

What are UK schools of pharmacy providing for undergraduates with disabilities?

By Joan E. Hartley

Abstract

Aim

To collect national data on disabled pharmacy students and on formal procedures and reasonable adjustments made for these students, in order to raise the profile of disability within the pharmacy profession.

Design

Questionnaire survey.

Subjects and setting

Academic and administrative staff at 17 UK schools of pharmacy.

Outcome measures

Student numbers in each Higher Education Statistics Agency category of disability; number of students receiving Disabled Students' Allowance and details of specific disabilities. Details of

pharmacy specific information, admission procedures, curriculum adjustments, assessment adjustments, and views on the practice of pharmacy were also collected.

Results

16 UK schools of pharmacy responded. The number of disabled MPharm students was 260 in a total population of 7,563 students (3.4%) for the 2003/04 academic year. A wide range of adjustments was provided to support these disabled students.

Conclusion

The situation for disabled students studying shows room for improvement. In particular, the Royal Pharmaceutical Society should provide guidance for disabled students seeking to register as pharmacists.

The Special Educational Needs and Disability Act 2001 (SENDA) came into effect in September 2002 and provisions were phased in up to September 2005. It placed a duty on universities not to treat disabled students "less favourably" and to make "reasonable adjustments" so that disabled students are not disadvantaged.

SENDA was implemented gradually. In September 2003 provision of auxiliary aids and services as reasonable adjustments were required. This would include, for example, provision of sign language interpreters for deaf students. From September 2005 the physical features aspect of reasonable adjustments, such as ramped access for wheelchair users, had to be in place. The adjustments must be anticipatory: universities must consider what changes would be needed if a disabled student were to come to study rather than wait until a disabled student is accepted on to a course.¹ Prospectuses, websites and learning materials, including virtual learning, must all be accessible to disabled students. For example, higher education institutions must provide printed material with a large font size for visually impaired students, subtitled videos for hearing impaired students and software that is compatible with that used by dyslexic and disabled students.

In 1999, the Quality Assurance Agency for Higher Education (QAA) produced a code of

practice that included the needs of disabled students. Section 3 of the code offers guidance on provision for disabled students in the following areas: general principles, physical environment, information for applicants and staff, selection and admission, enrolment, learning and teaching, examinations and assessment, staff development, access, additional support, complaints, and monitoring and evaluation. The guide recommends involving students already enrolled on programmes at university as a useful source of advice and to help development in all stages of provision for disabled students from design to evaluation.

In 2003 the School of Pharmacy at the University of London received funding from the Higher Education Funding Council for England for a Strand One project to run from January 2003 until December 2005. Strand One projects are specifically funded to improve provision in small and specialist institutions that have little provision or experience in supporting disabled students.

The project had two main aims: first, to improve provision for disabled students; this included developing written guidelines for admission, support, and assessment of the needs of incoming students and, second, to investigate curricular barriers to the study of pharmacy by disabled students.

A review of literature in the area of disability in higher education revealed little information in the domain of medical education and related studies in the UK. There were a few papers that focused on dyslexic nursing students and this literature was recently reviewed by Sanderson-Mann and McCandless.² No studies concerned with

pharmacy were found apart from a 1980 paper on admission of handicapped students to pharmacy schools in the US.³

Due to the lack of research in the area of disability in pharmacy education, the project team decided to conduct a survey to collect demographic information on disabled students studying MPharm programmes at UK schools of pharmacy. Universities collect these data for the Higher Education Statistics Agency (HESA, see www.hesa.ac.uk) and thus these data can be retrieved from the student record system of a university using the HESA categories. To support the process of developing support structures for disabled students, information on any procedures used at UK schools of pharmacy were sought from the individual schools.

At the time the data were being gathered, the Royal Pharmaceutical Society of Great Britain published no specific guidance about disability matters. (It has since published a policy for candidates for its registration examination). The Society did — and does — ask applicants for registration to make a health declaration that they consider themselves (medically) fit to practise pharmacy, and this must be countersigned by an appropriate registered medical practitioner. This declaration appears to operate under more general European law and not be tied in directly with disability discrimination legislation. In fact, no specific disability discrimination legislation covered the Society's education and registration functions until 1 October 2004. Under current statutes the Society has no power to gather or hold statistics on disabled pharmacists (personal communication). To set this study in context, proposed legislation will direct the Society to establish a statutory health committee with a remit over these issues.

This all meant that the operation of disability discrimination legislation was completely disjointed between the Society and the schools of pharmacy at the time of the study — and for reasons outside the power of either party to redress.

This paper describes how data on disabled MPharm students and procedures to support them were collected. It is hoped that this information will raise the profile of disability within the pharmacy profession.

Method

A postal/e-mail questionnaire was designed specifically for the study. The questionnaire was in two parts.

Part 1 inquired about the total numbers of MPharm students enrolled in 2003/04, the

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numbers of disabled students in each disability category using HESA categories, details of specific disability if known, and the number of disabled students receiving the Disabled Students' Allowance — a financial allowance that helps disabled students to pay for day-to-day support such as tapes, Braille paper and extra photocopying charges, large items of equipment such as Braille printers and portable induction loops, and non-medical personal help such as sign language interpreters and helpers for wheelchair users.

Part 2 asked for descriptive data about procedures for dealing with disabled students and any reasonable adjustments that were made. There was also an open question to identify staff views about disabled students practising as pharmacists.

The questionnaire was distributed to the heads of all 17 UK schools of pharmacy in April 2004. The questionnaire was completed by the person responsible for disability issues within each school of pharmacy, except at the University of London school, where it was completed by the deputy registrar.

Results

Completed questionnaires were received from 16 out of 17 schools, after sending out three reminders, representing a 94 per cent response rate. The data were analysed in three sections: number of disabled MPharm students; details of specific disabilities; and number of MPharm students receiving the Disabled Students' Allowance.

Sixteen schools responded to the question on the number of disabled MPharm students. There were 260 in a total population of 7,563 students (3.4 per cent). These data were exclusively for undergraduate MPharm students in 16 UK schools of pharmacy. No postgraduate or preregistration students were included. Table 1 shows the number of students according to disability category.

There are some national data on disabled students that is produced by the HESA. The disability categories used for data collection are consistent with those used by the Universities and Colleges Admissions Service. Whether a student is recorded as having a disability depends on the student's own self assessment and disclosure of a disability. These data were collected from 1 August 2003 to 31 July 2004 and provide a snapshot of students enrolled on programmes of study at publicly funded UK higher education institutions. The figures are for all UK-domiciled and international students and include both undergraduates and postgraduates. The figures do not include dormant students (those who have stopped studying but not deregistered), incoming visiting exchange students from overseas, or students studying for the whole of their programme of study outside the UK. The National Disability Team has reproduced the data on its website (www.natdisteam.ac.uk).

Table 2 uses data taken from the National Disability Team website and shows the numbers of disabled students in higher education

Table 1: Known disabilities among MPharm students (n = 260)

Disability category	Number	%
Unseen disability (eg, asthma, epilepsy)	111	42.7
Dyslexia	56	21.5
Deaf/hearing impaired	10	3.9
Blind/partially sighted	10	3.9
Multiple disabilities (eg, deaf and blind)	8	3.0
Mental health difficulties	7	2.7
Wheelchair user/mobility difficulties	4	1.5
Personal care support	0	0
Autistic spectrum disorder	0	0
Other (eg, speech impediments)	54	20.8

nationally. There were 121,080 disabled students studying in the UK in the academic year 2003/04 out of a total population of 2,247,440 students (5.4 per cent).

In response to the question on specific disabilities, respondents gave details of over 30 different specific disabilities ranging from asthma to requiring a wheelchair.

Fourteen out of 17 schools (82 per cent) provided responses to the question regarding the number of MPharm students receiving the Disabled Students' Allowance.

Results showed that the total MPharm population in the 14 responding schools was 7,114. The number of students with no known disability was 6,850. The number of disabled students was 255. The number of disabled students who were receiving the Disabled Students' Allowance was 57; the number not receiving it was 105. Information about the Disabled Students' Allowance was not known/not sought, in the case of 93 disabled students.

Data on specific provisions for disabled students were received from 15 of the 17 schools (88 per cent). These responses were answers to an open question and thus some procedures might be used at some universities but the respondents may have omitted them. The data were divided into four sections: admissions procedures; curriculum (ie, learning and teaching) adjustments; assessment adjustments; and practice of pharmacy and other information.

Admissions Eleven schools had no pharmacy-specific disability information in their admission information. Seven had a departmental disability co-ordinator (a person within the pharmacy department who has responsibility for issues concerning disabled students). The most common formal procedure for needs assessment at admission was a central university procedure, which was used in 12 out of 15 schools. The most common university formal procedure type was informal interview, which was used in 10 out of 15 schools.

The most common internal procedure in pharmacy departments for needs assessments

Table 2: Known disabilities among students nationally (n = 121,080)

Disability category	Number	%
Unseen disability (eg, asthma, epilepsy)	24,340	20.1
Dyslexia	49,945	41.3
Deaf/hearing impaired	6,120	5.0
Blind/partially sighted	3,405	2.8
Multiple disabilities (eg, deaf and blind)	11,965	9.9
Mental health difficulties	5,270	4.4
Wheelchair user/mobility difficulties	4,930	4.0
Personal care support	260	0.2
Autistic spectrum disorder	-	-
Other (eg, speech impediments)	14,840	12.3

was assessment on a case-by-case basis (in seven out of 15 schools). Twelve out of 15 schools had not refused entry to disabled students, but six schools reported the cases where disabled students had withdrawn from the course.

Further analysis of the data showed that all respondents except the University of London School of Pharmacy had a special disability service. Thirteen schools sought the requirements of disabled students in advance. Seven had a disabled student handbook or information sheets, but these were not pharmacy specific. Seven had special library services and six mentioned adapted accommodation. Nine schools asked disabled students, during the admission process, to make an informal visit in advance of admission. Three schools asked health and safety questions.

Curriculum The most common curriculum adjustments in lectures were note-takers and use of large print. Both these adjustments were used in six out of 15 schools. Curriculum adjustments in practical work included low level benches, flexible equipment height, adapted equipment, special evacuation procedures, use of a laboratory helper, practical exercises undertaken without standing, extra time for laboratory work and alternative arrangements for some practical work.

Assessment The most common assessment adjustment in written examinations was extra time, which was provided in 13 out of 15 schools. There were many other adjustments made in written examinations, ranging from using amanuenses to providing rest breaks. In course work, assessment adjustments included flexible or extended deadlines. Adjustments in oral assessments included extra time allowance and allowance for speech impediment.

Other Seven out of 15 questionnaire respondents thought having a disability was not a problem in the practice of pharmacy. A minority of respondents thought that certain disabilities might rule out a career in pharmacy. These disabilities were severe autism, se-

vere visual impairment, total blindness, and severe mental health problems such as schizophrenia. A minority of respondents noted that dyslexia was the most common disability. There was concern about severe dyslexia and patient safety. There was also concern that the Royal Pharmaceutical Society had no guidelines on whether a disabled student would be able to register as a pharmacist.

Discussion

The survey provided a snapshot of the demographics and provisions for disabled students in UK schools of pharmacy in the academic year 2003/04.

In the responding schools, 3.4 per cent of MPharm students declared a disability. It should be borne in mind that students are not compelled to disclose a disability and it is likely that this figure is an underestimation. A wide range of disabilities was reported among MPharm students ranging from unseen disabilities such as asthma and epilepsy to physical disability requiring the use of a wheelchair. This is similar to the wide range of disabilities seen in the national student population. The largest category of disability in MPharm students was unseen disabilities, which were disclosed by 111 disabled students (42.7 per cent).

In the national disabled student population, dyslexia (41.3 per cent) was the most common disability followed by unseen disabilities, which were disclosed by 20.1 per cent of disabled students. Fifty-six MPharm students disclosed that they had dyslexia. This figure represents over 21 per cent of disabled MPharm students and is less than 1 per cent of the total MPharm population. Screening of 214 pharmacy students at one university in the US showed that 34 (15.9 per cent) of these students had dyslexia or other specific learning disability.⁴ It is therefore possible that there are many pharmacy students with undiagnosed dyslexia.

The percentage of MPharm students with visual impairments was 0.13 per cent (10/7,563). This figure compares well with the national figure of 0.13 per cent for blind and partially sighted undergraduate students in 2003/04 that was reported by Gray and Morley Wilkins.⁵ Although the percentage of disabled MPharm students reported by schools of pharmacy was lower than the national figure, it is not possible to compare these data directly since there are differences in the time of data collection and the type of student included. (MPharm students are undergraduates and the national figures include postgraduates.) However, it may be worth considering active recruitment of disabled students to pharmacy in order to bring their numbers closer to the national figure of 5.4 per cent.

Fifty-seven disabled students out of a total of 255 were receiving the Disabled Students' Allowance. This is a low figure, representing less than a quarter of disabled students, and it is possible that students were not aware of this allowance. Steps should therefore be taken to

publicise more widely the availability of this allowance. It is also possible that this low figure may partly be due to the high number of students with unseen disabilities (42.7 per cent), who do not need the day-to-day support, special equipment or non-medical personal help that the allowance helps to fund.

Pharmacy-specific information is information relating to disability and disabled students (such as physical access facilities and adjustments that can be provided) that is included in a pharmacy departmental prospectus or handbook or website. Responses showed that there was little pharmacy-specific information for disabled students. However, a disabled student had seldom been refused entry to a school of pharmacy. The situation could be improved by having more pharmacy-specific information in the form of a handbook for disabled students. This would then give disabled students a better idea of whether pharmacy is a suitable course of study for them.

Although many curriculum adjustments were used in the MPharm course, there was no majority behaviour across schools. The range of adjustments used reflect the wide range of disabilities in the MPharm population. However, it would be useful to seek the views of disabled students to find out if they think that a satisfactory range of adjustments is being provided. A disabled student evaluation survey would be a useful tool in assisting with the setting up of a disability equality scheme that will be required to be set up by December 2006 under part 5a of the Disability Discrimination Act.

Extra time in examinations is generally a common adjustment for students with dyslexia.⁶ The most common MPharm assessment adjustment was extra time allowance and this is consistent with the high number of disabled students with dyslexia.

Although seven out of 15 respondents thought that having a disability was not a problem in the practice of pharmacy, some individuals were concerned that the Royal Pharmaceutical Society had no guidelines. They identified that guidance was therefore needed from the Society on the position for disabled people in terms of progression to the preregistration year, sitting the registration examination, admission to the Register and then (as a post-registration fitness-to-practise matter) on working as a pharmacist with a disability. (It should be noted that the rights of existing pharmacists who become disabled may be different from the rights of disabled students aspiring to become pharmacists, and this study should ensure that the distinction is maintained.) This information and guidance could then be given to disabled students before they enrolled on an MPharm course.

Thirteen schools sought the requirements of disabled students in advance. Nine schools asked disabled students to make an informal visit in advance of admission. This is in line with the recommendations of the National Bureau for Disabled students, SKILL, which recommends students to make informal visits

to universities in advance to discuss their requirements.

Limitations to this study were that only 14 out of 17 schools responded to the question about the Disabled Students' Allowance, so the figure for students receiving this allowance may be underestimated. There may also be under-reporting of adjustments made for disabled students, since these responses were answers to an open question and thus some adjustments might be used at some universities but the respondents may have omitted to include them.

Recommendations

In order to improve the situation for disabled students studying or planning to study pharmacy, I recommend:

- Active recruitment of disabled students
- Wider publication of the availability of the Disabled Students' Allowance
- More pharmacy specific information in the form of a handbook
- Guidance from the Royal Pharmaceutical Society on the position of disabled students seeking to become pharmacists
- Further research that includes newly opened schools of pharmacy

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Resources

- SKILL, National Bureau for Disabled Students, Chapter House, 18–20, Crucifix Lane, London SE1 3JW