isabled Doctors Network

NHS
Practitioner Health

Factsheet four

Disability, training, education, appraisal and revalidation

The GMC has a pivotal role and responsibility in local and national disability education and training.

The guidance "*Welcomed and valued: Supporting disabled learners in medical education and training*" ("GMC guidance") from GMC https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/welcomed-and-valued-supporting-disabled-learners-in-medical-education-and-training is **the** key document.

Local education providers need to read the GMC guidance to understand their rôle in supporting postgraduate training organisations to meet their obligations to students and doctors-in-training while in the work environment. They should also be aware of the options available for supporting doctors-in-training.

Having a health condition or disability alone does not constitute itself a fitness-to-practise concern.

The GMC looks at the impact a health condition is having on the person's ability to practise medicine safely, and determines this **on a unique case-by-case basis**.

Direct contact with patients with disabilities had a specific impact on trainees' levels of anxiety and empathy. It is considered good practise that accreditation standards for postgraduate medical programmes can require the inclusion of disability education[1].

[1] https://www.ncbi.nlm.nih.gov/pubmed/30115582

The importance of the "Educational Supervisor"

The first time the clinical educator meets a student, it is appropriate that the student's past experiences be considered prior to entering into a dialogue about disability. Requiring students to justify their entry into the particular educational programme, or having them explain their 'inability' rather than ability, can be detrimental[2].

📒 Considering the GMC guidance, it is worth noting the following:

It is a matter for postgraduate educators and employers to assess how they approach each individual case. One approach which the GMC encourages is to consider the case management model as good practise.

The educational review process can help monitor the support a doctor in training is receiving, record any relevant conversations in the educational portfolio or escalate concerns to the support network as needed.

The preparation and evidence submitted by disabled doctors in training for the **Annual Review of Competence Progression** (ARCP) can be an opportunity to raise something about the support they are receiving and the environment in which they are training. The ARCP process is also a way to decide whether a doctor-in-training can be supported to meet the competence standards at their stage of training.

Trainers should remove or revise any redundant aspects of the curriculum, not crucial to meeting the required standard that may disadvantage disabled doctors.

Organisations designing assessments have a duty to anticipate the needs of disabled candidates.

All doctors-in-training must have an educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

The **Medical Act** [1983][3] has enabled under statute law the GMC to tailor training to enable disabled students to become qualified. More recent moves to competency-based assessment will also help with this approach. The focus of training can change from an individual being required to carry out particular tasks/ procedures in order to progress. Instead, the underlying competencies can be identified and demonstrated in alternative ways, where it is safe to do so.

[2] https://www.collegianjournal.com/article/S1322-7696(08)60471-0/pdf
[3] http://www.legislation.gov.uk/ukpga/1983/54/contents

The Educational Supervisor is therefore a crucial rôle when considering the support and progression of a doctor-in-training with a health condition or disability.

Taking time to ensure that the approach taken by an educational supervisor is appropriate to build a good rapport with the doctor-in-training is crucial for effective provision of this support.

The educational supervisor is ideally placed to identify a doctor who is becoming unwell, a doctor who is struggling without adequate reasonable adjustments and a doctor who may pose a risk to patient safety. If appropriately educated and supported in their support role, the supervisor may be able to identify such problems early on and take steps to address them, thereby helping to avoid a deterioration in the doctor's health, a clinical error or near miss or the loss of a valuable doctor from training.

Issues during the foundation training

Chapters 5 and 6 are especially helpful from the GMC guidance.

All medical students and doctors-in-training, regardless of whether they have a disability (including long-term health conditions), need to meet the competences set out for different stages of their education and training in order to ensure patient safety.

No adjustment which puts patients at risk can be considered reasonable. Health and safety reasons should, however, never be put forward as an excuse for discrimination[4].

Absolute requirements include: the outcomes for provisionally registered doctors at the end of the first year of the Foundation Programme and the learning outcomes of curricula through training.

Whilst your clinical supervisor, educational supervisor and training programme director should be your primary contacts if you experience any difficulties during your foundation training, if they are unable to satisfactorily address and resolve issues for

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4952495/

you, you should escalate to the postgraduate dean as your responsible officer to provide any additional support.

Postgraduate training in almost all specialties involves rotation between several hospitals and this poses more problems for the disabled junior doctor-in-training, especially those who are reliant upon visible aids such as wheelchairs.[5]

Multiple rotations also may slow down the formation of development of stable peer networks. This may be even more noticeable for trainees from some groups, including BAME ("black and ethnic minority") and IMGs ("international medical graduates"), but also disabled doctors[6].

Issues during specialty training

The GMC guidance explains how doctors at all levels of their career should be accommodated. If this is not being followed then please feed this back to your supervisors.

For trainers and educators

It can be challenging being a trainer, supervisor or educator to someone with a disability when you have little experience of this.

Here are some brief pointers, which we hope are useful.

How can you support a trainee/student with a chronic illness/disability?

- be open about your experience of disability and supporting chronically ill learners;
- be willing to seek advice and guidance if your knowledge and experience in supporting chronically ill/disabled learners is not adequate;

[5] https://www.bmj.com/content/310/6981/745.1
[6] GMC report, "Caring for doctors: Caring for patients", West and Coia (2019), https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf

- do not make assumptions about the abilities of a learner, especially if based on the 'visibility' of disabilities; *and*

- be pro-active on behalf of the learner in trying to anticipate when barriers may present or be encountered and try to put into place plans in order to avoid these for clinical attachments.

What do chronically ill or disabled trainees need or expect?

A number of suggestions are made.

- to be respected and to be treated with professionalism and courtesy;

- not to have any assumptions made about their abilities or lack of ability;

- to be offered further time or opportunities to plan placements or discuss adjustments;

- to be advised on when occupational health reviews are needed and what benefits or outcomes might accrue from these;

- to have an input in what placements/posts are undertaken as part of training;

- to be advised/reminded about when to ask for help;

- to give appropriate consents and permissions; *and*

- to have contact details for at least one person who can be contacted in case of problems; *and*

- to have a frank, clear and open discussion about what training opportunities are possible (and not possible).

How to spot a postgraduate learner who is developing a medical condition/disability or deteriorating

- increasing amounts of sick leave;
- decreasing performance out of keeping with the usual level of practice/achievement;
- a learner enquiring about additional support;
- concerns regarding behaviour or performance at work and in training;
- a change in learner's "job satisfaction".

A deteriorating medical condition or the development of a condition which is related to their work may also mean their GP or occupational health team need to become involved.

Furthermore, if an employee is off sick for longer than seven days, their General Practitioner ("GP") normally has to make a decision about their fitness-for-work.

Aspects for educators and employers to avoid

These might include:

- *assuming* that people are "*well*" simply because they are physically present at work;
- refusing to make adjustments without seeking relevant advice.
- putting pressure on learners to work due to 'rota gaps', even if they are unwell or trying to seek support;

- disclosing information about a doctor's health to anyone without seeking consent first (*noting that this is a regulatory offence*);

- treating a learner in a way in which you yourself would not wish to be treated yourself; *and*

- raising fitness-to-practise concerns first with the GMC before taking appropriate 'first steps' in resolving concerns.

Appraisal and revalidation

It is difficult having to negotiate a chronic illness or disability and revalidation.

The GMC's general description of revalidation is extremely helpful[7].

Having to take unscheduled time off sick for example, may impact upon your ability to achieve the required continuous professional development to meet the objectives of your appraisal.

It is helpful to anticipate analysis of certain issues, such as sickness or unanticipated leave, ahead of your appraisal or revalidation meeting, and to be proactive by informing your appraiser in appraisal or revalidation your responsible officer of significant absences that are likely to impact your ability to satisfy the appraisal requirements.

Health Education England also provides useful information on their website (https://www.hee.nhs.uk).

You could also contact the GMC Revalidation team with any specific queries or concerns by their email.

This factsheet is part of a series of nine factsheets on disability and practitioner health, produced jointly by NHS Practitioner Health and the Disabled Doctors Network. They have been co-authored by Dr Shibley Rahman and Dr Kelly Lockwood.

[7] https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation