

A large, colorful illustration of a diverse group of people with various disabilities. The scene includes individuals using wheelchairs, walkers, and crutches, as well as a person with a guide dog. The people are shown in various poses, some walking, some standing, and some sitting. The background is a light, neutral color.

Leaflet 4

Disability, training, education & appraisal

The importance of the Educational Supervisor:

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 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 you, you should escalate to the postgraduate dean as your Responsible Officer to provide any additional support.

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 doctors¹.

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.

Essentially, the most important things that you can do to support a trainee with a disability are:

- Instigate a conversation with the trainee about what their needs and expectations are
- Don't make assumptions about the trainee, ask them instead
- Don't break confidentiality without the trainee's consent
- Respect your disabled trainee and don't make unfounded judgements about their fitness to practice

There is detailed advice and information for trainer and educators in Factsheet 4.

Appraisal and revalidation:

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>).

¹ 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

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

This leaflet is a summary of our more extensive Factsheet 4. For more in-depth information on the following topics, please refer to this document which can be found on the NHS Practitioner Health and the Disabled Doctors Network websites

-  The importance of the Educational Supervisor
-  Issues during training
-  For trainers and educators: what do disabled trainees need or expect? How to spot a trainee who is developing a condition or deteriorating. Aspects for educators and employers to avoid
-  Appraisal and revalidation

www.practitionerhealth.nhs.uk

www.disableddoctorsnetwork.com