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FINAL REPORT

Managing Impairment in Professional Practice: Disability and Fitness to Practise: A multi site investigation into the application of the Equality Act (2010) to health care students in practice settings within the NHS.

The research team:

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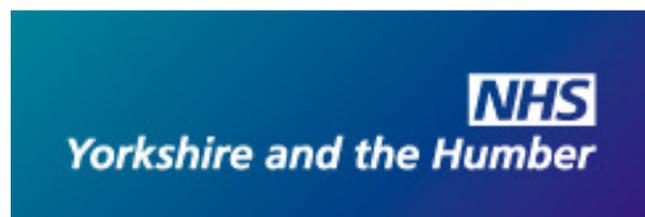
Table of Contents

Background:

The Professional Statutory and Regulatory Bodies (PRSBs) that govern health and social care professions within the UK, set clear expectations with regard to the fitness to practise of registrants, which are mirrored in their respective training programmes. The Equality Act (2010) poses a challenge to PRSBs, educators and employers to ensure that people are not excluded from the professions on the basis of disability. This project, funded by the Yorkshire and Humber NHS (Y&HNHS) took a mixed methods approach to exploring the ways in which a balance can be found between these tensions.

Managing Impairment in Professional Practice (MIPPS) aimed to explore and make recommendations for the preparation and actual practice of health care professionals, with reference to the Disability Discrimination Act (2005), the Equality Act (2010) and the Social Model of Disability.

Following ethical approval interviews were conducted with disabled health professional students (n=9) and disabled health professional National Health Service (NHS) staff (n=6). A survey of knowledge skills and attitudes to disability was developed using questions from the British Social Attitudes Survey (Park et al 2007). In total 96 practitioners from a range of health professions and NHS organisations responded to this survey.

In addition it was intended to undertake focus groups with health professionals involved with student education in practice however this proved to be difficult. All arrangements were brokered through designated NHS colleagues, who were universally helpful and obliging. Information was disseminated to Trust colleagues through post cards, posters, individual email accounts, Intranet and word of mouth. Despite these attempts very few people volunteered and those who did were unable to meet at any of the times specified. Alternative arrangements, for example seeking invitations to meet with teams during routine meetings were greeted positively, but did not occur. These problems led the research team to acknowledge that this was a particularly difficult methodology to undertake within an NHS setting.

Two completed, funded studies underpin the MIPPS project. Mobile Enabled Disabled Students (MEDS) was undertaken at the University of Bradford by two members of the current project team (Dr C.A. Dearnley and Mr S.A. Walker) to identify the barriers and benefits of mobile devices to support disabled students in

3

their learning. This project was funded by the ALPS CETL and supported the development of the ALPS mobile assessment tools; further details can be found at http://www.alps-cetl.ac.uk/capacityfund.html

The second project Disability in Transition, was a three year Teaching Quality Enhancement Fund project at the University of Huddersfield, undertaken by the two other project members, Dr. J Hargreaves and Mrs L Walker. It evaluated disabled student's experience of the transition into Higher Education, explored the knowledge skills and attitudes of Higher Education Staff to disability, and created staff development opportunities with an aim of developing inclusive practice. The web site can be found at: http://www.hud.ac.uk/tqef/1d.html

Four key questions guided the study:

1. What does 'reasonable adjustment' mean in relation to NHS practice placements?

2. What is the perception of disabled students and staff in the NHS/ other health provision?

3. How can we help disabled students and prepare them to cope in practice?

4. How can a balance be found, between the demands of professional health care practice and the rights of disabled students and staff?

Summary of findings:

The survey data illustrates that even amongst health professionals within the NHS there are misconceptions about disability and disabled people. Unsurprisingly this affects disabled students and professional staff who showed a great deal of fortitude and insight into their situation. In doing so they appeared to accept and contribute to a culture that subordinated their needs to those of the organisations they worked for and the users of their services.

Whilst some of this coping strategy would appear to be positive and to support disabled people feeling empowered to work it is also linked to dilemmas with regard to disclosure. Several *staff* said that they either never disclosed their disability, or only selectively did so to colleagues and *students* were very reluctant to disclose as they worried that this would affect the way their competency was assessed or their future employment opportunities.

Being openly disabled in an NHS setting appears to require a degree of personal courage. The participants seems to advance the view that it was their individual responsibility to adapt, cope or to seek different employment in order to ensure that patients were not inconvenienced at all, rather than the organisation they worked for changing its practices to make this so.

Unsurprisingly therefore there is misunderstanding and ambivalence towards 'reasonable adjustments'. The Disability Discrimination Act of 2005 and the more recent Equality Act of 2010 both advocate an inclusive ethos where institutional barriers do not prevent full participation of disabled people. However the context in which students are learning and professionals are working in the NHS is one where the overriding principle: 'the patient comes first' can mitigate against inclusively.

This cultural ethic was coupled with a general lack of confidence regarding safeguarding fitness to practise and of disability. Most of the survey respondents had some concerns regarding this aspect of placement provision and education and whilst disability was an important factor; their lack of confidence was *not* exclusively related to this. Only 12.8% of the 96 survey respondents declared themselves to 'always' be 'confident about safeguards to fitness to practise'. This would suggest that assessing in practice with regard to competence and fitness to practise, generally, as well as with regard to disabled students is an area of weakness.

These findings, taken together with other recent work commissioned by the YHNHS (Elliot 2010), suggest that education and training opportunities in this area are limited or insufficient and require review.

In contrast there was strong belief expressed that disabled people could and did make a positive contribution to the NHS. Many examples from the disabled people who were interviewed and from the survey respondents illustrated where insight into the experience of service users and personal skills were heightened by disability. It is clear that the involvement of disabled people as staff members within the NHS has the potential to enrich the service provided. It is also the case that an organisation that has the care of the public central to its mission would wish to reflect this with its employees. Thus, quite apart from the requirements to comply with legislation there is a need to challenge the culture wherein disabled practitioners feel that their own needs are unimportant to the organisation.

Recommendations

1. Clarification of the meaning of 'competence' in different areas and for different professions.

2. Students preparation for practice should facilitate recognition/ insight into the restrictions/risk assessment related to their impairment in a given placement situation

3. A sensitive approach to placement allocation for disabled students who are able to practice safely but not in all contexts.

4. Equality and diversity awareness training is essential for all staff induction

5. Every member of staff should know where to go to for help and advice

6. Equality and diversity awareness is an integral part of all education and management training programs

7. Universities and placement providers should take responsibility for creating a robust infrastructure for supporting disabled students in practice

8. There should be an open debate within NHS practice about disabled practitioners

Dissemination and future work:

This executive summary and report represent one element of the dissemination of the project. In addition:

- Initial findings were presented at the inaugural inclusivity special interest group of the Higher Education Academy in May 2010

- A seminar was held on July 1st 2010 attended by over 30 regional and national participants.

- A joint symposium formed by members of the Yorkshire and Humber Opening Doors to Health professions Network was presented at the International Interdisciplinary Social Science conference, Cambridge August 3rd 2010. (Dearnley et al 2010)

- Papers are currently being developed for wider academic publication.

- The research team are seeking opportunities to present the findings in NHS settings within the Y&H region

All these developments are charted on the MIPPs website at:
http://www.brad.ac.uk/mipp/

Further work, supported by the Universities of Huddersfield and Bradford, and partially funded by the Y&HHS is leading to:

- The development of pre –placement documentation and risk assessment for students entering NHS placements

- The production of a series of case studies for education and training

- The further exploration of the use of assistive technology for disabled students in practice.

- A seminar in summer 2011 to further discuss and progress these issues.

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