



Factsheet nine

Disability, Equality, Diversity & Inclusivity - What are they and why are they important?

When disability-related/chronic conditions develop or significantly deteriorate

How to cope

When a new diagnosis is received, as a person it can create many questions, concerns and uncertainties. As a doctor receiving a new diagnosis, this mental process can be very different.

Where a person who is not a medical doctor would have many questions about the nature of the diagnosis, the prognosis, the usual clinical course, *etc.*, these gaps in knowledge are likely to be at least partly filled by some pre-existing medical knowledge in the mind of a doctor. Of course, there are always exceptions and it may be that the diagnosis received by the doctor is one that they have very little prior knowledge of.

For a doctor receiving a new diagnosis, our minds are often accelerated by our knowledge, past the questioning stages straight to the stages of denial, anger and bargaining. This may mean that we make incorrect assumptions based on our own flawed medical knowledge and do not seek to clarify these.

It is therefore useful to have a pre-determined process to follow when receiving such news. This helps to ensure that our reactions are logical, helpful and proactive rather than reactionary, random and potentially detrimental.

It is a very similar situation when a pre-existing condition undergoes a significant deterioration or progression. The doctor would presumably have prior knowledge and understanding of the condition. However, it may be that the doctor was living under 'false hope' after a period of stability, or never really came to terms with the diagnosis at the time that it was made, due to having few or insignificant symptoms at the time. In these situations, a progression or deterioration may provoke a similar psychological process to receiving a brand new diagnosis.

It is for this reason, that we have produced the following scheme for you to refer to at these times, if you'd like.

When disability-related/chronic conditions develop or significantly deteriorate

Immediate actions

✔ **New diagnosis received/pre-existing condition progression or deterioration confirmed**

✔ **See your own GP**

Arrange to take some time off studies/work by speaking to your own GP. Use this opportunity to discuss how you are coping with the news received, and also to ask any questions. Even though you are a medical doctor, don't make the mistake of thinking that you should know everything. There are many conditions and organ systems that doctors don't stay up-to-date on as they specialise and progress in their careers. Equally, if you are a junior doctor, you may not have the experience to have come across some conditions before. Even if the condition is pre-existing, it may only be now at the point of progression or deterioration, that you start to process and come to terms with the likely diagnosis.

✔ **Inform your human resources department/practice manager/other line manager of your leave via the normal sick leave reporting procedure**

✔ **Spend some time with your support network**

Speak to family and/or friends.

Either visit them if you need your own space or go stay with them if that would help. Let them support you in coming to terms with the news and its implications. If explaining about the nature of the diagnosis/progression to family or lay friends will help you to process it, then do this. If it feels too early to do this, seek support from medical friends if you have them. If you have nobody who you feel able to speak to at this time, go to the next step instead.

✔ **Seek support and advice from a support group:**

There are a huge number of condition specific support groups out there. Contact one appropriate for your diagnosis and seek their support and advice.

A list of groups can be found here: https://975d5892-ad95-40d1-a05b-1f5dd4273180.filesusr.com/ugd/aa9057_4530b66678f7494f9eeee4aec1a6f339.pdf

✔ **Arrange a meeting with work**

If you are on a training programme, request a meeting with your Educational Supervisor and/or Training Programme Director. If you are a GP, request a meeting with one of the partners and if you are a secondary care consultant, request a meeting with your supervisor/mentor/line manager or human resources department. This is to discuss your diagnosis, the potential implications for the future and your

When disability-related/chronic conditions develop or significantly deteriorate

current needs regarding leave, adjustments, etc. It is likely that a referral to an occupational health department will need to be made at this time.

✔ Occupational health appointment

Please refer to our factsheet 6 – The importance of Occupational Health.

There is also a useful resource on preparing for an occupational health (OH) assessment that can be found here: https://975d5892-ad95-40d1-a05b-1f5dd4273180.filesusr.com/ugd/aa9057_f8bef8cb0c194933ab2261b506e8384c.pdf

Essentially, an occupational health review should be viewed as a useful, constructive and beneficial tool rather than a necessary hoop through which to jump. With adequate and appropriate preparation, an occupational health review can produce a report that can be used to help communicate and obtain what it is that you now need from your workplace in order to remain as well as possible whilst also reaching your maximum professional potential in an enjoyable and satisfying job.

✔ Next steps

Many doctors who find themselves in this position, find that with appropriate support and workplace adjustments, they are able to continue in their current role. In order to implement adjustments suggested in your occupational health report, you need to arrange a discussion with your supervisor/line manager/HR department. You may also find it helpful to consider contacting other organisations for support such as “Access to Work”.

Details of useful organisations can be found on our **Factsheet 5: Introduction to Employment Issues**.

It may be that the diagnosis/condition means that your career progression needs to be reviewed. Your speciality choice may need to be re-considered; your training route may need to be re-envisioned or revised. Of course, there are some diagnoses and conditions which may mean continuing in the medical profession may no longer be possible or advisable. The next steps will be different, depending upon your individual situation and circumstances.

When disability-related/chronic conditions develop or significantly deteriorate

- ✔ If you are a doctor in training and need to discuss your training route or speciality choice, then you should arrange to speak with your Training Programme Director/Deanery specialty school lead/Foundation School lead regarding your future training posts or speciality choices. The Local Training and Education Board may also be a useful source of advice.

- ✔ If you are a GP or secondary care consultant, you should arrange to speak with an advisor from your Royal College if you need advice on changing your job role within your existing specialty. If you need to consider changing your specialty, then the Local Training and Education Board may be able to offer some advice. It is also worth considering contacting the head of your Deanery specialty school or the Royal College of the specialty that you are considering changing to. NHS England may also be able to offer support and advice.

- ✔ If you are neither in training nor post CCT, and work as an SAS grade for example, then adjustments are implemented in a similar way by discussing the contents of your occupational health report with your own Trust/Human Resources. However, if you are unable to continue in your role even with adjustments, then the best organisations to approach for help, advice and support are Health Education England (HEE) and NHS England (NHSE). HEE have made a commitment to support SAS doctors in their publication *Maximising the Potential: Essential Measures to Support SAS Doctors Report* https://www.hee.nhs.uk/sites/default/files/documents/SAS_Report_Web.pdf

- ✔ If you find yourself in the difficult position of being unable to continue working as a doctor in any role, despite reasonable adjustments, then there are a number of discussions you should ensure have taken place. Ensure that you have spoken with your employer to be confident that there are no additional adjustments that may be possible, or alternative roles or amended jobs plans that could be implemented to allow you to remain in work as a doctor. Then ensure you have discussed similar aspects with your supervisors, mentors and your Royal College. Also ensure that you have sought advice from organisations such as “Access to Work” to explore if any additional resources or equipment would allow you to remain at work. Ensure that NHS England have also been consulted for advice on alternative roles or careers. If, after all of these conversations, it is apparent that you are not able to remain in work as a doctor, then you will need to get in touch with NHS Pensions to discuss an assessment for ill-health retirement.

When disability-related/chronic conditions develop or significantly deteriorate

Please see below for more details regarding this.

Longer-term actions

In time, you will need to decide when the right time is for you to contact the GMC regarding your license to practice. It is well worth informing your Responsible Officer (RO) of events as soon as you are able to. If you remain in clinical practice, it is possible for your appraisal to be delayed to account for time taken off sick at the time of your deterioration or diagnosis.

Once you have missed an appraisal, your RO will contact NHS England, who in turn will contact the GMC to inform them that you have not met the appraisal requirements. At this point, the GMC will contact you regarding the removal of your license. You are able to volunteer for this process ahead of this point if you so wish, but doing so can be a big psychological step and may not always be advisable.

You are able to remain on the GMC register without a license-to-practise, if you wish, and retain the title of 'Dr' but you will need to co-operate with the GMC established processes for this.

A grieving process

It is easy to forget the fact that receiving a new diagnosis, developing a new impairment, the subsequent loss of function and possibly losing a degree of independence is a difficult process to go through. There are many losses involved in this process and your psychological response to these losses will be very similar to experiencing grief.

If in addition to these losses, you then incur further secondary losses of your chosen specialty or even your medical career, the severity of your grief reaction will be markedly exaggerated.

You may go through many of the recognised stages of "grief", including denial, anger, bargaining, depression and, finally, acceptance. It is important to recognise that this is happening, and to give yourself time and permission to experience these stages.

<https://www.mccombwagner.com/download/24712/TheFiveStagesofG.pdf>

In time, you may find it helpful to explore therapy to help you in coming to terms with and accepting these losses and your new life which emerges from them.

"Acceptance Commitment Therapy" is a very good type of therapy for this particular situation. It is a form of "Cognitive Behavioural Therapy" that focusses on

When disability-related/chronic conditions develop or significantly deteriorate

psychological flexibility and has been shown to be effective in helping people come to terms with life changing events such as receiving a cancer diagnosis¹.

Ill-health retirement

Clearly if one is unable to continue to work as a doctor and has either lost their license to practice or is likely to lose this in the near future, income becomes a concern.

The NHS Pension ill-health retirement rules are extremely complex and difficult to navigate. Indeed, there are often different interpretations of them made by different organisations making this a potential minefield to navigate. Bearing in mind that this is often being done at an emotionally difficult time, it is best to seek as much professional help, advice and support in this process as possible.

A summary of the retirement rules is easily available². It is best to pre-empt the need for an assessment regarding the award of ill-health retirement pension if at all possible. Ideally, the assessment is undertaken whilst the doctor is still in employment. Of course, this is not always possible.

The BMA are very knowledgeable and experienced when it comes to navigating this process and if you are a member, it is well worth considering asking them for their help and support in this. Otherwise, a private NHS pensions advisor can be found.

Where to go for help and advice

There are a number of places where you can go to for help and advice when you have received a new diagnosis or experienced a significant deterioration or progression in a pre-existing condition.

The support groups summarised below are a good place to start.

¹ <https://pubmed.ncbi.nlm.nih.gov/25100576/>

² <https://www.nhsbsa.nhs.uk/sites/default/files/2018-04/Key%20Notes-Ill%20health-20180409-%28V3%29.pdf>

When disability-related/chronic conditions develop or significantly deteriorate

If you are needing help and advice regarding your employment in light of a new diagnosis or progression, then the below organisations may be able to help. Also, please see our Factsheet 5: Introduction to Employment Issues, for further advice.

Help

START Ability Services³

This organisation was established to provide efficient, expert solutions to businesses and individuals. Its consultants are experts in disability equality issues and psychological interventions.

The Association of Disabled Professionals (ADP)⁴

The ADP was set up for disabled people who wanted to enter or remain working in the professions or who considered work in management. It provides a forum for disabled people to share both their problems and their experiences of successful personal development and valued work

Disabled Entrepreneurs Network (DEN)⁵

DEN provides networking opportunities for disabled entrepreneurs in the UK, including providing opportunities to support disabled individuals achieve self-employment, a gateway to making a living and independent living.

Access to Work⁶

The "Access to work" government scheme offers people who are disabled or have a physical or mental health condition practical support based on needs, which may include a grant to help cover the costs of practical support in the workplace.

An Access to Work financial grant can pay for special equipment, adaptations or support worker services to help you do things like answer the phone or go to meetings, or help getting to and from work.

³ <http://www.startability.org.uk>

⁴ <https://www.adp.org.uk/about.php>

⁵ <https://www.disabledentrepreneurs.co.uk>

⁶ <https://www.gov.uk/access-to-work>

When disability-related/chronic conditions develop or significantly deteriorate

Of course, if you are needing help and support with your mental health at this time, NHS Practitioner Health can provide this. You are able to self-refer to our service. For details on this, please see our website <https://www.practitionerhealth.nhs.uk/>

The Disabled Doctors Network are also able to offer additional help and advice regarding issues relating to working in the medical professions with a long-term health condition/disability. You can find their website at <https://www.disableddoctorsnetwork.com/> and can use the 'Contact Us' section to obtain more tailored advice and support if your needs are not met by the website.

Specific advice for older doctors

Any new diagnosis or pre-existing condition progression also needs to be considered in the context of other co-morbidities when analysing the likely impact they will have on your ability to work on both a day to day basis and in the longer term.

Co-morbidities tend to accumulate as one ages so for older doctors, the impact of a new diagnosis or disease progression are likely to be very different and more significant than they would be for a doctor of a younger age with fewer co-morbidities.

These issues should clearly be taken into account by the doctor themselves, and also the occupational health department when considering the best steps forwards regarding work.

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.