

A photograph of two young adults, a woman with long dark hair and a man with short dark hair, both smiling and looking towards the right. They appear to be in a classroom or computer lab setting, with the woman's hands on a computer mouse in the foreground. The background is blurred, showing other people and what looks like a lecture hall or computer room.

**Welcomed and valued:
Supporting disabled learners in medical
education and training**

**General
Medical
Council**

Welcomed and valued: Supporting disabled learners in medical education and training

Overall summary

About this guidance

The guidance is advisory, to help organisations consider how best to support medical students and doctors in training. It does not lay down new requirements, quality assurance standards or policies from the GMC or any of the other organisations involved. The guidance refers to statutory requirements for medical schools and organisations involved in postgraduate training, and provides practical suggestions for organisations to consider.

This guidance is also underpinned in our standards for doctors, medical students, and medical education and training. This means that patient safety is the first priority. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators.

This guidance may be useful for:

- medical education providers and organisers
- medical school staff
- deaneries and Health Education England (HEE) local teams, referred to as postgraduate training organisations
- local education providers
- employers
- royal colleges and faculties.

It will also be useful for individuals, including medical students (both prospective and current) and doctors with long-term health conditions* and disabilities.

* A long-term health condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatments or therapies. For example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.

Local education providers should read this guidance to understand their role in supporting medical schools and 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 students and doctors in training. Employers should always keep in mind the provisions and potential sanctions covered under the *Equality Act 2010* and, in Northern Ireland, the *Disability Discrimination Act 1995* and *Special Educational Needs and Disability (Northern Ireland) Order 2005*.

We hope people who are thinking of applying to medical school, medical students and doctors will use this guidance to understand the support they can expect to receive while going through their undergraduate and postgraduate training.

This document replaces *Gateways to the professions*. It reaffirms the principles from *Gateways to the professions* and aims to give more practical advice for the day-to-day aspects of medical education and training.

Throughout this document, when we refer to:

- **Disabled learners or disabled doctors = we mean medical students and doctors in training with disabilities, including long-term health conditions.**
- **Doctors in training** = Doctors in training are those who:
 - are in foundation year two
 - are in a GMC approved training programme
 - have a fixed term specialty training appointment (FTSTA), or
 - have a locum appointment for training (LAT).

The BMA also has a helpful document explaining doctors' titles.*

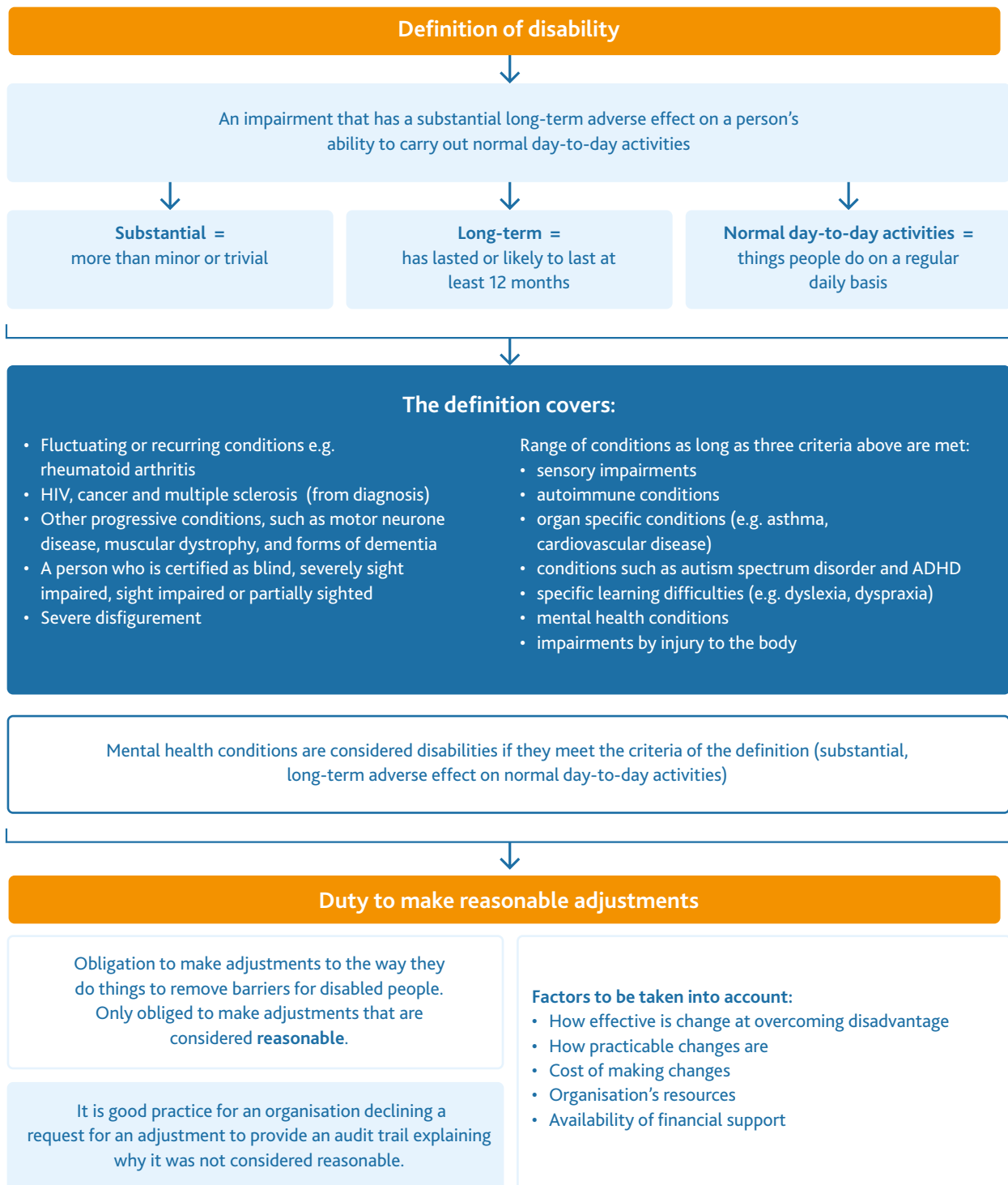
- **Support = we mean a range of support measures including reasonable adjustments.**
- **Organisations = we mean organisations responsible for educating and training medical students and doctors in training in the UK.**
- **Employers = we mean organisations employing doctors in training.**

* BMA Resources. Doctors' titles: explained. Available to download online from:
<https://www.bma.org.uk/collective-voice/committees/patient-liaison-group/resources>

Key messages from chapter 1:

Health and disability in medicine

- As the professional regulator, we firmly believe disabled people should be welcomed to the profession and valued for their contribution to patient care.
- Doctors, like any other professional group, can experience ill health or disability. This may occur at any point in their studies or professional career, or long before they become interested in medicine.
- No health condition or disability by virtue of its diagnosis automatically prohibits an individual from studying or practising medicine.
- Having a health condition or disability alone is not a fitness to practise concern. We look at the impact a health condition is having on the person's ability to practise medicine safely, which will be unique for each case.
- Medical students and doctors have acquired a degree of specialised knowledge and skills which should be utilised and retained within the profession as much as possible.
- A diverse population is better served by a diverse workforce that has had similar experiences and understands their needs.
- Legally, disability is defined as an 'impairment that has a substantial, long-term adverse effect on a person's ability to carry out normal day-to-day activities'. This covers a range of conditions, including mental health conditions if they meet the criteria of the definition.
- Organisations must make reasonable adjustments for disabled people, in line with equality legislation. Making reasonable adjustments means making changes to the way things are done to remove the barriers individuals face because of their disability.
- Organisations must consider all requests for adjustments, but only have the obligation to make the adjustments which are reasonable.

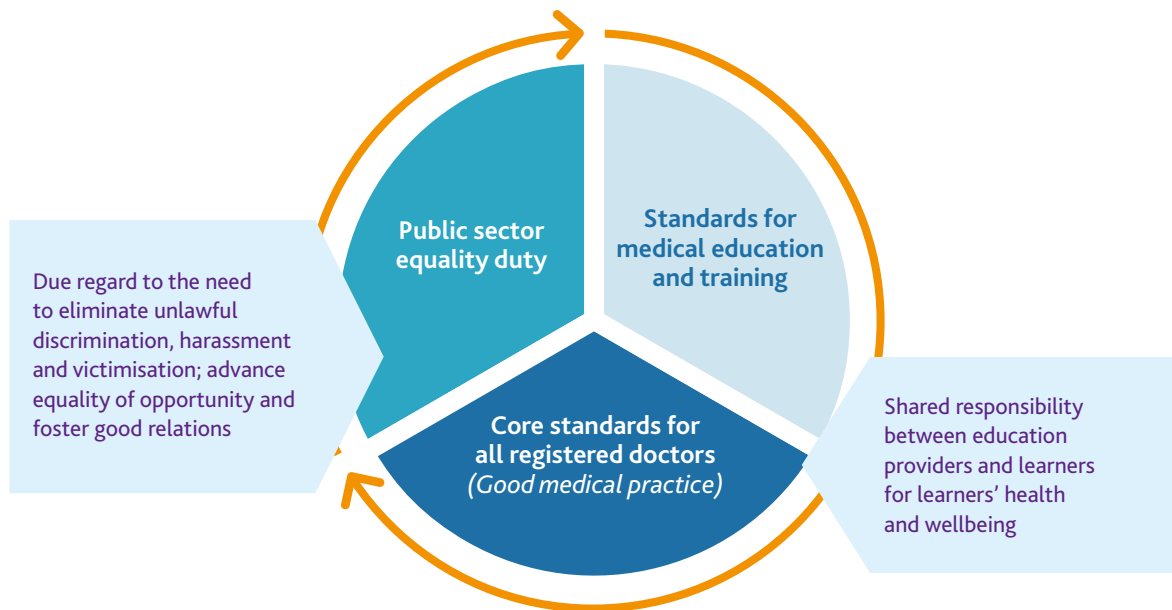


Key messages from chapter 2:

Our involvement as a professional regulator

- We are bound by the public sector equality duty, to promote equality and eliminate discrimination.
- We have a statutory remit to promote high standards of medical education and coordinate all stages of medical education. We do this through producing standards for medical education and training that organisations involved in medical education have to follow. Our standards say that these organisations must support disabled learners, including by making reasonable adjustments.
- 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. These are the absolute requirements for medical students and doctors in training in order to progress in their studies and practice. This includes the *Outcomes for provisionally registered doctors* at the end of the first year of the Foundation Programme and the learning outcomes of their curricula through training.
- We have a remit over organisations responsible for designing, managing, and delivering the training of doctors. These are medical schools, postgraduate training organisations and colleges / faculties, and local education providers.
- We do not have a remit over organisations employing doctors (e.g. NHS trusts / boards). However, organisations involved in training doctors and organisations employing doctors work very closely as doctors train in their working environment. For that reason, we hope the guidance will be seen as aspirational beyond education and training, and that all organisations employing doctors will follow the principles outlined in this document.
- We do not have a remit over admissions, but do set the level of knowledge and skill to be awarded a primary medical qualification via *Outcomes for graduates*.
- Learners and organisations have a shared responsibility for looking after wellbeing (*Good medical practice* and *Achieving good medical practice*).
- Any student can graduate as long as: they are well enough to complete the course; they have no student fitness to practise concerns; they have met all the *Outcomes for graduates*, with adjustments to the mode of assessment as needed.
- We ask for health information to provisionally register doctors but that is not a barrier to registration. We rarely need or ask for health information after full registration.
- Every licensed doctor who practises medicine must revalidate. Our requirements for revalidation are high level and not prescriptive. This allows flexibility for our requirements to be adapted to individual doctors' circumstances.

- Having a health condition or disability does not mean a doctor’s fitness to practise is impaired. Having a health condition or disability also does not mean there is an inherent risk to patient safety. A reasonable adjustment or support measure requested for a doctor with a health condition or disability is not inherently a risk to patients.



Admission

- We don’t have a remit over admissions, but we determine the outcomes every UK medical graduate has to meet

Studying and graduating

- We quality assure all medical schools to make sure they meet our standards
- To graduate, a student has to: be well enough to study; meet all the course requirements; not have SFTP concerns; meet all the outcomes for graduates (with reasonable adjustments if needed)

Registration

- All applicants complete health declaration. The questions are not about the condition but about the effect it is having on the applicant’s ability to practise and care for patients
- We cannot grant restricted or conditional registration

Continuing training

- Most of the time, doctors do not need to tell us about a health condition or disability
- A doctor’s fitness to practise is not impaired just because they are ill, even if the illness is serious.

Key messages from chapter 3:

What is expected of medical education organisations and employers?

There are two overriding expectations for all medical education organisations in the UK with respect to disability. This applies to medical schools at the undergraduate level and postgraduate training organisations.

Firstly, organisations must comply with UK equality legislation. Secondly, organisations must meet our standards and requirements for medical education and training in the UK.

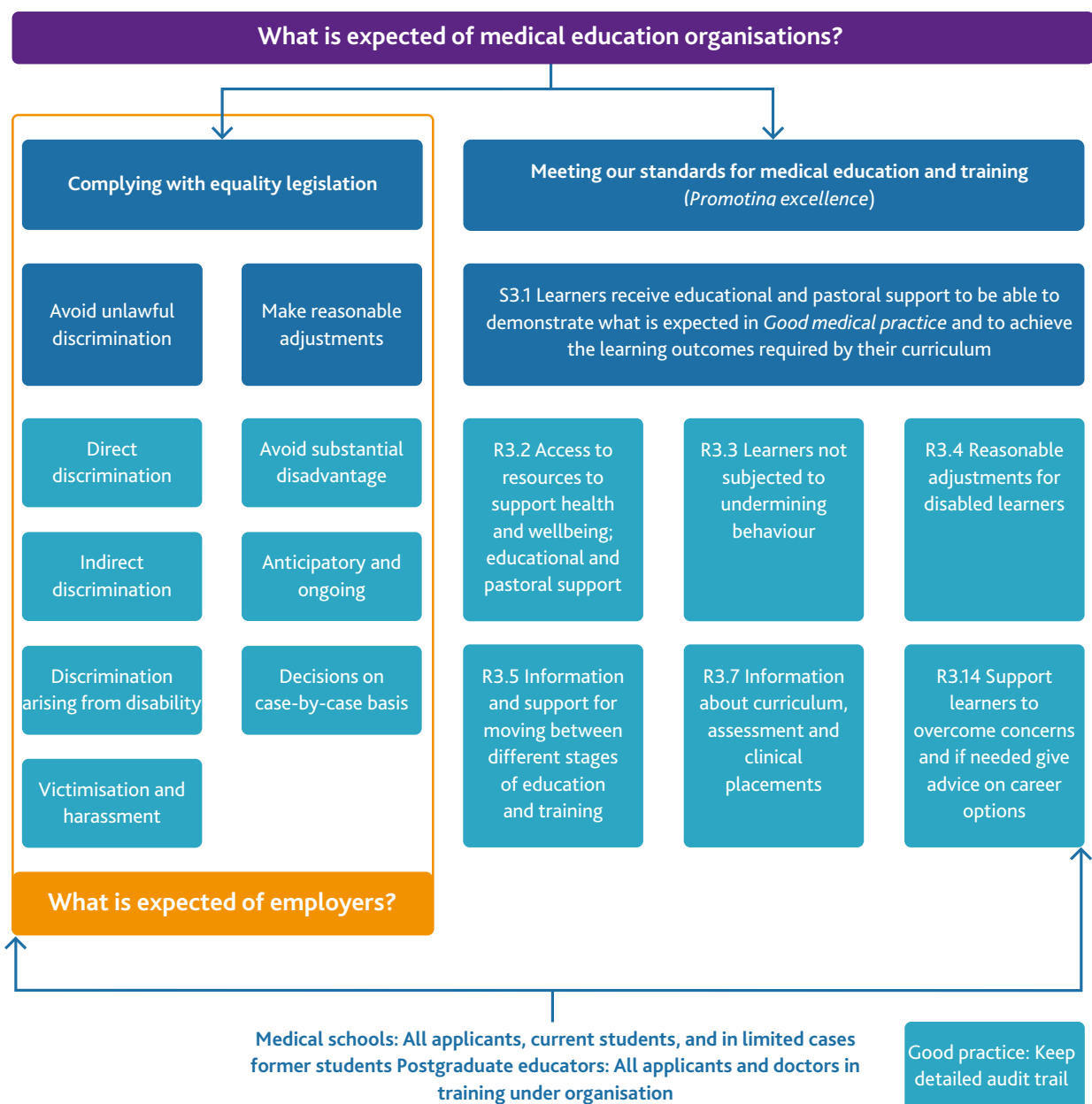
Complying with equality legislation means:

- Not treating a student or doctor worse than another learner because of their disability. This is called direct discrimination.
- Recognising a disabled learner can be treated more favourably. It is not direct discrimination against a non-disabled learner to do this.
- Making sure learners with a disability are not particularly disadvantaged by the way an organisation does things, unless this is a 'proportionate way' to achieve a 'legitimate aim' of the organisation, e.g. maintaining education standards or health and safety. Disadvantaging learners this way is called indirect discrimination.
- Not treating a learner badly because of something connected with their disability. This is called discrimination arising from a disability.
- Avoiding victimisation and harassment.
- Making reasonable adjustments: Organisations must take positive steps to make sure disabled learners can fully take part in education and other benefits, facilities and services. This includes:
 - Expecting the needs of disabled learners.
 - Avoiding substantial disadvantage for disabled learners from way things are done, a physical feature, or the absence of an auxiliary aid.
 - Thinking again if an adjustment has not been effective.
 - Considering support on a case by case basis and deciding what adjustment(s) would be 'reasonable' for each person's circumstances and the barriers they are experiencing.
- Organisations might like to keep an audit trail to demonstrate they have considered whether an adjustment is reasonable, including how they assessed and balanced different factors for each case.
- Medical schools owe this duty to applicants, existing students, and, in limited circumstances, to disabled former students. Postgraduate education organisations owe this duty to all applicants and doctors in training under their organisation, and in limited circumstances to former doctors in training.

The GMC cannot define what adjustments are reasonable in medicine.

Meeting [our standards for medical education and training](#) means following the requirements for supporting disabled learners set out in Theme 3 (R3.2 – R3.5, R3.14, R3.16).

- Medical schools must use the competence standards set out in *Outcomes for graduates* to decide if a student can be supported through the course or not.
- Employers have the same legal responsibilities and educational organisations in terms of avoiding direct, indirect and other forms of discrimination,* and making reasonable adjustments. Employers only have to make adjustments where they are aware – or should reasonably be aware – that an employee or an applicant has a disability.



* More information on the forms of discrimination can be found in the Appendix of the guidance.

Key messages from chapter 4:

How can medical schools apply their duties?

- Medical schools should continuously promote health and wellbeing for their students. Students should be empowered to look after their health and wellbeing through activities by the school.
- Medical schools must support disabled learners. Part of this is making the course as inclusive and welcoming as possible. This includes the accessibility of the physical environment, equipment that can help students, and how things are done at the school to make sure disabled learners are not disadvantaged. Schools have a duty to expect the needs of disabled learners, even if there are no disabled students on the course at the time.
- Medical schools can consider the support structures and processes for specific elements of the course such as clinical placements and assessments.
 - Clinical placements are often delivered away from the medical school services, so schools can think about what support will be available to their students while they are there.
 - Assessment is one of the educational components subject to the *Equality Act's* requirements. All assessments must be based on defined competence standards, and reasonable adjustments should be made in the way a student can meet those standards.
- Medical schools can use a health clearance form and occupational health services to identify students needing support. It is good practice to involve occupational health services with access to an accredited specialist physician, with current or recent experience in physician health.
- A school should make it possible for a student to share information about disabilities (including long-term health conditions) if they wish to do so. Once they have shared this information, the medical school must address the student's requirements for support as soon as reasonably possible.
- It is a matter for each school or university to assess how they approach each individual case. It is important to have a process for balanced and fair decision making that will apply across all cases. One approach we encourage medical schools to consider as good practice is the case management model. Schools can use a stepwise process to develop an action plan for supporting each student.
 - **Step 1:** Form support group for the student
 - **Step 2:** Decide on key contact(s)
 - **Step 3:** Agree confidentiality arrangements
 - **Step 4:** Reach a shared decision about how the student would be affected by the demands of the course.
 - **Step 5:** Decide whether the student can be supported to meet the competence standards set out in *Outcomes for graduates*. If the student can be supported to meet the outcomes, the school

must help them in doing so. If the school decides that the student cannot be supported in meeting the outcomes, it must encourage the student to consider alternative options, including gaining an alternative degree and other career advice.

- **Step 6:** Forming an action plan. The action plan may elaborate on support in each component of the course, as well as care arrangements for the student.
- **Step 7:** Implementation, monitoring and review. Implementing the action plan is a shared responsibility between the medical school and the student.
- Schools can assess the effectiveness of the support given to students, for example through regular 'check-ins' or reviews on a termly or annual basis.
- Schools must be prepared to respond to evolving needs of their students.

On ongoing or regular basis for the medical school

✓ Promote health and wellbeing among students

✓ Consider support structures and processes for specific course components e.g. clinical placements and assessments

✓ Make the course inclusive by:

- ✓ Reviewing accessibility of university premises
- ✓ Putting equipment in place that students may need to access the course
- ✓ Looking at how things are done to make sure practices do not disadvantage disabled learners

For each student with potential support needs

1 Student accepted

- ✓ Consider using health clearance form and occupational health services to identify students needing support
- ✓ Give opportunities for students to share information on support needs during induction
- ✓ Give information on contacts and on financial support available

2 Student support needs raised

- ✓ Initiate support arrangements
 - Step 1: Form support group
 - Step 2: Decide key contact(s)
 - Step 3: Confidentiality arrangements
 - Step 4: Reach shared decision on student needs for the course across different components (e.g. lectures, labs, clinical placements, assessments)
 - Step 5: Decide whether student can be supported to meet *Outcomes for graduates*
 - Step 6: Form action plan
 - Step 7: Implementation, monitoring and review

3 Support in place

- ✓ Assess effectiveness of support (e.g. through regular checking in with the student and termly /annual review)
- ✓ Respond to evolving needs and significant changes

Process map for supporting disabled medical students

This process gives an overview of what can be done; not all steps will be appropriate for all students, but it can be adapted to each individual case at the discretion of the medical school



Key messages from chapter 5:

Transition from medical school to Foundation training

- Medical schools must only graduate medical students that meet all of the outcomes for graduates and are deemed fit to practise.
- There are two processes that disabled learners, medical schools and foundation schools can use to make sure incoming foundation doctors are allocated to an appropriate post for their training. These are the Transfer of Information (TOI) process and the Special Circumstances pre-allocation process.
 - The TOI process communicates information to the foundation school (via the TOI form) to put support and reasonable adjustments in place.
 - Pre-allocation on the grounds of Special circumstances is a separate process to allocate graduates to a specific location for their foundation post.
- Postgraduate educators and doctors in training have a shared responsibility to make sure the right information is known about a doctor's health.
- Less than full time training may help disabled doctors. Postgraduate educators can inform disabled doctors about the possibility of less than full time training, and direct them towards relevant information and guidance.

Key messages from Chapter 6:

How can postgraduate training organisations apply their duties?

- Disabled doctors in training must be supported to participate in clinical practice, education and training.
- All doctors in training should have access to occupational health advice. Doctors may acquire a condition or disability at any stage of their career. If a doctor in training has a long-term health condition or disability, they may need specialist occupational health advice through an accredited occupational health physician, to make decisions about training and working
- It is a matter for postgraduate educators and employers to assess how they approach each individual case. One approach we encourage to consider as good practice is the case management model. Postgraduate educators and employers can use a stepwise process to develop an action plan for supporting each doctor in training. This process gives an overview of what can be done – not all steps will be appropriate for all doctors in training, but it can be adapted to each individual case at the organisations' discretion.
 - **Step 1:** Sharing information - Doctors in training share information about how their condition or disability affects them with their deanery / HEE local team and employer.
 - **Step 2:** Postgraduate dean as gatekeeper - Postgraduate dean or nominated representative to arrange the consideration for what support is needed.
 - **Step 3:** Form doctor's support network. Depending on decision by postgraduate dean or nominated representative, they can gather individuals to provide advice on how the doctor in training can be supported
 - **Step 4:** Decide key contact(s)
 - **Step 5:** Further confidentiality arrangements.
 - **Step 6:** Occupational health assessment. It may be helpful for a disabled doctor in training to have an occupational health assessment.
 - **Step 7:** Case conference / joint meeting. The support network may discuss any recommendations from the occupational health assessment, to form an action plan on how the doctor in training will be supported going forward.
 - **Step 8:** Action plan. The action plan could address a number of areas where the doctor in training can be supported. The purpose of any support implemented is to help the doctor achieve the level of competence required by the Foundation Programme curriculum or the specialty curricula – and not to alter or reduce the standard required. It is good practice for the action plan to be developed in collaboration with the doctor in training as much as possible.

- **Step 9:** Monitoring and review. There is a shared responsibility for implementing the action plan between the employer, deanery or HEE local team and the doctor in training.
- 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.
- Colleges and faculties 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.

Process map for supporting doctors in training

This process gives an overview of what can be done; not all steps will be appropriate for all doctors in training, but it can be adapted to each individual case at the discretion of the postgraduate deanery / HEE local team and the doctor's employer. All doctors should have access to occupational health advice. Doctors may acquire a condition or disability at any stage of their career. If a doctor has a long-term health condition or disability, they may need specialist occupational health advice through an accredited occupational health physician, to make decisions about training and working.



How should I read this guidance?

If you are:

	Chapter 1: Health and disability in medicine	Chapter 2: Our involvement as a professional regulator	Chapter 3: What is expected of medical education organisations and employers?	Chapter 4: How can medical schools apply their duties?	Chapter 5: Transition from medical school to Foundation training	Chapter 6: How can postgraduate training organisations apply their duties?
	<p>Welcomes disabled people in medicine.</p> <p>Explains legal definitions of disability and reasonable adjustments.</p>	<p>Discusses our considerations as a professional regulator for each stage of medical education.</p>	<p>This chapter is for anyone who works in an organisation providing medical education and training. It explains the requirements from the law and our standards. Medical students and doctors in training can also read this chapter to learn more about the support available to them.</p>	<p>How medical schools might meet their duties. Medical students can also read this chapter to learn more about the support available to them.</p>	<p>Discusses preparation from the medical school, working with foundation schools and existing processes to help the transition (Transfer of Information, Special Circumstances)</p>	<p>How postgraduate training organisations might meet their duties. Doctors in training can also read this chapter to learn more about the support available to them.</p>
Supporting medical students	✓	✓	✓	✓	✓	
Supporting doctors in training	✓	✓	✓		✓	✓
A medical student	✓	✓		✓	✓	
A doctor in training	✓	✓				✓

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