Supporting Nursing & Midwifery Students with a Disability in Practice Placements: A Guide for Mentors

Version 2 March 2012
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1. Introduction

Supporting students within a practice placement presents a wide number of challenges for mentors in terms of creating a welcoming and interesting learning environment, which facilitates the achievement of the student placement outcomes. Supporting the student who has a disability can also present additional challenges. Feedback from mentors suggests that although there are many sources of information relating to their responsibilities under the terms of the Equality Act 2010, there is limited information available relating to practical steps that the mentor can take to support the student within clinical learning environments. This information guide therefore aims to:

- Provide the mentor with key information relating to students with disability in the clinical setting
- Identify the key contacts within the NHS and the Universities who can assist the mentor
- Provide guidance for the mentor in relation to reasonable adjustments and support for the student with a disability

2. Background and context

Current Equalities Legislation

2.1 The Equality Act 2010 (which replaced the Disability Discrimination Act (DDA), 1995 and the Special Educational Needs and Disability Act 2001) makes it unlawful for education institutions to discriminate against disabled students and other disabled people. The Act applies to a number of broad areas, including education, the provision of goods and services and employment. One of the specific areas covered for which it is unlawful to discriminate is in the provision and arrangement of work placements.

Who has rights under the post-16 education sections of the Act?

2.2 The legislation applies to people who are disabled according to the definition of disability included in the Act. A disabled person is someone who has a physical or mental impairment, which has an effect on his or her ability to carry out normal day-to-day activities. That effect must be substantial, adverse and long term.
2.3 In this respect, physical or mental impairment includes sensory impairments, mental illness or mental health problems, specific learning difficulties such as dyslexia and conditions such as diabetes or epilepsy. People with severe disfigurements are also covered by the Act. People who have had a disability in the past, which meets the Act’s definition, continue to be covered even if they no longer have the disability.

Who has responsibilities under the post-16 education sections of the Act?

2.4 The post-16 sections of the Act place responsibilities on education institutions not to discriminate against disabled students in the provision of ‘student services’. Work placements come within the definition of student services. Additionally, the Act includes a Public Sector Equality Duty; this strengthens the responsibilities that public bodies have (such as universities and the NHS), to eliminate discrimination, to advance equality for people with a protected characteristic (such as a disability) and to ensure they are not treated less favourably than other people.

2.5 The legal responsibility for ensuring discrimination does not take place rests with the education institution which provides the course the student is undertaking. Institutions may delegate the function of organising placements, but they cannot delegate their legal responsibilities. Employers will also have legal responsibilities towards students who are employed or on work placements under the employment sections of the Equality Act. However, an institution’s responsibility is not diminished by this, and the college or university must continue to ensure that discrimination does not take place.

What is discrimination?

2.6 Under the broad provisions of Act, discrimination can occur in a number of ways in relation to the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy or maternity
- Race
- Religious belief or non-belief
- Sex
- Sexual orientation

Different types of discrimination under the Act can be summarized as follows:

Direct discrimination
Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have. This protection already applies to all protected characteristics listed above.
Discrimination by association
Already applies to race, religion or belief and sexual orientation. Now extended to cover age, disability, gender reassignment and sex. This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

Perception discrimination
Already applies to age, race, religion or belief and sexual orientation. Now extended to cover disability, gender reassignment and sex. This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

Indirect discrimination
Already applies to age, race, religion or belief, sex, sexual orientation and marriage and civil partnership. Now extended to cover disability and gender reassignment. Indirect discrimination can occur when there is a condition, rule, policy or even a practice that applies to everyone but particularly disadvantages people who share a protected characteristic.

Harassment
Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”. Employees will now be able to complain of behaviour that they find offensive even if it is not directed at them, and the complainant need not possess the relevant characteristic themselves.

Third party harassment
Already applies to sex. Now extended to cover age, disability, gender reassignment, race, religion or belief and sexual orientation. The Equality Act makes an employer potentially liable for harassment of its employees by people (third parties) who are not employees of the organisation, such as patients or visitors.

Victimisation
Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so.

For people with a disability, there are additional types of discrimination that apply:

Discrimination arising from disability
This is distinct from ‘direct discrimination’ or ‘indirect discrimination’ as this can occur where the disabled person is treated unfavourably because of ‘something arising in consequence of their disability’. This is a slightly more complicated legal concept than in the case of direct or indirect discrimination but one to be aware of.
**Failure to make reasonable adjustments**

Under the Equality Act, universities and colleges have a duty to make reasonable adjustments for students (as do employers for their employees). The purpose of reasonable adjustments is to provide access to education as close as is reasonably possible, to the standard offered to other students. This includes:

- taking steps to avoid putting disabled students at a substantial disadvantage by the application of particular provisions, criteria or practices
- removing or altering a physical feature or finding a means of avoiding features that might result in substantial disadvantage
- Providing ‘auxiliary aids’ which will help reduce or remove substantial disadvantage

Education providers also have an ‘anticipatory duty’ to anticipate the needs of their disabled students; this might mean taking proactive measures that increase inclusion and accessibility thereby avoiding or helping to reduce the need for individual reasonable adjustments.

A failure to make reasonable adjustments that results in disabled students being put at a substantial disadvantage compared with other students is therefore another form of discrimination.

**What the Equality Act requires Education Providers to do**

2.7 As outlined above, the Act says that education institutions must take reasonable steps to ensure that a disabled student is not placed at a substantial disadvantage in comparison to someone who is not disabled. Under the Equality Duty, there is also a responsibility to proactively advance equality for all people with a protected characteristic, including disability.

**Determining what is reasonable**

2.8 Within education provision, what adjustments are deemed reasonable for an institution to make will depend on individual circumstances and on the nature of the student’s disability or difficulties. The Equality Act refers to broad considerations that need to be taken into account in determining what is reasonable. These include:

- Whether taking any particular steps would be effective in overcoming the substantial disadvantage that disabled people face in accessing the services in question
- The type of education or other benefit, facility or service being provided
- The effect of the disability on the individual
- The financial and other costs of making the adjustment
- The availability of grants, loans and other assistance to disabled students
- The extent to which aids or services will otherwise be provided to disabled people or students
- The resources of the education provider and the availability of financial or other assistance
• Health and safety requirements
• The interests of other students and people who may be admitted as students

Whilst there is relatively little specific definition of what ‘reasonableness’ means in particular circumstances, the Equality Act Draft Code of Practice for Further & Higher Education states the expectation that it should only be on rare occasions that reasonable adjustments cannot be accommodated.

The Equality Act and employment

It should be noted that whilst Universities have a responsibility to ensure disabled students on a course of study are treated in a non-discriminatory way and have appropriate reasonable adjustments put in place for them for education purposes, employers also have similar legal obligations under the Equality Act. The duties and responsibilities applicable to employment, similar to those described above, apply not only to people defined as ‘employees’ but also to those undertaking practical work experience placements. There is therefore a dual role in the requirement to enable suitable support and adjustments to be put in place between universities and placement providers; the actual responsibility rests where the activities are based.

Reasonable adjustment requirements for employers are similar to those outlined in the section above.

Section 4 of the Equality & Human Rights Commission Draft Code of Practice for Education Providers - Further and Higher Education, includes a section on the provision of work placements (link below).

Chapter 5 of the Code of Practice for Employment (link shown below) provides some further detailed information on the requirements of the employer in relation to the Equality Act disability provisions:


If things go wrong

2.9 If a student believes that he or she has been discriminated against, he or she can seek legal redress through the courts against the institution or the employer as appropriate. The Equality and Human Rights Commission provide information and advice for individuals and organisations on issues relating to equality matters and the law.

Further information can be found via the following link:

http://www.equalityhumanrights.com

The Equality Act and educational institutions

2.10 The Equality & Human Rights Commission is developing a Code of Practice for educational institutions and expects to issue it in early 2012; in the interim, a draft Code of Practice applies. Please see the link below for further information:

3. The Nursing Midwifery Council (NMC) and the Equality Act

The Nursing and Midwifery Council (2012) highlight the importance of equality and diversity in nursing and midwifery suggesting that disability discrimination is the act of unlawfully treating someone less favourably because of his or her disability. They define equality as:

“Therefore treating everyone fairly and providing equal opportunity for everyone regardless of their race, gender, disability, sexual orientation religion or belief.”

They also state that diversity mean:

“Valuing people and respecting them for their skills, talents and experiences, accepting that everyone is different.”

Protecting employees from discrimination. This legislation affects all employers with the exception of the armed forces and employers who, for national security, have to make decisions based on a person’s ability.

The NMC state that Nurses and midwives are now required at the point of renewing their registration to declare that they are of good health and good character:

http://www.nmc-uk.org/Students/Good-health-and-good-character-Guidance-for-students-nurses-and-midwives/

This, however, does not mean they will be unable to continue practising if they develop a disability during their career.

Employers have a responsibility under the Act to make ‘reasonable adjustments’ to enable both the nurse or midwife and the employer to come to a realistic decision regarding their continued employment. Where the decision is to continue employment, the employer will be expected to comply with their responsibilities under the Act and related Codes of Practice. Where it is decided that to continue employing a nurse or midwife with a disability would pose too great a risk to patients / clients, the other staff members and employers have a responsibility to offer re-deployment to another area, where, within the scope of the Act, ‘reasonable adjustments’ can be made. Career advice, guidance and support should also be provided.

Pre-registration applicants

The NMC has chosen to exercise the permissive right, specified in the Nursing and Midwifery Order 2001, to set requirements related to good health and good character related to entry to, and continued maintenance on, pre-registration education programmes. Further information may be found in the Standards of proficiency for pre-registration nursing education (NMC 2004) and the Standards of proficiency for pre-registration midwifery education (NMC 2004):
The NMC is pleased to consider all those applicants applying to join the Register who have achieved the standards of proficiency required of a pre-registration programme, or in the case of midwifery, the Lead Midwife for Education. In order to register, applicants have to declare and have confirmed by the leader of their programme that they are of good health and good character sufficient to ensure safe and effective care. 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 necessarily follow that the individual is subsequently employable in all fields of practice. Opportunities will be open to them on qualification, identifying those which best match their skills and abilities.

Approved Educational Institutions that offer NMC programmes will need to comply with the requirements of the Equality Act, ensuring that staff are aware of their responsibilities and the implications of the Act, for both academic and practice learning. There should also be support available through the university's Disability Support Service, to include advice about rights and responsibilities with information on access to Disabled Students' Allowances.

As stated within the NMC Guidance for Students (http://www.nmc-uk.org/Students/Guidance-for-students/) all applicants to a pre-registration programme who have a disability are encouraged to make early contact with the university of their choice. Universities are encouraged to arrange informal interviews, held in a spirit of safety and openness, during which the requirements of the programme, for both academic and practice learning, can be made clear to the potential applicant. The applicant may need to view residential accommodation and study facilities, as appropriate. The applicant can then indicate where they might need assistance in order to meet the programme requirements.

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. The NMC would expect that placement providers would be involved in making such decisions because of the implications of making adjustments to practice environments where this may be required.

Where the decision is to proceed with the application, the university will be expected to comply with their responsibilities under the Equality Act and related Codes of Practice. Further information can be found at: http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Disability-discrimination/
4. Assessment of the Student’s Disability within University

Identification of students with additional needs

The flowchart in Figure 1 outlines the process by which a student nurse or midwife with a disability is identified by the HEI and supported throughout their nursing or midwifery programme.
Student application to UCAS which may disclose a disability

Application received by University and selection interview undertaken and place on pre-registration course awarded

- Confidential health declaration completed by student and occupational health assessment undertaken
- Identification of disability and risk assessment undertaken by occupational health and report completed and forwarded to programme leader

Student matriculates and commences the pre-registration programme & risk assessment information passed to disability contact within SNM&SC

- Disability advisor identified for student by the university and detailed confidential assessment of the student learning profile / Individual learning plan developed to assist student to achieve programme outcomes. Range of reasonable adjustments required for student identified and this passed to disability contact.
- Consent obtained to share relevant information with appropriate staff
- Consent to discuss with practice mentors obtained by disability contact

Reasonable adjustment provided for student by the university using detailed Learning Profile /Individual Learning Plan throughout the programme
5. Support / Allowances

Students may receive support and allowances in a range of ways e.g. a disabled student allowance

Disabled Students Allowance or DSA, is a government funded allowance that is available to provide support to students in higher education who have additional costs directly related to their disability. Students must meet particular criteria in order to qualify for the allowance and must have their needs formally assessed before an award is made. Students can receive support in the form of:

- A basic allowance to cover small items of equipment, consumables, paper etc
- An allowance for large items of equipment such as a pc, laptop, scanner, portable loops, recording devices etc
- An allowance for non-medical personal help to cover support such as note-taking, BSL interpreters, general support etc

It should be remembered that whilst this financial support is available to some students, it is the institution that has legal responsibility to ensure reasonable adjustments are made.

6. Support in Practice Placements

Not all students with a disability require to have additional support in practice placements however, some will require this assistance. In order to establish if the student requires additional support, the disability contact within the university will review the student’s support profile, individual learning plan or risk assessment during the initial stages of the student’s programme. Prior to the student going out on placement, this documentation will be reviewed to identify any particular needs that the student has in relation to that placement. This will be undertaken with the student and a joint decision made about the best way to provide support for the student in placement.

Within Queen Margaret University following the review of their individual learning plan by the Academic Disability Student Co-ordinator (ADSC) and the student, any issues that may arise in relation to academic, simulation or practice learning are identified. The action plan that is then developed may be shared with placement mentors with the student consent addressing any adjustments that require to be made.

Within Edinburgh Napier University a similar process is adopted whereby the student’s personal learning profile will be reviewed by their respective School Disability Contact and any reasonable adjustments required to support their practice
placements identified. With the student’s permission together with the completed consent documentation, the required adjustments will be discussed with the practice mentors prior to the student undertaking their placement.

Additionally, within the University of Edinburgh the disability office provides information and advice on all aspects of support for students with any kind of disability. This includes the support of students when they undertake placements. Students with a disability are encouraged to contact the disability office at the commencement of their programme to access their help and assistance throughout their programme. Key people involved in the organisation of placements for students include the placement organiser within the university, the programme leader, the disability office, the placement provider and the student. In order to identify any reasonable adjustments that require to be identified for a student with a disability undertaking a placement, an individual student learning profile will be developed. Whilst this profile is particularly designed to identify adjustments required for the learner to achieve their programme outcomes within the academic situation, with the students consent, it can also be used to identify adjustments that would also be required to be made in the practice placement setting, allowing the student to achieve their placement outcomes.

Full details of the University of Edinburgh Disability Policy can be found at:

http://www/disabilityoffice.ed.ac.uk/disabilitystatement.htm

7. Key University Disability Contacts

Each university placing students within practice placements has identified a range of key people who support and advise students with a disability

Students with disabilities – support is available at Edinburgh Napier University Merchiston Campus – Room B40.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
</tr>
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<tbody>
<tr>
<td>Anne Ireson, Head of Disability &amp; Inclusion</td>
<td><a href="mailto:a.ireson@napier.ac.uk">a.ireson@napier.ac.uk</a></td>
</tr>
<tr>
<td>Monica Gribben, Dyslexia Adviser</td>
<td><a href="mailto:m.gribben@napier.ac.uk">m.gribben@napier.ac.uk</a></td>
</tr>
<tr>
<td>Elise Gibbons, Disability &amp; Inclusion Adviser</td>
<td><a href="mailto:e.gibbons@napier.ac.uk">e.gibbons@napier.ac.uk</a></td>
</tr>
<tr>
<td>Jenny Hall, Disability &amp;Inclusion Adviser</td>
<td><a href="mailto:j.hall@napier.ac.uk">j.hall@napier.ac.uk</a></td>
</tr>
<tr>
<td>Sheena Hardie, Technical Support Adviser</td>
<td><a href="mailto:s.hardie@napier.ac.uk">s.hardie@napier.ac.uk</a></td>
</tr>
</tbody>
</table>
# Edinburgh Napier University Named Disability Contact for cohort / programme

## Pre-Registration Programmes

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2008 and October 2008</td>
<td>Mary Everitt: <a href="mailto:m.everitt@napier.ac.uk">m.everitt@napier.ac.uk</a></td>
</tr>
<tr>
<td>February 2009 and October 2009</td>
<td>Janis Moody: <a href="mailto:j.moody@napier.ac.uk">j.moody@napier.ac.uk</a></td>
</tr>
<tr>
<td>January and September 2010</td>
<td>Mary Everitt: <a href="mailto:m.everitt@napier.ac.uk">m.everitt@napier.ac.uk</a></td>
</tr>
<tr>
<td>January and September 2011</td>
<td>Janice Moody: <a href="mailto:j.moody@napier.ac.uk">j.moody@napier.ac.uk</a></td>
</tr>
<tr>
<td>Shortened Programme for Graduates + Conversion Courses (Adult)</td>
<td>Disability contact for year</td>
</tr>
<tr>
<td>BSc Vet Nursing Students</td>
<td>Jodie Kirkbride: <a href="mailto:j.kirkbride@napier.ac.uk">j.kirkbride@napier.ac.uk</a></td>
</tr>
<tr>
<td>BSc students</td>
<td>Janis Moody: <a href="mailto:j.moody@napier.ac.uk">j.moody@napier.ac.uk</a></td>
</tr>
<tr>
<td>Mental Health and Learning Disability Programmes</td>
<td>Iain Stables: <a href="mailto:i.stables@napier.ac.uk">i.stables@napier.ac.uk</a></td>
</tr>
<tr>
<td>Child Health Programmes</td>
<td>Margaret Crowley: <a href="mailto:m.crowley@napier.ac.uk">m.crowley@napier.ac.uk</a></td>
</tr>
<tr>
<td>Midwifery Programmes</td>
<td>Margaret Crowley: <a href="mailto:m.crowley@napier.ac.uk">m.crowley@napier.ac.uk</a></td>
</tr>
</tbody>
</table>

## Post Registration Programmes

<table>
<thead>
<tr>
<th>Cohort</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MSc students and PhD students</td>
<td>Janis Moody: <a href="mailto:j.moody@napier.ac.uk">j.moody@napier.ac.uk</a></td>
</tr>
<tr>
<td>Students with hearing impairment</td>
<td>Mary Everitt: <a href="mailto:m.everitt@napier.ac.uk">m.everitt@napier.ac.uk</a></td>
</tr>
<tr>
<td>Students with diabetes</td>
<td>Jacqui Charlton: <a href="mailto:j.charlton@napier.ac.uk">j.charlton@napier.ac.uk</a></td>
</tr>
<tr>
<td>Students with epilepsy</td>
<td>Fiona Mackinnon: <a href="mailto:f.mackinnon@napier.ac.uk">f.mackinnon@napier.ac.uk</a></td>
</tr>
</tbody>
</table>
8. Information, Support and Other Resources in NHS Lothian and NHS Borders

Training in equality & diversity

NHS Lothian offers a wide range of training in equality & diversity, including disability awareness courses. More information can be obtained from the equality & diversity training contacts listed below. To access this training which forms a mandatory element of the NHS Lothian induction training package is delivered via the NHS Lothian LearnPro system, located on the NHS Lothian Intranet. The staff member requires to register and receive their own password to enable them to access mandatory training.

Equality & diversity advice and resources

The NHS Lothian intranet site has advice and guidance on equality & diversity policies and practice, as well as links to other websites for detailed information. NHS Lothian’s Equality & Human Rights Scheme 2010-13 sets out its plans to ensure that it promotes equality for disabled staff, students and patients – as well as those with other protected characteristics. The Scheme can be found on the NHS Lothian intranet and on the web at:

http://www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/HumanRights/Pages/default.aspx

If you need more help, get in touch with one of the equality & diversity contacts listed in the table below.

Occupational Health Service

NHS Lothian’s OHS Department gives advice and support on issues relating to disability at work, and carries out workplace assessments to help staff and students make any necessary adjustments while at work or on training. This service covers NHS Borders as well as Lothian.
Information about OHS can be found on the NHS Lothian intranet you can also contact them – see the contacts table overleaf.

**NHS Lothian Employees Training and Disability Contacts**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Name</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality &amp; diversity advice and guidance</td>
<td>James Glover, Head of Equality &amp; Diversity</td>
<td><a href="mailto:James.glover@nhslothian.scot.nhs.uk">James.glover@nhslothian.scot.nhs.uk</a> 0131 536 9037</td>
</tr>
<tr>
<td>In acute services: Jim Robinson, Health Inclusion Facilitator</td>
<td><a href="mailto:James.robinson@luht.scot.nhs.uk">James.robinson@luht.scot.nhs.uk</a> 0131 536 0055</td>
<td></td>
</tr>
<tr>
<td>In primary care: Lesley Boyd, Health Inequalities Manager</td>
<td><a href="mailto:Lesley.boyd@nhslothian.scot.nhs.uk">Lesley.boyd@nhslothian.scot.nhs.uk</a> 0131 537 6510</td>
<td></td>
</tr>
<tr>
<td>Occupational Health support, advice and guidance</td>
<td>Senior Occupational Health Advisors: Deborah McMichael, John McCann and Norma Williamson</td>
<td>[Deborah <a href="mailto:McMichael@nhslothian.scot.nhs.uk">McMichael@nhslothian.scot.nhs.uk</a>](mailto:Deborah <a href="mailto:McMichael@nhslothian.scot.nhs.uk">McMichael@nhslothian.scot.nhs.uk</a>) [John <a href="mailto:McCann@nhslothian.scot.nhs.uk">McCann@nhslothian.scot.nhs.uk</a>](mailto:John <a href="mailto:McCann@nhslothian.scot.nhs.uk">McCann@nhslothian.scot.nhs.uk</a>) [Norma <a href="mailto:Williamson@nhslothian.scot.nhs.uk">Williamson@nhslothian.scot.nhs.uk</a>](mailto:Norma <a href="mailto:Williamson@nhslothian.scot.nhs.uk">Williamson@nhslothian.scot.nhs.uk</a>)</td>
</tr>
<tr>
<td>Training in equality &amp; diversity issues</td>
<td>Neil Punton, Lead Facilitator</td>
<td><a href="mailto:Neil.punton@luht.scot.nhs.uk">Neil.punton@luht.scot.nhs.uk</a> 0131 537 3220</td>
</tr>
</tbody>
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**NHS Borders Employees Training and Disability Contacts**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Name</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality &amp; diversity advice and guidance</td>
<td>Geraldine Bouglas, HR Policy Development manager</td>
<td><a href="mailto:Geraldine.Bouglas@borders.scot.nhs.uk">Geraldine.Bouglas@borders.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Occupational Health support, advice and guidance</td>
<td>Irene Bonner, Occupational Health Manager</td>
<td><a href="mailto:Irene.Bonner@borders.scot.nhs.uk">Irene.Bonner@borders.scot.nhs.uk</a> 01896 825982</td>
</tr>
<tr>
<td>Training in equality &amp; diversity issues</td>
<td>Julie Roberts Corporate Business Training Manager</td>
<td><a href="mailto:Julie.Roberts@borders.scot.nhs.uk">Julie.Roberts@borders.scot.nhs.uk</a></td>
</tr>
</tbody>
</table>
9. Making adjustments

In many cases students may have a good idea of the types of support they need. Other students may not be aware of what equipment or support is available and it might be useful in the unfamiliar work environment. Aspects which it might be relevant to cover in a discussion include:

- ensuring students are appropriately prepared for placements – in some cases disabled students may need more preparation than other students
- ensuring access to work placements, including transport arrangements
- ensuring access to any equipment that the student may need to use on the work placement
- ensuring access to audio material and meetings for students with sensory impairments, including the use of interpreters, radio aids or subtitled videos
- ensuring access to visual material and documents for students with visual impairments or dyslexia, including providing printed materials in accessible formats or providing material on tape
- ensuring good access in advance to complex instructions for protocols or procedures for students with learning difficulties
- ensuring placements are appropriate for students with mental health problems or who experience fatigue etc. In some cases a balance may need to be struck between allowing students access to the widest range of placement opportunity and consideration of the demands involved
- clarifying arrangements for support workers who may accompany students, e.g. sign language interpreters, personal assistants etc
- ensuring ongoing support for those students who may need it through visits or telephone calls, particularly at the start of the placement

The following section suggests four scenarios. These have been developed as examples to provide advice to mentors in relation to students with specific disabilities and potential problems which these students may encounter in placements. This advice also goes on to suggest what reasonable adjustments may be made by the mentor and placement areas to resolve these problems. Advice on other specific disabilities that students may experience can be obtained by contacting the identified disability advisors within the relevant HEI.
**Scenario 1: Student with Dyslexia developed by Mags Crowley and Monica Gribben**

Sophie is a 20 year old nursing student who is in her first year on a Batchelor of Nursing (BN) Programme. She had previously undertaken an Access to nursing course at her local Further Education (FE) College. Sophie struggled throughout her secondary school and college education.

Sophie was assessed at University and diagnosed as having dyslexia and dyscalculia. Her assessment confirmed the learning difficulties experienced included concentration, note taking, spelling and reading difficulties, numeracy, organisation and time management difficulties. A learning profile outlining her examination and general academic support was drawn up.

Sophie successfully applied for the Disabled Students Allowance (DSA) and her needs were assessed. She received a computer with dyslexia specific software which she used for her academic course work. To help with her note taking skills Sophie has a digital recorder and she also has one to one support with her numeracy. Her School Disability Contact was made aware of her learning needs and received consent to disclose her learning difficulties/needs and reasonable adjustments to her mentors in the practice placement area.

In Year two of Sophie’s course she was in practice placement in a medical ward for patients with chronic conditions. She did not disclose her learning difficulties to the staff who after two weeks in placement became concerned at the difficulties she was having with her drug calculations, her lack of organisational skills and her inability to follow simple instructions in relation to care delivery.
### Possible Problems that Sophie may encounter in practice placements using the NMC domains

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<thead>
<tr>
<th>Domain</th>
<th>Potential Problem</th>
<th>Reasonable adjustment</th>
<th>Monitoring of reasonable adjustment</th>
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<tbody>
<tr>
<td>Professional / Ethical Practice</td>
<td>Timekeeping</td>
<td>Initial discussion with School Disability Contact (SDC) if this is a pattern of behaviour. If this is a feature of the student’s dyslexia – the student should be aware that they may need to visit the placement area beforehand to ensure they know where it is. They may also need to be aware that they need longer to travel to the placement area. Timekeeping in relation to achieving clinical skills in a timely manner - discussion with mentor - but may need ‘cues’ to ensure that they can achieve this. Student may be able to set an alarm on a watch to do hourly observations or do fluid balance charts. This would be the same for any student – a student with dyslexia may need this discussed verbally as well as being aware of the NMC (2008) guidance in writing. The student may wish to have a ‘cue’ card laminated with the main points of the code as a pocket sized ‘aide memoire’.</td>
<td>Mentors to be aware that they need to monitor this more closely to ensure achieved.</td>
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<tr>
<td>Confidentiality</td>
<td>Discretion</td>
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<td>Mentor may need to reiterate key points from the Code verbally to student to support learning</td>
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<td>Care Delivery</td>
<td>Sequence of clinical skills</td>
<td>Discussion with mentor, student may need longer period of supervision whilst learning clinical skills, ensuring that student has opportunities to practise these skills under supervision.</td>
<td>Mentor and school disability contact (SDC) to monitor development at mid-point of clinical placement</td>
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<tr>
<td>Following instructions</td>
<td>Information processing</td>
<td>Speed of processing instruction</td>
<td>Dyscalculia</td>
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<td>May need additional skills simulation time in the University</td>
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<td>Mentors may need to allow students more time to think through/ process issues in relation to care.</td>
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<td>Discussion with mentor beforehand. Student should be allocated more time for drug calculations. Student may need to have time to check drug charts in advance, look at stock doses and do the calculation beforehand to reduce anxiety. Student may use calculator.</td>
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<td>Ensure through questioning at the end of this discussion that issues have been clearly understood.</td>
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<td>Mentors should monitor, through supervision, that instructions have been followed.</td>
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<td>Mentor to supervise drug calculations and safe drug administration.</td>
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<tr>
<td>Contact SDC at mid-point of clinical if concerned.</td>
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<tr>
<th>Care Management</th>
<th>Handovers</th>
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<tbody>
<tr>
<td>Managing a group of patients</td>
<td>Possible adjustments -handovers can be taped using a Digital recorder. Students to ensure patient confidentiality at all times as per NMC (2008). Patient data to be deleted at the end of each shift. Digital recorder to remain in a safe place or with the student at all times. Mentors to go through this with students at the beginning of each shift.</td>
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<tr>
<td>Mentor to supervise and support student.</td>
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<tr>
<td>Personal / Professional Development</td>
<td>Organisation of thought processes</td>
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<tr>
<td>Planning</td>
<td>Self awareness</td>
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<td>Self reflection</td>
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Scenario 2: Student with Diabetes Developed by Jacqui Charlton

Carolyn is a 19 year old nursing student who is in her first year on the Dip HE (Adult).

Carolyn has had type 1 diabetes for 9 years. Her previous blood glucose control was satisfactory, although she had help and support from her parents. She has moved away from home to start university and is living in student accommodation.

The following lifestyle issues could affect Carolyn’s blood glucose control:

- stress
- moving away from home / into halls of residence etc.
- increased activity (on clinical placements)
- decreased activity (in lectures)
- changing diet
- social activities (alcohol, meeting new friends etc.)
- exams
- illness management

She may require time and support to feel confident about successfully managing and understanding her diabetes.

Carolyn had registered with a GP and had been referred to the local hospital diabetic clinic. She had met her Diabetes Specialist Nurse, and had monthly appointments to help manage her diabetes.

Carolyn had informed her disability contact and provided consent to disclose her disability to her mentor’s in the practice placement area.
Possible Problems that Carolyn may encounter in practice placements using the NMC domains:

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<tbody>
<tr>
<td>Professional / Ethical Practice</td>
<td>Shift work causing erratic blood glucose (BG) levels.</td>
<td>May require time to perform regular blood glucose monitoring and recording.</td>
<td>Review BG control.</td>
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<td></td>
<td>Meal breaks – delayed consumption of food may cause hypos.</td>
<td>Depending on the students insulin regimen, may need to eat regular meals / snacks. Before meals students may need to test BG and inject insulin.</td>
<td>Review BG control.</td>
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<td>This can result in: lethargy, weakness, irritability. Increased or additional insulin dose may be required. The student may need to rest till bg lower. Hypoglycaemia requires immediate treatment of consumption of dextrosol, lucozade, glycogel. The student will need to rest till BG higher, and are at increased risk of further hypo within the following 24 hours. Erratic BG levels can be unpleasant and stressful as hypo or hyperglycaemia can be unpredictable. Regular BG monitoring required to determine patterns for insulin adjustment.</td>
<td>Review BG control and frequency of hyperglycaemic episodes. Occasional episodes are normal. Review BG control and frequency of hypoglycaemic episodes. Occasional mild hypos are normal. Review BG control and frequency.</td>
</tr>
<tr>
<td>Personal / Professional Development</td>
<td>Self awareness: depending on the clinical environment and activities can have a major impact on BG levels. Stress can have a detrimental and unpredicted affect on BG levels causing hypo or hyperglycaemia depending on an individual. Diabetic clinic appointments usually every 3 – 6 months</td>
<td>Support to allow the student to monitor BG levels, and time to interpret BG results to enable insulin dose adjusting depending on shifts, activities, meal times etc. Support and understanding Students may require more frequent appointments depending on changes in lifestyle, current problems etc. Students may be asked to phone the Diabetes Specialist Nurse regularly to review BG levels and adjust insulin doses</td>
<td>Time may be needed to understand the effects of work. Personal stress can also cause erratic BG levels</td>
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</table>

Hypo = hypoglycaemia

Review BG control and frequency = this could be done by the student who maybe in contact with their diabetes team (usually a Diabetes Specialist Nurse)
Scenario 3: Student with Epilepsy Developed by Fiona Mackinnon

Jane is a 19 year old nursing student who is in her first year on the Dip HE (Adult). She has started this course following a gap year where she worked as a health care assistant. Jane was diagnosed with epilepsy aged 13 and takes regular medication. She has been seizure free for the past year. When she was having seizures she got no warning and had a tonic clonic seizure.

Jane had no difficulties at university but had informed the university of her diagnosis and her learning needs were assessed. She required no additional support at university.

In Year two of Janes’s course she was in practice placement in a medical ward. She did not disclose her epilepsy to the staff and was rostered onto night duty. Following her nightshift she had a witnessed tonic clonic seizure. She had been having difficulty sleeping.
Possible Problems that Jane may encounter in practice placements using the NMC domains:

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</table>
| Professional/Ethical Practice | Shift work particularly the change from day to night shift | Consider whether night duty is essential to achieve learning outcomes. Factors to take into account are frequency of seizures and triggers. Lack of sleep can be a trigger for seizures.  
  If seizures occur at a particular time of day consideration may be given to shift pattern or starting time (if this can be flexible).  
  In Jane’s case not undertaking night duty may resolve the problem. | Monitor seizure frequency. |
| Care Delivery               | Working independently                                   | Jane gets no warning of her seizures so a risk assessment has to be made (see questions below).  
  Jane should not work alone but this does not mean someone has to be with her constantly. If there is a time the seizures are more likely to occur then Jane needs to take more care at this time. Jane should take sensible safety precautions so she doesn’t put herself or patients at risk. These would include using correct manual handling procedures, informing colleagues of her activities (e.g. if bathing a patient) | Individual risk assessment of any activities to be undertaken. |
| Safety considerations       | Performing clinical skills                             |                                                                                                                                                                                                                     |                                     |
|                             |                                                        |                                                                                                                                                                                                                     |                                     |

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| Professional/Ethical Practice | Shift work particularly the change from day to night shift | Consider whether night duty is essential to achieve learning outcomes. Factors to take into account are frequency of seizures and triggers. Lack of sleep can be a trigger for seizures.  
  If seizures occur at a particular time of day consideration may be given to shift pattern or starting time (if this can be flexible).  
  In Jane’s case not undertaking night duty may resolve the problem. | Monitor seizure frequency. |
| Care Delivery               | Working independently                                   | Jane gets no warning of her seizures so a risk assessment has to be made (see questions below).  
  Jane should not work alone but this does not mean someone has to be with her constantly. If there is a time the seizures are more likely to occur then Jane needs to take more care at this time. Jane should take sensible safety precautions so she doesn’t put herself or patients at risk. These would include using correct manual handling procedures, informing colleagues of her activities (e.g. if bathing a patient) | Individual risk assessment of any activities to be undertaken. |
<p>| Safety considerations       | Performing clinical skills                             |                                                                                                                                                                                                                     |                                     |
|                             |                                                        |                                                                                                                                                                                                                     |                                     |</p>
<table>
<thead>
<tr>
<th>People with epilepsy may have problems with concentration and short term memory.</th>
<th>May require preparation time. Being given time to prepare for procedure by access to written procedure before undertaking it. Can sometimes have problems with concentration and short term memory. Encourage to keep notes, reflective diary.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Management</strong> Managing a group of patients Prioritising care Working under pressure In the period following a seizure she may find concentration difficult Stress can be a seizure trigger</td>
<td>May require additional support for the few days after a seizure. May require more support and time to develop her management skills and ability to work under pressure.</td>
</tr>
<tr>
<td><strong>Personal / Professional Development</strong> Self awareness Jane may have some problems with memory and concentration particularly following a seizure</td>
<td>May require support and reassurance at this time. Jane will be aware of her seizures and triggers and should be encouraged to share her concerns and anxieties.</td>
</tr>
</tbody>
</table>
There may be times when requirements to attend clinics increase. This should be accommodated if possible.

Epilepsy affects each person in a different way, but a risk assessment might include asking the person the following questions:

- What type(s) of seizure do you have?
- How often do you have seizures?
- How long do your seizures usually last?
- What usually happens when you have a seizure?
- How long does it usually take you to recover from a seizure?
- What time of day do you usually have seizures?
- Do you get a warning, also known as an ‘aura’, before you have a seizure?

Epilepsy Action (2009)
Scenario 4: Student with a Mental Health Problem Developed By Alison Alexander/ Fiona Carver

Fay is in the final year of her BN (Adult) programme. Until now she has done very well in both academic assignments and practice placements. At the end of the most recent trimester, however, she failed one of her modules and is not coping well as a result. You are mentoring Fay during her first placement in third year. During your early discussions with her it is apparent that she is devastated as a result of failing a module and this has had a very negative effect on her self esteem and confidence. As you get to know her further Fay confides in you that she has been treated for depression in the past and that she is worried that the stress she is currently under might lead to a relapse. She is due to begin two weeks of night shifts as part of her placement and comes to see you to request that she be allowed to refrain from doing the night shifts until she is feeling better as she is concerned that night shift will exacerbate her difficulties.

Throughout these suggestion support and advice would be sought from the PEF & LL. Additionally, it would be helpful to explore if the student had sought and gained help from any of the other university support agencies or pastoral advisor.
### Possible Problems that Fay may encounter in practice placements using the NMC domains

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<tbody>
<tr>
<td>Professional/ Ethical Practice</td>
<td>Time keeping &amp; attendance</td>
<td>Awareness that Fay may struggle to be on time for shifts due to poor sleep.</td>
<td>Ensure that the student’s off duty is organised and agreed with Fay and that she is managing to meet this allocation. Avoid nights if possible.</td>
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<td></td>
<td>Maintain professional knowledge and competence</td>
<td>Poor concentration and memory may mean that Fay is slower to respond to questioning re knowledge and her problem solving skills may be slower.</td>
<td>Prepare teaching sessions in advance allowing time for Fay to reflect and prepare for these.</td>
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<td></td>
<td>Self assessment</td>
<td>Fay may be more negative in her assessment of her abilities and may require feedback on what she has achieved.</td>
<td>Provide additional support &amp; time to analyse and address problems. Provide positive feedback as often as possible. Written advice / feedback provided where possible.</td>
</tr>
<tr>
<td>Care Delivery</td>
<td>Assessment, planning, implementation &amp; evaluation of care needs</td>
<td>Fay despite having these skills may require extra time to work on this. She may struggle to use her initiative at the moment. Low mood and confidence just now may affect her ability to problem solve as quickly as normal and her judgement for clinical decision making may be slower.</td>
<td>Provide additional support &amp; time to analyse and address problems. Activities could be broken down into manageable components. Allow to work with small groups where possible. Activities planned and notified in advance allowing time to reflect &amp; prepare. Where possible try and minimise levels of stress experienced by Fay.</td>
</tr>
<tr>
<td>Care Management</td>
<td>Maintain collaborative working relationships</td>
<td>Numeracy</td>
<td>Personal / Professional Development</td>
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<td></td>
<td>Manage care needs</td>
<td><strong>Negative thinking and low self confidence may affect Fay’s ability to work as effectively with the MDT and to be assertive.</strong></td>
<td><strong>Fay may need positive feedback and encouragement to participate in the creating and supporting learning opportunities.</strong></td>
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<td>Fay may need more time to prioritise and manage care for a group of patients.</td>
<td><strong>Prepare for any teaching or care activities and shadow mentor in teaching or clinical roles.</strong></td>
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<td>Poor concentration may mean that Fay will require longer to calculate medication etc.</td>
<td><strong>Explore opportunities for Fay to take on a teaching and support role for junior staff.</strong></td>
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10. Frequently asked questions

Q When do you advise the student / placement organiser to disclose disability?

A Student should have the opportunity to disclose disability (if not already known) to placement organisers at the planning stage and to discuss the implications of their disability for any work placement. Whether and how much information needs to be shared with the placement provider, supervisor or other work colleagues should be considered with the student in relation to the particular placement location, working environment and tasks to be undertaken. Institutions can help encourage students to disclose by securing agreements from placement providers regarding their role in supporting disabled students in advance. However, it should be noted that there are many reasons why a student may find it difficult to disclose their disability, particularly where there may be a stigma associated with the disability.

Q Where does confidentiality end and disclosure start?

A In most cases the need for disclosure will be agreed between the student and placement organiser. If the student does not wish to disclose their disability to the placement provider in circumstances where the students’ disability may put themselves or others at risk, the student’s preference for confidentiality may need to be overridden. In a few cases there may be legal implications if an institution is aware of a student’s disability and chooses not to disclose this to the placement provider.

Q Who is responsible for funding adjustments on work placements?

A The duty for making a reasonable adjustment under the Equality Act falls on the institution for education purposes but the work placement provider will have a responsibility to make work based reasonable adjustments, as an ‘employer’. On occasions, there may be significant differences in the types of adjustment required for education and study needs and those applicable to work placements. In some cases a discussion may need to take place about the nature of the adjustments and possible solutions. Institutions may wish to discuss and negotiate reasonable adjustments with placement providers, where the costs or nature of the adjustments are significant. Employers may be able to access specific funding assistance from sources such as Access to Work, through Job Centre Plus.

Q Are placements controlled by external professional bodies covered by the Act?

A All placements are covered by the Equality Act. However, certain professional vocational courses, such as medicine, nursing and teaching, have particular accreditation requirements which are controlled by external bodies, not by the institution. The completion of the award may be dependent on certain tasks being undertaken on placements. Where this is the case, institutions are not expected to make adjustments that might prevent the work placement component of the course being accredited.
Ideally, these issues should be discussed with students at the admissions stage so that any necessary alternative ways of assessing courses can be explored.

Note: Qualification bodies are also bound by the requirements of the Equality Act in relation to entry requirements, the determination of competence standards and how these are achieved or assessed. Institutions also have a duty to ensure that any requirements they apply on behalf of the qualification body, are not discriminatory in themselves.

Q How far should adjustments go?

A The Equality Act clearly sets out the specific requirements not to discriminate against or disadvantage disabled people in education and employment, to advance equality, including treating disabled people more favourably, if necessary. This is in addition to the requirements to make suitable reasonable adjustments.

Whilst there is no requirement for institutions to make reasonable adjustments that would compromise the maintenance of academic or other standards appropriate to the course or learning programme, any such exceptions would need to be justified as genuine competence standards for which no adjustment can be made. Institutions should be clear about the distinction between the competence standard itself and the means of demonstrating how this can be achieved. (More information on this can be found in the EHRC draft Code of Practice for Further & Higher Education)
11. References


Nursing and Midwifery Order (2001)


Nursing and Midwifery Council (2010) Guidance for Student Nurses and Midwives: http://www.nmc-uk.org/Students/Guidance-for-students/
12. Other useful Information

Edinburgh Napier University Disability & Inclusion Website and Portal information:

http://www.napier.ac.uk/study/support/study/Pages/disability.aspx

http://staff.napier.ac.uk/services/sas/Student%20Wellbeing/disability/Pages/disability.aspx

https://studentportal.napier.ac.uk/sas/disability/Pages/default.aspx


Into Work Service: www.intowork.org.uk


National Bureau for Students with Disabilities Skill: Into Nursing and Midwifery: Positive Experiences of Disabled People London: NBSD

NHS Forth Valley (2007) *Fair To all: Making Reasonable adjustments to Support Disabled Healthcare Students in Education and Practice Settings Stirling: Stirling Management Centre*


Queen Margaret University Special Needs Website: www.qmu.ac.uk/

Royal college of Nursing (2010) Dyslexia, Dyspraxia and Dyscalculia; a Toolkit for Nursing Staff London: RCN


University of Edinburgh Disability Policy: http://www/disabilityoffice.ed.ac.uk/disabilitystatement.htm