Social Work were found to involve their regulatory body in the assessment or fitness panel significantly more so than the other two professions.

Involving disabled students and applicants

The analysis of the education provider data showed that Teaching was significantly less likely to involve disabled applicants in the decision-making process than the other two professions. The case study examples given by teaching however suggest that this might not be a 'true' picture.

Involvement of Occupational Health in decision-making

Whilst academic staff were most commonly involved, Occupational Health staff were seen as central to the process of deciding an applicant or student's fitness to study. This was particularly the case for education providers in Nursing. Input from Occupational Health is to be expected given the current guidance from the regulatory bodies on this issue. However, reliance upon medical interviews, health questionnaires and Occupational Health may serve to create an appearance of decision-making rooted very much in the medical model of disability.

Conclusion

It was found that the majority of education providers have attempted to address their obligations under the DDA and was generally following the current guidance laid down by their regulatory bodies when making decisions about fitness. Key areas highlighted by this project included; policy, professional guidance, fitness committees/ assessment panels, involving disabled people and involving Occupational Health. The findings from this project will be incorporated into the evidence collected as part of the Disability Rights Commission's Formal Investigation into Fitness Standards.

1 Introduction

The DRC launched a general formal investigation on 22 May 2006 looking at the barriers people with impairments and long-term health conditions face in trying to pursue careers in Teaching, Nursing and Social Work. The Formal Investigation comprised three strands:

1. The regulatory frameworks in relation to fitness standards that operate within the Teaching, Nursing and Social Work professions
2. The way that fitness is assessed in practice, at various stages during the process of studying, qualifying, registration and working within these professions
3. The approach that disabled people and people with long-term health conditions take towards disclosing their conditions to colleges, regulatory bodies and employers; and the policies and practices of these organisations in relation to disclosure

This report presents the findings from a research project, 'Research into assessments and decisions relating to 'fitness' in training, qualifying and working within Teaching, Nursing and Social Work'. For the purposes of the study, fitness standards comprised formal regulation, and the policies, practices and procedures operated by higher education institutions, employers, qualifications bodies and other organisations that affected an individual's ability to qualify, register and work in a number of public sector professional occupations.

Decisions about fitness are made at various stages in a person's career within these occupations and generally require that people declare if they have a condition that might affect their training or work. This may mean that they fill in a health questionnaire or declaration, or they may need to have an assessment by an Occupational Health doctor or nurse. Upon qualification, they may be asked to declare any

impairment or health condition to a professional or statutory body so that they can register. Upon application to employment, an employer may also ask them to go through a process of fitness assessments involving a health questionnaire and possibly an Occupational Health assessment.

(i) Context

Educational institutions, qualifications bodies and employers have separate duties under the Disability Discrimination Act (DDA) in respect of the services and employment they provide; however, they all have a duty not to discriminate against disabled people and to make reasonable adjustments. This may include additional guidance or support, flexible working, redeployment, modification to documents, alternative formats or use of the access to work scheme. Whilst each of the three professions is unique, they do have some common elements; namely, they are subject to regulation by a statutory or professional body, and they have similar frameworks which include fitness[1] standards (Ruebain *et al* 2006). Regulatory/professional bodies are seen as qualifications bodies under the DDA because they hold a register, and without registration a person cannot work within this profession. The DDA is clear that if a provision, criterion or practice of a qualifications body places a disabled person at a substantial disadvantage in getting or retaining a qualification then the qualifications body has a duty to make a 'reasonable adjustment'. This does not mean, however, that professional and statutory bodies are required to make adjustments to their competence standards. These bodies have been asked to review any competence standards to ensure that the standards in themselves are not discriminatory and are framed in a way that does not exclude disabled people from being able to meet them (DRC 2004a sect. 2.11).

Whilst qualifications bodies were covered by Part 2 of the DDA in 2004a, all providers of Teaching, Nursing and Social Work education programmes are subject to SENDA 2001 and the relevant standards set by the Quality Assurance Agency (QAA) (see for example *Code of Practice – Section 3: students with disabilities* QAA 1999). Institutions that deliver programmes for the three professions work closely with

partner organisations and employers as the practice element of the programme is compulsory to gain the necessary professional award. These partner organisations are also subject to the relevant parts of DDA and their codes of practice (Part 3 (goods and services), Part 2 (employment and occupation)).

(ii) Summary of key issues relating to Standards and Regulation within the Professions

Teaching

In relation to Teaching, there is no fitness requirement for actual registration with the professional body as a student although fitness standards exist for access to teaching courses and for employment.

At the application stage of the Graduate Teacher Training Registry (GTTR), a section on fitness to teach appears on the Registration Page (GTTR 2007) and UCAS forms specifically ask about disability and impairment. In *Qualifying to Teach: Professional Standards for Qualified Teacher Status* (QTS) and *Requirements for Initial Teacher Training* (ITT) (TDA 2006b), the Training and Development Agency for Schools set out the standards trainee teachers must achieve to enter the profession. The guidance applies to England and Wales. In England and Wales, *The Education Act 2002* "allows regulations to be made to require that those who carry out prescribed activities (including the provision of education) to satisfy health or physical capacity conditions" (Ruebain *et al* 2006).

A key criterion for ITT in England and Wales is the need for teachers (and prospective teachers) to have the physical and mental fitness needed to teach. Education providers must "ensure that all entrants have met the Secretary of State's requirements for physical and mental fitness to teach, as detailed in the relevant circular" (TDA 2006b). The DfES Circular 4/99 *Physical and Mental Fitness to Teach of Teachers and Entrants to Initial Teacher Training* makes clear that "fitness to teach" must be considered within the requirements of the DDA. It states that a disabled person's ability "may be enhanced with appropriate technical or human support or advice and institutional arrangements" (pg 6 para B2.2).

All candidates offered a place on a teaching training course are required to complete a confidential health questionnaire including a signed declaration. However, "physical and mental fitness to teach" (p8 para C.1.3) may be open to interpretation as this may vary from institution to institution, and may disadvantage any applicant with health problems that do not necessarily affect their fitness to teach. In addition, the Training and Development Agency for Schools (TDA) states that all education providers must "satisfy themselves that all entrants can read effectively, and are able to communicate clearly and accurately in spoken and written Standard English" (TDA 2006b). Anxiety over the literacy and numeracy tests may dissuade people with a Specific Learning Difficulty from applying to become a teacher in the first place (Cain and Riddick 2001).

The DRC has worked closely with the TDA and the General Teaching Council's to broaden the understanding of disability issues in relation to entry to the teaching profession. *Able to Teach* (TTA 2004) was compiled with help from experts in disability and in Occupational Health. It shows how good practice under the Disability Discrimination Act (DDA) can be combined with good practice in assessing physical and mental fitness to teach, helping teacher training providers make fair decisions about whether candidates can meet the demands of teaching. It gives guidance on fitness to teach, disability, the responsibilities of ITT providers, discrimination, reasonable adjustments and the DDA. It also outlines procedures and gives case study examples for illustration.

There is some variability in regulation across the three countries.

In Scotland, *The Code of Practice on Teacher Competence* (GTCS 2002a) and *The Standard for Full Registration* (SFR) (GTCS 2002b) builds on *The Standard for Initial Teacher Education* (ITE) in Scotland: *Benchmark Information* (QAA for Higher Education 2000). The Benchmark statements and expected features (competencies) are similar in format to the English and Welsh versions. In the *Teachers' Registration (Scotland) Rules (2006)* criteria related to registration state that: "disability information shall be provided to prospective employers only for the purpose of the placement of new teachers in a

one year training post on the Teacher Induction Scheme. Therefore this information held in the register shall not be available to employers or prospective employers," (Section 13 1(c) pg 13).

Following a recent Scottish Executive consultation (Scottish Executive 2004), the requirement that a person must satisfy the medical officer of the relevant institution that (s)he is medically fit to teach before being admitted to a course of Initial Teacher Education was abandoned. This also applies to the recommendation by an institution for registration with the General Teaching Council for Scotland. This decision reflected a growing concern that this particular criterion was discriminatory as other students at the same universities or other professionals working with children were not required to have medical examinations. Also, it was acknowledged that the "medical model" of fitness criteria was not compatible with the social model of disability, and that the medical profession and employers should be trying to assist those who have an illness or disability to access the professions rather than preserving barriers. This decision is likely to have a significant impact for disabled applicants to the Teaching profession. The English and Welsh regulatory bodies will have to consider very carefully whether it is equitable for applicants to the profession to be subjected to fitness criteria of this sort.

Nursing

The Nursing and Midwifery Council's (NMC) *Standards of proficiency for pre-registration nursing education guidance* (NMC 2004a) outlined standards relating to pre-registration nursing education. Standard 2, references the need for applicants to provide evidence of literacy and numeracy and to demonstrate that they have good health and good character. These standards are in accordance with the NMC *Code of Professional Conduct: Standards for conduct, performance and ethics* (NMC 2004b).

In Scotland and Wales, the NMC standards apply in the same way. However, the devolved countries have developed their own versions of requirements that include the NMC requirements, (see for example, Scotland-specific *Checklist of regulatory requirements for approval/re-approval and monitoring in respect of pre-registration*

programmes leading to the nursing part of the register). On the whole, the standards but these in respect of literacy and numeracy, good health and good character are the same.

The NMC guidance (2004c) *Requirements for evidence of good health and good character* has stated that the requirements must be met at:

- initial entry
- renewal of registration
- re-admission following a lapse in registration or restoration.

From the NMC perspective, good health is inextricably linked to fitness to practice and necessary to achieve the required standards. However, what "good health" means in terms of individual ability and whether this includes disability (or not) is often open to interpretation. The NMC guidance (2004c) does seem to acknowledge this difficulty: "the term good health is a relative concept. In other words, a registrant may have a disability, such as impaired hearing, or a health condition such as depression, epilepsy, diabetes or heart disease and yet be perfectly capable of safe and effective practice," (NMC 2004c:3). In addition the NMC is constrained by the legislation of the Nursing and Midwifery Order which does not differentiate between these two concepts.

Applicants to the register also have to provide evidence of literacy and numeracy skills and this has been an area of concern. Competence in calculation skills required for clinical practice is a pre-requisite to professional registration (Elliott and Joyce 2005). This debate has focused on students with dyslexia and the impact of their Specific Learning Difficulty on the accuracy of report writing and patient notes, and on drug calculations and administration (Sanderson-Mann and McCandless 2005). However, nurses without dyslexia may equally experience difficulties with record keeping and drug calculations (Taylor 2003). Numeracy problems are not restricted to training healthcare workers but are present in the workforce across professional groups and staff in support roles (NES 2006).

The Council for Healthcare Regulatory Excellence (CHRE) which oversees the regulatory work of the NMC among other organisations has recently issued a statement in response to The White Paper *Trust Assurance and Safety – the regulation of Health Professions in the 21st Century and Safeguarding Patients* (CHRE 2007). The white paper recommends that the CHRE should 'have enhanced powers to scrutinise the regulators' handling of fitness to practise cases; including reviewing a sample of cases that the regulators have not taken to full fitness to practise panels.' In addition the CHRE will develop common protocols and guidance for dealing with fitness to practise cases.

The NMC has recently produced additional guidance on good health and good character (NMC 2006c). This was in response to the DDA, a routine review of their guidance and issues raised as a result of their review of pre – registration Nursing education. Also, the NMC's *Position Statement on the DDA* states: "The NMC is pleased to register all those applicants who have achieved the competencies required of a pre-registration programme. In order to register, applicants have to declare and have confirmed by a leader of their programme that they are of good health and character sufficient to ensure safe and effective practice" (NMC 2006d).

The statement continues: "The NMC believes that, while it may be possible for an individual with a health problem/disability to achieve the stated competencies and be fit for practice on completion, it does not necessary follow that the individual is subsequently employable in all fields of practice. Discussions about how the requirements could be met, through making 'reasonable adjustments' within the scope of the Act enables both the potential applicant and the university to come to a realistic decision about progressing an application." In addition, public protection is also a consideration when determining reasonable adjustments.

The Department of Health is also welcoming a more diverse workforce and like other employers, is required to respond to legislation designed to promote equal opportunities and inclusion in the workplace. In England, the NHS has put in place the Positively Diverse programme (NHS Executive 2000) which is a framework for changing

organisational culture by embedding good equality and diversity practice into its systems and processes. In addition Looking Beyond Labels: Widening the Employment Opportunities for Disabled People in the New NHS (Department of Health 2000d) specifically addressed issues of disabled employees in the NHS in England. In Scotland, the Partnership Information Network (PIN) Board developed equal opportunity policy guidelines which outline equality indicators and a model equal opportunities policy. All healthcare organisations must adhere to these guidelines. It is a statutory duty for the National Assembly in Wales, including NHS Cymru to promote equal opportunities. To meet the National Assembly for Wales' Equal opportunities objective Delivering for Patients (Cardiff DH, 2000) was developed which outlines a series of measures to meet the objective.

Social Work

The registration rules made by each council (*The General Social Care Council Registration Rules* (2005), *The Scottish Social Services Council Registration Rules 2006, The Scottish Social Services Council Conduct Rules 2006* and *The Care Council for Wales Conduct Rules* (*2005*)) have some basic similarities. However, there are also differences, some of which are relevant to a discussion of health and disability.

The regulations in England and Wales both refer to the need for evidence of physical and mental fitness to practise. The General Social Care Council in England will grant an application for registration if "it is satisfied as to the applicant's physical and mental fitness to perform the whole or part of the work of a social worker or social care worker" (*The GSCC Registration Rules 2005* pg 10 (b)). If an applicant declares a health condition at registration, the Council considers whether this is 'relevant' and if so it is referred to a Registration Committee. In addition, the English rules state:

"a health condition could lead to conditions being placed on your registration so that you can work or study safely. A health requirement is not a bar to registration for people with disabilities," (*General Social Care Council Registration Form* SA5 pg 3.)

The Scottish rules, however, do not specifically focus on physical or mental fitness; instead they use the term "good character, good conduct and competence" (*The Scottish Social Services Council Registration Rules 2006a* pg 15). In Scotland, health is considered relevant only if the registration sub-committee considers it to impact upon competence; demonstrating physical or mental fitness is therefore not an explicit requirement for registration. All students applying for Social Work in Scotland must be registered with the SSSC before commencing study.

To receive accreditation, social work programmes must sign a statement of commitment in which they agree to a number of statements including selecting candidates who are literate and numerate and carry out criminal conviction and health checks on applicants (GSCC 2002a p21). However, the GSCC also requires universities to "use broad access and recruitment policies which make sure that they select students from all sections of the community" (ibid p21). Elsewhere, this document states that programme providers will be expected to "prevent unjustifiable discrimination and disadvantage in all aspects of their work that we regulate" (ibid p10).

The recent guidance from the GSCC (GSCC 2007) asks applicants to complete a self-declaration of good health, in contrast to Nursing and Teaching where self-completed health questionnaires are favoured. This guidance is currently not evident on the website information provided by the SSSC and the Care Council for Wales (CCW). Students are required to register as a student social worker with their professional body at the beginning of their course and self-declare good health prior to the first placement learning opportunity. An applicant must tell the GSCC about any physical or mental health condition that affects their ability to carry out any role in social care safely. The applicant's consent is also sought to the GSCC obtaining a health report from their GP.

Applicants are also required to demonstrate that they can understand and make use of written material and communicate clearly and accurately in spoken and written English. This is broadly the same

for all three countries although the wording is slightly different. For example, in Scotland, you are required to have the appropriate language and literacy skills 'to understand and use the written materials that are used to teach the degree'. In Wales, applicants are asked to demonstrate that they can 'understand and communicate effectively in spoken and written English or Welsh'. According to the GSCC some universities may also undertake additional checks on literacy and numeracy at the application stage.

Following completion of their training and prior to commencing employment, graduates are required to register with the professional body as a qualified social worker. If a candidate is found to be unsuitable, the GSCC make it clear that this need not mean they are excluded completely from the profession and may be allowed employment within social care, but with certain conditions imposed: "if the committee decides to grant the application but impose conditions in cases where a health declaration is considered to be relevant, the condition will have specific wording in accordance with policy: 'You shall work within reasonable bounds relating to your health, and inform your employer or any prospective employer about your health condition if it is relevant or will be relevant to your work'" (ibid p 3).

The definition of 'reasonable bounds' is open to interpretation, and presents obvious barriers for newly qualified social workers. They may find that they are unable to participate in an area they have a particular affinity for. Informing employers or prospective employers about a health condition should not prejudice their position, however they may be reluctant to disclose if limitations on their scope of practice may be imposed.

(iii) Conclusion

The way in which decisions are made about disabled people's 'fitness' to enter, study, register or work within the professions is a key area of debate. This section of the report has outlined the key issues relating to standards and regulation within the professions. Many education providers have reviewed their requirements in light of the DDA, but there is some concern that qualifications and regulatory bodies are unwittingly discriminating against disabled people in relation to how they interpret physical and mental 'fitness'.

There is some variability between countries; Notably, Scotland (Teaching) which has chosen to abandon the requirement to be medically fit to teach before being admitted to a course of ITE. Whilst evidence of good practice exists, the increased focus on regulation with the justification of public protection across all three professions may be putting disabled people at a serious disadvantage in accessing and qualifying in these professions.

Therefore the purpose of this project is to explore how these frameworks are interpreted, by looking at how decisions are made about "fitness" by education providers.

2 Method

(i) Introduction

In order to achieve the purpose of the project and given the short time-frame[2] , the principal tool for collecting data was a two-part questionnaire (the second part of which comprised a case study). This method was considered to be the most time and cost-effective approach to capture information on the decision-making process (Smeeth and Fletcher 2002, Bowling 2002, May 2001)

(ii) Development of Questionnaire

Two questionnaires were developed – one for education providers and one for employers – to reflect their slightly differing structures and status. The questionnaires were initially informed by a review of the literature. When developing questionnaires, it is preferable to undertake a pilot study to identify problems with individual items and to check whether there are any persistent item non-responses. However, this was not possible within the timeframe of the project; therefore the DRC and wider (virtual) reference group examined and commented on drafts and redrafts of the questionnaire. The aim of this process was to ensure readability, content validity, clarity and comprehensiveness (see Appendix 1).

Following selection of participants (see Appendix 1) questionnaire data was collected between October 2006 and February 2007. Initial contact was made with education providers via e-mail, explaining the research aims and why participation was important as such contact has been shown to increase response rates (Edwards *et al* 2002; de Vaus 1996). To maximise response rates non-respondents were contacted up to three times and offered alternative means of completing the questionnaire (Edwards *et al* 2002). In addition, a letter from the DRC urging involvement was also sent. Questionnaires were sent to all the employers named by the education providers.

Response rates for both education providers and employers are provided in Appendix 1. The questionnaire was mainly completed by the Head of Department or Faculty (13). However, in some cases the case study section was 'passed on' to other colleagues for completion eg member of disability staff (11), and 'other' course-related staff eg lecturer (6).

(iii) Ethical Issues

The research was conducted in a manner that respected the people who participated in the process, and within the general ethical conventions of good ethical practice in research (Haber 1998, Social Research Association (SRA) 2003, DRC 2006).

An application to the Faculty of Health and Social Care Ethics Committee was submitted in September 2006, and the project was formally given approval to proceed. All project data was kept in a secure and locked location in accordance with data protection requirements. In accordance with good research guidance, all research participants were given feedback from the work undertaken in the form of an executive summary.

(iv) Analysis of Data

The data from the first part of the questionnaire was analysed using the Statistical Package for the Social Sciences (SPSS v14). Qualitative content analysis was undertaken using a computerised software package, QSR NVivo 7.0. Further information regarding analysis is provided in Appendix 1.

(v) Limitation of the Method

This study was not without its difficulties and limitations. Whilst questionnaires are generally seen as the most appropriate approach to use when trying to gather information from professionals (Parahoo 1997), some disadvantages are also associated with the method, in particular their response rate (Simmons 2001). Evidence shows that the use of surveys is growing in all work spheres, and hence that the associated 'questionnaire fatigue' is also becoming more common (Buckland, 2003). Whilst the overall response rate for education providers was acceptable (39%), the response from Nursing and Social Work in Wales was low. In addition, the longer the questionnaire, the less likely it is to be completed (Edwards *et al* 2002); the questionnaire in this study comprised two sections (survey and case study). In relation to education providers, this did not appear to be problematic with 38 examples out of 39 provided.

It is evident that the response rate from employers (only 12%) in all professions was much lower than those from their education provider counterparts (39%). In addition, a higher percentage (24% compared to 12% of education providers) formally declined to complete the survey. With more and more research using surveys to access information on wide-ranging topics, it is likely that 'questionnaire fatigue' is a contributing factor. The most common feedback from respondents was that they had 'other commitments or pressing priorities' and consequently the questionnaire was de-prioritised. Given that the response rate from employers was low, it was deemed insufficient for any robust analysis to be undertaken. In addition, it would not be possible to make generalisations from the employer data therefore a decision was made not to include the data collected from employers in this report.

3 Results and Discussion

Introduction

The number of responses from each profession are reported in tables as frequencies (n =x) and/or percentages (%). When the professions were compared some areas of statistically significant differences were found (the p values are reported as footnotes). Qualitative data from the case studies is also used throughout this section to illustrate key points and/or highlight differences between what institutions stated in part one of the questionnaires compared to part two.
All questionnaires were sent to the Head of Department or Faculty for completion. Of the 39 returned, 13 of the case studies were completed by Head of Department, six were completed by course related staff (for example lecturers) and four were completed by admissions staff. The remainder were completed mainly by Disability Staff (n=11).
All the key issues highlighted following analysis were re-examined to see if any of the differences could be accounted for in terms of who completed the questionnaire. No trends or differences were found.

The main findings are tabulated in the text and additional findings are tabulated in Appendix 3. This section is divided up into six main sections which reflect the key questions asked of respondents;

- i Policy documents
- ii Declaration of health and/or disability
- iii People involved in decision-making
- iv Evidence used to underpin decision-making
- v Support for disabled students
- vi Additional information

(i) Policy documents

Most of the education providers stated that they had policies in relation to the Disability Discrimination Act and Equal Opportunities. These were generally generic policies rather than profession specific polices that examined issues relevant to decision making such as reasonable adjustments, assessment of health and fitness criteria and disclosure. However, the percentage of education

providers within each profession who had such policies was on the whole high and this is illustrated in the table below.

Type of Policy	Profession		
	Nursing	Teaching	Social Work
Disability Discrimination	90% n = 9	95% n = 18	100% n = 10
Reasonable adjustments	70% n = 7	79% n = 15	80% n = 8
Equal Opportunities	90% n = 9	95% n = 18	100% n = 10
Health/Fitness Criteria	70% n = 7	79% n = 15	70% n = 7
Disclosure	80% n = 8	79% n = 15	70% n = 7

Table 1: Type of policy available by profession

Differences between the countries

The availability of policy documents was also examined to see whether there were any differences between countries. Generally, it was found that the education providers in all three countries had generic policies relating to the Disability Discrimination Act and Equal Opportunities. However, England appeared to have more policies in relation to health and fitness criteria when compared to Scotland and Wales (See Table 1, Appendix 3). Whilst this difference might be explained by the fact Teaching in Scotland no longer has fitness standards for entry to their courses, there was in fact little difference

between all three professions in Scotland. The number of education providers responding from Teaching in Scotland were small (n=3), but two out of the three stated they did ask for some form of declaration of health or fitness. One stated this was in the form of a self completed health questionnaire and another stated this was in the form of a declaration of good health. This would appear to be inconsistent the GTCS guidance on abandoning fitness criteria (see page 18).

Given the length of time that has elapsed since the DDA and amended legislation was first introduced, it is to be expected that most if not all education providers have prepared appropriate generic policy documents that address their obligations under the DDA. This is probably a consequence of the fact that the sector has also been required to respond specifically to additional legislation (SENDA 2001) in addition to Quality Assurance Agency standards (*QAA Code of Practice – Section 3: students with disabilities* QAA 1999).

However, it can be seen from Table 1 (above) that although most institutions (between 70 and 80%) have taken the step to develop specific or detailed policies that examine how fitness requirements are assessed or how disclosure is managed these are less common. Therefore, it would appear that more recent amendments to legislation which has brought professional and statutory bodies under its remit (Part 2 DDA 2004) are still being incorporated into policy within the education sector. Regulatory bodies for both Nursing and Teaching have developed specific policy documents (see for examples *NMC Guidance 06/04c Requirements for evidence of good health and good character; Able to Teach,* TTA 2004) and it is to be expected that the education sector would have responded appropriately to this guidance by now. This does not appear to be entirely the case for all institutions. One of the respondents (Nursing, Scotland) described in their case study how difficult the situation was in the absence of this type of specific policy information. “The challenge was in relation to limited information as to reasonable adjustments for standards of proficiency /competence”. However the same respondent went on to comment that this challenge was not insurmountable “the challenge was overcome through careful deliberation of competencies and analysing the impact that the disability could have for achieving the competencies”.

Policy documents submitted

In order to examine the detail of policy documents relevant to decision making, respondents were also asked to provide examples of relevant documents. Most of the institutions indicated that they did have policies but did not submit any for consideration (30 out of 39), however nine education providers did provide examples (23%). These included; four from Nursing (two from England, one from Scotland and one from Wales), three from Teaching (two from England and one from Scotland) and two from Social Work (both from England). Overall there was considerable variability in the quality of the policies, with contents varying substantially between institutions, even within the same profession. Some were comprehensive and detailed, and appropriate for the stated purpose, some however were not.

For example, the document *Guidance for staff arranging placements for disabled students* (Teaching, Scotland) built on best practice in the field, made several recommendations addressing issues such as disclosure, confidentiality, data protection, organisation and monitoring of adjustments. Documents to support this process were also provided as appendices, for example 'Notes of guidance and form for disclosure of disability by a student to a placement provider'.

Some of the documents comprised information available via the University webpage. One example (Nursing, Scotland) focused on providing information on "Disclosure of a Disability: Statement to be included in all Departmental Handbooks". This included a flowchart of the process for staff dealing with disclosure and detailed information on accessibility of course material, instructional materials (for IT or laboratory based practical sessions) and departmental material. Examples included 'The Accessible lecture, tutorial/seminar', 'Guide sheet on accessible written language and spoken language', 'Laboratory, Practical and Report Writing Sessions', 'IT Practical Sessions' and 'Accessibility Class Test/Examination Guide' amongst others.

Another document (Teaching England) *Supporting Access for Disabled Students to QTS Courses* recommended policies and procedures to embed good practice in the admission and support of

disabled students. The aim of the guidance was to ensure that "disabled students following the different admission pathways have parity of experience". The document was developed in relation to staff concerns over Fitness to Teach assessments and procedures, and gave comprehensive guidance in relation to good practice, reasonable adjustments, fitness to teach, disclosure of disability and Disabled Student's Allowance (DSA).

Other policies were less inclusive; one Social Work (England) document, *Procedures Relating to Professional Suitability* made no specific reference to disability, instead chose to focus on personal suitability. The document covered the grounds for invoking suitability procedures, membership and procedures of the panel, appeals and confidentiality. Another merely consisted of the institution wide disability statement which outlined services and support available to all students.

Based on the examples provided it appears likely that what an education provider considers a 'relevant policy document' is open to interpretation. Some HEI's have translated DDA into substantive and tangible procedures and practices, however others appear to be poorly prepared to address the complex issues of fitness to practice within these professions.

Therefore, where institutions have not taken the step to develop specific policies they must do so as a matter of necessity. In many cases this may only be amendments to existing policies. This will create a supportive culture in which disclosure of a disability, impairment or long-term health condition can take place. Currently, there is insufficient detail in policies produced by most institutions to address this. It is essential that there is transparency in the decision-making process and this can be encouraged by providing more detail regarding how such decisions are undertaken, and by whom.

(ii) Declaration of health and/or disability

Stage of declaration

All the professions were asked to state what stage they required a declaration of health and/or disability from potential applicants or existing students. It can be seen from the table below (Table 2) that all professions generally asked for this information at the application stage and to some extent again at the commencement of the course. The information in the case study examples supports this as almost three quarters of those submitted occurred at the point of entry to the programme. Teaching was the profession most likely to ask for a declaration of health and/or disability on the application form and Social Work the least likely.

Stage at which declaration of health/disability requested	Profession			
	Nursing	Teaching	Social Work	Overall
On application form	90% n = 9	95% n = 18	60% n = 6	85% n = 33
At interview	50% n = 5	42% n = 8	30% n = 3	41% n = 16
Commencement of course	80% n = 8	68% n = 13	40% n = 4	64% n = 25
During the course	30% n = 3	37% n = 7	30% n = 3	33% n = 13
At exit from the course	30% n = 3	26% n = 5	0% n = 0	20% n = 8

Table 2: Stage at which declaration of health and/or disability is requested by profession

Applicants to courses in Teaching, Nursing and Social Work are all generally required to declare a health issue and/or disability with the exception of Teaching in Scotland. This is a compulsory declaration and necessary for the prospective students to commence and/or

participate in the course. It is however interesting to note that applicants are expected to do this twice so early on in the process. 85% of education providers stated that this was done at application to the programme; however 64% also stated that this was done at commencement of the course. This could be accounted for by the fact that declaration is made at application to the education provider (for example through UCAS) and then another often separate declaration is made to the professional body. This can occur at application or on commencement of course but generally before any placement experience is undertaken.

41% of institutions also asked for a declaration of health and/or disability at interview. Interviews are generally conducted to discuss and determine academic suitability for a course. It may be appropriate for those involved in interviewing applicants to discuss how best adjustments might be delivered at the interviews. However, it is of some concern that a declaration of health and/or disability might be required at this point and inform the decision whether to offer a place to an applicant or not. Academic decisions ought to be made independently of decisions regarding fitness to study or suitable adjustments. When this was examined in more detail in relation to types of policy it was found that declaration at this stage was more common in those institutions that had a health and fitness criteria/policy[3]. Therefore, it is probable that the health and fitness policy specifically refers to discussing disability at interview. However, only a small number of policy documents were submitted and therefore it is not possible to substantiate this probability.

Differences between the three countries

When the quantitative data was examined to look at if there were any differences between the countries, one difference was found in relation to exit from the programmes. English and Welsh HEI's were less likely than Scottish HEI’s to ask for a further declaration of health and/or disability. Although it should be noted that the response to this question was low for all three countries (see Table 3, Appendix 3).

Differences between the three professions

It can be seen from Table 2 that Social Work is least likely to ask for a declaration of health and/or disability on the application form than either Nursing or Teaching. It may be that this question was interpreted differently by Social Work than the other two professions. That is, Social Work understood this question to refer to the student's completion of a self-declaration of health document (at registration with the professional body) rather than on application to UCAS.

Since applications to all three professions (undergraduate and some postgraduate) are through UCAS, it is surprising that the percentage for declaration on the application form is not higher. All UCAS application forms do ask specifically about disability and impairment. Whilst there are other routes (eg NMAS), the information requested about disability or impairment is comparable. However, on the UCAS application form there is no explanation as to the potential significance of declaring a health issue or disability in relation to professional education. Conversely the self-declaration form and/or health questionnaire are explicit regarding the relevance of declaring health and/or disability to fitness to practise.

According to the GSCC (GSCC 2007) checks on literacy and numeracy may also be made at the application stage in some institutions, however none of the respondents from Social Work (England) stated that this was the case.

Format of the declaration

In terms of format of the information requested, Nursing and Teaching focused on a self-completed health questionnaire, whilst Social Work tended to rely on a self-declaration of good health form. That is, there are differences between the professions in terms of the likelihood of using health questionnaires[4]. See table below for a summary.

Format	Profession		
	Nursing	Teaching	Social Work
	YES	YES	YES
Self complete health questionnaire	90% n = 9	84% n = 16	44% n = 4
Self-declaration of good health	60% n = 6	32% n = 6	78% n = 7
Health reference	30% n = 3	26% n = 5	22% n = 2

Table 3: Format of declaration of health and/or disability by profession

This is consistent with the guidance from the different professional and statutory bodies. For example, the NMC requires registrants to: "self-declare their 'fitness to practise' for entry to the register, on re-registration and when returning to the register." (NMC 2006, p3). This is also a requirement for declaration on entry to education programmes as stated in the NMC Standards of Proficiency. Based on guidance from The Training and Development Agency for Schools, HEI's will offer a place to successful candidates only if candidates have completed a fitness questionnaire. Disabled candidates whose disability has a bearing on their occupational health, and non-disabled candidates with medical conditions that have a bearing on their occupational health, are required to disclose these on the fitness questionnaire. The recent guidance from the GSCC (GSCC 2007) asks applicants to complete a self-declaration of good health. An applicant must tell the GSCC about any physical or mental health condition that affects their ability to carry out any role in social care safely. The applicant's consent is also sought to the GSCC obtaining a health report from their GP. Currently there is no specific mention on the websites of the SSSC and the CCW regarding this.

Therefore, it can be seen that education providers for all three professions are generally following the guidance issued by their respective professional bodies. Nursing and Teaching generally

involve Occupational Health and use a medical assessment and a health questionnaire at application for courses. This of course does not include guidance in relation to Teaching in Scotland. In contrast, in can be seen that all three of the newly established councils for Social Work have chosen a different route in relation to the format of the declaration. That is, an approach using self declaration.

The current system of application for courses which is mainly through UCAS appears to create a situation in which applicants may be declaring health and/or disability a number of different times (and in different formats). On one hand this could be viewed positively in that students are given multiple opportunities to declare a disability and/or health issue and so ensure that their needs are met. On the other hand, this is likely to cause some confusion since the information asked on the UCAS form is slightly different from the type of information asked by the regulatory bodies and is generally needed for different purposes. It is important therefore that information given to prospective students prior to applying to courses in Teaching, Nursing and Social Work is meticulously clear regarding this issue of disclosure of this type of information. In particular what is (and what isn't) relevant for the purposes of meeting the compulsory requirement of declaration to the regulatory bodies needs to be addressed.

Differences between the three countries

The quantitative data was also examined to look at if there were any differences between the countries in relation to format of the declaration. It was found that Wales was more likely than the other two countries to rely on a self completed health questionnaire. None of the Welsh Institutions requested a health reference and less than half of Scottish institutions and a quarter of English institutions requested a health reference (See Table 5, Appendix 3.) Since Teaching in Scotland no longer has fitness criteria for entry to courses, their involvement with Occupational Health is expected to be lower. However, it is likely that the responses from England and Wales who still have these criteria has contributed to the 84% (n = 16) overall figure for Teaching. One respondent from Teaching in Scotland did state however that a

self completed health questionnaire was requested. It may well be that this was an 'error' or completed by a member of staff who was unaware of recent changes.

(iii) People involved in decision-making

At application, it is mainly academic staff and Occupational Health staff, and to a lesser extent University disability officers or advisors who are involved in making decisions regarding fitness to study for all professions. The majority of these staff had had Disability Equality Training (see Table 6, Appendix 3). See tables below for a summary.

People Involved	Profession		
	Teaching	Nursing	Social Work
Academic staff	79% n = 15	100% n = 10	89% n = 8
Disability officer /advisor	63% n = 12	50% n = 5	40% n = 4
Occupational Health	68% n = 13	100% n = 10	56% n = 5
Human Resource staff	5% n = 1	0% n = 0	0% n = 0
Prospective disabled student	37% n = 7	90% n = 9	78% n = 7
Regulatory body	21% n = 4	40% n = 4	44% n = 4

Table 4: People involved in decision-making across profession

There were some differences between the professions mainly in relation to the involvement of Occupational Health and the prospective disabled student. These two areas are now discussed in more detail. In relation to both of these, the information provided in part one of the questionnaires was not supported and/or contradicted by the information provided in the case study examples.

Involvement of Occupational Health

In institutions where Occupational Health was involved in making the decision about a candidate's fitness to study on the programme, Occupational Health was also more likely to be involved in discussing what support, equipment or other adjustments could be made than other staff (see Table 7, Appendix 3). Using Occupational Health/medical advisor interviews to base a decision on was more likely in institutions that have a health and fitness criteria policy[5]. It is probable that this involvement of Occupational Health is detailed in the health and fitness policy however, only a small number of policy documents were submitted so this is not verifiable from the information received.

Generally, all three professions were more likely to involve Occupational Health in the decision-making process than not. Although this was evidently higher in Nursing compared to Teaching and Social Work. This was not surprising, as 90% of Nursing respondents stated that they used a health questionnaire and (100 %) used advice from the professional body. The guidance from the NMC states that:

"Good health will normally be checked through a health questionnaire completed by a local Occupational Health (OH) department. Where an applicant declares an illness, the OH department doctor either undertakes a medical examination or seeks further information from the applicant's GP, or possibly both. Once the OH assessment has been done, the programme providers are advised as to the fitness of the applicant to undertake the programme" (NMC 2004c pg 2).

What the case study information said about the involvement of Occupational Health

The involvement of Occupational Health was also explored in the information provided in the case studies. The qualitative data indicated that Occupational Health was not involved to this extent in the examples presented. In the 38 completed case studies of decision-making in practice (from education providers), only five

involved Occupational Health (two from Nursing, two from Teaching and one from Social Work). This is substantially different from the information given in part one of the questionnaires where the lowest level of involvement was Social Work at 56%. From the case studies it does appear that in practice there might be a less pronounced involvement of Occupational Health and a greater engagement with other relevant people in decision-making.

Examples were given of how other relevant people were included and these seem to suggest that the Disability Officer or Advisor in the institution played an important role;

"We held a case conference with the disability office, occupational physician, student and supporter following receipt of a psychological

and cognitive assessment of student need" (Nursing, England, learning disability/difficulty).

"The Disability Co-ordinator and student met with the course leader to decide what type of support would be useful in regards to her course." (Teaching, England, mental health condition)

"Series of meetings between student, Course Management Team,

Disability Service to assess reasonable adjustments." (Teaching, Scotland, sensory impairment).

What the case study examples said about fitness to practice

The case study data was examined to see if the information given regarding the initial concerns the respondents stated about the mental or physical fitness to study, qualify, register or work of the person described were relevant. That is, if the qualitative data was presenting examples that may not necessarily need the input of Occupational Health then this may account for the difference. The most commonly cited initial concern regarding the student's disability was described as 'fitness to practise' issues. This may be because this was the focus of part one of the questionnaire and in addition this phrase 'fitness to practise' is often used although it is described and defined in a number of different ways (Ruebain *et al*: 2006).

Ten examples described as ‘fitness to practise’ issues related to type of disability or impairment disclosed and the potential impact of this on the ability of the case study subject to undertake the work required of them. For example, one respondent commented on their “concern about student's ability to manage placement and academic work at times when she is less well due to fatigue and pain.

‘Stamina’ was also specifically mentioned by both Nursing and Teaching. In relation to a student with cerebral palsy, a Nursing respondent (Scotland) spoke of their “initial concerns related to capability for moving and handling of patients, reacting quickly to emergency situations including running after a patient who absconds from the ward, level of stamina for shift work, including 12 hour shifts.”

There were “concerns about [the student’s] stamina in completing school practice, absence from lectures and school” (Teaching student with a long standing illness (Wales)). One Teaching respondent (sensory impairment, England) was concerned about a “candidate’s ability to conduct secondary science experiments safely and provide effective supervision and feedback for children whilst conducting experiments.”

This is an issues often cited in other research. “There is a culture in Child Care Social Work of being quite strong and coping with difficult work and that is part of the job; you have to be seen to be coping and I suppose that might be difficult for people who are not coping or who have other unseen mental health problems that would make it difficult for them to manage with the stress of the job” (Wray *et al* 2005, p91). The concept that Teachers, Nurses and Social Workers need to have ‘robust’ physical and mental abilities to deliver the role is a common assumption undermined by the research evidence (Ball and Pike 2006). The view of disabled people as being incapable of delivering healthcare as opposed to receiving it is commonplace within the health service where the medical model of disability appears to be still evident (Scullion 2000). The RCN have also challenged the assumption that ‘disabled people perform poorly at work and poor health and higher sickness absence.[AS] experience shows that sickness absence among disabled staff is often lower than among colleagues’ (RCN 2003, p8).

Accessibility and health and safety issues were specifically mentioned; one Teaching respondent (England) said: "no real issues [arose] during the admissions process, though we had to consider accessibility of the interview room." Another Teaching respondent (Scotland) said they had "no concerns about [the student's] physical fitness, rather questions of access to University provision and placement schools." Of the five respondents who reported concerns about access, four were from Teaching and the remaining one from Social Work.

Health and safety concerns were of two main types; relating to the student themselves or to those they are charged with supervising. One Nursing respondent (Scotland) spoke of the "health and safety risk to the student when she is immunologically suppressed," whilst a Teaching student with a severe hearing and related speech impairment (Scotland) was seen as a cause for concern in regard to their "ability to communicate, manage and control the class, including health and safety issues."

Summary of Involvement of Occupational Health

It appears that the involvement of Occupational Health as stated in parts one and two of the questionnaire do not appear to be compatible. The examples given described as 'fitness to practice' issues might reasonably be issues that are brought to the attention of Occupational Health. However, it is evident that the involvement of Occupational Health is significantly less in the examples given in the case studies than what is reported in part one of the questionnaire. This difference may represent a distinction between the formal mechanisms a department, faculty or institution has in place regarding decision-making and what might actually happen in practice.
In practice it may well be that these are discussed and addressed by predominantly academic or specialist disability staff. In the case study examples academic staff were reported as being involved in the decision-making process in over half the cases, and disability staff in just under half the cases. Partnership staff (for example from Schools, Trusts and Local Authorities) also featured more commonly than Occupational Health.

Involvement of the Disabled Student

Another significant finding of the project in relation to people involved in decision-making was that Teaching was less likely than Social Work or Nursing to involve the student in this process. In Table 4 it can be seen that Teaching involved disabled students in the decision-making process in only 37% of cases compared with Nursing (90%) and Social Work (78%)[6].

What the case study information said about the involvement of Disabled Students

However, when this was examined in relation to the case study data again a different picture emerged. Teaching reported involving the student in almost two thirds of its cases when compared with Nursing (half) or Social Work (under a third). Teaching involved the disabled student in the decision-making process more often than Nursing and Social Work in direct contradiction to what was stated in part one of the questionnaire. Teaching gave some specific examples in the case studies of how the student was involved:

"[We] placed the potential student in a sympathetic local school to get 2 weeks pre-course experience 'for everyone's benefit'. The Head Teacher of the school provided a report; potential student did self-assessment of needs after the 2 weeks pre-course experience; disabled teacher at the school gave feedback to all concerned." (Teaching, England, student with physical impairment)

"Joint discussion with disability staff, academic and clinical staff in conjunction with student." (Teaching, England, student with sensory impairment)

"Consultation with student, support staff, health and safety staff. I took advice from all these and tutors." (Teaching, Scotland, student with physical impairment).

The way in which the student was involved in the decision-making process varied overall and a number of other examples were provided by Social Work and Nursing. "student, practice teacher and tutor involved in initial decision, consulted disability officer, course leader

and GSCC," (Social Work, England); "input from the applicant, Occupational Health, Disability Advisor," (Nursing, Scotland).

It may well be that Teaching is under-reporting the involvement of disabled students in part one of the questionnaire and since the overall numbers are small this may be misleading. Or, it may be as with the involvement of Occupational Health, students are involved, but not formally or automatically. However it should be noted that the views of students and/or potential applicants did not form part of this study. Therefore, the level of involvement in this process of disabled students and/ or applicants has not been corroborated by disabled people themselves.

Formal procedures to make decisions about fitness (committees or panels)

Under half of all education providers stated they had a formal procedure for making decisions regarding 'fitness' of students whilst they were on programmes. Where this was available, this was in the form of a 'fitness committee' or 'assessment panel'. Half of Social Work programmes had such a committee and less than half of Nursing and Teaching programmes had one. Given that the needs of disabled students may well change over time, that students 'acquire' disabilities or may only be diagnosed once the programme has commenced (especially in relation to dyslexia), it follows that students who were judged fit to study may not necessarily be deemed fit to register.

Whilst it is surprising that all the education providers do not have a formal procedure for making decisions, the key issue is how changes to the student's health and/or disability are addressed during the programme. 12 of the case study examples given occurred during the programme. Therefore it was not clear from the information given by education providers as to how fitness issues are addressed when they arise during a programme and in the absence of a committee or panel. Whilst there was no evidence from the research that such committees or panels are an enabling approach for disabled people, they do provide an opportunity for all parties to come together (including the disabled student) to discuss barriers and reasonable adjustments.

However, it is important that such committees or panels focus on supporting disabled students to meet the necessary competencies.

The percentage of Nursing programmes who have such a committee is likely to change in the near future. This will be a requirement as a result of new standards and guidance to be implemented as part of the NMC's fitness for practice review and subsequent new standards to support learning and assessment.

Involvement of Regulatory body on Fitness Committee or Panels

When the education providers were asked if their regulatory bodies were involved (on fitness committees or assessment panels), 7% of Teaching respondents said yes, compared to 33% of Nursing and 71% of Social Work respondents[7]. This finding may demonstrate a tendency for Social Work to involve its regulatory body in fitness to practise decisions more actively. Whilst this finding was statistically significant, it may be accounted for programmes consulting their GSCC representative (and equivalents) for clarification in a case before the fitness committee. That is, involvement could be interpreted as direct involvement, ie a member of the body actually present and participating in the meetings, or as indirect involvement, including consultation or guidance outside of the actual committee or panel group and meetings.

It might also be that information available in the field of Social Work is unclear or unavailable, and hence increases the likelihood of involving the professional body in decision-making. It was noted in the introduction that Teaching and Nursing have produced guidance on health/fitness criteria and disabled applicants for their respective professions. This specific guidance has yet to be produced for Social Work. This may be a consequence of the fact that the legislation establishing the General Social Care Council for England, The Care Council for Wales (CCW) and the Scottish Social Services Council (SSSC) and their registration rules are relatively 'new' when compared to the establishment of the regulatory bodies in Teaching or Nursing.

Appeals procedure

The majority of education provider respondents from all professions had an appeals procedure in place. Interestingly, an appeals procedure was in place for all of the respondents from Wales, compared to 78% in both England and Scotland. However, the total number of responses from Wales was small and the sample is unlikely to be representative.

(iv) Evidence used to underpin decision-making

Respondents were asked to cite evidence or guidance they referred to when making decisions. The data from the education providers showed that all three professions generally consulted professional guidance to make decisions on whether or not to admit a disabled applicant. Other guidance used was from the DRC and, to a lesser extent, Human Resources. However, it would not be expected that Human Resource guidance would be used in higher education institutions. See table below for a summary.

Type of Guidance Document	Profession		
	Nursing	Teaching	Social Work
Professional Body Guidance	100% n = 9	83% n = 15	100% n = 9
Human Resources Guidance	57% n = 4	39% n = 5	29% n = 2
DRC Guidance	90% n = 9	69% n = 11	69% n = 4

Table 5: Guidance used to help make a decision whether or not to admit a disabled applicant by profession

There were minor differences between the professions and it can be seen from Table 5 that Social Work appeared less likely than Nursing or Teaching to refer to DRC guidance. Again, this may be that they engage

actively with their professional body when making decisions as compared to the other two professions.

What the case study information said about guidance

When this was examined in relation to the case study examples from education providers, the most common response was that no guidance was sought (12 out of 38 stated this). Just under half of the Social Work case studies stated that they did not seek guidance compared to a third of Nursing and a quarter Teaching examples. Of those seeking guidance, four respondents felt that the guidance was unclear or of limited use.

One Teaching respondent (England) wrote regarding Able to Teach (TDA): "whilst this was useful, the most relevant case study was ambiguous." A Nursing respondent (England) writing about a student with a physical impairment noted that: "guidance from [the] professional body was limited; other professional groups such as health professions/veterinary medicine appeared to have considered the issues of clinical practice with greater enlightenment." Another Nursing respondent (Scotland), again with reference to a student with a physical impairment, added: "NMC documentation was ambiguous; DRC documentation [was] helpful from the legal perspective. Occupational Health were also ambiguous."

A Social Work respondent (England) with a student with a mental health condition commented on the importance of using guidance even when this was not always fit for purpose: "[We sought guidance from the] GSCC – student was on old Diploma in Social Work which did not have health entry criteria or self-disclosure of health issues [we] were dealing with it without the requirements of the new degree, but thought it best to use that guidance as well as disability support."

Guidance therefore was important to providers in relation to providing some direction when making decisions. This means that the guidance produced by the regulatory bodies has to be fit for purpose and in the case study examples some respondents indicated that the guidance was ambiguous. It is vitally important that this ambiguity is addressed in order that they provide sufficient information about how disabled

people can meet the competency and or fitness standards. Respondents were asked to name any other types of guidance documents they used and some were profession specific. Teaching respondents referred to DATE (Disabled access to teacher education), DfES Mental and physical fitness to Teach and TDA and 'Able to Teach'. One Nursing respondents referred to the NMC Standards of proficiency for nursing and midwifery. A Social Work respondent referred to the PEdDS Project (University of Hull). General documents for example Quality Assurance Agency (QAA) guidance, resources from other health professionals and specific guidance from the university disability office were also mentioned.

Other evidence used to make decisions

When asked what other evidence education providers used when making the decision whether or not to admit a prospective disabled applicant, a self-declaration of health/disability and an Occupational Health/medical advisor interview were the most frequently cited.

See table below for a summary.

Type of information used	Profession		
	Nursing	Teaching	Social Work
Health and Safety assessment	60% n = 6	63% n = 12	50% n = 5
Risk assessment	70% n =7	53% n = 10	50% n = 5
Occupational Health and /or medical advisor interviews	90% n = 9	68% n = 13	80% n = 8
Self-declaration of health/ disability	80% n = 8	84% n = 16	90% n = 9

Table 6: Information used to base decision whether or not to admit a disabled applicant on by profession

However, Teaching was to some extent less likely than Nursing or Social Work to use Occupational Health and/or medical advisor interviews to base a decision on. Therefore it can be seen from Table 6 that education providers are mainly using evidence to base decisions as guided by their professional and regulatory bodies. In relation to this question, respondents were given an opportunity to state 'any other' evidence or guidance they used and each profession reported a number of 'other'; these included:

Teaching:

- Disabled student advisor at the university
- Interview with student
- Medical assessments are made by Occupational Health. If such assessment suggests a serious concern about fitness to teach that concern is discussed by senior members of staff and discussed with the applicant
- TDA regulations – specifically in relation to dyslexia

Nursing:

- An Occupational Health assessment by SALUS may also be requested
- Disability disclosure is requested by CATCH at initial admission stage
- Guidance from disability officer/advisors (3)
- NMC Guidance Fitness to Practice

Social Work:

- Consultation with disability office staff
- GP letter
- Occupationally competent staff
- Previous employers

Again the role of the Disability Officer or advisor appears to be common to all professions. Earlier in this section (see Table 4) respondents stated that disabled applicants/students were involved in decision-making. However, in this part of the questionnaire when asked what information they used to base a decision whether or not to admit a disabled applicant on only Teaching specifically referred to the disabled person themselves as a key source of expertise. This is another contradiction to the previous finding which found that Teaching only rarely involved the disabled person.

(v) Support for disabled students

In part one of the questionnaire all respondents in all professions stated that their department/faculty took into account the support, equipment or other adjustments that could be made to enable the disabled applicant to participate in the programme. A respondent (Nursing England) commented on the challenges that "relate to developing strategies for people with learning difficulties so that they can achieve the required level of professional competence in areas where multi-tasking is necessary within a constantly changing environment and to a time limit."

What the case study information said about support

In the case studies, examples were given of the types of adjustments considered. These are divided into four main types; human assistance, technical assistance, adjustments to courses, exams and assessment methods and adaptations to placements. The examples given in the case studies appear to support what was reported by respondents in part one of the questionnaires. That is, education providers in all three professions took into account the support, equipment or other adjustments that could be made to enable the disabled applicant to participate in the programme.

A number of different adjustments were considered and put in place by education providers to ensure that disabled students were able to demonstrate their capability and competence. Many of the adjustments were minor and inexpensive and this is consistent with

the literature: “almost half of work-place adjustments cost less than £50, and in some cases, the cost is zero” (Watson *et al* 1998 p6). However, since no comparable information was collected from disabled students, it is not possible to speculate as to the effectiveness of these adjustments.

Human Assistance

Human assistance in this context included mentoring, buddying and the use of personal assistants/support workers. One Disability Tutor in Nursing (England) spoke at length on the adjustments made for a student with a physical impairment: “[the] student has a designated support worker in clinical practice to provide one-to-one support in the development of clinical skills. [A] named mentor in clinical practice is given an outline of the learning needs, the name and role of the support worker and the planned outcomes for that allocation. This is provided prior to the commencement of the placement. Any concerns or issues are discussed with the student, mentor and disability liaison tutor. The student is visited in placement by the disability liaison tutor [and] given feedback from the mentor during his visit. The support worker is also present and learning outcomes are identified.”

One Teaching student (England) was given a “driver, helper”, whilst another teaching student with a physical impairment (Wales) was given “individual tutorials to consider [the student’s] needs.” For a Teaching student with a sensory impairment (England) “an external assessment was conducted by the RNIB, recommending buddying/peer support and a personal support worker”; another student with a sensory impairment (Scotland) was given “support from practising PE teachers with a hearing impairment.”

Technical Assistance

Different types of technology were employed to assist students, including computers and relevant software; one visually impaired Teaching student (England) had a “computer supplied by [their] LEA”, whilst a partially sighted Social Work student (England) was given access to “magnification software. “ A Social Work student with a hearing impairment (England) had an “electronic stethoscope, phone

adaptor, induction loop," and a teaching student (England) received "assistive hearing devices."

Adjustments to courses, exams and assessment methods.

Other adjustments included changes to courses, exams and assessment methods. This was most commonly found in Nursing. One respondent, referring to the case of a Nursing student with a learning disability/difficulty (England), said: "learning support was offered at a number of points when it became apparent that it was needed. This included tutorial support, favourable appeal decisions and allocation of extra time for examinations." A Social Work student with mental health issues (England) was allowed to resit exams "on the recommendation of the practice teacher, when the student could provide medical confirmation of a readiness to resume." For a particular Nursing student (Scotland) "the flexible route for the course [was considered], which involves a minimum of 20 hours a week on placement, rather than 37.5 hours per week for the full time course." In this case, the applicant declined to take this route.

Adaptations to Placements

Adaptations to placements were also discussed in several of the case studies. This included location: "all placements within a commutable driving distance from home area" (Nursing student, physical impairment, Scotland), and available equipment on placement: "[we] negotiated suitable equipment to assist in teaching practice with the practice school, eg settings on interactive whiteboard etc," (Teaching student, sensory impairment, England). Also important were the type of placement identified for the student; for example, a Nursing student with learning disabilities/difficulties (England) had a "rearrangement of placement areas to less acute areas;" and the "identification of appropriate clinical placements for the student" was given as an important element for a Nursing student with a long standing illness (Scotland).

The issue of placements has been identified repeatedly in the literature as a key area in which support must be addressed to ensure inclusion of disabled students. Placements can be a stressful and demanding

experience for all students and it is important that the nature of the placement being assigned to the student is considered as well as appropriate adjustments put in place (Wray *et al* 2005, Aspland *et al* 2006).

Therefore it can be seen that in some institutions and in some professions there are examples of how the key requirements for undertaking professional programmes are analysed with respect to

reasonable adjustments and in collaboration with disabled applicants and other relevant specialists to address inclusion.

Staff with Specialist training and skills

Respondents were asked in part one of the questionnaire whether they had members of staff within the department/faculty who had specialist skills and training to support disabled students (see Table 11, Appendix 3). Only 63% of Teaching respondents stated they had specialist staff compared with 90% of Nursing and Social Work respondents. In addition, it was found that Teaching was less likely than the other two professions to make use of student support services.[8]

Support for Disabled students on Teaching programmes

If Teaching does not have the specialist staff as stated above or make as much use of student support services it may be that students experience more difficulty in accessing support either within the department (that is specialist staff) or through generic support services in the institution. However, Teaching has more postgraduate students, and this group may already have a number of support systems in place (Skill 2003). It may also be that the mechanisms for communicating the needs of disabled students are better established for undergraduate rather than postgraduate courses. However, only 4% of people registering to train as teachers declare themselves disabled (Nixon 2006).

An important issue is therefore how disabled students are supported on teaching programmes. The findings seem to suggest that this is not through Student Support Services or by actively engaging with the disabled students themselves. In the case study examples given by

Teaching there were only a few comments on support mechanisms. One respondent mentioned: "student and specialist subject lecturers consulted to identify possible support mechanisms," (Teaching, England, sensory impairment). Another identified: "support from practising PE teachers with a hearing impairment," (Teaching, Scotland, sensory impairment)

Appeals Procedure

In each profession and in each country there was generally an appeals procedure in place if a disabled applicant was not offered a place for reasons related to their disability (see Tables 13 and 14, Appendix 3). However, this was less likely in Social Work compared with Teaching or Nursing. In relation to appealing a decision, the disabled person could generally appeal to the Admissions Tutor or Head of Head of School/Department. However it is worrying to note that one Teaching respondent reported that appeals took place through the Medical Centre's appeals procedure, and a Nursing respondent stated it was through Occupational Health. Given that the involvement of Occupational Health and/or medical interviews is generally high for most of the professions it would be important that the appeals process was separated from this and located firmly within the academic department or institution.

Good practice examples from the case studies

Good practice was an issue that was highlighted in the qualitative data from the case studies and the quantitative data from part one of the questionnaires. A number of good practice issues were identified; liaison and teamwork, learning from experience, a positive attitude and effective and appropriate management of disclosure.

Liaison and Teamwork

One of the key issues identified was the importance of good liaison and teamwork to ensure effective student support. One nursing respondent (Scotland) spoke of: "the necessity for regular evaluation and feedback from the student, with both their personal lecturer and the learning support lecturer." Another respondent added: "I thought

it was useful to keep an open dialogue with the course leader to determine what additional support might be available" (teaching student, mental health condition, England).

In a study identifying good practice when dealing with disabled students taking part in off campus activities, it was found that good communication and collaboration between all parties was an essential ingredient for success (Aspland *et al* 2006). Developing positive and close relationships and early assessment appears to benefit all parties, including improving the experiences of disabled students (Aspland *et al* 2006, Wray *et al* 2005).

In part one of the questionnaire involving the disabled student in the decision-making process was found to be more prevalent in Nursing and Social Work than in Teaching. Again, good practice involving disabled students is something that education providers (especially Teaching) might wish to address. In the case study examples a number of positive outcomes for students were stated. "We helped this person look closely at what was possible to achieve academically and professionally and advised future direction," (Nursing, England). Secondly, it empowered the student and improved the process of making adjustments: "[the] student remained in control of the situation; adjustments were made sensitively without drawing anyone's attention to them," (Nursing, Wales). One Teaching respondent (England) learnt to: "ask [the] student in more detail about any adjustments that they did NOT want."

Other research has shown that many disabled students feel it is partly their responsibility to make arrangements for their support or

reasonable adjustments and find their involvement in the process to be empowering (Aspland *et al* 2006).

Learning from experience

Some of the examples given by respondents demonstrated that when education providers actively engaged with disabled applicants and students they were able to learn from the experience and translate that into future inclusive practice.

A Nursing respondent (England) spoke of the lessons learnt from the process of addressing the needs of disabled students: "since this student started we now have a second student with a physical disability and we already have in place strategies and processes by which early assessment can be completed so that needs are identified pro-actively." Another respondent (Teaching, England) said: "as a result of this, and another case study that year, [we have] worked together to develop new procedures to ensure an improvement to the existing system and produced [a] Fitness to Teach procedure."

Positive Attitude

Approaching each student's situation individually and positively was seen as important; a Teaching respondent (Scotland) felt that "enthusiasm on the part of all concerned [is] key." A Nursing respondent (England) noted the positive effect brought about by addressing the needs of a particular student : "colleagues in general appear to be more open about the potential and whereas initially they could only see the disability, they are now talking about what can be modified or adjusted." One Teaching respondent (England), speaking about a lack of experience in the institution, reported: "as the then Dean of Faculty said 'just because it has not been done [before], does not mean it cannot be successful.'"

Managing Disclosure

In the case studies from education providers, disclosure was mentioned specifically by Social Work (four respondents), and Nursing (three respondents) but not at all by Teaching. Social Work spoke of the need for 'encouraging early and full disclosure' as one of the lessons learnt from the case study. Another commented on the important issue of how information regarding a students disability in shared with colleagues "this experience taught me that there may be some pieces of information we should ask students if we could share round the whole team" (social work student, mental health condition, England).

In Nursing, one respondent referred to 'assessments being able to be carried out early because of the applicant disclosed their disability

prior to application'. All other respondents merely used the word 'disclosure' as an issue.

Social Work education providers were marginally less likely to have a policy in place dealing specifically with disclosure. Although there is a requirement for student registration in England and Wales which has a fitness standard attached, education providers appear less likely to ask for a declaration of health/disability at the application stage than the other two professions. Social Work is also less likely to ask for a declaration at the interview stage and at the commencement of the course when compared to the other two professions. Disclosure therefore may be more an issue for Social Work because it is addressing the issue of declaration later in the admissions process than Nursing or Teaching. However, it should be noted that Social Work students apply through UCAS where a declaration of health/disability is requested, so this may be open to interpretation.

(vi) Additional information

This final section of the results and discussion considers additional information that did not easily fall into any of the previous five categories outlined above.

Information needs

Respondents within each profession were asked whether they would need further information about each of the categories of impairment listed in the questionnaire before proceeding with the admissions process. These categories were;

- Physical impairment, such as difficulty using their arms or mobility issues which means using a wheelchair or crutch
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment
- Mental health condition, such as depression or Schizophrenia
- Learning disability/difficulty, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)

- Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- An impairment, disability, special need or long-term health condition that is not listed above.

The responses from each profession are summarised below.

Type of Impairment	Profession		
	Nursing	Teaching	Social Work
Physical impairment	90% n = 9	53% n = 9	60% n = 6
Sensory impairment	90% n = 9	67% n = 10	60% n = 6
Mental health condition	80% n = 8	80% n = 15	90% n = 9
Learning disability/difficulty	67% n = 7	73% n = 12	80% n = 8
Long standing illness or health condition	67% n = 7	67% n = 13	80% n = 8

Table 7: More information needed by categories of impairment and profession

There were no differences between the professions. To ensure consistency with other DRC information gathering; the category 'Learning disability/difficulty, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder)' was used. However, it is important to note that this categorisation is not entirely compatible with that used generally in the higher education sector. In this sector terms such as 'learning disability' and 'learning difficulty' (or specific learning Difficulty' (SpLD)) represent very different types of impairment. 'Learning disability' has been defined as "a state of arrested or incomplete development of mind," and

somebody with a learning disability is said to have "significant impairment of intellectual ... and ...adaptive/social functioning," (BILD 2007). In contrast, a Specific Learning Difficulty (SpLD) is "an umbrella term used to cover a wide range of difficulties…including dyslexia, dysgraphia, dypraxia, dyscalculia, attention deficit disorder, Autism, and Aspergers' syndrome. (Open University 2007).

Therefore it is likely that the respondents were referring to SpLD as this is the most prevalent type of disability or impairment particularly in higher education (Hatcher *et al* 2002).

Outcome of the case study

In the case studies, respondents were asked to state what was the outcome of the example they had provided ie whether the student had progressed or not. Most were positive, with 28 out of the 38 students accepted, progressing, or passing. Two students were accepted but did not take up the offer of a place – both of these were from Teaching. Only one student was advised to withdraw, a Nursing student with a learning disability/difficulty. Of those 28 students (who were described as accepted/progressing/passing) a number of positive comments were made about their cases. One Teaching student with a sensory impairment (England) successfully completed her training, gained employment and "was awarded teacher of the year". Another Teaching student with sensory impairments (Scotland) gained an award of diploma with merit.

Although the number of students experiencing problems was comparatively low, a few examples are reported here for interest. One Teaching respondent (England) reported: "it was agreed that the faculty was able to support the student and offer the recommended support. However, the student found some of the assessments extremely stressful and did not wish to place themselves under what was perceived to be high levels of scrutiny. The student decided to change course (to primary education) where many of the safety issues did not arise. The student is enjoying his training and receiving positive support from staff and placement providers." A Nursing

student (England) with a learning disability/difficulty "gained confidence and initially passed further assessments. However, the student...failed to meet criteria within the allocated time, [and is] currently doing an academic appeal." A Teaching student with a physical impairment (England) was found a placement, but: "decided at the last minute to train in London, nearer her home."

It would appear therefore that the respondents generally submitted a case study that had a positive outcome and demonstrated their approach to positively including disabled applicants.

4 Summary of key findings and conclusion

The information collected generated some areas of interest that require further exploration. In this section, a number of concluding comments are made, highlighting the key findings of the project. Some of these are generic to all professions and some are profession-specific. Where the latter is the case, the professional body in question is explicitly stated.

Policy

While all education providers have attempted to address their obligations under the DDA by having generic policies on disability, not all education providers were found to have policies that addressed the particular difficulties of balancing fitness requirements and the requirement for disclosure with the rights of disabled people. The development of specific policies or the amendment of existing policies may need to be undertaken. This will create a supportive culture in which disclosure of a disability, impairment or long-term health condition can take place. Currently, there is insufficient detail in policies produced by most institutions to address this. It is essential that there is transparency in the decision-making process and this can be encouraged by providing more detail regarding how such decisions are undertaken, and by whom.

Therefore, it may be important to consider how best education providers can be advised regarding amendment of existing generic policies. Specifically, more information needs to be provided to disabled applicants on how decisions are made, who is involved in decision-making, what the criteria are and how this is assessed.

Professional Guidance

One of the key findings of the project centred on the availability of guidance from the relevant professional and statutory bodies and how useful that guidance was. The findings of this research demonstrate a clear link between the regulations, the guidance issued by the regulatory bodies and how decisions are made about fitness.

Guidance issued by these statutory organisations is relied on by the vast majority of HEIs in their decision-making and consequently, is of particular importance. Statutory organisations such as the NMC should consider using their obligations under part 2 of the DDA (in relation to qualifications bodies) and under the DED, to ensure that the guidance they issue sends positive messages. This could include helpful and non-discriminatory advice to help HEIs make decisions about the admission and on-going support of disabled students. Social Work appeared to be at a particular disadvantage in relation to availability of guidance. General guidance is available from the Councils but a specific document (such as the equivalent of *Able to Teach*) is not.

Further examination is needed of the guidance issued by professional and statutory bodies on how to meet the fitness requirements laid down in regulation without placing the disabled applicant at a disadvantage. It is important to explore how legislation may restrict the professional and statutory bodies. Guidance should be ‘fit for purpose’ and meet the needs of those responsible for providing educational programmes in the fields of Teaching, Nursing and Social Work. Additionally, the DRC may wish to explore with the professional and statutory bodies whether the review of their competency standards has been undertaken and what the outcome is. This would assist professional and statutory bodies to identify where any disadvantages to disabled people may lie, and how they could be mitigated. Specific guidance to HEI's on this issue may be needed.

Fitness committees/assessment panels

Under half of all education providers had a formal procedure for making decisions regarding fitness and this was usually in the form of a fitness committee or assessment panel. Given that the needs of disabled students may well change over time, that students 'acquire' disabilities or may only be diagnosed once the programme has commenced (especially in relation to dyslexia), it follows that students who were judged fit to study may not necessarily be deemed fit to register. Whilst it is surprising that all the education providers do not have a formal procedure for making decisions, the key issue is how changes to the student's health and/or disability are addressed during the programme. Whilst there was no evidence from the research that such committees or panels are an enabling approach for disabled people, they do provide an opportunity for all parties to come together (including the disabled student) to discuss barriers and reasonable adjustments. However, it is important that such committees or panels focus on supporting disabled students to meet the necessary competencies.

Education providers in Social Work were found to involve their regulatory body in the assessment or fitness panel significantly more so than the other two professions. Whilst it was felt that

Social Work may consult their regulatory bodies for clarification, direct involvement was unusual. An increased level of engagement with the professional body may be a consequence of the unavailability of a specific guidance document. Alternatively, it may be that the recent establishment of the Social Work regulatory bodies has given education providers an opportunity to involve these bodies in decision-making.

Further clarification needs to be sought regarding fitness committees/panels within the higher education sector and examine how changes in a student's health and/or disability are addressed. The extent of the involvement of the Social Work regulatory bodies on fitness panels or committees within the education sector might also be explored.

Involving disabled students and applicants

It was evident from the analysis of the education providers' data that Teaching was significantly less likely to involve disabled applicants in the decision-making process than the other two professions and that disabled students were not universally being involved in the decision. The case study examples given by teaching suggested that this might not be a 'true' picture, and that involvement is slightly higher than reported in the survey.

Education providers (and in particular, providers of teaching programmes) may wish to explore how they can ensure that disabled people are more actively involved in the decision-making process about fitness at application, interview and during programmes.

Involvement of Occupational Health in decision-making

Occupational Health obviously plays an important role in making decisions about fitness to enter and study on programmes. However, the extent of this involvement is difficult to ascertain as their role should generally be that of advisor with the HEI taking responsibility for the decision. Occupational Health when undertaking the confidential health interview should consider the health/disability of the applicant to ensure that reasonable adjustments are made. Whilst academic staff were most commonly involved, Occupational Health staff were seen as central to the process of deciding an applicant or student's fitness to study. This was particularly the case for education providers in Nursing. Input from Occupational Health is to be expected given the current guidance from the regulatory bodies on this issue. However, reliance upon medical interviews, health questionnaires and Occupational Health may serve to create an appearance of decision-making rooted very much in the medical model of disability.

The extent of Occupational Health's role in decisions as to whether to offer a place to a disabled person on a professional education programme or to allow them to continue on a course needs to be re-examined. Areas that could be looked at are the overall responsibility for making the decision, and the weight that is given to the input of different specialist advisors and the input of the disabled person.

5 References

Aspland J., Wray J., Harrison P., 2006. *Supporting Disabled Students in Off Campus Settings: A Good Practice Guide.* The University of Hull

Ball J. & Pike G., 2006. *At breaking point? A survey of the wellbeing and working lives of nurses in 2005.* Royal College of Nursing, London

Bowling A., 2002. *Research Methods in Health. 2nd ed*
Open University Press, Maidenhead, England

British Institute of Learning Disabilities, 2007. Available at:
www.bild.org.uk./05faqs.htm#Fact_sheets

Buckland I., 2003. *Getting questionnaires right. Ethical Corporation Magazine*, January 2003. Available at:
http://www.sd3.co.uk/downloads/GettingQuestionnaires.pdf.

Cain S. & Riddick B., 2001. *Dyslexia: at the dawn of a new century, 5th BDA International Conference,* University of Sunderland.

Care Council for Wales, 2005. *The Care Council for Wales Conduct Rules.* CCW: Cardiff

CHRE, 2007. *Statement on the White Paper 'Trust Assurance and Safety – The Regulation of Health Professionals in the 21st Century'* and *'Safeguarding patients'* available from:
http://www.chre.org.uk/Website/news_and_publications/new s/WebsiteNews.2007-02-21.6973215725/word/

Dale C., Aiken F., 2007. *A Review of the literature into dyslexia in nursing practice. Final Report,* RCN, Practice Education Forum

de Vaus, D. A., 1996. *Surveys in Social Research Fourth Edition.*
UCL Press Limited, London

Department of Health, 2000a. *The NHS Plan: A plan for investment, a plan for reform.* Department of Health, Norwich

Department of Health, 2000b. *The Vital Connection [online]*. Available from: **http://www.dh.gov.uk/PolicyAndGuidance/HumanResourceAndTraining/ModelEmployer/EqualityAndDiversity/EADFramework/fs/en?CONTENT_ID=4064058&chk=nn0uHG**

Department of Health, 2000c. *Improving Working Lives Standard.* Department of Health, London

Department of Health, 2000d. *Looking Beyond Labels: Widening the Employment Opportunities for Disabled People in the New NHS.* Department of Health, London

Department of Health, 2006a. *The regulation of the non-medical Healthcare professions.* Department of Health, London

DfES Circular 4/99, 1999. *Physical and Mental Fitness to teach of teachers and Entrants to Initial Teacher Training.* Department for Education and Skills: London.

DfES, 2000. *Employing disabled teachers: a good practice guide for schools.* Available at: **http://www.dfes.gov.uk/publications/guidanceonthelaw/dfeepub/jan00/030100/**

Disability Rights Commission, 2004a. *Code of Practice on amendments to Part 2 of the DDA 1995: Trade Organisations and Qualifications Bodies'.* DRC: London

Disability Rights Commission, 2004b. *Code of Practice on Employment and Occupation.* Available at: **http://www.drc-gb.org/library/publications/employment/code_of_practice_-_employment.aspx**

Disability Rights Commission, 2006. *Guidelines for Ethical Research.* Downloaded from the DRC website 22.07.06 **www.drcgb.org/library/research/drc_research_commissioning/guidelines_for_ethical_researc.aspx**

Edwards P., Roberts I., Clarke M., Diguiseppi C., Pratap S., Wentz R., Kwan I., 2002. *Increasing response rates to postal questionnaires: systematic review.* BMJ 2002; 324:1183, 18 May, **http://www.bmj.com/cgi/content/full/324/7347/1183#Top**

Elliott M. & Joyce J., 2005. *Mapping drug calculation skills in an undergraduate nursing curriculum.* Nurse Education in Practice 5, 225-229

Field, A., 2003. *Discovering Statistics using SPSS for Windows.* Sage, London.

General Social Care Council, 2002a. *Accreditation of universities to grant degrees in social work.* GSCC: London

General Social Care Council, 2005. *The General Social Care Council Registration Rules (2005).* GSCC: London

General Social Care Council, 2007. *About social work applications – your questions answered.* Available at: **http://www.gscc.org.uk/The+Social+Care+Register/How+to+register/Social+workers/About+social+worker+applications.**

General Teaching Council Scotland, 2002a. *The Code of Practice on Teacher Competence.* GTCS Edinburgh

General Teaching Council Scotland, 2002b. *The Standard for Full Registration.* GTCS Edinburgh

GTTR, 2007. *Fitness to teach.* Available at: **http://www.gttr.ac.uk/**

Haber J., 1998. Legal and Ethical Issues. Chapter 11 in LoBiondo-Wood, G. and Haber, J. (1998) *Nursing Research: Methods, Critical Appraisal and Utilisation.* St. Louis: Mosby.

Hatcher J., Snowling M.J., Griffiths Y.M., 2002. Cognitive assessment of dyslexic students in higher education. *British Journal of Educational Psychology (2002),* 72, 119–133

May T., 2001. *Social research: Issues, Methods and Process. 3rd ed.* Open University Press, Buckingham

NES, 2006. *Identifying and supporting the numeracy needs of healthcare staff in Scotland: A strategy document.* NHS Education for Scotland.

NHS Executive, 2000. *Positively Diverse.* The Department of Health, London

Nixon S., 2006. DRC spotlight shines on the job market, in *Disability Now.* Available at: **http://www.disabilitynow.org.uk/news/newsfocus/july_2006.htm**

Nursing and Midwifery Council, 2004a. *Standards of proficiency for pre registration nursing education.* NMC, London

Nursing and Midwifery Council, 2004b. *Code of professional conduct: standards for conduct performance and ethics.* NMC, London

Nursing and Midwifery Council, 2004c. *Requirements for evidence of good health and good character.* Available at: **http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=517**

Nursing and Midwifery Council, 2006a. Post Shipman review tackles nursing and midwifery regulation. *NMC News,* 17, 4, NMC. Available at: **http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=2265**

Nursing and Midwifery Council, 2006b. *Healthcare Professional Regulation: public consultation on proposals for change.* Available at: **http://www.nmcuk.org/aFrameDisplay.aspx?DocumentID=2258**

Nursing and Midwifery Council, 2006c. *NMC guidance – good health and good character.* Available at: **http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1945**

Nursing and Midwifery Council, 2006d. *Position Statement on the Disability Discrimination Act NMC.* NMC website (24.07.06) Available at: **www.nmc-uk.org/aFrameDisplay.aspx? DocumentID=356**

Nursing and Midwifery Council, 2007a. New UK registration. Available at: **http://www.nmc-uk.org/aArticle.aspx?ArticleID=171**

Nursing and Midwifery Council 2007b. Renewing your NMC registration. Available at: **http://www.nmc-uk.org/aArticle.aspx?ArticleID=172**

Open University, 2007. Available at: **http://www.open.ac.uk/inclusiveteaching/pages/understanding-and-awareness/what-are-specific-learning-difficulties.php**

Parahoo, K., 1997. *Nursing Research: Principles, Process and Issues.* Macmillan Press Ltd, Hampshire

Priest H., Roberts P., Woods L., 2002. *An overview of three different approaches to the interpretation of qualitative data. Part 1: theoretical issues. Nurse Researcher* 10 (1) 30-42

Quality Assurance Agency, 1999. *Code of Practice for the assurance of academic quality and standards in Higher Education – Section 3: students with disabilities.* QAA: Gloucester

Quality Assurance Agency, 2000. *The Standard for Initial Teacher Education (ITE) in Scotland: Benchmark Information.* QAA: Gloucester

Royal College of Nursing, 2003. *Workability: Getting on with the job!* Royal College of Nursing, London

Ruebain D., Honnigmann J., Mountfield H., Parker C., 2006. *Review of legislation, regulations and statutory guidance within professional occupations.* DRC; London. Available at: **www.drcgb.org/docs/Fitness_Regulatory_Review_Report.doc**

Sanderson-Mann J. & McCandless F., 2005. *Guidelines to the United Kingdom Disability Discrimination Act (DDA) 1995* and the *Special Educational Needs and Disability Act (SENDA) 2001* with regard to nurse education and dyslexia. *Nurse Education Today* 25, 542-549

Scottish Executive, 2004. *Medical Standards Consultation. Edinburgh: Scottish Executive.* Available at: **(http://www.scotland.gov.uk/consultations/education/medicallyfit.pdf). Accessed on 27/07/06**

Scottish Social Services Council, 2006a. *The Scottish Social Services Registration Rules 2006.* SSSC: Edinburgh

Scottish Social Services Council, 2006b. *The Scottish Social Services Council Conduct Rules 2006.* SSSC: Edinburgh

Scullion P., 2000. Enabling disabled people: responsibilities of nurse education. *British Journal of Nursing 9*(15); 1010-15.

Simmons R., 2001. *Questionnaires. In Gilbert, N. (ed) (2001). Researching Social Life, 2nd ed.* Sage Publications, London

Skill, 2003. Postgraduate education for disabled students. Skill: National Bureau for Students with Disabilities, London

Smeeth L. & Fletcher A.E., 2002. Improving the response rate to questionnaires. *British Medical Journal 324*, 1168-11

Social Research Association, 2003. *Ethical Guidelines.* SRA: London

Taylor H., 2003. An exploration of the factors that affect nurses' record keeping. *British Journal of Nursing 12* (12) 751-758

The Training and Development Agency for Schools, 2006a. *Race and disability equality scheme 2007-10.* Available at: **http://www.tda.gov.uk/upload/resources/pdf/t/tda_rdes_nov_dm.pdf**

The Training and Development Agency for Schools (TDA), 2006b. *Qualifying to Teach: Professional Standards for Qualified Teacher Status (QTS) and Requirements for Initial Teacher Training (ITT) TDA.* Accessed 22.07.06 and available at: **http://www.tda.gov.uk/teachers/professionalstandards/currentprofessionalstandards/qtsstandards.aspx**

TTA, 2004. *Able to Teach: guidance for providers of Initial Teacher Training on disability discrimination and fitness to teach.* Available at: **http://www.tda.gov.uk/upload/resources/doc/b/bf1-able-to-teach-22-04-04-1.doc**

Watson A., Owen G., Aubrey J., Ellis B., 1998. *Integrating Disabled Employees. DfES Publications,* Nottingham

Wray J., Fell B., Stanley N., Manthorpe J., Coyne E., 2005. *The PEdDS Project: disabled social work students and placements.* The University of Hull. Available at: **www.hull.ac.uk/pedds/documents**

Appendix 1: Additional Information on Method

(A) The questionnaire

Both education providers and employers were asked to provide information on availability of any of the following policy information:

- Equal opportunities policy
- Disability Discrimination Policy or Disability Equality Plan
- Other disability specific policy (eg reasonable adjustments, health/fitness criteria)
- Confidentiality and/or Disclosure Policy
- Other relevant policy

Education providers were also asked to provide examples of documents to secure examples of best practice.

Part one of the questionnaire looked at issues arising at the time of application to programmes/employment, preparation for commencing programmes/employment, and during programmes/employment. Key questions addressed included:

(1) who is involved in making decisions

(2) in what format the information about health and/or disability is requested

(3) the type of guidance or evidence used to base decisions on

(4) support, equipment and adjustments

(5) procedures and committees around 'fitness'

Part two of the questionnaire comprised a case study that was intended to complement and augment the quantitative data in order to look more closely at 'decision-making in practice'. Open questions were used to investigate the experiences of the participant, allowing participants full freedom in their responses. There was also space at the end of the section to include any additional comments.

This part of the questionnaire collected the following information:

(1) presenting details of the case – including impairment category, ethnicity, gender, type of programme or workplace

(2) stage in which case occurred, eg entry to an educational programme, during educational programme, entry to professional register, upon application for employment, during employment

(3) an outline of any 'fitness to practice' issues identified

(4) the adjustments considered (if any)

(5) personnel involved in the process

(6) outcome of decision

(7) general comments on process from provider of case study

Selection of participants and Sampling Frame:
A database of all relevant education programmes in each of the three countries was compiled. Northern Ireland was not included in the sample as required by the Formal Investigation. This included full or part-time programmes, undergraduate or postgraduate courses, work-based experiential routes and others leading to a professional qualification in Teaching, Nursing and Social Work. This comprised the main sampling frame. Given the time constraints of the project it was deemed impractical to sample 100% of English institutions. Also, there were smaller numbers of institutions in Scotland and Wales when compared to England and therefore a weighted sample was selected. This resulted in a randomised selection in England (20%) and ALL institutions in Wales and Scotland.

As the project had to be completed in six months, it was not feasible to develop a sampling frame for public services employers in Teaching, Nursing and Social Work. In order to address this, education providers were asked to name up to three partner agencies/employers and these were included in the research. This route was chosen to facilitate access to contact names and addresses and constituted a form of 'snowball' sampling. The sampling approach for the employers was therefore different to the sampling used for the education providers.

Analysis of data (SPSS)

Most of the items in the questionnaire had pre-determined answers; therefore numerical codes for each answer were allocated. In instances where items did not have predetermined answers, numerical codes were assigned. Where responses to open ended questions were unique, ie there were few or no other similar responses; these were entered as 'string' (word) variables. In the first instance, the SPSS database was 'cleaned'. This involved running descriptive statistics for all variables and checking that all data was in range. The frequencies for all variables were then produced and analysis undertaken.

The majority of the data set comprised nominal data and primarily binary (Yes/No) variables. Chi-square tests which detect "whether there is a significant association between two categorical variables" (Field 2003) were used to explore the data and determine any areas of significance. Due to the fact that expected counts for some category combinations were small, the Exact Tests option was selected when performing such tests. Therefore, all p values stated in the report are exact.

Analysis of data (Nvivo)

On receiving the data, an overview of each case study was created in Word format and all identifying information removed. Content analysis was seen as the most appropriate method for organising and analysing the data from the case studies. Content analysis looks at the development of emergent themes from text and then assesses the importance of these themes through repetition of coding (Priest, Roberts and Woods 2002).

NVivo is designed to manage large amounts of qualitative data and to facilitate content analysis through two key means: identifying manifest content (whereby participants' actual words form concepts) and/or latent content (whereby concepts are derived from interpretation of participant responses).

Some of the main analytical categories were already known; ie they formed the key questions in the case study pro-forma. Within these main categories, sub-categories were created to reflect the details of the comments given. This gave an overview of themes identified within the case study data. The data was organised such that it could be divided easily into (1) professions (Teaching, Nursing and Social Work), (2) employers/education providers, (3) countries, and (4) themes. A number of queries were then set up to interrogate the data.

Response Rates from Education Providers

100 questionnaires were sent to education providers and 39 were returned. This gave an overall response rate for all professions of 39%. There was some minor variability in responses between professions (Teaching 44%, Nursing 37% and Social Work 33%). 12 education providers declined to participate (12%: Teaching (n = 5), Nursing (n = 3), Social Work (n = 4)). However, when this was examined by country, it can be seen that a low response rate in Wales affected the overall response rate (England 43%, Scotland 40% and Wales 29%).

Nursing	Questionnaires distributed (n)	Questionnaires returned (n)
England (20%)	12	4
Scotland	10	5
Wales	5	1
Total response rate from Nursing		**37%**

Teaching	Questionnaires distributed (n)	Questionnaires returned (n)
England (20%)	28	12
Scotland	7	3
Wales	8	4
Total response rate from Teaching		**44%**

Social Work	Questionnaires distributed (n)	Questionnaires returned (n)
England (20%)	14	7
Scotland	8	2
Wales	8	1
Total response rate from Social Work		**33%**

In relation to part two of the questionnaire (case studies) 38 education providers completed the case study section. Only one respondent (Social Work, Scotland) was unable to give specific details of a case study, as they had yet to work with a disabled student. Of the 38 case studies provided by education providers ten were from nursing (4 England, 5 Scotland, 1 Wales), nine from social work (8 England, 1 Wales) and 19 from teaching (12 England, 3 Scotland, 4 Wales). The person who completed the case study was mainly heads of the institution or department (13), a member of disability staff (11), and course-related staff (6). Most of the cases submitted occurred at entry to the education programme (27), or during the education programme (12).

Demographic details relating to the case studies are provided in Appendix 4.

Appendix 2 – Questionnaire for Education Providers

Education providers within Teaching, Nursing and Social Work were each sent a questionnaire worded specifically for their subject area. The questionnaire below has been adapted to incorporate all three questionnaires.

Notes for completing the questionnaire
For the purpose of completing this questionnaire, please note that a disabled person is defined, according to the definitions contained in the **Disability Discrimination Act 1995** (as amended) as someone who has 'a physical or mental impairment which has a substantial and long-term adverse effect on [their] ability to carry out day-to-day activities'. This includes people with sensory impairments, epilepsy, cancer, schizophrenia, depression, Down's syndrome, diabetes, HIV and many other types of impairments and long-term health conditions.

'Fitness Standards' covers a range of formal regulations along with the operation of policies, practices and procedures for making decisions about a persons' ability to enter, qualify, and work in public sector professional occupations such as Teaching, Nursing or Social Work.

These decisions are made at various stages in a person's career within these occupations and generally require that people declare if they have a condition that might affect their training or work. This may mean they fill in a health questionnaire or declaration or may need to have an assessment by an occupational health doctor or nurse. Once a person has qualified, they may be asked to declare any impairment or health condition to a regulatory body so that they can register. When someone applies for a job their employer may also ask them to go through a process of fitness assessments involving a health questionnaire and possibly an occupational health assessment.

Section 1: About Your Department/Faculty

1.1 Which type of courses does your Department/Faculty provide? (Please click all that apply)

- Undergraduate (Teaching, Nursing, Social Work) ☐
- Postgraduate (Teaching, Social Work) ☐
- Diploma (Nursing) ☐
- Post-Registration (Nursing) ☐
- Other (please specify) ☐

....

1.2 Approximately how many students are there in your Department/Faculty (all courses)?

1.3 Approximately how many disabled students are there in your Department/Faculty (all courses)? ....

1.4 Does your Department/Faculty have policies covering any of the following? (Please click all that apply)

- Disability discrimination ☐
- Reasonable adjustments ☐
- Equal opportunities ☐
- Health/fitness criteria and information outlining the procedures for implementing these criteria ☐
- Disclosure of an individual's impairment and/or long-term health condition ☐
- Other policy relevant to disabled applicant or students

  (please specify what this is in the space below) ☐

....

Section 2: At Application

2.1 Does your Department/Faculty ask applicants for a declaration of health and/or disability? (Please click all that apply)

- On application form ☐
- At interview ☐
- At commencement of course ☐
- During the course ☐
- At exit from the course ☐

2.2 What format does this take? (Please click all that apply)

- Self completed health questionnaire ☐
- Self declaration of 'good health' or fitness ☐
- Health reference ☐
- Other (please specify) ☐

....

2.3 Who is involved in making the decision about a candidates fitness to study on the programme and of these, which have had disability equality training? (Please click all that apply)

	Person Involved	Has had Training
Academic Staff (designated responsibility for admissions and/or recruitment, disability tutor)	☐	☐
Other University Staff – Disability Officer or Advisor	☐	☐
Occupational Health – Nurse, Doctor, other Medical Advisor	☐	☐
Human Resource Staff/Personnel	☐	☐

The prospective disabled student ☐ ☐

Regulatory body ☐ ☐

Other (please specify) ☐ ☐

....

Section 3: Providing support, equipment and other adjustments

3.1 Does your Department/Faculty take into account the support, equipment or other adjustments that could be made to enable the disabled applicant to participate in the programme?

YES ☐ NO ☐

3.2 If yes, who is involved in discussing what support, equipment or other adjustments could be made (please click all that apply)

Academic Staff (designated responsibility for admissions and/or recruitment, disability tutor) ☐

Other University Staff – Disability Officer or Advisor ☐

Occupational Health – Nurse, Doctor, other Medical Advisor ☐

Human Resource Staff/Personnel ☐

The prospective disabled student ☐

Regulatory body ☐

Other (please specify) ☐

....

3.3 Does your Department/Faculty have any members of staff who have specialist skills and training to support new and existing disabled students?

YES ☐ NO ☐

3.4 Are there any support systems available for disabled students within the Department/Faculty or Institution?

Department/Faculty	YES ☐	NO ☐
Institution	YES ☐	NO ☐

3.5 If you answered 'yes' to question 3.4 please specify below the support systems available.

....

Section 4: Making a decision about a disabled applicant

4.1 Does your Faculty/Department use and/or refer to any specific guidance document(s) issued by your Institution or other organisations to help you make a decision as to whether or not to admit a disabled applicant?

Professional Body Guidance	YES ☐	NO ☐
Human Resource Guidance	YES ☐	NO ☐
DRC Guidance	YES ☐	NO ☐
Other Guidance eg statutory or non-statutory guidance (please specify):	YES ☐	NO ☐

....

4.2 If your Faculty/Department is considering whether or not to admit a prospective disabled applicant due to concerns about their mental or physical fitness to study, qualify, register or work, what information would you use to base your decision on? (Please click all that apply)

- A health and safety assessment ☐
- Risk assessment ☐
- Occupational health and/or medical advisor Interviews ☐
- Self declarations of health/disability/disabled applicant's own testimony ☐
- Other (please specify) ☐

....

4.3 How does your Faculty/Department communicate your decision to the disabled applicant? (Please click all that apply)

- Letter ☐
- Telephone call ☐
- Personal meeting ☐
- Email ☐
- Other (please specify) ☐

....

4.4 If a disabled applicant is not admitted for a reason related to their disability, is there an appeal procedure?

YES ☐ NO ☐

4.5 If you answered ‘yes’ to question 4.4, to whom can the disabled applicant appeal? (Please specify position within your Faculty/Department or Institution)

....

4.6 Which categories of impairment would your Faculty/Department feel they needed more information on before proceeding with the admission process? (Please click all that apply)

Physical impairment, such as difficulty using their arms or mobility issues which means using a wheelchair or crutches ☐

Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment ☐

Mental health condition, such as depression or Schizophrenia ☐

Learning disability/difficulty, (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder) ☐

Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy ☐

An impairment, disability, special need or long-term health condition that is not listed above.
Please specify below ☐

Section 5: During the Programme (including Work Placements)

5.1 If you have concerns regarding a student's mental or physical fitness to study, qualify, register or work do you have a formal procedure to assess this?

YES ☐ NO ☐

If yes: I have attached a copy of this procedure ☐

The web link for this procedure is ....

Please contact .... for a copy of this procedure

5.2 Does your Department/Faculty have a Fitness Committee or Assessment Panel to make decisions?

YES ☐ NO ☐

5.3 If yes, who is on the panel? (Please click all that apply)

Academic staff (please list title and role) ☐

....

Other University Staff ☐

Disability Officer or Advisor ☐

Occupational Health – Nurse, Doctor or other Medical Advisor ☐

Human Resource Staff/Personnel ☐

Union Representative ☐

Lay Representative ☐

Other (please specify) ☐

....

5.4 Is there involvement of your regulatory body? YES ☐ NO ☐

If yes, please state the name of the body.

....

5.5 Is there a procedure for appeal? YES ☐ NO ☐

5.6 How is the student involved in this process?

....

....

If you have any further comments you wish to make please do so in the space below.

....

....

Section 6: Case-Study

This section aims to complement and augment the information you have already kindly provided in the earlier sections. You are now asked to think of a specific case-study that you have dealt with relating to disabled applicants to help us better understand 'decision making in practice'. Please complete all questions as fully as possible in relation to your chosen case-study, starting with question 1. Thank you.

All identifying information relating to the subject of the case-study will be anonymised and will not be made public in any form that could reveal the identity of the subject to an outside party.

It may be that you have not, to your knowledge, had any disabled applicants/employees to date; if this is the case, please click this box ☐

If you have clicked the box, do you have any comments to make on why you feel you might not have had any disabled applicants?

....

....

....

....

6.1 Details of person completing the case-study

Your role: ....

Date of completion of case-study: ....

6.2 Personal details of the subject of your case-study

Gender: male ☐ female ☐

Please state the type of impairment category that applies:

Physical impairment, such as difficulty using their arms or mobility issues which means using a wheelchair or crutches ☐

Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment ☐

Mental health condition, such as depression or schizophrenia ☐

Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder) ☐

Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy. Please specify below: ☐

....

An impairment, disability, special need or long-term health condition that is not listed above. Please specify below: ☐

....

Ethnicity:

1: White British ☐

2: White Irish ☐

3: Other white background, please state: ☐

4: Mixed background, please state: ☐

5: Asian or Asian British ☐

6: Black or Black British ☐

7: Chinese ☐

8: Any other ethnic group, please state below: ☐

....

6.3 Case-study circumstances

6.3.1 Point at which case occurred:

- entry to education programme ☐
- during education programme ☐
- during work placement ☐
- entry to professional register ☐
- upon application for employment ☐
- other, please state ☐

....

6.3.2 Please describe any concerns initially identified about their mental or physical fitness to study, qualify, register or work :

....

6.3.3 Please outline the support, equipment or other adjustments considered (if any):

....

....

6.3.4 Please describe how you came to a decision:

....

....

6.3.5 Who else was involved in the decision making process and what was each person's role in the context of this case?

....

....

6.3.6 Did you use any guidance documents or seek advice (for example from a Professional Body, Human Resources or the DRC) to assist in the decision making process? If yes, do you have any comments to make on the how useful you found these documents or advice?

....

....

6.3.7 What were the outcomes?

....

....

6.3.8 Did you face any obstacles or challenges, and if so, how were they overcome? If they were not overcome, why not?

....

....

6.3.9 What, if anything, did you learn from the process? For example, what might you do differently in future cases and what were you pleased with?

....

....

If you have any other relevant comments, please feel free to express them here:

....

....

Section 7: Your Partners in Practice

We are also contacting employers to examine how they assess and make decisions regarding 'fitness' to work. Could you please provide the contact name and address of up to three local employers who provide work placements for your students or employment opportunities upon graduation. These must be statutory agencies not independent or private sector employers.

1. Name of key contact: ....

   Name and address: ....

   E-mail: ....

2. Name of key contact: ....

   Name and address: ....

   E-mail: ....

3. Name of key contact: ....

   Name and address: ....

   E-mail: ....

Thank you very much for your time.

Appendix 3: Additional Tables from Analysis of Quantitative Data (Education Providers)

Type of Policy	Country		
	England	Scotland	Wales
	YES	YES	YES
Disability discrimination	100% n = 23	90% n = 9	83% n = 5
Reasonable adjustments	74% n = 17	80% n = 8	83% n = 5
Equal opportunities	100% n = 23	90% n = 9	83% n = 5
Health/fitness criteria	83% n = 19	60% n = 6	67% n = 4
Disclosure	78% n = 18	70% n = 7	83% n = 5

Table 1: Policies available by country

	X^2	df	p	sig
Declaration of health/disability at interview	5.350	1	0.028	sig

Table 2: Department/Faculty has health and fitness criteria policy and asks for a declaration of health and/or disability at interview

Stage at which declaration of health/disability requested	Country		
	England	Scotland	Wales
	YES	YES	YES
On application form	78% n = 18	100% n = 10	83% n = 5
At interview	39% n = 9	60% n = 6	17% n = 1
Commencement of course	74% n = 17	60% n = 6	33% n = 2
During the course	39% n = 9	30% n = 3	17% n = 1
At exit from the course	13% n = 3	40% n = 4	17% n = 1

Table 3: Stage at which declaration of health and/or disability requested by country

Format of declaration of health and/or disability	X^2	df	p	sig
Self complete health questionnaire	5.727	2	0.046	sig
Self-declaration	5.589	2	0.060	ns
Health reference	0.282	2	1.000	ns

Table 4: Profession and format of declaration of health and/or disability

Format	Country		
	England	Scotland	Wales
	YES	YES	YES
Self complete health questionnaire	74% n = 17	70% n = 7	100% n = 5
Self-declaration of good health	48% n = 11	70% n = 7	20% n = 1
Health reference	26% n = 6	40% n = 4	0% n = 0

Table 5: Format of declaration of health and/or disability by country

	Staff involved in decision-making	Staff has had Disability Equality Training
Academic staff	87% n = 33	51% n = 19
Other university staff (Disability Officer or Advisor)	54% n = 21	51% n = 20
Occupational Health	74% n = 28	54% n = 20
Human Resource staff	3% n = 1	0% n = 0
Prospective disabled student	61% n = 23	n/a
Regulatory body	32% n = 12	14% n = 5

Table 6: Staff involved in decision-making and Disability Equality Training

	X^2	df	p	sig
Occupational Health involved in discussing adjustments	17.198	1	<0.001	sig

Table 7: Occupational Health involved in decision-making and Occupational Health involved in discussing adjustments

	X^2	df	p	sig
Occupational Health/ Medical advisor interviews used to base decision on	5.491	1	<0.032	sig

Table 8: Department/Faculty has health and fitness criteria policy and Occupational Health/Medical advisor interviews used to base decision on

Person Involved in decision-making	X^2	df	p	sig
Academic staff	2.189	2	0.402	ns
Other university staff (Disability officer or advisor)	3.604	4	0.460	ns
Occupational Health	5.657	2	0.056	ns
Human Resource staff/Personnel	1.232	2	1.000	ns
The prospective disabled student	8.878	2	0.013	sig
Regulatory Body	2.129	2	0.391	ns

Table 9: Profession and person involved in decision-making

	X^2	df	p	sig
Involvement of Regulatory body	8.883	4	0.028	sig

Table 10: Involvement of regulatory body if concerns about mental or physical fitness

	YES
Teaching	63% n = 9
Nursing	90% n = 12
Social Work	90% n = 9

Table 11: Does Department/Faculty have any members of staff who have specialist skills and training to support disabled students?

Type of Support Systems Available	X^2	df	p	sig
Student support services	8.392	4	0.035	sig
Disability support services	1.589	4	1.000	ns
Technology support	2.353	4	0.865	ns
Disabled staff in team	3.700	4	0.786	ns
Academic and clinical staff	2.506	4	1.000	ns
Specialist staff eg disability tutor	3.376	4	0.544	ns
Specialist staff eg Equal Opportunities officer	2.678	4	1.000	ns

Table 12: Profession and type of support systems available

	YES
Nursing	90% n = 9
Teaching	83% n = 15
Social Work	70% n = 7

Table 13: If a disabled applicant is not admitted is there an appeals procedure by profession

	YES
England	78% n = 18
Scotland	78% n = 7
Wales	100% n = 6

Table 14: If a disabled applicant is not admitted is there an appeals procedure by country

Appendix 4: Categorisation of Case Study Responses from Education Providers

Category	All	Nurs	SW	Teach
Total number of responses	39[9]	10	10	19
By country				
England	24	4	8	12
Scotland	9	5	1	3
Wales	6	1	1	4
Respondent details				
Role				
• administrative	2			2
• admissions	4		3	1
• course related	6	3	2	1
• disability staff	11	5	1	5
• head, dean, director, chair	13	2	3	8
Case study details				
Gender				
• female	30	6	9	15
• male	8	4		4
Impairment				
• physical impairment	8	2		6
• sensory impairment	14	1	4	9
• mental health condition	3		2	1
• learning disability/difficulty	8	6	1	1
• long standing illness	4	1	1	2
• other, not listed	1		1	
Ethnicity				
• White British	34	9	8	17
• Asian or British Asian	1			1
• black or black British	3	1	1	1

Category	All	Nurs	SW	Teach
Point at which case occurred				
• prior to entry to education programme	2	1		1
• entry to education programme	27	4	8	15
• during education programme	12	5	1	6
• during work placement	6	2		4
• entry to professional register				
• upon application for employment				
• during employment				
Initial concerns				
• accessibility issues	5		1	4
• fitness to practise issues	14	4	1	9
• health and safety issues	5	1	2	2
• issues around course	1			1
• issues around placement	2			2
• no disclosure	1	1		
• no initial concerns	4	2	1	1
• technology and equipment	1		1	
• type of disability	10	1	3	6
Adjustments considered				
• adaptation to course, exam or assessment	13	7	1	5
• adaptations to lectures	6	2	2	2
• adaptations to placement	9	3	1	5
• financial issues	4	2		2
• human assistance, support, mentoring	15	3	4	8
• none	2	1	1	
• physical relocations or access	6	1	1	4
• technology	14	3	3	8
Decision-making process				
• academic staff or tutor	7		1	6
• disability or student support staff	18	6	6	6
• fitness to practice issues	2	1		1
• health and safety staff	1			1

Category	All	Nurs	SW	Teach
• Occupational Health, GP	5	2	1	2
• partnership staff	7	1	2	4
• risk assessment	4	1	1	2
• student	20	5	3	12
Personnel involved in process				
• academic staff	19	3	3	13
• admissions staff	3	1		2
• disability staff	17	6	5	6
• health and safety staff	3	1		2
• learning support or student services staff	5	3	1	1
• Occupational Health, GP	9	3	1	5
• partnership staff	21	6	2	13
• personal tutor	5	3	1	1
• student	14	3	3	8
Guidance/advice				
• guidance available	2			2
• guidance lacking availability	2	2		
• guidance not sought	12	3	4	5
• guidance unclear or limited use	4	2	1	1
• source – DDA	1	1		
• source – DRC	4	1	1	2
• source – human resources	3		1	2
• source – professional/statutory bodies	4	1		3
• source – university	3			3
Outcome				
• student accepted but some difficulties	2	1	1	
• student accepted but changed course	1			1
• student accepted but did not attend	2			2
• student accepted, progressing or passed	28	8	7	13

Category	All	Nurs	SW	Teach
• student advised to withdraw	1	1		
Obstacles and challenges				
• issues around access	1			1
• issues around assessment and exams	2	1		1
• issues around disability discrimination	4	2	1	1
• issues around disclosure	2	1	1	
• issues around fitness to practice	5	3	2	
• issues around guidance	2	1	1	
• issues around placements	5		1	4
• issues around reasonable adjustments	5	2	2	1
• issues around the student	4	2		2
• issues around time	3			3
• no obstacles/challenges	12	3	4	5
• positive comments on obstacles	4	2		2
Lessons learnt from the process				
• awareness of alternative competency	1			1
• awareness that disabilities can change over time	1		1	
• changes for better practice in future	4			4
• confidence in existing practice	1			1
• early assessment, adequate time	6	3		3
• follow up disclosure with health professionals	1		1	
• good liaison, teamwork, involve all parties	8	3	2	3
• importance of cooperative placement org	3		1	2
• issues around fitness to practice	2		2	
• issues around reasonable adjustments	2	1		1

Category	All	Nurs	SW	Teach
• look at wider picture of integrating disabled student	2		1	1
• need to encourage disclosure	3	1	2	
• need for proactive, positive approach	4	3		1
• regular evaluation and feedback	3	1	1	1
• training issues	1	0	1	0
• treat each case individually	2	1	1	0
• work closely with student	4	2	1	1

Endnotes

1 A recent review (Ruebain *et al*: 2006) of the statutory and regulatory frameworks of fitness standards in the three professions has found that the concept of “fitness” is described and defined in many different ways throughout the legislation, regulations and guidance with some wording being more or less specific than other wording.

2 This time frame was dictated by the legislation (DRC Act) which dictated that and FI must be completed within 18 months, and also by the fact that the DRC will cease to exist after September 2007.

3 This was statistically significant ($p = 0.028$). See Table 2, Appendix 3.

4 This was statistically significant ($p = 0.046$). See Table 4, Appendix 3

5 This was statistically significant ($p = 0.032$). See Table 8, Appendix 3.

6 This was statistically significant ($p = 0.013$). See Table 9, Appendix 3.

7 This was statistically significant ($p = 0.028$). See Table 10, Appendix 3.

8 This was statistically significant ($p = 0.035$). See table 12 Appendix 3.

9 Of the 39 responses, 38 gave a case study example. One was unable to provide a case study as they had yet to deal with a disabled student.