

General Osteopathic Council

**Students with a disability or health impairment
Guidance for Osteopathic Education Institutions**

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This advisory document makes reference to legal duties but is not a formal statement of the law. Aspects of relevant legislation have been interpreted to provide a source of general guidance but it should not be used as a substitute for reference to primary sources or professional legal advice.

Section 1: Introduction

The General Osteopathic Council is committed to promoting equality in all its statutory duties. We want to ensure that the Osteopathic Education Institutions (OEIs) offering courses that we regulate not only meet their legal obligations regarding disability equality, but also actively encourage and support disabled people who have the potential to become independent osteopathic practitioners.

This guidance has been prepared to help OEIs meet the needs of prospective and current students who have a disability or health impairment, or who develop a disability or health impairment during their training. It should be read in conjunction with our guidance about student fitness to practise and professional behaviours,¹ and the companion document to this guidance: *Osteopathic Education and Training: Guidance for Students with a Disability or Health Impairment*.²

This guidance covers our expectations and the requirements and duties that arise from the Equality Act 2010 – in particular the legal obligations you owe to disabled applicants and students. The guidance does not address other equality issues such as gender or religious belief (which now come under the same legal umbrella as disability), nor does it cover the equality duties you may have as an employer or those imposed by a validating university.

Section 2 of this guidance provides an overview of the regulatory context by restating our purpose and responsibilities.

Section 3 identifies the disability aspects of the new equality legislation as they apply to OEIs.

Section 4 covers issues you should consider at various points during the student journey. This will help you to ensure that the osteopathic education and training you provide meets the needs of students with a disability or health impairment and satisfies your legal obligations.

Sources of further information and advice are listed in Section 5.

Terms underlined in the text are defined or elaborated in a glossary.

¹ This is currently subject to consultation and can be fully referenced in due course.

² This is currently in preparation and will be fully referenced if due course.

Section 2: Our role and responsibilities

The General Osteopathic Council (GOsC) is a regulatory body established by the Osteopaths Act 1993. We are responsible for regulating the practice of osteopathy in the United Kingdom.

In the United Kingdom the title 'osteopath' is protected by law. It is a criminal offence, liable to prosecution, for anyone to claim to be an osteopath unless they are on the public Register we maintain.

We work with the public and the osteopathic profession to promote patient safety by setting and monitoring standards of osteopathic practice and conduct, by assuring the quality of osteopathic education, and by ensuring that registered osteopaths undertake continuing professional development.

We also help patients who have concerns or complaints about an osteopath. The GOsC has the power to restrict registration or remove from the Register any osteopath who we judge to be unfit to practise.

The GOsC recognises osteopathic education and training courses in institutions that meet our standards. Students who successfully complete such programmes are awarded a Recognised Qualification (RQ). Determining who should receive an RQ is an important responsibility for all OEIs, a duty which is considered further in Section 4 of this guidance. An RQ is confirmation that the holder is capable of practising, without supervision, to the standards published in our *Osteopathic Practice Standards*.³

A Recognised Qualification confers eligibility to register as an osteopath, subject to satisfying character and health requirements, paying the prescribed fee, and having in place professional indemnity insurance before beginning in practice. The GOsC will not look behind the qualification – we rely on OEIs to ensure that RQs are awarded only to students who have satisfied all our standards.

On first registration a prospective osteopath must submit a health reference from a General Practitioner, an osteopath, or other suitably qualified health professional. The good health requirement means that

*...a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice.*⁴

EDITING NOTE THE QUOTE AND THE FOOTNOTE WILL NEED TO BE CHECKED AFTER FINALISING THE STUDENT FtP GUIDANCE

³ New *Osteopathic Practice Standards* take effect from 1 September 2012 and can be found at: http://www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf; they supersede: *Standard 2000 – Standard of Proficiency* and the *Code of Practice*, which can be found at: <http://www.osteopathy.org.uk/practice/standards-of-practice/>

⁴ General Osteopathic Council, 2010, *Draft - Student Fitness to Practise: Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students*, London, GOsC, p8.

We monitor standards of education and training in OEIs through a process of annual reporting and we also conduct full reviews on a regular basis, usually every three to five years. These are undertaken on our behalf by the Quality Assurance Agency for Higher Education. Reviews are conducted with reference to our published standards and the Quality Assurance Agency's *Subject Benchmark Statement for Osteopathy*.⁵

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⁵ Quality Assurance Agency for Higher Education, 2007, *Subject Benchmark Statement for Osteopathy*, Gloucester, QAA, available at: <http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/Osteopathy07.pdf>

Section 3: Equality Legislation

This section provides information about parts of recent disability equality legislation that apply to the education and training of osteopaths. Much of it will be familiar to you because many of the aims and requirements are carried over from previous legislation.

It is essential that you understand your responsibilities under the new legislation and review and amend your policies and practices accordingly.

The Equality Act 2010

The Equality Act 2010 consolidated and extended existing equality legislation. It also repealed previous anti-discrimination legislation.

The Act prohibits education institutions from discriminating against, harassing or victimising:

- prospective students in respect of admission arrangements
- students in the institution, including those absent or temporarily excluded
- in some limited circumstances former students (if there is a continuing relationship based on them having been a student at the institution)
- disabled people who are not students at the institution but who hold or have applied for qualifications conferred by the institution.

If a person in one or more of these categories believes they have been discriminated against, harassed or victimised by an education institution, they can make a claim under the Equality Act.

Does the Equality Act apply to Osteopathic Education Institutions?

The Act applies in England, Scotland and Wales. Separate anti-discrimination law applies in Northern Ireland. The courses we recognise in Osteopathic Education Institutions are mainly located in England. In this respect all are subject to duties arising from the Act.

Osteopathic Education Institutions which are universities will be subject to the Equality Act provisions that apply to further and higher education institutions. These education institutions are also subject to the public sector equality duty. This is a general duty that requires public bodies to take steps not only to eliminate unlawful discrimination, but also to actively promote equality. It came into force in April 2011 and replaces the Disability Equality Duty.

Other OEs will be subject to the Equality Act provisions that apply to service providers. The public sector equality duty also applies to private and voluntary bodies in respect of any public functions they carry out.

For the purposes of the Equality Act, OEIs that provide university validated degree courses⁶ may be construed as ‘agents’ of the degree awarding university, and as such are likely to be required to comply fully with the Act’s provisions for further and higher education institutions. This is because the ‘responsible body’ (usually the governing body of the university) is not only liable for any breaches of the Equality Act by its employees, but also by agents acting on its behalf.

We are committed to promoting equality and best anti-discriminatory practice in the OEIs offering courses that we regulate. We cannot, through this guidance, alter your liabilities under the Equality Act, for which you alone are responsible, but we do consider it appropriate to apply our expectations of best practice uniformly to all OEIs, irrespective of their constitution or corporate status.

Much of this document is drawn from the equality duties that apply to further and higher education institutions.⁷ However it should be used as a source of guidance by all Osteopathic Education Institutions.

What new equality duties apply to Osteopathic Education Institutions?

The Equality Act 2010 consolidates previous equality legislation. Much of what it requires will already be familiar to you. New provisions introduced by the Equality Act include:

- new disability discrimination provisions
- indirect disability discrimination
- discrimination arising from disability
- new protected characteristics
- pregnancy and maternity
- new positive action provisions.

The Equality Act protects students from discrimination or harassment based on a list of protected characteristics, and from victimisation. Disability is a protected characteristic.

Unlawful discrimination is defined as:

- direct discrimination
- combined discrimination
- indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments for disabled people.

⁶ One OEI provides a course for medical practitioners and awards Membership of the London College of Osteopathic Medicine.

⁷ See for example: *What equality law means for you as an education provider – further and higher education*, August 2010, Equality and Human Rights Commission; and *Briefing: Equality Act 2010 – Implications for higher education institutions*, Equality Challenge Unit, 2010.

What counts as a disability?

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. There is no need for a person to have a medically diagnosed cause for their impairment – what matters is the effect of the impairment.

Tests that may be applied to determine whether someone has the protected characteristic of disability include:

- the length the effect of the condition has lasted or will continue – it must be long term, that is it has lasted for at least 12 months, it is likely to last for at least 12 months, or is likely to last for the rest of the person's life
- whether the effect of the impairment is to make it more difficult and/or time-consuming for a person to carry out an activity compared to someone who does not have the impairment, and this causes more than minor or trivial inconvenience
- if the activities that are made more difficult are 'normal day-to-day activities' at work or at home
- whether the condition has this impact without taking into account the effect of any medication the person is taking, or any aids or assistance or adaptations they have, like a wheelchair or special software on their computer (with the exception of wearing of glasses or contact lenses where it is the effect while the person is wearing the glasses or contact lenses which is taken into account).⁸

Certain medical conditions – cancer, HIV and multiple sclerosis – are specifically identified in the Act as a disability. Progressive conditions and those with fluctuating or recurring effects, such as depression, are also included provided they meet the test of having a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

What is direct discrimination?

Direct discrimination would arise if you were to treat a disabled student (A) less favourably than you treat, or would treat, another student (B) because of A's disability.

For a student to show that they had been directly discriminated against they would have to compare what happened to them with the treatment a student without their protected characteristic (disability) had received, or would receive.

It is not direct discrimination against a non-disabled student to treat a disabled student more favourably because it is never unlawful to treat disabled students or applicants more favourably than non-disabled students or applicants.

⁸ Further details about the determination of impairment appear in *Schedule 1 Disability: Supplementary Provision - Part 1 Determination of Disability*, of the Equality Act 2010.

What does combined discrimination mean?

Combined discrimination would arise if you were to discriminate against a student because of a combination of two relevant protected characteristics, which resulted in you treating a student less favourably than you treat, or would treat, other students who do not share either of those characteristics.

Whereas in the past a student would have had to bring separate claims if they experienced discrimination in respect of two relevant characteristics, they are now able to bring a joint claim in respect of two (but no more than two) protected characteristics. For example, if you treated a black disabled student less favourably than a white non-disabled student, a claim of combined direct discrimination could be brought citing two protected characteristics, in this case race and disability.

What is indirect discrimination?

Indirect discrimination would arise if you were to apply a provision, criteria or practice in the same way for all students which had the effect of putting students sharing a protected characteristic within the general student group at a particular disadvantage, regardless of whether or not this was your intention.

Some provisions, criteria or practices may be justified if they are a proportionate means of achieving a legitimate aim.

To be legitimate the aim of the provision, criterion or practice must be legal and non-discriminatory. It could, for example, be concerned with maintaining academic and practitioner competence standards. However in the case of disability, if you had not complied with your duty to make relevant reasonable adjustments, you might find it difficult to show that the treatment was proportionate.

What is discrimination arising from disability?

Discrimination arising from disability would occur if you treated a disabled student unfavourably because of something associated with their disability, and could not justify that treatment. This differs from direct discrimination (which arises in respect of the protected characteristic of disability), and from indirect discrimination (because there is no need to show that other people have been affected alongside the disabled student, or for the disabled student to compare themselves with anyone else).

Discrimination arising from disability would occur if:

- you treated a disabled student unfavourably, putting them at a disadvantage, even if this was not your intention
- the treatment was because of something associated with the disabled student's disability
- you cannot justify the treatment by showing that it is a proportionate means of achieving a legitimate aim.

If you can show that you did not know and could not reasonably be expected to know, that the disabled student had the disability, the unfavourable treatment may not

amount to unlawful discrimination arising from disability. However, you should make every effort to ensure that students are able to disclose information about disability and you should be alert to any indications that a student may be encountering difficulties resulting from a health impairment or disability.

You can help avoid discrimination by acting quickly to identify and put in place reasonable adjustments for disabled students. However there may be cases where adjustments are unrelated to the unfavourable treatment in question.

What is the 'reasonable adjustments duty'?

You will be familiar with the duty to make reasonable adjustments from your experience of complying with earlier disability discrimination legislation.

The Equality Act 2010 imposes a duty to make reasonable adjustments – that is to take positive steps to ensure that disabled students can fully participate in the education and other benefits, facilities and services you provide for osteopathic students.

You should take reasonable steps to ensure that any provision, criterion, practice or physical feature does not put disabled students (including applicants and in some limited circumstances disabled former students) at a substantial disadvantage, and should provide an auxiliary aid where, without one, disabled students would be put at a substantial disadvantage.

The duty is owed to disabled people generally. It is anticipatory and continuing in the sense that you are expected to take measures to avoid causing substantial disadvantage regardless of whether or not you know a particular student is disabled, or whether you currently have disabled students.

You should plan ahead and anticipate the requirements of disabled students and the adjustments that might be needed to remove potential barriers. There is no justification for failing to make a reasonable adjustment where the duty applies, but it extends only to what it is reasonable and proportionate. However the Act does not define what is 'reasonable' – which would ultimately be for the courts to determine – but when assessing reasonableness, you might consider:

- how effective it will be in overcoming the difficulty identified
- whether it is practicable to make the adjustment
- the financial and other costs involved, and the money that has already been spent on making adjustments
- the amount of disruption it will cause
- the availability of financial or other assistance (for example students may be eligible for funding from the Disabled Students Allowance which is a grant to help students meet the extra costs of studying that are a direct result of a disability or learning difficulty).

It is good practice to work with students to determine what reasonable adjustments can be made but you should not expect disabled students to suggest adjustments.

Where they do, you should consider whether they would help to overcome the disadvantage and whether or not they are reasonable.

In summary, where disabled students are placed at a substantial disadvantage by a provision, criterion or practice, the absence of an auxiliary aid or a physical feature, you must consider whether any reasonable adjustment can be made to overcome that disadvantage.

What is meant by provision, criterion and practice?

These terms are not defined by the Equality Act but refer to the provision of education, facilities and services to students. The terms are intended to cover all your institution's arrangements, policies, procedures and activities.

Where disabled students are placed at a substantial disadvantage in accessing or benefiting from your institution's education, facilities or services, you must take all measures it is reasonable to take to ensure the provision, criterion or practice no longer has that effect.

In osteopathic education the theory and practice of osteopathy are indivisible. It is essential that students satisfy both academic and professional practice standards. A student must demonstrate achievement of these standards for the award of a Recognised Qualification, which confers eligibility to register as an osteopath. In the terms of the Equality Act these requirements are construed as a competence standard.

There is no duty to make reasonable adjustments to a competence standard, provided application of the standard is justified. However the duty does apply to the procedures you use to establish whether a student can meet the competence standard.

You must therefore take all reasonable steps and make all reasonable adjustments to ensure that a disabled student is not substantially disadvantaged in any test, examination or practical assessment used to establish that they have met the required standard – but you are not required to vary the competence standard itself in favour of a disabled student.

We have an obligation to ensure that our *Osteopathic Practice Standards* specify only relevant and genuine competences that are strictly necessary for safe, effective and unsupervised osteopathic practice. In turn you have an obligation to ensure that curriculum content, examinations and assessments are referenced to the *Osteopathic Practice Standards* and that you do not impose additional obstacles which could put disabled students at a substantial disadvantage.

Do we still need a Disability Equality Scheme?

Under the Equality Act 2010 public authorities are no longer required to prepare and publish a Disability Equality Scheme, but the discipline of doing so is valuable so should be continued until you are able to put in place new arrangements. Removal of this requirement reflects a shift to a single, less bureaucratic and more outcomes-focused duty extending to all the protected characteristics. The Public Sector Equality Duty came into effect in April 2010.

Do we still need to train our staff?

You should review and update your staff training programmes to take account of the Equality Act 2010 and this guidance. Staff must be informed of their legal duties and be aware of their responsibilities to applicants and students with a disability or health impairment. This is especially important for staff involved in admissions, student support and occupational health, as well as teaching and support staff.

It is important that training extends beyond a narrow interpretation of your legal responsibilities by addressing wider aspects of equality and disability discrimination, for example by tackling issues such as stereotyping and prejudice and the subtle messages about diversity that staff can sometimes convey despite an organisational commitment to equality. Investment in individual, team and organisational development may be required to ensure practices within your organisation match the culture of equality and diversity you aspire to.

As with all aspects of equality practice, involving disabled students in planning and delivering equality training can be extremely helpful.

University based OEs, and those which offer university validated degrees, may have access to institution-wide disability training, either in-house or via the validating university, and also to inter-professional learning with other health professions, providing opportunities to share experiences of supporting students with disabilities.

A contributor to the preparation of this guidance referred to the benefits of having been involved in a project to widen participation of disabled people in medical education.⁹ In addition to a range of ideas relevant to osteopathic education, a number of other proposals provided food for thought about the need to search for innovative solutions when exploring the scope for reasonable adjustments. An example of this concerned a medical student with a hearing impairment who relied on lip reading. To ensure this was possible, transparent face masks were sourced and worn by the rest of the team in the operating department.

⁹ General Medical Council, 2010, *Gateways to the Professions – Advising medical schools: encouraging disabled students*, London, GMC; can be found at:
http://www.gmc-uk.org/static/documents/content/Gateways_guidance_Oct_10.pdf

Section 4: The student journey

This section covers the issues you should consider at various points during the student journey. It will help you to ensure that the osteopathic education and training you provide meets the needs of students with a disability or health impairment, satisfies our expectations and requirements, and is consistent with your legal obligations.

The duty to make reasonable adjustments is both anticipatory and specific. This means that you must take all reasonable steps to prepare for the inclusion of disabled people generally – by improving your facilities, services and practices and by removing barriers and obstacles to their participation in your courses – as well as responding to the particular needs of individual applicants and students.

You only have to make adjustments which are reasonable. Factors you may wish to take into account in making your decision about what is reasonable are outlined in the previous section, but it is important to remember that there is no justification for failing to make reasonable adjustments where the duty applies.

Anticipating the needs of disabled people

Each OEI should keep under review its facilities, services and practices to identify where improvements and adjustments are required to better meet the needs of people with disabilities and health impairments. This should not be confined to the physical estate but should include every aspect of provision.

It is neither possible nor desirable to provide an exhaustive list of reasonable adjustments because each OEI is unique. Only by conducting a rigorous audit of all aspects of your institution's provision will it be possible to identify which reasonable adjustments should be considered.

The examples below are included to illustrate the range of adjustments encompassed by the anticipatory duty:

- providing information about the course in alternative formats to ensure that it is accessible to as wide a range of prospective students as possible
- ensuring that marketing materials make it clear that applications from disabled students are welcomed
- undertaking an access audit and making adjustments to ensure that general and emergency access routes to and from buildings are accessible to people with restricted mobility
- ensuring that core facilities – such as toilets, common rooms, libraries and catering facilities – are well lit, properly signposted and easily accessed by disabled students
- reviewing and adjusting learning and assessment policies and practices to ensure that regulations do not inherently discriminate against disabled students

- ensuring that lecture notes and other learning resources are available in electronic format for use by, for example, visually impaired students and those with specific learning difficulties who use assistive computer software
- improving the acoustics of lecture theatres and installing loop systems to assist students with hearing impairments
- ensuring that furniture, fixtures, fittings and learning resources – such library and computer services, practical rooms and equipment – do not pose an obstacle to, and are accessible by, disabled students
- ensuring that staff are sufficiently well informed about their responsibilities to help eliminate disability discrimination, to access the specialist services and resources available to help assess the needs of students with a disability or health impairment, and to provide suitable adjustments and support.

These examples illustrate some of the facilities, services, and practices that can be improved to avoid disadvantaging disabled people – but it is important to stress that while a duty is owed to disabled people generally, you also have a duty to establish and respond to the particular needs of disabled applicants and students as individuals.

An Osteopathic Education Institution developed plans to refurbish a classroom that was in poor condition and to turn it into a lecture theatre with state-of-the art projection equipment. As part of its ongoing programme to improve its facilities for disabled people in general, it had previously identified that its classroom facilities – in old buildings with high ceilings – provided poor acoustics that were ill-suited to teaching students with a hearing impairment. With a finite budget available for refurbishment, a decision was taken to install an induction loop system for hearing impaired people in the new lecture theatre, and to fund it by reducing the spend on projection equipment and the standard of furnishings.

Recruitment and selection

As a recognised OEI you will have developed admissions policies to comply with the equality legislation which has now been repealed. You should review your policies and procedures to ensure that they comply with the Equality Act 2010 and your duties in respect of protected characteristics.

One of the elements of the new legislation is the duty not to discriminate against a disabled person in the arrangements you make for determining who should be offered admission to your course, in the terms of the offer made to admit someone to your course, or by refusing or deliberately omitting to accept an application for admission.

The guidance below concerns the processes involved in recruiting and selecting students, and in particular the actions you can take to ensure that you adopt an inclusive approach and avoid discriminating against applicants or students who have a disability.

Marketing

Publicity material and course information should make it clear that applications from disabled people are welcomed. The inclusion of positive stories and images of disabled people in osteopathy, and the availability of the information in alternative formats, will help to reinforce this message from the very earliest contacts with prospective applicants when school pupils begin to make decisions about future studies and career choices.

In preparing this guidance OEIs emphasised the importance of ensuring that prospective applicants are able to make an informed decision about a career in osteopathy by being informed about the intellectual, physical, emotional and professional demands of osteopathic training, not least in contrast to other courses which do not culminate in professional registration and lead to independent practice. Publicity material should therefore include a named contact able to advise prospective applicants about the nature and demands of osteopathy as a profession and career, the challenges of the course, and the support that can be made available to disabled students.

Contributors to the preparation of this guidance considered it particularly important for prospective students with a disability because experience had shown that although many could readily envisage the adjustments and aids required to support classroom and theory learning, far fewer had an understanding of what adjustments might be needed to enable them to learn and to demonstrate clinical competences, or what impact this might have on patients. Time spent early in the process to help prospective students fully appreciate the scope of osteopathy – the diagnosis, treatment, prevention and rehabilitation of musculoskeletal disorders, and to understand that it involves mobilisations and manipulations which necessarily require intimate contact with patients – is never time wasted.

A number of OEIs have highlighted the value of open days to give prospective students an opportunity to gain an insight into what osteopathy is and what osteopathic education and training involves. The chance to talk to established students and to observe or participate in clinic room practical sessions helps potential applicants better understand the nature and physical demands of osteopathy, but also the help and support that can be made available to them if they have a disability.

Some institutions report having undertaken similar exercises on an individual basis for disabled applicants, enabling the prospective student to better assess whether they feel equipped to undertake osteopathic education and training, and giving the institution an opportunity to highlight the sorts of adjustment that can and have been made available to support disabled people in the past. When a bespoke visit is planned, the applicant should be reassured that this will not prejudice their application because any discussion about disability and the need for adjustments will occur independent of the application and selection process.

It is important that you do not make assumptions about whether an applicant will be able to demonstrate achievement of the standard required for award of a Recognised Qualification. However early reference to the *Osteopathic Practice Standards*, and to the relative isolation of professional practice after qualification, can help a prospective applicant to measure themselves against what is required to register and pursue a career in osteopathy.

Application

Applicants should be encouraged – but are not obliged – to disclose any disability as early in the applications process as possible. This will give you the best chance of trying to meet their needs.

Contributors to the preparation of this guidance stressed the importance of taking every opportunity to emphasise to applicants that disclosure is in their best interests. However there is an important balance to be struck between encouraging applicants to disclose information about a disability or health impairment at the earliest opportunity and an applicant's right not to make a disclosure. Course information can highlight the benefits of doing so while reassuring applicants that disclosure will not prejudice their application, which will be considered separately from any consideration of the reasonable adjustments that might be required if they are offered a place.

Applicants can also be reassured that information about disability or health impairment can be held in confidence, but OEIs should recognise that they may then have to consider how far making any adjustment is consistent with a request from the applicant to keep the information confidential. The applicant's permission will be needed for reasonable adjustments which identify the disability or impairment. As in all aspects of the dialogue with applicants and students about disability, sensitivity is required. This reinforces the importance of training for staff involved in recruitment and selection.

Students applying through the Universities and Colleges Admissions Service are invited to indicate whether or not they have a disability, special need, or medical condition, or to indicate that they do not want to provide the information. Applicants are required to select from a list of options:

- no disability
- a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- blindness or serious visual impairment uncorrected by glasses
- deafness or serious hearing impairment
- a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- a mental health condition, such as depression, schizophrenia or anxiety disorder
- a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- a physical impairment or mobility issue, such as difficulty using arms, or using a wheelchair or crutches
- a disability, impairment or medical condition that is not listed above
- two or more impairments and/or disabling medical conditions.

In the first instance this information will help you to establish whether any special arrangements might be needed to facilitate the selection process, and subsequently to open a dialogue with the applicant about needs and adjustments.

The UCAS categories also provide a helpful illustration of the broad range of disabilities, special needs and medical conditions OEs can encounter and for which reasonable adjustments may be required – but there is not and cannot be a list of disabilities, special needs, medical conditions or health impairments deemed incompatible with osteopathy. Each and every applicant must be assessed as a unique individual. It is for you to determine whether or not to admit someone to your course based on your assessment of whether, with reasonable adjustments, they will be able to meet the competence standard. This needs to be set in the context that:

*the primary aim of an osteopathic education provider is to educate students to become safe and effective osteopaths who are fully capable of working autonomously in a variety of clinical settings as primary contact healthcare practitioners.*¹⁰

Osteopathy involves independent assessment, diagnosis, treatment planning, and manual interventions. Patient safety is paramount. These demanding requirements are encapsulated in the *Osteopathic Practice Standards*. There will be instances where there can be no other conclusion but that the provision of reasonable support, aids and adjustments are insufficient to enable an applicant to demonstrate achievement of the competence standard for entry to the profession. You are not in breach of your legal obligations or our expectations and requirements if you reach this conclusion having given due consideration to all reasonable adjustments.

Setting entry criteria and conducting a selection process are justified because it is not in anybody's interest to admit a student – whether disabled or non-disabled – who has less than a good chance of completing the course. Competition for places means that each failure to complete denies someone else of an opportunity to succeed. Admissions staff must therefore be realistic when determining what adjustments are reasonable and in assessing whether they genuinely hold out the prospect of enabling a student to meet the competence standard and to enter unsupervised independent practice.

During preparation of this guidance OEs cited numerous examples of having assessed and accepted students with a disability or health impairment onto their courses, and of having provided a wide range of adjustments that have enabled them to support students through to successful course completion. The examples included students with learning difficulties (such as dyslexia), sensory impairments (both visual and auditory), physical disabilities (such as impaired mobility), health conditions (such as cancer) and a variety of long-term conditions (including diabetes, epilepsy and mental health problems). In each case students were assessed as individuals and reasonable adjustments were put in place to meet their needs.

¹⁰ GOsC and the Quality Assurance Agency, 2007, Subject Benchmark Statements for Osteopathy (page 11)

Examples of applications that had resulted in a decision that adjustments were not feasible were less forthcoming, but some of the benchmark statements likely to be crucial in such decisions include:

- treat patients safely and effectively drawing upon an extensive range and appropriate therapeutic intervention for the benefit of the patient (*leading to consideration of an applicant's physical abilities to develop and apply this range*)
- make an appropriate risk analysis in determining the most effective and appropriate therapeutic interventions for the benefit of the patient (*leading to consideration of an applicant's ability to assess risk which is likely to include a certain amount of vision*)
- determine fine static and dynamic changes in tissues and joint movement by the appropriate use of observation, palpation and motion analysis (*as above*)
- identify relative and absolute contraindications to osteopathic treatment (*as above*)
- sensitively conduct relevant medical and osteopathic clinical examination to assist in the assessment of an individual's physical and mental state (*as above*)
- draw on a range of verbal and non-verbal skills to relate to patients empathetically (*leading to consideration of an applicant's communication skills*)
- manage appropriately their own health and schedule so it does not impact adversely on patient care (*leading to consideration of an applicant's self-awareness*)
- communicate effectively by written, electronic and oral means with patients, colleagues and other healthcare practitioners (*leading to consideration of an applicant's information communication skills*)
- gather, interpret and prioritise effectively large amounts of information, and formulate effective plans and act decisively as a result (*leading to consideration of an applicant's information handling skills*).

Selection

All applications should be assessed against the same entry criteria. You should ensure that the criteria – and the way in which your staff apply them – do not discriminate against disabled applicants. However, while you may need to consider offering alternative formats to enable a disabled person to make an application to the course, you do not have to vary the level of prior attainment required. This is because entry criteria count as competence standards which are exempt from the duty to make reasonable adjustments.

Interviews are commonly used to assess applicants for entry to osteopathy education and training. As with any selection test, if interviews are used as part of the selection process, they must be applied uniformly to all applicants.

You should establish well in advance of the interview whether or not any reasonable adjustments are required to enable a disabled applicant to access and participate fully

in the process. As at other stages of the selection process, it is important to ask about the applicant's requirements rather than to concentrate on a disability, impairment or limitation.

The conduct of the interview should not differentiate between disabled and non-disabled candidates. Interview questions should be based on objective criteria and be applied uniformly to all candidates. An applicant's disability or health impairment should be irrelevant to this assessment and, as far as possible, should not be a subject of discussion during the interview. However the Equality Act does not prohibit questions about an applicant's impairment provided they concern the applicant's requirement for reasonable adjustments or their ability to meet the competence standards for the course, but the interview criteria used to establish an applicant's suitability should be applied as if reasonable adjustments had been made. The practicalities or reasonableness of such adjustments should not be a matter for the interview panel and should be considered only after a decision has been made to offer an applicant a place.

Records should be kept at every stage of the process to help justify and account for decisions. These should include unbiased interview notes with written assessments against each interview criterion.

There should be a clear process for dealing with complaints and appeals, which should be made available in accessible formats.

Preparing for entry

The process of agreeing reasonable adjustments should start as soon as an applicant is offered a place. It should involve the student and be undertaken by appropriately trained staff. Expert advice and guidance may also be required, for example from a university disability officer, occupational health professionals, educational psychologists or specialist disability organisations.

You should discuss with the applicant the nature and extent of the reasonable adjustments likely to be needed to enable them to undertake all aspects of the course, to be able to demonstrate achievement of the standard for award of a Recognised Qualification, and ultimately to practise as an independent osteopath. Students should be given an opportunity to talk to student support staff or a university disability officer about the personal financial support that may be available, for example from the Access to Learning Fund or the Disabled Student Allowance.

Prospective students with a long-standing disability can have a keen sense of their capabilities and many will have developed a variety of strategies for managing and compensating for functional limitations. As such students are often well placed to offer advice about the types of support and adjustments that will be required. However it is your duty to establish what adjustments need to be made, so you and your staff should be in a position to be able to assess and to arrange for appropriate aids and support. In some instances expert assessment may be required to establish precisely what type and level of assistance will be required or, for example, to provide formal confirmation of a specific learning difficulty as may be required if a student decides to apply for the Disabled Student Allowance.

It is common practice for applicants who have been offered a place to be required to complete a health assessment questionnaire. This does not discriminate against disabled students because the requirement applies to all applicants and is a justifiable measure to help ensure patients and others are not put at risk (in other words it is a proportionate means of achieving a legitimate aim). Its primary purpose is not to seek disclosure of health impairments or disabilities but to identify health conditions that might expose patients or others to unnecessary risk, and as such it is normally completed in confidence for assessment by occupational health professionals. However it does provide another opportunity for students to disclose a disability or health impairment and, with their consent, for occupational health staff to alert admissions or tutorial staff.

All reasonable steps should be taken to identify and put in place the adjustments required but in some instances you may conclude that this cannot reasonably be achieved, or that even with adjustments the applicant would not be able to demonstrate achievement of the standard for award of a Recognised Qualification. Clearly this conclusion needs to be communicated to the applicant in a sensitive manner, preferably together with advice about possible alternative courses the applicant might wish to consider.¹¹

Induction

Induction provides an opportunity to highlight the support that can be made available to students if they encounter health problems during the course, and to further invite students who have not done so to disclose fully any health impairments or learning difficulties they may have.

Some contributors to the preparation of this guidance emphasised how common it is for students to wittingly or unwittingly underplay their difficulties, only for these to emerge later in the course, when appropriate support and adjustment could have benefited the student much sooner. Students who have a mental illness often do not see themselves as disabled yet they too may be protected under the Equality Act and should be afforded the same considerations as students with a more visible disability.

One OEI offers screening to all students during induction to test for dyslexia. This has revealed a much higher rate of undiagnosed dyslexia than anticipated. The practice is considered to be non-discriminatory because it is applied universally to all students and is designed to enable appropriate support to be put in place and suitable adjustments to be made – in other words it is justified as a proportionate measure to achieve a legitimate end.

¹¹ See also: *Quality Assurance Agency for Higher Education, 2010, Code of Practice for the Assurance of Academic Quality and Standards in Higher Education: Section 3 – Disabled Students*, Gloucester, QAA.

Making adjustments to teaching, learning and assessment

Many of the institutions contributing to the preparation of this guidance have had considerable experience of making adjustments that have enabled students with disabilities and health impairments to complete training, to graduate, register and to practise osteopathy. This section draws on that experience to highlight important considerations and provides indicative examples of the broad spectrum of adjustments that can benefit students with a disability and/or health impairment.¹²

It is good practice to ask the student what they consider is needed, but it is important to remember that it is not their responsibility to suggest what adjustments are required. However you do not have to make every adjustment a student requests, but nor can you claim that an adjustment is unreasonable simply because it is inconvenient or expensive.

Deciding what is reasonable can be challenging. As discussed in Section 3, some of the more significant considerations are:

- how effective the adjustment will be in overcoming the difficulty
- whether it is practicable to make the adjustment
- what financial and other costs are involved
- the amount of disruption it will cause
- the availability of financial or other assistance.

One consideration of reasonableness concerns risk. The Equality Act does not override health and safety legislation, so neither the disabled student nor anyone else should be exposed to additional risks to their health or safety as a result of an adjustment. On the other hand, disabled people sometimes protest that they are excluded from activities or prevented from taking risks that able-bodied people take for granted. A disabled student should therefore have a say in what is an acceptable level risk for them in the everyday activities of osteopathic education and training. While it is important to ensure that disabled students are not exposed to greater risk during training because of their disability, it is neither desirable nor necessary to make adjustments in order to remove or minimise all risk.

It is right that attention should be focused on identifying the adjustments that can best meet a disabled student's needs, but this should not be to the exclusion of a degree of sensitivity to their impact on others. For example, while it might be considered reasonable to expect other students to tolerate a level of inconvenience to accommodate adjustments for a disabled student, a change that puts other students at a significant and persistent disadvantage might well be judged an unreasonable adjustment. Nevertheless, experience has shown that in many cases it is other students who have willingly provided the support and assistance that has enabled a disabled student to successfully negotiate their training. However it is important to acknowledge that your duty of care extends not only to students with disabilities, but also to the larger student body. Reasonable adjustments should not have an adverse impact on the learning experiences of other students.

¹² See also: Equality Challenge Unit, 2010, *Managing reasonable adjustments in higher education*, London ECU.

It is essential that the reasonable adjustments put in place are properly communicated to the student, and are communicated in an accessible format. In the terms of the Equality Act failing to make a student aware of the adjustments you have made might be judged no better than not making any adjustments at all. If there has been a good dialogue with the student before entry to the course and during the early weeks of training, there should be 'no surprises' because reasonable adjustments will have been discussed, agreed and put in place. Adjustments should then be reviewed regularly to ensure that they continue to deliver in the way intended.

Some contributors to the preparation of this guidance were keen to emphasise that it is essential to keep in mind that adjustments are intended to remove barriers or to compensate for disadvantages arising from disability as they relate to learning and the demonstration of professional competence, but should never involve lowering the expectation threshold for autonomous practice. This was considered especially important in a practice-based profession where patients put their trust in the ethical behaviour, technical competence and clinical expertise of the practitioner.

Adjustments to teaching, learning and assessment are many and various. To help illustrate the sorts of adjustments that can be helpful, some of the more commonly applied adjustments include:

- to the *physical environment*, both internally and externally to improve access to and the use of facilities, and to features such as lighting and sound insulation
- to *teaching and learning*, including the provision of information in a variety of visual, audio and electronic formats together with the associated assistive technologies to fully exploit them
- *human assistance*, in the form of coaching and mentoring and additional tutorial support
- *making allowances*, for example by extending deadlines, permitting absences, providing breaks in teaching sessions, or by relaxing regulations, for example to allow a student to carry, store on site and administer necessary medication
- by providing *equipment*, for example to support computer assisted learning, voice recognition software and screen-readers, and in the form of laptops and handheld devices for note-taking
- by facilitating access to *resources*, for example for the purchase of textbooks to use at home to help combat the fatigue associated with frequent trips to the library, and for the use of taxis after specific healthcare treatments
- to *examinations*, for example in the design and presentation of exam papers, by providing extra time and allowing rest breaks, removing penalties for poor spelling of non-technical terms, grammar and punctuation or allowing computers with spell-checkers, arranging for separate rooms and invigilation, and permitting the use of a reader or scribe
- to *practical assessments*, by allowing extra practice sessions, more time for the student to familiarise themselves with the setting or to interview, assess and record patient information, or to use a Dictaphone for subsequent transcription, by permitting adjustments to the physical arrangement and

features of the examination and treatment area – such as additional space or special lighting – and allowing the use of aids to facilitate manipulations

- providing *additional support*, for example in the form of one-to-one tutorials or extra clinic instruction, or by teaching special study skills and learning techniques, identifying a student ‘buddy’, or offering ongoing mentorship or course-long support from a personal tutor, student counsellor or disability officer.

Some adjustments have become standard practice, capable of being initiated quickly for students with a well-understood disability, providing straightforward and immediate benefit, but the fact that an adjustment is readily available should not detract from the principle that all students have a right to have their needs considered on an individual basis.

Contributors to the preparation of this guidance observed that it is easier to make adjustments for students whose disability is discernible, enduring and relatively stable – such as a hearing impairment or restricted mobility – than it is to meet the needs of students with concealed or fluctuating conditions as occurs, for example, with some students who have mental health problems or certain physical conditions. It is not always the case that adjustments can be agreed and made at the outset which last for the duration of the course. It can be especially challenging to help those students whose disability emerges mid-course, or whose health condition runs an unpredictable path or is episodic in nature, or who are more susceptible to the inevitable stress points inherent in any course.

A challenging scenario cited by a number of OEIs concerned students with previously stable long-term conditions, who were progressing satisfactorily with or without adjustments, whose equilibrium was disrupted by a change in disease management or treatment regime. Finding a new or better medication – during which different dosages or combinations are tested – can be extremely disruptive for the student and requires sensitive handling by tutors, not least to recognise and respond to fluctuations in behaviour, fatigue and capacity for learning. In short, tutors need to be prepared to make adjustments on a flexible basis until such time as the student’s health condition is brought back under control.

A related challenge concerns those students who lack insight into the nature or impact of their disability, or whose insight is intermittently impaired and who, as a consequence, fail to take the prescribed medication that helps them function effectively. A similar situation can arise with students who have a long-term physical impairment and who, for a variety of reasons, forget or choose not to take medication as prescribed. Poor compliance with a treatment regime can result in a relapse or resurgence of symptoms which can compromise a student’s functional capacity and ability to participate fully in the course.

Where adjustments can be made to assist students in these situations, for example by anticipating the potential impact of pressure points such as examinations and assessments and arranging in advance for extra support, they should be put in place.

Being alert to the early warning signs, such as a resurgence of symptoms or changed behaviour, will also help you to intervene early to pre-empt crises, provide support and guidance, and make adjustments such as agreeing extensions to assignments or a different attendance pattern.

On rare occasions a student's health may gradually but inexorably deteriorate to the point where adjustments and accommodations are no longer enough to enable them to continue training. In some instances an interruption to training can be negotiated which is long enough for the student to regain a level of health which is judged sufficient for them to rejoin the course and to continue training, but in others there may be no alternative but for the student to withdraw from the course. Specialist occupational health and medical advice will be required to inform these decisions.

Unlike students on many higher education courses where isolation in large groups is more commonplace, students in osteopathic education and training have the benefit of being members of comparatively small student groups, of having regular contact with tutorial staff, and of enjoying a nurturing educational environment. In this respect those who do encounter difficulties can be identified quickly and can usually be well supported. On the other hand it is important to appreciate that the familiarity and intimacy characteristic of osteopathic education can present a challenging environment for some disabled students, particularly some who have mental health problems.

A personal tutor system providing continuity of support throughout the course, regular supervision sessions and progress meetings with students, and having student peers who know, understand, accept and are alert to the signs of growing difficulty, are all important in helping to ameliorate the extremes and impact of fluctuating health conditions.

Where, despite adjustments and support, a disabled student fails to properly manage their condition and potentially puts patients at risk, a question arises as to their fitness to practise. A reminder about the *Osteopathic Practice Standards* and their professional obligations may be sufficient to prompt adoption of a more responsible approach to self-monitoring and management. If it does not, or if the student lacks sufficient and enduring insight to make the changes required to enable them to demonstrate they can meet the standards of conduct required, you should consider initiating a fitness to practise investigation. Further information about student fitness to practise is provided in the *Student Fitness to Practise Guidance for Osteopathic Educational Institutions* and the accompanying booklet *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students*.

Achieving a Recognised Qualification

Some contributors to the preparation of this guidance expressed concern that some disabled students who have demonstrated achievement of the required standard with the benefit of reasonable adjustments may not apply those adjustments in the same way once registered or may be less assiduous in taking medication for a long-term condition in the manner prescribed. The question arises as to whether this suspicion should play any part in a decision to award a Recognised Qualification.

Your institution will have regulations concerning student assessment, progression and graduation that incorporate demonstration of the competence standard specified by our *Osteopathic Practice Standards*. It is your responsibility to determine whether a student satisfies this standard and is awarded a Recognised Qualification. This is a threshold standard that cannot be varied. A necessary part of the educational process is the assessment of a student's professional behaviour and attitudes. In our *Student Fitness to Practise Guidance* we emphasise that:

*a defined approach to the ways in which learning professional behaviour will be addressed during the course is important to assist student understanding of professional requirements at different points in the course.*¹³

EDITING NOTE – NEED TO CHECK THIS QUOTE WHEN FINALISED THE STUDENT FtP GUIDANCE

If you have evidence that a student's fitness to practise is compromised, fitness to practise proceedings should be initiated and the outcome reported to the GOsC. If a student fails to demonstrate the standard required at the end of the programme they should not be awarded a Recognised Qualification. In certain circumstances, such as when there are continuing concerns about aspects of professional behaviour, it may be appropriate to consider awarding an alternative qualification which does not have the status of an RQ, and cannot lead to registration with the GOsC. However you cannot withhold a qualification from a student who has demonstrated achievement of the standard of competence on the basis of speculation about how they might behave as a registered osteopath.

Registration confers unrestricted practice rights. The GOsC does not annotate the register to indicate that a practitioner is disabled; nor does it note any other condition or restriction on the manner in which osteopathy should be practised by a new registrant. Your decision to award a Recognised Qualification means that that in your judgment a student is capable of practising in accordance with the standards set out in the *Osteopathic Practice Standards*. Once an individual is on our Register, they are responsible for maintaining professional standards of practice.

Where an established registrant subsequently develops a health impairment or disability which could prevent them from undertaking the full range of osteopathic activities and interventions, it is for the registrant to make any adjustments required, for example by working in a group practice where colleagues can provide support or substitution, or for example by restricting practice to a more limited approach and by not carrying out certain techniques, provided the public are not misled about the scope of osteopathy provided.

¹³ GOsC, 2011, Student Fitness to Practice Guidance for OEIs, Draft

Widening participation

Many people with a disability or long-term health condition are able to undertake osteopathic education and training, achieve a Recognised Qualification, and practise osteopathy with or without adjustments to support their practice.

We are committed to equality and want to encourage disabled people who have the potential to become independent osteopathic practitioners to consider education and training and a career in osteopathy.

We urge you to use this guidance to review and revise your policies and practices, to continue your work to eliminate discrimination, and to encourage the widest possible participation in osteopathic education and practice.

DRAFT

Section 5: Further information

Sources of further information and guidance are listed below.

Action on Hearing Loss

(Action on Hearing Loss is the trading name of the Royal National Institute for Deaf People (RNID)).

19-23 Featherstone Street, London, EC1Y 8SL

Tel 0808 808 0123

Text phone 0808 808 9000

informationline@hearingloss.org.uk

<http://www.actiononhearingloss.org.uk/?gclid=CPzFwbSUn6oCFYpA4QodFhHW5Q>

British Dyslexia Association

Unit 8 Bracknell Beeches, Old Bracknell Lane, Bracknell, RG12 7BW

Tel: 0845 251 9003

National Helpline: 0845 251 9002.

<http://www.bdadyslexia.org.uk/>

Directgov

For information about the Disabled Student Allowance.

http://www.direct.gov.uk/en/DisabledPeople/EducationAndTraining/HigherEducation/DG_10034898

Equality Challenge Unit

7th floor, Queens House, 55/56 Lincoln's Inn Fields, London, WC2A 3LJ

Tel: 020 7438 1010

Fax: 020 7438 1011

<http://www.ecu.ac.uk/>

Equality and Human Rights Commission

The Equality and Human Rights Commission has a statutory remit to promote and monitor human rights and to protect, enforce and promote equality across the nine "protected" grounds. It can be accessed at: <http://www.equalityhumanrights.com/>

HRC England: 3 More London, Riverside Tooley Street, London, SE1 2RG

Tel: 0845 604 6610

Text phone: 0845 604 6620

Email: englandhelpline@equalityhumanrights.com

HRC Scotland: The Optima Building, 58 Robertson Street, Glasgow, G2 8DU

Tel: 0845 604 5510

Text phone: 0845 604 5520

Email: scotlandhelpline@equalityhumanrights.com

HRC Wales: 3rd floor, 3 Callaghan Square, Cardiff, CF 10 5BT

Tel: 0845 604 8810

Text phone: 0845 604 8820

Email: waleshelpline@equalityhumanrights.com

General Osteopathic Council

176 Tower Bridge Road, London, SE1 3LU

Tel: 020 7357 6655

Fax: 020 7357 0011

Email: contactus@osteopathy.org.uk

<http://www.osteopathy.org.uk/>

Government Equalities Office

The Government Equalities Office (located in the Home Office) has responsibility across government for equality strategy and legislation. It can be accessed at:

<http://homeoffice.gov.uk/equalities/>

Legislation

The Equality Act 2010 can be accessed at:

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Explanatory notes to the Equality Act 2010 can be accessed at:

<http://www.legislation.gov.uk/ukpga/2010/15/notes/contents>

The Osteopaths Act 1993 can be accessed at:

<http://www.legislation.gov.uk/ukpga/1993/21/contents>

Mind

15-19 Broadway, Stratford, London, E15 4BQ

Tel: 020 8519 2122

Fax: 020 8522 1725

Email: contact@mind.org.uk

<http://www.mind.org.uk/>

Quality Assurance Agency for Higher Education

Southgate House, Southgate Street, Gloucester, GL1 1UB

Tel: 01452 557000

Fax: 01452 557070

Email: comms@qaa.ac.uk

<http://www.qaa.ac.uk/Pages/default.aspx>

Royal National Institute of Blind People

105 Judd Street, London WC1H 9NE

Tel: 020 7388 1266

Fax: 020 7388 2034

Helpline: 0303 123 9999.

<http://www.rnib.org.uk/Pages/Home.aspx>

Glossary

Auxiliary Aid

An auxiliary aid is anything that provides additional support or assistance and can include special equipment, computer software, extra assistance from staff and making information available in an accessible format. OEs must take all reasonable steps to provide auxiliary aids to avoid students with a disability being substantially disadvantaged.

Competence Standard

A competence standard is an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability.

Further and Higher Education Institution

A reference to an institution within the further or higher education sector is to be construed in accordance with section 91 of the Further and Higher Education Act 1992.

Protected Characteristics

The protected characteristics for further and higher education institutions specified in the Equality Act 2010 are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief (including lack of belief), sex, and sexual orientation. Being married or in a civil partnership is not a protected characteristic in the further and higher education institution provisions of the Act.

Public Sector Equality Duty

The Equality Act imposes a duty on public bodies (designated in a Schedule 19 of the Act), which includes further and higher education institutions. The duty was brought into force in April 2011.

Public bodies are required to demonstrate that they are taking action on equality in policy making, the delivery of services and public sector employment. The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment but also to actively promote equality. The new duty covers all the protected characteristics except marriage and civil partnership.

Service Providers

A service provider is any person or organisation that provides goods, facilities or services to the public, whether paid for or free, no matter how large or small the organisation is.

Substantial Disadvantage

A substantial disadvantage is more than minor or trivial. The level of disadvantage created by the absence of reasonable adjustments is measured in comparison to what the position would be if the disabled student in question did not have a disability. In assessing the degree of disadvantage likely to occur as a result of failing to make reasonable adjustments, an OEI would need to take account of matters such as the time and effort a disabled student would need to expend, the inconvenience, indignity

or discomfort they might suffer, and the loss of opportunity or the diminished progress they might make in comparison to non-disabled peers.

Victimisation

In the Equality Act victimisation is treating someone badly because they have done a 'protected act', or because the institution believes that a person has or is going to do a protected act. A 'protected act' is making a claim or complaint of discrimination (under the Equality Act), helping someone else to make a claim by giving evidence or information, making an allegation that the further or higher education institution or someone else has breached the Act, or doing any other thing for the purposes of or in connection with the Act.

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