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Disabled People, Effective Practitioners: Enabling a Health Care Workforce that Better Reflects Society

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Abstract: In this paper we will discuss the current tensions that exist between UK anti-discrimination legislation and the professional and statutory regulatory bodies (PSRBs) that govern registration of health and social care practitioners in the United Kingdom. The tensions arise from aspirations for a work force that reflects the wider community and the need to safeguard patient safety. We present an overview of the relevant legislation and the requirements of the main health and social care professional statutory and regulating bodies, whose overall aim is safeguarding the general public. Four individual case studies, which have drawn on qualitative and quantitative data to explore some of the ensuing challenges and seek resolutions, are discussed and their outcomes synthesised to make recommendations. Conducting research with disabled participants requires specific considerations; we reflect on these in this paper and discuss our experiential learning.

Keywords: Disabled Students in Higher Education, Disabled Health and Social Care Practitioners, Research with Disabled People

Introduction

IN THIS PAPER we will discuss the current tensions that exist between UK anti-discrimination legislation and the professional and statutory regulatory bodies (PSRBs) that govern registration of health and social care practitioners in the United Kingdom.

An overview of four case studies that have been undertaken in the North of England will be presented, drawing common themes from their outcomes and relating this to the literature, to highlight the key challenges and recommendations for their management. Perhaps the most significant finding is that ‘disability’ as a concept is too diverse for any single policy to embrace and solutions are therefore complex.

Evidence from Britain and elsewhere indicates that the barriers preventing disabled people from contributing to the nursing profession are deep-rooted and generally accepted (e.g. Helms & Weiler 1993, Gaze 2000 in Sin & Fong 2008); reports from other health and social care professions (e.g. Murphy 2008, Roberts et al 2004) indicate that this is likely to be the case in those professions too. There is little related literature, possibly because disability has only recently appeared on the equal opportunities agenda within health in Great Britain (Sin

& Fong 2008). It also seems to be the case that disability is viewed synonymously with ill health within the health professions (Scullion 2000, Clinton et al 2004) and that dyslexic students in particular are often viewed as “unsafe” on the wards (Wright 2000, Murphy 2008).

Background

In 2003, the British Government commissioned a report “to lead an independent review of the options that English Higher Education Institutions (HEIs) should consider when assessing the merit of applicants for their courses” (Schwartz, 2004 p2). The influential Schwartz report recommended several principles in order for a fair admissions and transparent process to be in place. One of the key principles which is specifically related to the theme of this paper includes that the process of fair admissions to HEIs should “seek to minimise barriers for applicants” (Schwartz, 2004 p8) by reducing additional hurdles. He defined a fair admissions system as “one that provides equal opportunity for all individuals, regardless of background, to gain admission to a course suited to their ability and aspirations...admissions should not be biased in favour of applicants from certain backgrounds or schools” (Schwartz, 2004 p5).

The publication of this report (Schwartz, 2004) had a significant national impact. The principles listed in his report were later incorporated within the Quality Assurance Agency (QAA) (2006) Code of Practice, Section 10 on Admissions to Higher Education (HE) framework for the United Kingdom (UK).

Health and Social Care Professional Statutory & Regulatory Body Guidance

The main health professional statutory and regulating bodies (PSRBs) include the General Medical Council (GMC), the Health Professions Council (HPC) and the Nursing and Midwifery Council (NMC). The remit of all the health and social care PSRBs is to register and regulate health professionals, with an overall aim of safeguarding the general public. They provide guidance on education, training, professional conduct and performance, resulting in further action and investigation if these are not adhered to.

Admission onto health and social care professional courses not only requires meeting the general HEI and course entry requirements, but also the specific entry requirements recommended or required by each of the PSRBs. Therefore, it falls to the HEIs admissions staff to ensure that all of these requirements have been fulfilled, whilst making competent judgements and decisions (Schwartz, 2004; QAA, 2006; QAA, 2008). The decision making process needs to be fair and transparent as identified by Schwartz (2004) and QAA (2006), ensuring that any prospective students who undertake particular courses will be eligible to apply for registration with their professional statutory and regulatory body as a qualified practitioner upon successful completion of the course.

Each of the PSRBs has a different approach to the recruitment and selection of potential students. Compulsory selection and recruitment criteria for all health professional courses are criminal convictions checks (Criminal Records Bureau, 2009) and health assessment requirements (Department of Health, 2007). The Disability Rights Commission (DRC) conducted a formal investigation reviewing professional regulation guidance relating to ‘good health’ or ‘physical and mental fitness’ in 2007. They found the statutory health

standards which are part of the HEIs admissions entry criteria to be potentially discriminatory, despite the Disability Discrimination Act (1995 and 2005) clearly providing comprehensive anti-discrimination guidance.

Conflict arises from the need to widen access for disabled students into health professions, which in theory would reflect the diverse community, and the compulsory requirement of the professional bodies for disclosure, which could deter people with a disability or a long term health condition from entering or remaining within the profession. Equally, those who choose not to disclose their disability receive no support to enable them to practice safely and effectively and face professional conduct procedures if a mistake is made.

The DRC enquiry (2007) raised concerns as to how HEIs or their occupational health services were judging an applicant's fitness, indicating that this should be assessed according to the individual and focusing on reasonable adjustment in joint discussion with the applicant, rather than a diagnosis led approach, which has a tendency to screen out applicants. It recommended that the health assessment standards should be discontinued and questioned the purpose of such requirements as their investigation clearly highlighted several high profile cases where patients had been either killed or harmed and how the "regulatory mental or physical fitness of professionals would not have prevented such acts" (DRC 2007 p24). The DRC (2007) further recommended that the assessment standards needed to be based around competence and conduct and not health.

HEIs across the UK are responding to these recommendations in various ways. Four case studies, three undertaken in different HEIs and one in a practice setting, are discussed below. Each has grappled with different challenges and together they provide an interesting convergence of ideas, practices and recommendations for managing this conflict and thereby enable the development of a work force that reflects the wider community whilst safeguarding patient safety.

Research with Disabled People

Working with disabled research participants has been subject to scrutiny on a variety of levels. As Hunt (1981) noted, the crucial question for such research is whether it has any benefit to the disabled people involved, or is purely a vehicle for some researchers to gain access to disability funding without improving the situation of those concerned. Mike Oliver, a disabled researcher himself, has noted:

"It is undeniable that we, as researchers, gained. We have an extra publication to our names, whatever that is worth." (Oliver 1991: 19).

Even where no direct financial benefit arises from research, the outcome of the research is an improvement in the researcher's standing. Given Oliver's concerns over the control of the research "the social relations of research production" (1991: 17), it would be difficult to compartmentalise research ethics as neatly as some of the literature would suggest. Whilst each of the studies discussed here sought appropriate ethical approval from Research Ethics Committees, the researchers remained cognisant of these issues and their "privileged position" within the research relationship at all times. Hargreaves et al (case study 1) chose to use mixed methods including a self completion survey followed by a phenomenological approach to interviews because they wanted to better understand the lived experience of the disabled

students. Dearnley and Walker (2009) took a collaborative approach. Collaborative research of this nature is often called Action Research (AR) and the MEDS project (case study 3) reflected many of the ideals of AR, which according to Russell (1997) is something we do with, not on, research participants. There is parity here with the ideals of feminist ontology (Harding, 1987, Stanley and Wise, 1993, Stanley, 1997, Maynard, 1994) which Dearnley and Walker (2009) argue is appropriate for research with disabled participants not simply because they are from a marginalized group, but because they are human beings.

Case 1: Disability in Transition (<http://www.hud.ac.uk/tqef/1d.html>)

This project was undertaken at the University of Huddersfield and led by Dr Janet Hargreaves. It was a partnership between the School of Human and Health Sciences, the Disability Co-ordinators in Support Services, and the disability support services in the Library. The funding for the project came from the Teaching Quality Enhancement Fund (TQEF), a Government initiative via the Higher Education Funding Council for England (HEFCE). It took place between September 2006 and July 2009.

Project Aims and Objectives

The project aimed to provide evidence based, effective learning support for students entering the university with a disability by:

- Developing skills training for teaching staff that maximises the effectiveness of learning and teaching
- Embedding good practice at a strategic level
- Ensuring that learning, teaching and assessment include rather than marginalise disabled students.

Methodology

A mixed methods approach was adopted in order to provide useful information regarding the experience of disabled students entering the faculty. Further interrogation of initial findings was possible through semi-structured face to face interviews with participants who volunteered to participate via the survey, and through discussion with participants at the project conference.

Methods of Data Collection

A Likert scale self completion questionnaire (N=50)

- Of 54 students contacted in 2007, 24 responded and of 95 students in 2008, 26 responded
- Questionnaire was designed and piloted to evaluate feelings and attitudes about pre course arrangements, the assessment of needs, support during studies, teaching and learning, assessment and practice based learning. Likert scales are used to build in a degree of sensitivity and differentiation of response, whilst still generating quantitative data (Cohen, Manion and Morrison 2007). In order to more fully understand the experience

of students, qualitative data was also gained from the questionnaire through the use of free text question options.

- A descriptive and correlation data analysis was conducted of quantitative data using SPSS.

Face to face semi structured interviews (N=3).

For the qualitative data template analysis was used. King et al (2002) advocate this approach to coding as it enables exploration of peoples experiences from a phenomenological perspective. This was particularly useful to this analysis because it related to how students dealt with their identified disability.

Main Findings/Outcomes

Despite generally feeling well supported many students identified the ‘gap’ between arriving in Higher Education (HE) and getting the support for their disability as a stressful and frustrating time. Yorke and Longden (2008) have identified that the first year at university is a difficult transition for many people, including financial and social pressures as well as the step change to learning at degree level. For the disabled students, the additional stressors of managing the bureaucracy involved in legitimising the support that they needed and navigating the social and educational hurdles of disclosure to academic staff and peers, exacerbated these difficulties.

Some students came into HE with undiagnosed problems, such as dyslexia, and for them, the suggestion that the difficulties they had previously experienced with learning were related to a disability were a revelation:

“ I didn’t know I had one... But I did. Does that make sense? ”

Other students brought a wealth of personal experience and coping mechanisms with them to overcome their difficulties:

“ I don’t think it hinders me until I have to write or spell – then I use my usual tactics ”

In both cases the unintentional barriers related for example to complex paperwork for disability support, or to unsympathetic teaching methods, made coping with their disability more difficult. For students entering practice placements within a health setting, the issues were potentially more acute. Decisions about appropriate disclosure were particularly difficult, for as one student said:

“ Oh there is a definite stigma attached to it ”

Perceived ambivalence towards disabled health professionals and concerns that employment opportunities may be jeopardised, underpinned these decisions and were therefore explored further in the MIPPS study (case study 4). The methodological difficulties of identifying and contacting students who may be disabled illustrated the dangers of conceptualising disabled students as a separate, self contained sub group of university students for whom policies can be easily developed.

Case Study 2 - Evaluation of Equality and Diversity Resources Available for use by NHS Mentors and Clinical Educators in their Work with Students on Placement.

(<http://www.yorksandhumber.nhs.uk/document.php?o=5055>)

This was a scoping and evaluation study commissioned by the Yorkshire and the Humber Strategic Health Authority (SHA) and was carried out during the period from February 2009 - March 2010 by Jacinta Elliot and colleagues from a local special interest network (http://www.yorksandhumber.nhs.uk/what_we_do/workforce_education_and_training/opening_doors_into_health_professional_education_/)

Project Aims and Objectives

The study aimed to evaluate the equality and diversity resources available to support practice educators¹ in the British National Health Service (NHS) working with health care students on practice placements². Objectives relevant to this paper were:

- To scope the range of resources available to practice educators to support them with equality and diversity issues that may arise while students are on practice placement
- To gather the views of Practice Educators and Directors of Practice Placements on the adequacy of the equality and diversity related resources currently available to them.

Methodology

A mixed method was taken utilising both questionnaires and individual semi-structured interviews, which were undertaken both face to face and by telephone.

Methods of Data Collection

Questionnaires to Practice Educators (PEs) N=25 returned

Questionnaires to Directors of Placement Units (DPUs) N= 10 returned.

The questionnaires used for both PEs and DPUs were broadly similar. The DPU questionnaire had some detailed questions on resources whereas the PE questionnaire focused more on in-house training.

Documents:

- a range of equality and diversity resources were examined, including existing NHS policies and paper and web-based information in use within HEIs.

¹ Different health and social care professions in the United Kingdom use different terms for those qualified professionals who support learners in the work place. For the purpose of this paper, the term practice educator will be used to refer to these roles throughout.

² Preparation for health and social care professional practice in the United Kingdom is undertaken in University/HEI settings with varying, but substantial, amounts of time being given to practice placements, whereby students work in a variety of actual health and social care settings.

Main Findings

Many excellent examples of equality and diversity resources were identified for HEI staff working with students within their universities. There were also some excellent examples of practice educator workbooks but there was no resource aimed specifically at the equality and diversity aspects of supporting students on placement until the introduction of a new on-line resource was piloted in November 2009. Early indications were that this was being well received.

There was an indication that the practice educators felt not enough training had been provided through their regular update sessions provided by the HEI (these are compulsory for all practice educators). Interestingly, however, the DPUs indicated that this is where they believed the educators should be gaining this information. Clearly there needs to be an agreement between the HEIs and the NHS as to whose responsibility this is; this is particularly important given that the generic equality and diversity policies within the practice settings were found insufficient to support the specific needs of the practice educator who may be supporting a disabled student. Some practice educators did refer to the student's charter, but rather worryingly, there was no mention of learning from the students' own experience. The value of the HEI link person as a source of support was frequently mentioned by the PEs. There were several references to how helpful and knowledgeable these individuals were. One DPU reported:

“Mostly we provide support, guidance and training but recognize that there are many aspects of fitness to practice and “more reasonable adjustments” for which we do not have enough knowledge to offer an evidenced based approach.”

This is an interesting statement which appears to be at the heart of the current dilemma within health care practice. Practitioners are facing new challenges to well established norms and we are yet to create a sound evidence base to guide this process. One suggestion was that it would be useful to have a resource that identifies common solutions, recognizing that an individual case by case approach would still be needed. Another DPU said that it might be useful to have a regional forum for discussion of practice based issues. These ideas are being taken forward.

Case Study 3: Mobile Enabled Disabled Students (MEDS) (<http://www.alps-cetl.ac.uk/capacityfund.html>)

This study was undertaken at the University of Bradford, led by Dr Christine Dearnley between November 2007 and 2008. It was funded by the Assessment and Learning in Practice Settings Centre for Excellence in Teaching and Learning (ALPS; CETL <http://www.alps-cetl.ac.uk/>).

Project Aims and Objectives

To inform the ongoing work and development of the ALPS mobile assessment processes in relation to the specific needs of disabled students when using mobile technologies for learning and assessment in practice settings

Methodology

An eclectic approach was developed within the phenomenological paradigm embracing a philosophy of collaboration based on feminist ontology (Letherby 2003). A feminist ontology was appropriate to this study because it acknowledges the complexity and diversity of societal structures and the people within those structures (Dearnley & Walker, 2009).

Methods of Data Collection

Stage 1

Focus group to ascertain perceived benefits and barriers to learning & assessment of using mobile devices among disabled students (N=12)

- Attended by student participants with a wide range of impairments and with experience of using mobile devices *in some form* and representatives from ALPS partner software developers.

Stage 2

Blogs/diaries (N=8)

- Disabled students were given an ALPS mobile device and asked to keep a blog (or electronic diary) of how they used it generally and how they experienced the ALPS assessment tools in supporting their learning.

Focus group to ascertain the accessibility issues related to the ALPS mobile assessment tools (N=5)

- Attended by participants who had used the devices and ALPS assessment tools.

Microsoft Desirability Toolkit (N=5) (Benedek and Miner 2002). This is a process in which participants are supplied with a list of key words and asked to rank 5-10 them in order of importance to them.

Main Findings

Disabled participants in the stage one focus group reported a number of uses, benefits and difficulties that they had experienced whilst using mobile devices. For them the key benefit was to aid memory function and for this purpose they relied on diaries, alarm systems, audio and camera functions. The spell check was also crucial as was the calculator for some. For example:

“Yeah and I also take it if I’ve got a meeting with the doctor or something like that. Err for any particular reason [because I have]... .. problem remembering what they were saying to me.”

And

“I have short term memory and I’d be lost without my device.”

They liked the mobility and size of the laptop around the home, but found these generally too heavy for taking to lectures on a daily basis and therefore relied on a number of other more mobile devices, which often did not have the functionality they required.

Light weight laptops and advanced mobile devices were generally out of budget. Whilst the participants were enthused by the capabilities of the mobile devices, some were concerned about the size of the screen and the buttons and others thought it might be too complicated to use. Whilst enthusiasm for potential use in this group of disabled participants appears higher than in other groups of students it is interesting to note that these concerns are not only relevant to disabled people. Other studies with student health care practitioners using mobile devices have shown the same concerns (Haigh et al 2007, Dearnley et al 2008).

In stage 2 of the study a wider range of data collection methods were employed and participants reported on their experiences of using mobile devices and the ALPS mobile assessment tools. All participants were students studying on health and social care programmes. Many of the issues that arose during the stage one focus group emerged here too, adding to the reliability of those outcomes.

Participants reported how mobile devices supported difficulties commonly associated with dyslexia such as organization, recall, writing and spelling. For example the organizational capacities of the mobile devices:

“I have found it invaluable in relation to keeping appointments and track of my days activities”

As an aid memoire:

“Useful for memory, more than anything you could fill it in as you went along”

And for spell checking:

“brilliant...it tells you if your spelling is not right... I often get letters the wrong way round, so that was really helpful... it really speeded the whole process up”

One participant was a practice educator and was able to give a voice to the perspective of educators both generally and those with similar impairments. She commented that it was good to see mobile devices being used in this way as she had previously used a device of her own to support her disability.

This project demonstrated the importance of considering the rights and needs of disabled people when developing mobile learning systems. It became clear that when people face barriers, they will often use the tools at their disposal, in this case mobile technologies, in innovative and imaginative ways.

Managing Impairments in Professional Practice Settings (MIPPS) **(<http://cms-app.cen.brad.ac.uk/mipp/>)**

This was a dual site study, led at Huddersfield University by Dr Janet Hargreaves and at the University of Bradford by Dr Christine Dearnley. It was funded by the Yorkshire & the Humber Strategic Health Authority and involved health and social care students and practitioners from across the region.

Project Aims and Objectives

This study aimed to gain a better understanding of the needs of disabled students in preparation for professional practice. There were three objectives relevant to this paper:

- To gain insight into the perception of these issues among disabled students and staff working in health and social care
- Establish processes to better prepare disabled students to cope in practice
- to make recommendations for finding a balance between the demands of health and social care practice and the rights of disabled students and staff

Methodology

A mixed methods approach was taken, gaining quantitative data via on-line questionnaires and qualitative perspectives via face-to-face semi structured interviews.

Methods of Data Collection

Face-to-face semi structured interviews with disabled students (N= 9)

Face-to-face semi structured interviews with disabled practitioners (N= 5)

Online questionnaires completed by practicing practitioners (who may or may not have had a disability)

- 96 responses
- 14 male/ 80 female/ 2 preferred not to say.

Main Findings

Key themes to have emerged from this work include the pre-student experience, which accounts for the journeys students take before they enter higher education. There is much to be developed and learned from this aspect of the study in relation to recruitment. Many of the disabled students in this study reported overcoming significant obstacles to be accepted onto their programme of study for health and social care practice. They demonstrated strong characters with a determination to succeed in their chosen profession. This does indicate that those disabled people with a desire to be a health and social care practitioner, who perhaps have less personal reserves or indeed support, are likely to be disadvantaged by the systems. The second theme captures student's personal constructs about their disability and how it impacts on their professional practice, for example:

“Because ‘disability’ there’s a stigma attached to it and not a lot of people like to admit they have a disability”

And

“The only time a disability sometimes is a problem is when people make it a problem.”

An interesting third theme emerged in this study entitled *Disabled or Enabled*; several participants reported that being a disabled person brought added qualities to their practice; for

example a deaf participant reported helping patients with their hearing aids and being able to identify related problems far better than her non-disabled colleagues

“ They’d say “Oh that patient can’t hear ... I’m saying” and I’d say “well have you checked to see whether they wear hearing aids? Have you ask them if they have a hearing impairment?” “Oh we never thought of that”.”

Similarly a participant with significant visual impairments reported how her well developed interpersonal skills and highly attuned capacity for empathy was recognised by her practice colleagues and regularly called upon by the department to help service users at difficult times.

“[My tutor] said we’ve got all the time in the world for you she said because you’re so understanding of those people who can’t do what we need because of your eyesight you know what it’s like when they’re struggling.”

This is a theme reflected in the literature. Sin & Fong (2008) cite the works of Eathorne (1990) and Carol (2003) as recognising that disabled nurses can bring personal insight into what it is like to be ill, hospitalised and disabled and thereby bring special skills. Similarly Davis and Braun (1997 in Murphy 2008) report that people with dyslexia often have intuitive insightful minds that enable innovative and creative thinking.

Discussion

These studies demonstrate a range of interventions that have been undertaken in the north of England to better understand the tensions that exist enabling the development of a health and social care work force that reflects the wider community whilst safeguarding patient safety. Interestingly, none of these studies have encountered specific hostilities or indeed prohibitive barriers of substance, towards the notion of disabled health and social care students or practitioners. Yet there are indications in participant stories as well as in our own anecdotal experiences that such prejudices do exist.

A key area of tension appears to be responsibility for the student whilst on practice placement. There appears to be an expectation that students on placement can be regarded as NHS employees and any equality and diversity queries or problems arising should be covered by existing policies and practices. However, DPUs don’t view the students as NHS employees but expect them to receive an equivalent level of support to that which they get while at their HEI. While lines of communication between NHS settings and HEIs appear to be generally very good, there may be some potential for clarifying mutual expectations on issues of equality and diversity before students go out on placement. This may particularly apply to working with students who have been accustomed to additional support and also those students who may be perceived as atypical in some way.

The MIPPS study demonstrated some of the benefits to the patients that staff with their own difficulties may bring to professional practice; whilst this is clearly an area for further exploration, it is also worth considering how practice educators can learn to maximise this potential. Similarly, the MEDS study demonstrated how mobile technologies, which are now even more readily available and have better functionality than at the time of the study,

can add real benefits to dyslexic students/practitioners by helping them to overcome their organisational difficulties, providing support in spelling and offering an alternative to writing in the audio function. Yet in a large scale mobile technology project in the NHS (Dearnley et al 2009; Taylor et al 2010), a none-specific aversion for the use of mobile devices in practice settings was regularly encountered among health and social care professionals. For a number of reasons, not least because of the benefits they bring to dyslexic students, this aversion has to be overcome so that the potential benefits of new technologies to all health and social care practitioners can be realised. This huge culture shift will take time.

In terms of recruitment and selection of disabled students onto health and social care programmes, these studies suggest that whilst levels and types of support may vary for these students, there is perhaps an untapped resource of individuals. These are people who may not have the tenacity or confidence to put themselves forward, but could, with appropriate support (academic, emotional, technical) make valuable contributions to professional practice. There appears to be a shortage of examples of good practice and relevant case studies for clinical educators and mentors to draw on when working with students on placement. Such case studies could also be used in marketing material to encourage students with an impairment to come forwards.

Reflecting on our shared experiences of undertaking research with disabled people led to changes in our research practice. For example, interviews with dyslexic students having to be rescheduled for a variety of reasons (misplacing the interview details; not reading emails; train delays; misplacing mobile phone; confusion over what day it was), led to additional reminders of the appointment being sent, and also (by agreement) to phone the participant the day before. It is also recommended to use a variety of methods of communication (email, phone and letter) since one method can too easily be misplaced. Similarly, it has been found helpful for all interview information (Information sheets, Consent forms and additionally the interview questions) to be sent out in advance, to allow the participants time to absorb the information at their own pace. This was found to create a supportive research interview environment, although it may not be in keeping with the standard guidance on minimising unnecessary contact with participants. Sending the questions out in advance was found to have the unexpected advantage of allowing participants to take control of the interview, placing them on a more equal footing with the interviewer. As Dearnley & Walker, (2009) note, shifting the locus of control from the researcher to the participant may create a kind of dualism in participants as they possibly become a form of hybrid “participant / researcher”. Such an approach may perhaps even partly address the power imbalance inherent within the research interview itself

Conclusion

These four case studies have demonstrated how a number of educationalist and practitioners in the UK are working to widen participation in the health and social care professions, to enable a workforce that better reflects society, in line with current legislation yet within the constraints of the PSRB regulations. Recommendations include widening the scope of recruitment processes to attract disabled people who are less likely to put themselves forward, perhaps by making case studies of successful disabled students available; using similar case studies to demonstrate to practice educators how they can support and maximise the potential of disabled students whilst on practice placements, ensuring that students who would benefit

from new technologies have access to these where reasonably possible and further supporting general acceptance of these technologies for all in the work place. These studies have also demonstrated in their methodologies that research with disabled people requires researchers who are flexible in their approaches, and able to work collaboratively with their participants.

However, perhaps the most important finding is that 'disability' as a concept is too diverse for any mechanistic policy to embrace. Disability may be unknown, undisclosed, transient, central or peripheral to the person's life and to their self concept. Legislation is necessary in any society but of itself will not create change or guarantee that the experience of disabled people is enhanced. Disability legislation in the UK (DDA 2005) challenges all in public life to undertake a cultural shift towards inclusive anticipation rather than reactive adjustments.

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About the Authors

Dr. Chris Dearnley

Chris has a keen interest and a comprehensive research portfolio in learning and assessment for health and social care practitioners. Her early work was applied to open and distance learning and this led to her current interest in the potential of eLearning and more recently mobile learning, in helping students learn how to learn. She has published widely on the components of independent learning and the implications for students, tutors and the NHS;

Independent learning and its relationship with personal and professional development and Learning technologies as a means to supporting independent learning.

Jacinta Elliott

Jacinta Elliott, MAML, is a visiting lecturer at the Centre for Management and Leadership at the University of York and an associate member of the coaching and facilitation team at the Centre for the Development of Healthcare Policy and Practice at the School of Healthcare Studies at the University of Leeds. She co-ordinates a university network which includes all 11 of the universities in Yorkshire and the Humber which has the aim of widening participation in medicine, dentistry, clinical sciences, nursing and allied health professions. This work is sponsored by the regional Strategic Health Authority.

Dr. Janet Hargreaves

Trained as a registered general nurse in the 1970s, I moved into Higher Education at Sheffield Hallam University teaching nursing programmes and undertaking a quality assurance secondment into Registry. In 2002 I was appointed as Director of Practice for the School of Healthcare, University of Leeds and in 2006 I moved to my current post at the University of Huddersfield where I am Associate Dean (Learning and Teaching) for the School of Human and Health Sciences. I teach across all academic levels and have a leadership role for learning and teaching. I am particularly interested in the practice focus in professional education. I have recently been selected and trained by the Nursing and Midwifery Council to be become a panel member and Chair for their Fitness to Practise process. My doctoral study explored the relationship between nursing education and practice, focusing on adult general nursing between 1945-1955. In addition to nursing history my research interests are in education, including disability, the use of creativity, reflective practice and ethics. I am director of studies for one doctoral student and co-director for a further five.

Sunita Morris

Sunita Morris has worked at Leeds Met since 2001, having previously been a Sister and Senior Sister within several intensive care units over the last 10 years. Her previous post was Senior Nurse for the Head, Neck and Musculoskeletal Division for Leeds Teaching Hospitals NHS Trust. Commenced funded research and doctorate research in June 2008 evaluating the impact of widening participation initiatives on admission to Nursing, Midwifery and Allied Health Professions Medicine and Dentistry courses.

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Disability researcher with the School of Human and Health Sciences. Background in mental health service user/survivor activism and research. Nearly 10 years voluntary sector involvement, working in partnership with health service providers at local, regional and national levels.

Stuart Walker

Stuart Walker is a Disability Advisor at the University of Bradford UK, with a specific responsibility for Assistive Technology. He supports Disabled Students and staff and aims to enable them via technology. A self confessed techie, Stuart has a keen interest in all areas of technology. He has both aided and led in winning research grants to explore Mobile Technologies and Speech Recognition Systems / Software. He continues to explore both

areas and is also researching applications of Open Source Operating systems, principally Linux Distro's eg: Ubuntu, Fedora, SuSE etc., for eLearning, student engagement and accessibility. Stuart is currently in the process of completing an MRes and PhD in the area of Speech recognition and writing styles.

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