



# The Empowerment Passport

---

Summary Rapid - Review Report

March 2023 *Version 3*

# Contents

Foreward: (Joint Paul & Alex)	3
Executive Summary	5
Background	10
Changing Context	16
Rapid-Review Methodology	17
Analysis	23
Conclusion	28
Recommendation	33
Appendix:	35
1a&b) Insights captured by the team	
2) The Survey Tool	
3) Theory of Change – Disability Health Learner Transition Programme	
4) Stakeholders	

# Joint Foreword:

NHS Employers and Health Education England were grateful to have been able to join the NHS England Workforce Disability Equality Standard Team, in considering the benefits and impact of an adjustment passport aimed at meeting the needs of health learners and trainees.

The former Health Education England, saw the making of reasonable adjustments for health learners who are disabled, as a crucial part of education provider responsibilities and these are set out in the Education Quality Framework. NHS Employers has continued to re-state their support for adjustment passports, but also the clear position to the health system:

***“When placing apprentices or trainees, consideration should be given to the individuals’ specific health needs or disabilities that may potentially impact on their training.”***

As part of our joint involvement in this work, we were both mindful of the emergent direction of travel and pace being set by NHS Impact, which builds on tools like PDSA, together with involving those directly affected in design and the iterative development of impactful improvement.

We continue to strive to make sure our thinking is aligned to the five pillars, which form the 'DNA' of NHS evidence-based improvement methods,

## **1 Building a shared purpose and vision.**

## **2 Investing in people and culture**

## **3 Developing leadership behaviours**

## **4 Building improvement capability and capacity**

## **5 Embedding improvement into management systems and processes**

We know when these five pillars are central, we have a good chance of making sure we support the right conditions for continuous improvement and better outcomes.

- Paul Deemer, Head of Diversity and Inclusion – NHS Employers
- Alexandra Ankrah, Head of Disability Health Learner Transition Programme  
NHS England (legacy HEE)

# EXECUTIVE SUMMARY

The Empowerment Passport (EP) is a potentially ground-breaking digital platform. Good quality adjustment passports hold significant potential to change the way individuals with long-term health conditions and/or disabilities navigate their journey through education, employment, and various transitions.

The case for adjustments passports has been made by the government, TUC, ACAS and the Equality and Human Rights Commission. The TUC has also set out a model policy for the introduction of disability adjustment passports, as a voluntary offer for all staff.

Unlike most adjustment passports, which focus solely on workplace adjustments for employees with disabilities, the EP offers a whole-career solution. The EP is portable and extends beyond the workplace, supporting a health learner, trainee or apprentice into placement, rotation and/or work in the health and social care sector.

*“It is vital that all staff are given the support they need to progress in their careers ...*

*Workforce diversity helps keep more staff, makes it easier to recruit staff, and improves care for patients. Improving equality, diversity and inclusion is everyone’s responsibility, starting with leaders.*

*I have faith my colleagues will rise to this challenge.”*

Dr Navina Evans

Chief Workforce and Training Officer, NHS England

Here we report on a small-scale rapid review of the EP. The **Rapid-Review** was undertaken using an approach rooted in the NHS Plan, Do, Study, Act (PDSA) cycles, as a model for service innovation & improvement.

Additionally, the rapid review was informed by the Health Education England team's **Theory of Change**, which was agreed with a range of stakeholders. The team also relied on general evidence captured through an independent economic impact assessment undertaken by London Economics. The team aimed to examine the EP's features, impact, together with early user feedback to shed light on its effectiveness and potential for fostering inclusivity within the healthcare sector.

Using PDSA cycles sequentially (i.e., running a series of rapid reviews) the team intended to first test out use of the EP on a small scale; building on the learning in a structured way, before considering the future-plan for larger-scale testing. The team then intended to graduate using PDSA simultaneously across a few selected sites. The eventual aim was to follow this up by a larger scale partnership-based implementation plan, working across identified localities. The larger scale plan would be based on PDSA because it is widely used, understood and accepted in local NHS bodies as a service improvement tool. The changing context did lead to a curtailment of the review process; but the team were able to complete an initial cycle of the review with positive results.

In a world where individuals often face challenges in articulating their specific adjustment requirements, the EP serves as a versatile tool, empowering users to express their needs with confidence. By capturing crucial information and facilitating effective communication between individuals and relevant stakeholders, this digital platform ensures the potential for no voice needing to go unheard and no reasonable adjustment needs being overlooked.

This report of the review delves into the early end-user and stakeholder feedback, exploring the experiences of individuals who have sign-up for the EP, and in some cases trialled the EP. Analysis of their insights provides valuable insights into the strengths and limitations of this innovative tool. The report also highlights the unique selling point of the EP, the fact that it is a one-of-a-kind digital passport that facilitates the transition of individual health learners and trainees with disabilities into the workforce, a process that often spans several years.

The review provided evidence, which demonstrated that the EP was potentially transportable across localities and different placement settings. As well as had the potential to improve users' confidence in discussing their conditions or disabilities. The mechanics also ensured that the EP addressed the potential duplication of information and repetitive form-filling as users transitioned between institutions.

The review highlighted areas that end users found beneficial and valued including digitally secure tools, tools that were entirely paperless and acted as a passport system to address privacy concerns and the ability to filter or better contextualise the information presented.



**In conclusion,** the review provided some evidence of the potential benefit of the EP in supporting health learners and trainees with disabilities. The team were able to affirm the proof of concept regarding use of the EP for health learners and trainees. The team were additionally able to partially evidence proof of mechanics, regarding use and user acceptance for health learners. There was end-user acceptance for health learners who were either in placements or were preparing for transition into the workplace or had recently commenced their post qualification journey and were working within regulated roles within the NHS workforce.

The potential value of the EP lies in its ability to travel with users between placements, institutions and localities and to facilitate discussions about reasonable adjustments. However, further work is needed, particularly on messaging and providing both supervisors, health educators and end users with assurance around: concerns related to privacy, information overload, and format. Overall, the EP shows potential in improving the experience of disabled health learners and trainees within the NHS and warrants further investment in development and refinement.

Ultimately, the EP holds the potential to not only empower individuals with disabilities, but also create a ripple effect of positive change. By addressing and resolving issues related to disabilities, we are not only improving the lives of individuals but also paving the way for a more inclusive and accommodating society.

Through this rapid review, we recognise further showcasing its potential to transform lives and create a more inclusive future for all. The NHS equality, diversity, and inclusion improvement plan<sup>1</sup> aims to improve equality, diversity, and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience.

---

<sup>1</sup> [NHS equality, diversity, and inclusion improvement plan](#)

# BACKGROUND

The government has backed the paper-based **Health Adjustment Passport**<sup>2</sup>. This is a document intended primarily to support disabled jobseekers to self-identify the support and changes (reasonable adjustments) they may need to move into work. Completing the passport can be useful for people who face barriers in the workplace due to a disability or health condition. However, in supporting the transition of health learners and trainees into the NHS workplace, the Health Adjustment Passport has its limitations. Beyond being paper based, the government back Health Adjustment Passport does not take account of the unique environment that health learners and trainees will be working in, or indeed their journey, from education setting, including placements and then newly qualified and/or registered status. The Health Adjustment passport has also been viewed by some critics as not being sufficiently rooted in a social model of disability and/or taking a 'deficit approach' and placing too much focus on what people cannot do.

---

<sup>2</sup> Further details on the Gov.UK Health Adjustment Passport can be found here: [Health Adjustment Passport](#)

Employers and Unions, as well as national bodies including: the Advisory, Conciliation and Arbitration Service (ACAS), Trade Union Congress (TUC), Equality and Human Rights Commission (EHRC), the Chartered Institute for Personnel and Development (CIPD) – have long supported the voluntary adoption of disability adjustment passports. The TUC have also produced a model policy template policy, this is to enable the local introduction of disability adjustment passports in partnership with staff:

[Reasonable\\_Adjustments\\_Disability\\_Passports\\_2019\\_WIP5\\_Model\\_Agreement\\_secure.pdf \(tuc.org.uk\)](#)

The EHRC have also produced guidance on reasonable adjustments in practice:

[Reasonable adjustments in practice | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

The Great Big Workplace Adjustments Survey<sup>3</sup> carried out by the Business Disability Forum (BDF) in 2019, and again in 2023 identifies both the benefits and opportunities of good adjustment passports. However, the evidence and insights captured also demonstrate much more work needs to be done and adjustment passports form only a part of the solution:

[https://businessdisabilityforum.org.uk/the-great-big-workplace-adjustments-survey-2023/](#)

---

<sup>3</sup> Nearly 1,500 disabled employees and 400 managers responded to the BDF 2023 survey and the findings were published in June 2023. Only 10 per cent of disabled employees said it was easy to get the adjustments they needed and only 18 per cent of disabled employees said their adjustments have removed all barriers in the workplace.

The EP is a digital platform which enables individuals with long-term health conditions or disabilities to think about and communicate their unique adjustment needs in any of the following settings:

- **Education (school/college/university)**
- **Employment (part-time/full-time, temporary, or permanent)**
- **Any transition (between education to employment, or one job to another)**
- **A companion document for life, the EP enables best practices whilst unlocking one's potential.**

The EP is a new initiative, which whilst not formally linked to any existing Access to work or DWP initiatives, is low cost and could be specified as part of an Access to Work or Disabled Student Allowance package. Access to Work is piloting the Health Adjustment Passport, a new initiative aimed at enhancing workplace adjustments for employees with disabilities, health conditions, mental health conditions, or long-term injuries.

The Health Adjustment Passport will serve as a record of agreed workplace adjustments between employees and their line managers. It is intended to ensure that new managers are aware of the specific requirements or accommodations needed from the outset, eliminating the need for repetitive and potentially challenging conversations. By facilitating the smooth transition of adjustment information between roles or line managers, the Adjustment Passport aims to alleviate stress and enhance the overall employee experience.

The majority of Adjustment Passports are intended to be used in a fixed location, by employees. The EP passport is intended to be used by health learners, trainees and apprentices, who are transitioning into the workplace, and may be undertaking placements, rotations and/or work-based learning across a few selected sites.

*“Reasonable adjustments’ are not just physical (e.g., ramps, chairs, lifts, software), but also (depending on an individual’s disability) include ‘reasonable consideration, behaviours and support’ by their line managers, colleagues and organisations. Historically, the typical employment paradigm in the NHS (both at entry to jobs, careers and professions and during careers) has placed the onus on the disabled person to ‘prove’ they can ‘do the job’, rather than employers accepting that the onus should be on them to enable the disabled person to ‘do a job’ or enter a career.”*

Disabled NHS Directors Network

Generally, an adjustment passport can be used to:

- **Help identify what support and changes (known as reasonable adjustments) an individual may need, at work or moving into work.**
- **Apply for support from their employer and/or Access to Work. This could include funding for specialist equipment, or other support, including getting to and from work or support at work, such as job coaching.**
- **Provide a forum for employers to talk about adjustments and in-work support just once – without having to repeat the conversation each time they change supervisor or location.**

The main limitation of the majority of Adjustment Passports are their focus on traditional employment routes and workplace adjustments. In contrast, the EP enables individuals to discuss their support and service needs in both education and employment settings. It also plays a crucial role in promoting best practices in education and employment.

The EP was subjected to review, as part of a rapid review by Health Education England between June to December 2022

## CHANGING CONTEXT:

During the development of the rapid-review process, Health Education England was in the process of merging with NHS England to form a new organisation. The new organisation also embarked on a significant staff reduction exercise to remove 30 to 40% of posts. This restructuring and the introduction of a voluntary redundancy scheme created organisational uncertainty, curtailed activity and saw a sharp reduction in resources for work on disability. This impacted on the evaluation process and led to a curtailment in the scope and duration of the review of the EP. The HEE team had planned to deliver several cycles of review, engaging with widening groups of health learners and in multiple ICSs. This was not possible.





# RAPID-REVIEW METHODOLOGY:

NHS Employers were asked to support independent reporting on the rapid-review work undertaken on the EP, which was supported by the Health Education England's Health Learner Disability Transition Programme (HLDT). The HLDT programme team relied on previous work undertaken by NHS England and commercially sensitive data provided by the EP Team, to initially determine that the EP had sufficient evidence to demonstrate proof of concept. Through using a rapid-review approach based on the Plan, Do, Study, Act (PDSA) Cycles framed by the HLDT team's Theory of Change, the aim was to capture, through a small-scale study, proof of mechanics.

Using PDSA cycles was intended to enable the team to test the EP, during a period of change and uncertainty in the NHS, on a small scale, with a view to establishing further test cycles based across the English regions and in partnership with ICS.

The intention being to learn from these test cycles in a structured way before wider adoption and implementation. Giving stakeholders across HEIs, learning providers, together with health educators the opportunity to see if the EP, or another product of their choice, would succeed in delivering better outcomes for disabled health learners.

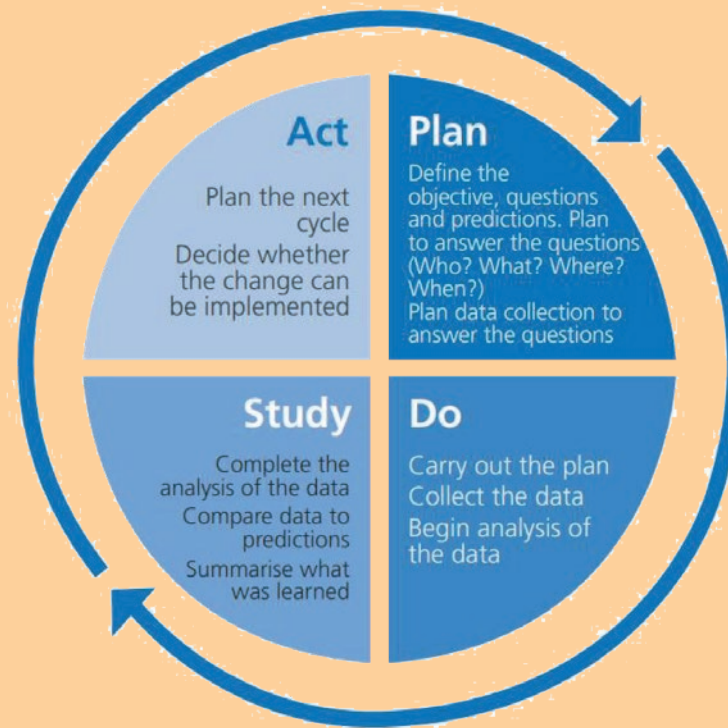
The PDSA approach placed focus on clear questions, which had emerged from the team's Theory of Change.

**Q1** What are we trying to accomplish? In the **long-term** improve retention/Drive down attrition and ensure better outcomes for patients & learners.

**Q2** How will we know if the change is an improvement?  
What measures of success will we use? In the **medium-term** (in the absence of longitudinal research) through gathering insights and using end-user monitoring.

**Q3** What changes can we make that will result in improvement?  
In the **short-term** the improvements would be two-fold, to the adaptation of the EP to meet local needs; but also, this would include changes to the design & delivery of further rapid-review. using the PDSA approach across a few ICS.

Fig – PDSA reproduced from NHS E FuturesForum Resources.



The rapid review involved users with long-term conditions or disabilities, primarily undergraduate students, who had previously faced challenges in obtaining satisfactory reasonable adjustments. Most users found the EP useful and believed it made it easier for them to disclose their health condition or disability.

However, it is acknowledged that a minority of potential user, expressed concerns about the length and format of the passport, finding it overwhelming. It was also recognised the need for familiarisation and/or induction could also be potentially off-putting to potential managers or supervisors. However, it was recognised that the investment of time, in navigating any form of adjustment passport, could throw up similar concerns and challenged to end users and supervisors and so was not unique to the EP,

This report provides an overview of a rapid-review program involving the use of the EP. The aim of the program is to support trainees with disabilities as they transitioned into the workplace within the National Health Service (NHS) in the UK. The EP allows users to record their support needs and contributions, serving as a portable document that could travel with them between educational institutions, NHS placements, preceptorships, and the regulated NHS workforce.

The team's programme, including the adoption of an adjustment passport, as a policy intervention was subject to an independent economic impact assessment. This was undertaken by London Economics, and it reported beneficial findings, as well as demonstrated a positive return on investment. In every scenario modelled, there was a net benefit to the Exchequer<sup>i</sup>. The independent economic impact assessment considered the potential costs and benefits from the perspective of the Exchequer:

- **The Exchequer (or the public purse) is defined as any part of the government, including all government departments and all executive non-departmental public bodies (such as HEE and the NHS).**
- **The modelling concentrate on the costs and benefits associated with the improved retention of a cohort of Disabled health learners, trainees and subsequent doctors. However, the analytical framework adopted as part of the independent economic assessment, could also be applied to other regulated health professions (including nursing, allied health & pharmacy).**

## The modelling assessed three key impacts:

Improvement in learner completion rates: Disabled health students have comparatively lower completion rates than non-disabled students on undergraduate degrees. By improving access to DSA through the Find Your Way Guide, Disabled students are expected to face fewer barriers to learning and the gap in completion rates is expected to close. The additional undergraduate medical students are assumed to progress into the NHS workforce, reducing staff shortages and reliance on locums. As locums are relatively more expensive than permanent staff, this is associated with a cost saving to the Exchequer.

---

Reduction in the incidence of taking disruptive breaks during postgraduate training: By improving the processes used to access reasonable adjustments and increasing awareness of AtW funding, the policy interventions are expected to lessen the barriers to training faced by Disabled postgraduate students. This is expected to reduce the difference in the prevalence of taking breaks from their studies. As a result, trainees are expected to qualify faster and enter the workforce sooner, increasing workforce supply and reducing the use of locums in the NHS.

---

Improvement in NHS employee retention rates: Disabled doctors have lower retention rates than non-disabled doctors in the NHS. By giving individuals the know-how to apply for AtW in postgraduate training, the policy interventions are expected to increase take-up of AtW whilst working as a GP, increasing job satisfaction and reducing the gap in attrition rates. By reducing attrition rates, staff shortages in the NHS are reduced and the reliance on locum's declines, leading to a cost saving for the Exchequer.

# RAPID-REVIEW ANALYSIS

## *Rapid-reviewing the EP - Unlocking Potential for Inclusion and Employment*

The feedback from users of the EP has revealed some exciting and promising insights. The findings demonstrate the immense value and potential impact of this innovative tool:

Firstly, an overwhelming **92% of participants (11 out of 12) have long-term health conditions or disabilities**. This highlights the significant need for a solution like the EP that can support individuals in navigating various aspects of their lives, including education and employment.

Furthermore, most participants, **92% (11 out of 12), are currently pursuing undergraduate studies**, emphasising the relevance and applicability of the EP in educational settings. Its ability to facilitate adjustments and provide necessary support during this critical phase is highly encouraging.

*“Health care professionals with lived experience of disability bring skills, experience and knowledge. They are a valuable resource and essential to addressing safe and effective staffing issues in the UK. The challenges to perceptions that they bring, the positive message their work sends to disabled patients, and the more diverse workforce they contribute to enrich our health care sector.”*

Royal College of Nursing - Removing Disabling



The data also reveals that **83% of participants (10 out of 12) have previously required reasonable adjustments**, indicating the prevalence of such needs among individuals with disabilities. The EP's capacity to address these requirements effectively positions it as a valuable tool for empowering users and promoting inclusivity.

It is noteworthy that **67% of participants (8 out of 12) believe that the EP made it easier for them to disclose their health conditions or disabilities**. This demonstrates the positive impact of the tool in facilitating open and honest communication, leading to a more supportive and understanding environment.

It is encouraging to see that a significant number of participants received assistance. Among the participants, **8% (1 out of 12) received Access to Work support, 58% (7 out of 12) received Disability Student Allowance, and 8% (1 out of 12) received both**. However, it is essential to address the needs of the remaining **25% (3 out of 12) who did not receive any support service**, highlighting an area for further improvement and accessibility.

An overwhelming **67% of participants (8 out of 12) find the EP Action Plan useful**, emphasising its practicality and effectiveness in guiding individuals through their journeys. All participants value the portability of the EP, confirming its potential for a seamless transition and utilisation across different organisations.

While most participants expressed positive sentiments, it is crucial to acknowledge the perception of participants around data security and privacy. This was raised by **25% of participants (3 out of 12) regarding the security of their personal information within the EP.** Addressing these concerns and ensuring robust data protection measures are in place will be essential to build trust and confidence among users.

Finally, despite a small percentage of participants having trouble using the EP (8%, 1 out of 12), it is essential to focus on refining and enhancing the user experience to ensure optimal usability and accessibility for all.

***“Embed inclusive leadership practice as the responsibility of all leaders...educate leaders to ensure they understand their role in demonstrating and improving inclusive leadership. This must include a more central role for EDI in leadership training and development which, in turn, requires greater skills and understanding of the topic from those delivering the training.”***

The Messenger Review on Leadership

**In conclusion,** the analysis of user feedback paints an encouraging picture of the EP's potential to make a meaningful impact in the lives of individuals with disabilities.

It serves as a powerful tool to increase awareness, confidence, and accessibility while alleviating the burden on managers within the healthcare sector. Its unique selling point lies in being the only digital passport that facilitates smooth transitions into the workforce, a process that can span several years.

By addressing disability-related challenges, the EP has the potential to create a ripple effect, positively impacting not only individuals but also society at large. Furthermore, it serves as a valuable problem solver for employers, helping them fulfil their legal duty of care and supporting staff members with health conditions or disabilities in disclosing their needs. With further improvements and enhancements, the EP can play a pivotal role in promoting inclusivity and empowerment for all.



# ***Conclusion***

---

*“Working as a doctor is demanding. Doctors with a chronic health issue/disability have additional demands and vulnerabilities to manage. Experiences of discrimination, harassment and bullying can have a big impact upon emotional well-being and professional and personal confidence and the rejection simply hurts. Challenging organisations/individuals on their “wrongdoing” can leave you feeling even more isolated and vulnerable. Those experiences can easily destabilise an existing physical condition. It is of upmost importance that you take care of yourself through such difficult situations for your own sake and your patients’ sake.”*

Disabled Doctors Network

In conclusion, the EP is a potential game-changer. It is a tool that not only assists individuals in navigating their journey into the workforce but also provides a comprehensive solution for employers, fulfilling legal obligations and fostering a supportive workplace culture. With its unique digital approach and long-term impact, the EP holds the potential to transform lives and shape a more inclusive society. Embrace this powerful tool and let us collectively work towards creating a future where everyone can thrive, regardless of their health conditions or disabilities.

The rapid review of the EP has yielded valuable insights into its effectiveness and potential in supporting individuals with long-term conditions or disabilities.

**The feedback from users has been overwhelmingly positive, with 100% of participants viewing the passport as a fully transportable document that can be used seamlessly across institutions.**

The EP's portability has been highly appreciated, as it prevents duplication and repetitive form-filling during transitions between different organisations.

One of the key benefits of the rapid review is the EP's potential impact on users' confidence and ability to discuss their long-term conditions or disabilities. This outcome is crucial in fostering open and supportive conversations, leading to better understanding and provision of reasonable adjustments. However, the team acknowledged within the over-arching Theory of Change that the adoption and acceptance of the EP, as with all interventions, will be impacted by local culture. The greater the stigma, or incident of harassment and other discrimination, the less likely people will be to declare they are disabled, seek adjustments or use adjustment passports.

However, despite evidence of continuing challenges in the NHS, including in relation to the fair and equitable treatment of Disabled people, there is rising interest in adjustment passports. The EP's ability to remove the pressure on managers, a challenge that the NHS, like many other organisations, faces daily is a key advantage. The EP goes beyond being just a support tool for individuals; it serves as a problem solver for employers as well. Addressing the legal duty of care and providing a clear framework for managing accommodations, enabling employers to fulfil their responsibilities while fostering an inclusive and supportive work environment. This digital passport encourages staff members with health conditions or disabilities to confidently disclose their needs, leading to better collaboration and tailored support.

By providing a streamlined and comprehensive platform for individuals to declare their health conditions or disabilities, the EP simplifies the process and empowers service users to take control of their journey. It offers a unique selling point as the only digital passport designed specifically to assist individuals in transitioning into the workforce, a process that can often span several years.

Moreover, the impact of the EP extends beyond the immediate beneficiaries. It is widely believed that by addressing and resolving issues around disability, we are paving the way for positive change that benefits not only individuals but society. The EP represents a significant step towards breaking down barriers and dismantling preconceived notions surrounding disabilities.

However, some areas for improvement have been identified. Users expressed a desire for a fully electronic and paperless passport system, with hard copies serving as a backup rather than the primary solution. Additionally, there is a need for the passport to filter and present information in a more contextualised manner. The current presentation format generated some discussion about the potential for information overload, which could potentially discourage engagement from both users and managers.



# RECOMMENDATIONS

Based on the initial findings of the rapid review, the following recommendations are proposed to take forward work in support of widening access to the Empowerment Passport and/or other emergent products:

- 1. Despite the current uncertainty caused by the restructure of NHS England, the team should look for opportunities to continue collaboration with institutions and organisations that have shown enthusiasm for training and embracing the Empowerment Passport e.g. Clapper Bridge and Buckinghamshire.**
- 2. The initial results demonstrate a need to explore the extension of the Rapid-Review using a larger scale trial, based on the PDSA Cycle – using Simultaneous cycles. This would rely on simultaneous cycles across a range of localities and learning environments– ensuring a co-ordinated capture of outcome. It is acknowledged by all stakeholders that one adjustment passport will not provide the ‘best solution’ for all disciplines or localities.**

3. Subject to continuing funding, the team should explore harnessing NHS Employer's Diversity in Health and Care Partners Programme 2023/24 as testing site, with HR Directors and health educators being encouraged to get involved in a funded pilot.

4. Working with the policy and education leads, across the professional health regulatory bodies, including the RCN, GPhC, GMC – the team should explore running student-insight days, to gather further end-user insights.

5. Subject to new investment being made available, The Royal Colleges and HEI's through the Office for Students (OfS), should be encouraged to become partners in further testing.

# *Appendices*

# APPENDIX 1A - User Insight statement

The EP team sought fulfil the need for a product that allows users to remain in control of their information and have a process through a digital platform for sharing reasonable adjustment suggestions to foster positive and inclusive conversations with their manager/employer/tutor.

The recipient of this information then had a clear structure and process to document agreed adjustments and to refer to if change happens. The Empowerment Passport (EP) provides a comprehensive solution for users to navigate and adapt to changes in their personal and professional lives. It is a flexible and accessible tool that helps users smoothly transition through life transitions, enabling them to embrace new environments, cultures, and circumstances.

The users valued a streamlined and efficient process that simplified administrative procedures and provided them with a sense of security and confidence during periods of adjustment. They sought an adjustment passport that not only acted as a documentation tool but also offered personalised resources, guidance, and support, catering to their unique needs and facilitating their integration into new communities. Overall, users of the adjustment passport prioritised the EP's user-centric experience that eased the challenges associated with change and empowered them to thrive in their evolving environments.

**Liz Aston-Gregg**

**EDI Stakeholder Involvement Lead: Health Learner Transition Programme NHS England (legacy HEE)**

# Insights Captured by the Team

“The EP has been fantastic for students on the digitally supported internship. Our course support sends students into employment in the digital and creative sector, and many of the learners feel confident showing their EP to new employers. The EP to new employees is a brilliant working document which allows our students to adapt the document throughout their work experience. Many students haven’t had work experience, and this allows them to adapt the document whilst they are learning how they want to be supported at work. I have already recommended the EP and students are always keen to get involved. I think this is because the concept is truly person-centred and has an innovative approach to supporting young people. It has been wonderful to see how the EP has truly empowered the young people I work with.”

**L: A Tutor – Digital internship TMC**

“The EP is a win-win situation for – it can be used by everyone, as it is not reliant on diagnoses of a health condition or disability but the impact on day-to-day function- which is the essence of the Equality Act.”

**HEE Disability Roundtable Attendee, May 2022.**

“I suffer from social anxiety because of my autism and working in groups is uncomfortable for me. Sometimes we do need to get the group work done. I realize this. However, it’s not always essential for the course.

Content - I chose the subject least likely to cause me these types of problems. I like that if I need to attend group work, I can simply email this passport to the tutor beforehand so they know what my situation is, and we can have a conversation about how I will manage the group work.

My disability student assessment is not sensitive enough to share the nuances of my conditions. I participate in my course fully but sometimes it’s not equipment I need but simply some low-level adjustments that don’t involve money and shouldn’t take a long time to implement.”

**Student A, university**

“I loved using the EP website. It is easy to use, and I didn’t have to fill in anything I didn’t feel comfortable with. I will use this when I start my work experience because sometimes, I don’t feel comfortable telling people about my disability. Especially someone I don’t know very well. I like that I can change this on the website and that I can choose when to show it to people at college or work.”

### **Student B, Digital internship TMC**

“I would have found it very beneficial to have had access to tools such as the ‘EP’ when I embarked on my career as a health professional making the transition from the university student to applying for jobs and working in the NHS.”

### **Student C**

“My favourite thing about the EP is the options. At university we have our placement agreements which are a similar concept, but we must come up with adjustments ourselves. This is hard when you’re not sure what you could ask for ‘reasonably’.

This passport makes that so much easier as the options are there for you already which helps you get the best adjustments for you.”

### **Nursing student on placement with autism**

“I like how you can have a concrete document to hand to your educator or workplace which gives you confidence in what you are asking for.”

### **OT student on placement**

“Using something like the EP make the adjustment process sound a lot less daunting. I’ve had a lot of conversations with nurses and midwives on adjustments but have heard a lot of ‘you can’t do this; you can’t do that’...”

### **Student Nurse Rep**



# APPENDIX 1B

## My Current journey and What it should have looked like if I had EP.

*By Aaron Hobin*

- Student Times Award Nominee 2019
- Student Quality Ambassador
- Neurodiversity project lead
- neurodiverse2019@gmail.com
- Lancashire

### Neurodiversity life

“I was diagnosed in 2017 at the age of 27 after being told I was lazy, didn’t concentrate and handwriting classes needed, all throughout high school, college, primary school and a degree the first time around. Then in my nursing degree, I got reasonable adjustments for my academic work but not for placement. I was told on numerous occasions just to “get on with it” as there isn’t any extra time.

This was a shock for me and subsequently, I have experienced high levels of unnecessary stress.”

“So, I joined an HEE initiative called “**Student Quality Ambassadors**” which allowed me to run my own awareness sessions around neurodiversity. I then became the lead at my Trust, and I now support all staff with neurodiversity. I have peer-reviewed work for the HEE, NMC and RCN, and I have delivered webinars on numerous occasions across the UK for HEE, RCN, NMC, local trusts and national trusts.

The EP is something I am fully supporting because I believe there is a divide between higher education support and clinical placement support. There are a lot of resources that state that there if we can reduce stress for staff then we can retain them. The EP would help students and staff start conversations with their managers to get more support in the workplace.”

Why I feel this would be beneficial in the NHS using the EP ....

- It would allow a platform to start the discussion.
- It allows higher education and newly qualified staff and managers to adopt a person-centred approach.
- It allows the user to transfer their own information from job to job, so it belongs to the person, “nothing about you without you” so you feel more confident, and the organisation doesn’t keep hold of it.
- It is easy to use even for those that don’t use technology.
- It’s paperless so it’s more sustainable.
- It allows high education to have a platform that’s easy to read rather than the massive registers that they already have that aren’t highlighting who has and doesn’t have adjustments.
- It allows people to disclose without telling everyone on the team.

## My role as Neurodiversity Lead

“I currently do this role one day a month because I am contracted as a staff nurse.

Within this role, I deliver the following:

- Advise staff and students on reasonable adjustments and about neurodiversity.
  - Run awareness sessions for trust staff and students.
  - Advise HR, managers and matrons on how to adjust both cost-effectively but also with Access to Work and what their responsibility is as an employer.
    - Signpost for in-house trust testing for dyslexia/dyspraxia/dyscalculia and then to signpost to GP for assessment of Autism and ADHD
    - Attend webinars for speaking about living with a disability.
    - Attend webinars for speaking about neurodiversity across UK Trusts.
    - Attend conferences and sometimes stands there with my resources.
    - Develop resources in-house so currently have 2 eLearning and one is mandatory.
    - Develop a physical box with reasonable adjustments for the whole Trust.
-

- Run forums for staff.
- Help support education for students that need reasonable adjustments and teach how to signpost for assessment in a higher education.
- Attend the living with disability forum and give advice.
- Work alongside the learning disability team
- Develop resources for Trust.
- Attend meetings with RCN, NMC and HEE to discuss their work.
- Support staff with new diagnoses and educate them on how they can get support.
- Working on trying to get research around neurodiversity.
- Work alongside Equality and diversity team to develop better standards and bring neurodiversity into it.
- Working with the trust to make sure all new processes and IT systems are being considered from a neurodiversity point of view.

“The EP would greatly assist me in this role, as it would tie it in very neatly with the e-Learning modules I have already created for my own NHS Trust. These E-learning modules have been accepted as best practice and together with the EP, could be a model easily replicated across the whole NHS, to help educate everyone about neurodiversity in colleagues as well as patients too.”

***“Despite impressive gains, notable shortcomings persist in the normalising of consistent, high-value, person-centred care. What is primarily missing is not progress in measurement, but progress in results. Changes in culture, investment, leadership, and even the distribution of power are even more important than measurement alone.”***

D'Avena A Agrawal, S, Kizer, et al: normalising High Value Core Findings of the National Quality Task Force, 2020

# APPENDIX 2 - The Manager Evaluation Survey

## EP line manager survey

Thank you so much for volunteering to take part in the NHS Employer and NHS Health Education.  
England rapid review of the EP.

We just need to ask you a few questions about your experience using the EP.

1. Was it easier to receive reasonable adjustment requests using the EP? ☐ YES ☐ NO
  2. Would you encourage your staff to declare their health condition/  
disability more if using the EP? ☐ YES ☐ NO ☐ SAME
  3. Have you ever had difficulty obtaining satisfactory reasonable  
adjustments for your staff before? ☐ YES ☐ NO
  4. Did the EP action plan help you to agree to the requested reasonable  
adjustments? ☐ YES ☐ NO ☐ SAME
  5. Did the EPs provide you with a clearer understanding of your staff's  
reasonable adjustment needs? ☐ YES ☐ NO ☐ SAME
-

6. Did the EP allow you to better appreciate your staff's talents and abilities?

☐ YES ☐ NO ☐ SAME

7. Did the EP save you time implementing the requested reasonable adjustments?

☐ YES ☐ NO ☐ SAME

8. Did you have any concerns about the security of your personal information in the EP?

☐ YES ☐ NO ☐ SAME

9. Did you experience any difficulty whilst using the EP?

☐ YES ☐ NO ☐ SAME

10. Did you find the help facilities or customer services helpful?

☐ YES ☐ NO ☐ NOT ACCEPTABLE

11. What did you particularly like or dislike about the EP?

---

---

---

12. Any further comments?

---

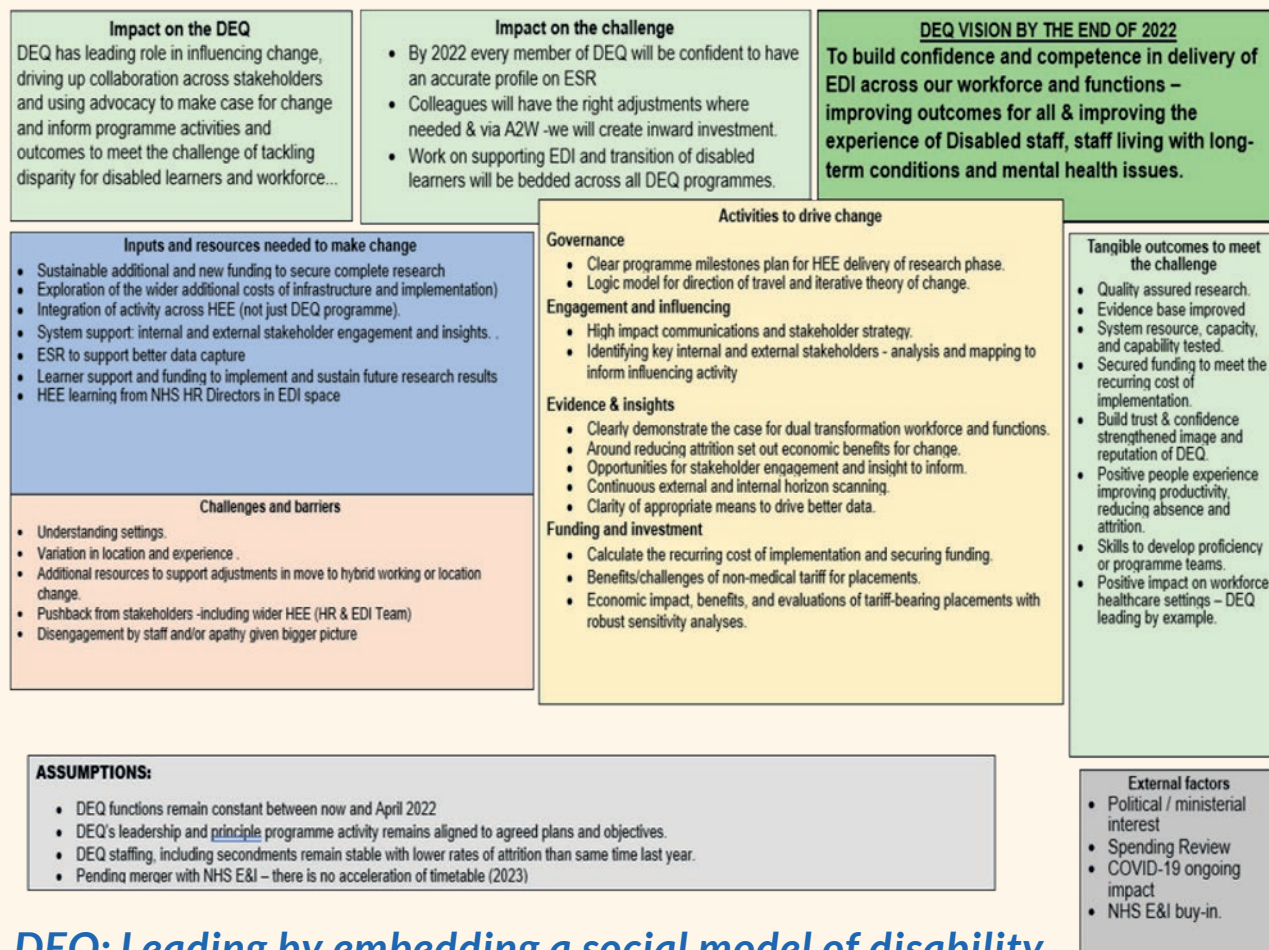
---

---



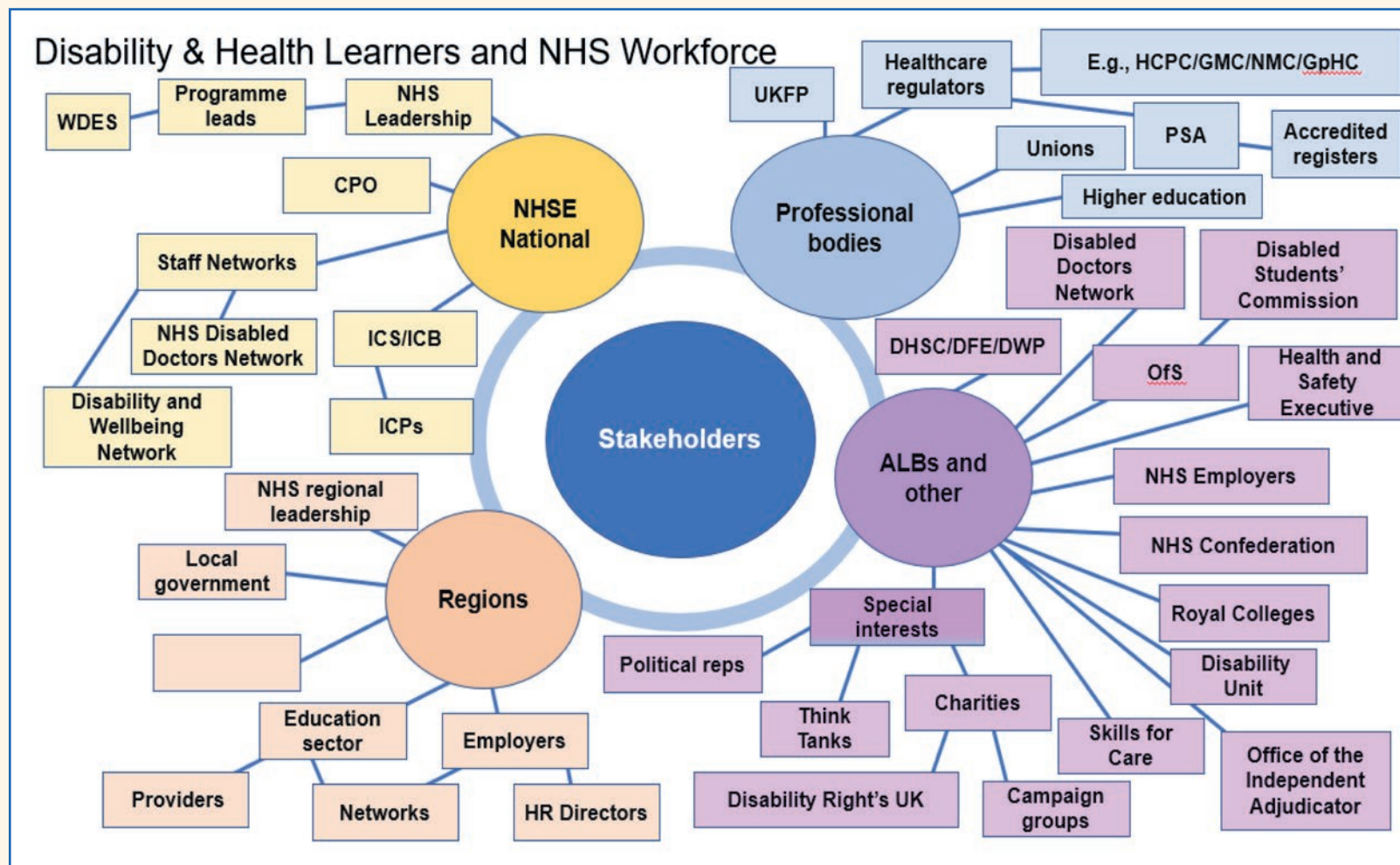
# APPENDIX 3 - Theory of Change

## DEQ: Disability Theory of Change DRAFT




*DEQ: Leading by embedding a social model of disability*


# APPENDIX 4 - Stakeholder Analysis:



## The summary of the results of the economic impact assessment are reproduced below:


### Main Results






**Closing the gap in undergraduate completion rates by 20%**

Whilst there is a long term benefit associated with additional Disabled medical students completing undergraduate training, in the short term, the Exchequer incurs a **cost of £784,200** (in present value terms) to subsidise the additional training.




**Closing the gap in the incidence of taking breaks during postgraduate training by 20%**

Although there is an economic benefit associated with Disabled trainees becoming qualified and entering the NHS workforce faster, in the short term, the Exchequer incurs a **cost of £57,200**, (in present value terms) associated with additional AtW support for Disabled trainees and paying for postgraduate training earlier than previously the case.




**Closing the gap in NHS employee retention rates by 10%**

Combined with the improvement in undergraduate completion rates and the reduction in the incidence of taking breaks in postgraduate training, this results in a **cost saving of approximately £1.27 million** for the Exchequer (in present value terms). However, improving retention rates through additional AtW support is also associated with a **cost of £58,600** (in present value terms) to the Exchequer.



**Sustaining the policy interventions**

Beyond the costs associated with training more undergraduate students and improving access to DSA and AtW, sustaining the policy interventions is expected to **cost an average of £97,500 per annum**. As this cost applies to all medical students, to fit the rest of the modelling, this annual cost is adjusted to reflect the **cost per cohort of GP medical students (£42,700)**.



**Total impact on the Exchequer**

Combining these costs and benefits, if the Find Your Way guides and the Empowerment Passport successfully **close the gap in completion rates in training by 20% and retention rates in the workforce by 10%**, the Exchequer is **estimated to achieve a net benefit of £323,300 per cohort of Disabled GPs**. This corresponds to a benefit to cost ratio (BCR) of **1.34**. The positive net Exchequer benefit and BCR greater than 1 persists under a wide range of different assumptions (see next slide).