



D&A Diversity and Ability

Joint Ambition

Health Education England (HEE)
Disabled Students' Commission (DSC)

February 2023

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Joint Foreword: A New Year's Resolution

This joint statement, which includes our ambition, has been shaped by the lived experiences of disabled learners, trainees, and colleagues within the NHS. We can all learn from reflecting on this experience and this guidance is about using our shared learning, to foster a new shared ambition for a new year.

We know that the transformation now needed, must be rooted in action that is supportive and in part developmental. We are committed to helping to build a future workforce that is reflective of our society and is genuinely inclusive and values led. That does mean pro-actively seeking to ensure that there is no sense of stigma associated with disability. Health learners must be able to declare they are disabled, both in education, as well as across training and learning environments and when they move into the NHS or health and social care workforce.

We know that there is help available to support reasonable adjustments, but we must address ways of making sure more people are aware of schemes like Access to Work. This also means working faster and going further in securing a better experience for all our learners. We know that the education experience, including how all our healthcare learners are treated, will have a direct impact on how inclusive and equitable patient care is now and in the future. This is why both the DSC; HEE and our partners are passionate about ensuring we have the highest quality learning environments.

We welcome the strides being made by our stakeholders, but until we have embedded the social model of disability in all we do, we will not be the fair and inclusive service that we strive to be. Working in partnership will help us deliver the support and advocacy needed today, to provide the environment where we can all be confident that every learner has the right support, and the facilities to excel.

We urge you reflect on this short guidance and to consider the ambition statement. We want people to join us over 2023 in not just thinking about the challenges, but also looking at ways we can work in partnership to respond to delivering a new ambition that is fair, equitable and truly inclusive.

Geoff Layer, Chair of the Disabled Student's Commission

Professor Liz Hughes MBE, Deputy Medical Director (Undergraduate Education), Health Education England.

02 January 2023

1. Aim

Health Education England (HEE) have worked with the Disabled Students' Commission (DSC) to produce this short joint statement.

This statement reflects our joint ambition to help develop and promote support for health learners successfully transition into employment in the National Health Service (NHS) and wider health and social care economy.

This joint statement is built on and shaped by the work of health system leaders and stakeholders. We recognise that there is already work being undertaken across the system, but we know more needs to be done, including with stakeholders such as:

- Colleges and higher education institutes
- The Royal Medical Colleges
- Professional and regulatory bodies in health
- NHS Trusts, health and social care employers and providers
- NHS England and the health arm's length bodies

This joint statement was developed through a 'deep dive' into current data and research on disabled health graduates, and through a roundtable event attended by senior representatives from a range of organisations including, NHS employers, the Disabled Doctors Network, HEE, and the NHS.



2. Background

The Health Education England (HEE) Quality Framework states that educational providers must make sure that their learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.

The Quality Framework also seeks to make sure that all professional groups – including learners – are treated fairly, with equity, consistency, dignity, and respect (HEE, 2021). Higher education and trainings centres often provide support for disabled learners, but this support might not necessarily continue into the workforce. These unwarranted variations in support and disparities in learner experience are likely to drive staff and learner attrition.

[The National Education and Training Survey \(NETS\)](#) tells us that HEE must do more to embed equality, diversity, and inclusion in the workplace. The survey counted the number of healthcare tasks that trainees were asked to do without adequate training or supervision and found that trainees who declared a disability were more likely to complete unsupervised tasks they were not prepared or trained to do, compared to their non-disabled colleagues. The survey also looked at the number of trainees who had been harassed at work. They found that trainees with a protected characteristic were more likely to be harassed. The characteristic most likely to lead to harassment was “having a disability” (Health Education England, Public Board March 2022).

In 2021, 3.7% (52,007) of staff working for health trusts had recorded a disability on the NHS Electronic Staff Record. This was an increase of 0.3 percentage points compared to the 2020 figure (WDES, 2022). The NHS Workforce Disability Equality Standard (WDES) wants to increase the representation of disabled people in the NHS workforce and reduce the gaps between disabled and non-disabled staff year-on-year. To do this, workplaces must support disabled staff through an inclusive culture and working environment (WDES, 2022). This means it is essential to support health learners and trainees to move from training into the regulated workforce.



3. Guidance on supporting disabled students and trainees in the NHS regulated workforce

3.1 Guidance on learner declaration

Disability declaration is a key challenge faced by disabled learners and trainees who are moving into the NHS workforce. Declaration can be difficult because there is inherent stigma to revealing a disability. Even after declaration, meaningful action might not take place.

The Disabled Doctors Network and the British Medical Association (BMA) have both previously reported that doctors and medical students with a disability or long-term health condition, have significant concerns about disability declaration. In a recent survey of 705 participants, only 41% of respondents said that reporting their disability in their workplace or medical school had led to improved support. Less than half (46%) of participants said that their colleagues had been supportive since they disclosed their disability (British Medical Association, 2022).

Nursing staff express similar poor experiences following declaration of their disability (Nursing Times, 2018). This is because there is a perception that nursing has historically had higher rates of stigma related to disability. Unlike medicine, professional registration for nurses happens at the beginning of their training. This may act as a barrier for learners who could be eligible for Disabled Students' Allowance (DSA) and/or Access to Work (AtW) but are concerned about the impact declaring a disability might have on their career.

Concerns around the impact of declaration on professional registration, will have an impact on learners being able to access the right support. It is vital that employers offer opportunities for learners/trainees to declare their disability, without fear of repercussions or inaction.

Part of the wider discussion needs to be around tackling discrimination, breaking down barriers and reducing stigma. Disability can be a strength and greater recognition of the strengths that disabilities give a health learner or trainee, will reduce stigma, and break down barriers.

–Disabled Doctors Network, HEE/DSC roundtable, 2022

Disability declaration plays an important role in providing effective support in healthcare workplaces. For declaration to be mutually beneficial, there should be a close link between the Higher Education institutions and clinical setting. Students and trainees could be encouraged to declare and discuss their condition and needs as part of their course or a pre-clinical seminar (L'Ecuyer, 2019). These courses or seminars could also

introduce trainees to support staff – such as disability leads – and explain their roles and the support available.

Roundtable participants agreed that NHS induction processes could take a more inclusive approach to provide information on disability support for learners/trainees, and explicitly address disability and protected characteristics. Induction processes in the NHS are a key and universal point to provide information on disability support for all learners/trainees. This 'universal offer' will ensure open dialogue and ongoing communication between the two parties, and so a more supportive and reassuring environment for students, trainees, and clinical leads. Roundtable participants also commented that disabled staff visibility was key to encouraging declaration: seeing someone disabled thrive in their job helps change the workplace culture.

There needs to be a transition between the facility itself and the clinical area, so that there is a smooth transition rather than just being well, you're academic in that place and you're clinical in that place.

– NHS staff member, HEE/DSC roundtable, 2022

The roundtable discussions highlighted culture change as crucial. This should be led by senior leaders in healthcare institutions.

Culture change stemming from the board downwards is essential to get the culture right, and to get the information right to disabled learners and trainees and the whole healthcare workforce.

– HEE, HEE/DSC roundtable, 2022

Employers should also give information to all applicants on the support that they provide for disabled employees. Where applicable, employers can also describe their commitments under initiatives including Disability Confident and the Business Disability Forum's Disability Smart Audit (DSC, 2021).

Key actions:

- + **Encourage earlier declaration:** Set up strategies to enable declaration and break down stigma surrounding disability.
- + **Build effective links between the institution and the NHS employer:** Create open communication between both parties to make sure support is suitable.
- + **Awareness:** Make sure that educationalists, supervisors, learners, and trainees understand initiatives and strategies such as Disability Confident and the Business Disability Forum's Disability Smart Audit.
- + **Visibility:** Ensure disabled staff members are visible in their roles, student and staff Disability Champions.

3.2 Guidance on reasonable adjustments

Making reasonable adjustments are about avoiding, as far as is possible by reasonable means, the disadvantage which a disabled health learner could experience.

HEE's Quality Framework places an expectation on providers to make sure that reasonable adjustments are in place. This is to ensure that disabled health learners are not at a disadvantage when compared to non-disabled health learners.

Roundtable participants agreed that the transition for disabled learners and trainees into the workforce must be improved. Reasonable adjustments for disabled health learners should be clear and consistent from training, including through multiple placements, into the workplace.

Training for academic staff in both the higher education institution and clinical setting should also cover how to support access to reasonable adjustments. This mirrors King's (2018) research, in which, those responsible for student clinical placements – including the clinical coordinator, clinical supervisors and sessional instructors – said that they did not feel educated and equipped to help address the needs of students with disabilities. This shows the ongoing need for consistent and robust training for staff in disability support.

Another recent study interviewed disabled doctors and medical students who had asked for reasonable adjustments (British Medical Association, 2022). The study's findings showed that just over half of the participants (55%) received the adjustments and reported several difficulties. These included lengthy and complex processes, adjustments that happened slowly or only partially, lack of engagement by employers and schools, worries over reasonable adjustment costs, and fears about asking for adjustments in case of a negative impact on their career.

Roundtable participants stated that reasonable adjustments must be consistent across trusts and providers. They also wanted to see disabled learners/trainees receive better access to appropriate equipment, particularly assistive technology.

The pandemic also had a significant impact on disabled and neurodiverse students and graduates. The availability of study support, isolation and a lack of family support were all identified as key challenges for disabled students (DSC, 2022). In some cases, neurodiverse students reported concerns with online conferencing, because this involves multi-tasking and using an array of features. This is made even more difficult when disabled students are asked to use different platforms by different academic and support staff members (HEE, 2022).

Key actions:

- + **Appropriate equipment and resources:** Ensure trusts have the appropriate equipment and resources to help disabled learners and trainees to effectively perform their duties.
- + **Training:** Give academic staff and clinicians tailored, robust training. This should cover the mechanisms and resources to support disabled health learners and trainees, including how to provide reasonable adjustments.

3.3 Guidance on funding

Training bodies and workplaces should tell disabled students/trainees about funding for workplace support available to them.

Currently, Access to Work (AtW) is the main external source of funding for individual adjustments for disabled employees in England, Scotland, and Wales. AtW can fund assistive tools/equipment and adaptations to premises. Learners can also use AtW funding to employ an individual support worker.

Trainees need a good understanding of their individual requirements and how these relate to AtW and can help them explain their needs to possible employers. This allows students to showcase their talent in the knowledge that some of the barriers to their employment can be removed.

Unfortunately, many disabled trainees and employers are still not aware of the AtW or how it can be used to provide support.

Around access to work – we need to break through, and employers are very keen to do that, and they always respond very positively, but it doesn't often translate into action.

– NHS Employers, HEE/DSC roundtable, 2022

To help raise awareness, Diversity and Ability have worked with Health Education England to create [A Toolkit for Health Professionals and Learners](#) to promote fair access to education and employment in healthcare. The [Find Your Way through the Disabled Students' Allowance](#) guide is also a helpful tool for health learners, including some health apprentices, to understand and apply for DSA funding.

Key actions:

- + **Knowledge of funding and support:** Ensure disabled learners and trainees know how to access support such as Access to Work and can find online resources such as the Diversity and Ability's Toolkit for Health Professionals and Learners.



4. The Joint Ambition Statement

The foundation for our collaboration is a shared vision. We have set this out as joint ambition statement in the hope other groups and organisations will want to join Health Education England, the Disabled Student's Commission and our partners at NHS Employers in:



Contributing to better support for disabled learners and trainees to transition into employment in health and the NHS

We will advocate for improved access for disabled people to employment programmes, apprenticeships, and professional training across the regulated health sector. This should happen alongside increasing the awareness, quality, experience and outcomes of learning and training opportunities for all our disabled learners and trainees.



Ensuring AtW meets the needs of health learners transitioning into work in the NHS and health sector

We will work in partnership with the Department of Work and Pensions (DWP) and others to make sure that future AtW funding meets the financial needs of disabled people beginning their careers in healthcare. We will also facilitate better passporting of awards between placements and NHS organisations and from Disabled Students' Allowance to AtW. We will work to increase awareness of AtW support for health learners joining the NHS in regulated professions.



Promoting Adjustments

Through HEE's Quality Framework, HEE has set out its expectations that education and learning providers should take action to support reasonable adjustments. Working partnerships will continue to look for ways to support HEE's ambition.



Working with disabled people and their representatives

HEE and our partners recognise the importance of engaging with disabled people and groups that are committed to tackling inequality, including disability equality advocates.



Advice and support

We will support – through existing and future partnerships – new ways to give health employers information and advice on how to recruit and retain disabled health learners and trainees.



Supporting national progress on disability employment.

We will work in partnership to increase awareness of the best disability-aware tools and data sources, to help support fair and inclusive workforce planning. We will work with others to gather data on disabled trainees' experiences in the workplace. This data will consider how disabled workers have been treated in the past, differences in pay, and the attainment gap between disabled and non-disabled learners.



Working to mitigate the effects of stigma on data capture, including the reluctance of disabled people to declare they have a disability

Working with disabled learners we will explore ways for our partners to increase disability representation. These include reviewing the approach of calculating the disability employment gap and exploring the use of the 'prevalence corrected' employment gap measure in monitoring national progress on disability employment in the health sector.



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