General Medical Council

Agenda item:	**3**
Report title:	**Health and disability work programme**
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Action:	**To consider**

Executive summary

The GMC has done extensive work on health and disability, most recently with the 2012-13 review. The products of the review improved access to the profession for students and doctors with disabilities. However, we are still aware of many challenges in this area, as highlighted by experts in medical education in the recent Education and Training Advisory Board (ETAB) meeting that took place in October 2016. Moreover, there is great appetite among external stakeholders for us to undertake further work in this area. Therefore, we propose:

- An update and expansion of our *Gateways to the professions* guidance, to give clearer guidance on what adjustments can be considered reasonable; expand the postgraduate section of the guidance; and provide direct information to prospective medical students.
- A comprehensive resource 'hub' for students and doctors with disabilities, building on the resources currently available on the GMC website.

Recommendations

The Strategy and Policy Board is asked to:

a Approve our proposed approach for the work programme on health and disability.

b Consider if any of the other recommendations that were made by ETAB (seen in Annex B) can be part of the proposed work programme.

Why we are addressing this subject

1 The GMC has done substantial work in the area of health and disability since 2008, most recently through the 2012-13 Health and Disability review. We are still aware of challenges, as highlighted in the recent Medical Schools Council Assessment Alliance paper on the provision of reasonable adjustments, and in our Education and Training Advisory Board meeting dedicated to health and disability in October 2016. ETAB attendees noted challenges in undergraduate and postgraduate education and made recommendations on how to address them. These are detailed in the ETAB summary note and listed in Annex A.

2 There is great appetite among external stakeholders for us to undertake further work in this area. Our overarching aim in addressing this subject is to increase access to the profession for individuals with disabilities, and to ensure fairness and consistency in the support education providers give to these individuals across the stages of medical education. We acknowledge that educational institutions are independent to make their own decisions. That, in addition to the individual circumstances of every student / doctor means we can never aim for absolute consistency, but this work programme will try to level the playing field as much as possible.

The proposed approach

3 We have considered the recommendations made at ETAB, in addition to our understanding of the issues from other intelligence. On that basis, we propose a new programme of work on health and disability, with the main work streams below. The other recommendations from ETAB are in Annex B for the Board to consider.

- Update and expansion of our *Gateways to the professions* guidance, to:
  - Give clearer guidance on the principles of good decision-making for reasonable adjustments and sharing best practice in this area.
  - Expand on the postgraduate section of the guidance.
  - Follow the recent students' fitness to practise guidance model to continue providing advice to education providers and the system – in addition, develop an aligned but separate piece of guidance for current and prospective students.
- A 'one-stop hub' with multiple resources available for prospective students, current students and doctors with health conditions or disabilities. This will include examples of good practice, personal stories and other resources.

Equality and diversity

4 We will ensure the work programme complies with the three aspects of the public sector equality duty.

5 We have anecdotal evidence that students and doctors with disabilities might not receive support and consideration of reasonable adjustments in line with *Gateways*.

6 We have started to gather more evidence on how education providers are addressing health and disability. We asked medical schools about the challenges of implementing the *Gateways* guidance in the most recent Medical School Annual Returns (MSARs). While 26/35 medical schools found the guidance useful, 11/35 highlighted the standardisation of reasonable adjustments as an area of unmet need; 8/35 noted the challenge of deciding what adjustments were reasonable in the context of clinical settings; and 14/35 asked for more examples and case studies to reflect these challenges to be provided alongside the guidance. See excerpts in Annex C.

7 We will continue to scrutinise the data and develop an Equality Analysis alongside the work programme. We will also commission research to explore the areas highlighted by medical schools and gather evidence from postgraduate providers.

Implications of proposed approach

8 The proposed approach will help us deliver our role in overseeing how our standards in medical education are met, by understanding the areas of unmet need and expanding our guidance and resources to address them.

9 One of the challenges highlighted at ETAB was the assessments from providers that a student / doctor will not be able to meet our outcomes due to their health condition or disability. It is likely that education providers will use the outputs from this work programme when making decisions on progress. This should have a positive impact in the majority of cases, but there is a risk it would have a negative impact and result in the exclusion of individuals with disabilities from the profession.

10 We have already undertaken some external engagement in relation to this work. Moving forward, we would like to assemble an expert advisory group of key interests from across the UK to support us with this work programme, including: students (prospective and current) and doctors with health conditions or disabilities; education providers; patients and patient representatives; specialist organisations; and occupational health experts. This was done during the development of the current version of *Gateways* and ensured wide support for the final product.

11 We would require resource for managing the expert advisory group, external engagement activities (eg public consultation), and the research process. Resource would also be needed for revision and publication of the guidance. The majority of

the work would be completed in 2017, but the overall process for the release of revised guidance and resources would take up to Q2 2018.

12 Subject to the Board's approval, we will commence this work programme as soon as possible.

General Medical Council

3 – Health and disability work programme

3 – Annex A

Key challenges identified at Education and Training Advisory Board

1 The key challenges identified at the ETAB workshop were the following (by education level). For the full discussion that took place in the workshop, please see the ETAB summary note.

Undergraduate education

- Lack of clarity and consistency in admission policies for prospective students with health concerns or disabilities. Issues were frequently raised in relation to university inclusion policies and the specific needs of medical schools.
- Differences between reasonable adjustments available to medical students and those considered reasonable by the Higher Education Occupation Physicians/Practitioners (HEOPS), the GMC or potential employers.
- Mental health issues were common and were more challenging to manage due to the changing nature of the problem.
- While there was lots of health and well-being support available in medical schools, more investment was still required in the provision of relevant and contextual support for those studying medicine.
- Making support available from before the course starts, and offering support on an ongoing basis throughout the course.

Postgraduate education

- Employers complained that students were not 'job ready' although this was not unique to medicine.
- There was a challenge for employers to meet their duties under the Equality Act 2010 while also meeting their duty of care for patients.

- The transition to the work place could be highly stressful for some students which could in turn raise the risk of mental health problems. The current environment in which doctors were working presented a challenge in terms of stress levels to both able and disabled doctors.

- Employers and education providers need to have an honest conversation more often with doctors who pragmatically will not be able to complete their training.

- Patients are under additional strain from worrying about their health, so may not be as understanding towards doctors with disabilities as they would have been otherwise.

Proposed steps

2 The ETAB members and guest speakers noted that these proposals should be considered with significant input from medical students and doctors with disabilities, as well as from patients.

Undergraduate education

- A statement from the GMC about the purpose of a degree in medicine, affirming that the degree is an apprenticeship towards becoming a registered doctor and contributing to the UK healthcare work force.

- More consistent and targeted advice on guidance for entry to the profession to help prospective disabled students to make an informed choice about a career in medicine, and on making the HEOPS guidance clearer and more specific. This could potentially be in collaboration with the Medical Schools Council and UCAS (to be integrated in national application process).

- Assessment about ability to practice in the postgraduate work environment from the beginning of clinical placements. This could align with a re-positioning of student fitness to practise as a positive affirmation of all students' ability to practise in the postgraduate setting.

- Clearer guidance about what is an appropriate level of adjustment would be helpful, recognising that it would not always be easy for the GMC to offer advice to medical schools on a particular situation five years out from the prospective student's graduation.

Postgraduate education

- Offer another service in addition to Occupational Health, for doctors to consult someone who is not affiliated to their employer – so can have confidence they are completely impartial.

- Expansion of existing mental health guidance (*Supporting medical students with mental health conditions*) to relate to doctors in training.

- The GMC should continue to work with employers across the UK to encourage better health and disability support for healthcare staff and continue to seek assurance that the environment in which doctors' train is fit for purpose. This should be looked at as part of a wider health and wellbeing programme for all doctors.

- Understand how other healthcare regulators manage these issues in their professions, and that the UK healthcare regulators should work together to facilitate improvements across the healthcare workforce.

- Appraisal and revalidation processes could be used to ensure that better support was available for doctors with health and disability issues.

Across education levels

- Good examples from current practices should be used to highlight and raise awareness of existing guidance.

- Expansion of personal stories told in the last iteration of the *Gateways* guidance (additional examples, re-visiting the students and doctors who gave us their testimonies last time).

3 A central resource to pull together information, support and career guidance for students and doctors.

General Medical Council

3 – Health and disability work programme

3 - Annex B

Analysis on the proposed work streams for the health and disability 2017 work programme

Analysis on the proposed work streams for the health and disability 2017 work programme, based on the recommendations from the October 2016 Education and Training Advisory Board (ETAB). For each work stream, we have included more details on the proposal, potential benefits and drawbacks, and an overall conclusion on whether to proceed with the work or not. The purpose of this Annex is:

- For the Board to view more information on the two work streams we are recommending proceeding with (i.e. update and expansion of *Gateways to the professions*, plus a hub of resources for students and doctors with disabilities).
- For the Board to consider if we should proceed with any of the other recommendations from ETAB.

Proposed work	Details – form this could take	Benefits	Drawbacks	Initial recommendation
Expansion / clarification of *Gateways to the professions*				
Piece addressed to prospective students	A 'translation' of the admissions section of the *Gateways* guidance, written for, addressed directly to, and promoted to prospective students. This piece would advise students on what they should expect from medical schools during the application & admission process, as well as during their course. [Equivalent to *Achieving good medical practice*, which 'translated' the SFTP guidance for students, and *What to expect from your doctor*, which relates to GMP for patients.]	• There is existing guidance on the application and admissions process, but the document is addressed to medical schools. We do not know how accessible this is for prospective students. • Help to prospective students with disabilities during the application process and beyond. • An additional way of holding the schools into account in terms of meeting their duties and responsibilities.	• Important to ensure that the guidance does not go significantly beyond what is stated currently in *Gateways* about the duties and responsibilities of medical schools. • Equally important to ensure students are involved in the process of drafting the guidance, and that we manage expectations for the final output.	✔ Recommend GMC to take forward
Clearer guidance on reasonable adjustments	Further advice on what adjustments would be considered reasonable, and how they would align to adjustments made in clinical practice.	• We will be responding to an area of high demand as we consistently receive queries on reasonable adjustments by education providers, medical students and doctors. • This will help address the issues described in the MSCAA paper:	• There is a lot of information and guidance on this topic included in *Gateways to the professions* already (e.g. a section on 'What is reasonable?'). • Any additional guidance will have to be very focused on what is missing in the view of education	✔Recommend GMC to take forward

		lack of consistency in the reasonable adjustments made, lack of an audit trail etc.	providers, and where they are struggling with the information in the existing version.	
Other resources				
Health and disability resource 'hub'	A central 'hub', as a 'one-stop' bringing together all the different resources we have available to accompany the *Gateways* guidance, plus any additional resources considered useful. The hub would include personal stories / experiences shared, examples of good practice, links to related tools and organisations etc. For the personal stories specifically, we could enrich the current content by interviewing more students & doctors, but also interviewing the people we spoke to in 2012-13 again, to see how their experiences have evolved.	• Powerful way of bringing the messages from the guidance to life. • Personal stories / experiences shared very inspiring for aspiring doctors and in the profession with a disability. • Good practice examples can promote adoption of the same systems by other education providers. • Hub will help audience access all the resources at the same time. • Reinforce relevant GMC guidance such as 'Your Health Matters'.		✔Recommend GMC to take forward *(building on the current resources available on the website)*

Development of new guidance				
Admissions guidance	New piece of guidance with advice on admissions policies. Including consideration of whether an applicant will be able to complete their degree and carry on to practise medicine (with reasonable adjustments and appropriate support in place). Potential to collaborate with the Medical Schools Council and UCAS in developing and implementing this.	• Empower / support medical schools in having early conversations about whether someone will realistically be able to practise as a doctor • Minimise challenges later in the education pathway. • Beneficial for all prospective students in the long run – despite initial disappointment, students who are not admitted can choose an alternative degree and career.	• The Equality & Diversity team advised to be cautious in approaching this. Legally, it could be seen as the professional regulator intervening to engineer the profession. • E&D recommended for us to reinforce the competencies required in *Outcomes for graduates* and the importance of a strong and clear audit trail kept by medical schools to justify their decisions.	Partner to consider taking forward *Recommend this is most appropriate for MSC Selection Alliance to take forward (and we can support the project as needed)*
Mental health guidance for doctors in training	Produce guidance along same lines as *Supporting medical students with mental health conditions* piece, which could be applied to doctors in training.	• Mental health charity MIND states 1 in 4 people in the UK will experience a mental health problem each year. Doctors are as likely to develop mental health problems compared to the general population, and face a lot of stressful situations in their day-to-say working life. • This would give advice to postgraduate education providers in supporting doctors in training	• There is some guidance already available in this area, for example by NHS Employers Supporting staff experiencing mental health problems), and by MIND/CIPD (Supporting mental health at work) • However, this is not as detailed as the student piece	✘ Hold

		with mental health conditions. It could also support doctors who are dealing with mental health problems.		
Systems / processes / services				
Assessment of ability to practise from clinical placements	This could potentially take the form of an annual assessment of fitness to practise – as a way of positively reaffirming SFTP for each student rather than in response to a concern. Suggestions from the MSC (informal): • Assessment could also take place at the end of first intense clinical year • An alternative approach would be to frame this under 'fitness to study'	• Empower / support difficult conversations about whether students are able to continue their studies, and will be realistically able to practise medicine in the future. • Encourage expert advice from OH and other specialists as early as possible. • Decisions made at earliest possible stage, to facilitate students in following an alternative career path.	• The Equality & Diversity team advised the same issues apply as in the idea of admissions guidance (concerns about GMC 'engineering the profession). • E&D suggested to instead reinforce the principle of students making choices about their progress based on informed feedback on their performance, aptitudes and abilities. For example, no students should be arriving at year 5 with serious questions about their clinical skills or ability to communicate with patients.	✘ Hold
Additional service to OH	This would be outside the remit of the GMC, but we can put the idea forward in collaboration with education providers and the occupational health service.	• This service would not be attached to the doctors' employer, so there would be an independent organisation to support them when going through any health issues.	• Potential to undermine the role of the Occupational Health Service, which was strengthened following the last Health and Disability review in 2012-13.	✘ Hold

		• Some initiatives to provide this exist already, e.g. NHS Practitioner Health Programme and the Doctors Support Network.		
Health and wellbeing programme for doctors in training	Supporting education providers and employers in health and wellbeing initiatives. Signposting existing services. This would not be driven by the GMC. However, it could be informed by the personal stories, testimonies, and examples of good practice we wish to develop. The alternative would be a multi-agency programme with input / support from the GMC.	• Response to a current and serious issue in practice, as stated in SOMEP 2016: 'doctors appear to be reporting higher levels of stress, depression and anxiety than before'.	• There are numerous resources already, for example: the BMA's Counselling and Doctor Advisor Service; the BMA's DocHealth; the Doctors Support Network; the NHS Practitioner Health Programme; and our own 'Your Health Matters' online tool. • Risk of overlapping / duplicating services that are already offered to doctors.	✘ Hold
Use of appraisal and revalidation processes to support doctors with health conditions or disabilities	Discuss with Revalidation team and employers (ROs) about what form this could take. At the moment, the framework for revalidation is based on GMP, and doesn't explicitly mention health or disability, except from appraising the doctor on para 30 of GMP	• Opportunity to discuss a doctor's health condition and disability on a regular basis, within a consistent professional framework. • This could help assess how well the support in place is working and what could be improved.	• Potential to appear as interfering with established framework and process. • Anything integrated in the revalidation or appraisal process would be beyond education and training, it would also be applicable for doctors at consultant level. For	✘ Hold

	Domain 2: 'Make arrangements for accessing independent medical advice when necessary'. And the Medical Appraisal Guide developed by the NHS Revalidation Support Team in England states that doctors have to make a declaration accepting the professional obligations placed on doctors in GMP in relation to personal health. Could these be expanded to include a conversation on support and adjustments?		consideration as the Health and Disability work previously was done within the scope of education.	

General Medical Council

3 – Health and disability work programme

3 – Annex C

Excerpts from Medical School Annual Returns

Excerpts from the January 2017 Medical School Annual Returns, on the following question: *'Do you consider the Gateways to the professions guidance to be still relevant? What are the challenges in implementing the guidance? What, if anything, is missing from the guidance?'*

- [It is a challenge] 'Determining what are reasonable adjustments for individual students - particularly in relation to the *Outcomes for Graduates* document. This inevitably and appropriately involves discussions on a case by case basis with students with a disability, with University bodies such as the Disability Resource Centre and Occupational Health Service, and with senior faculty including clinical skills and communication leads.'

- 'Selection for a medical school implies selection for the medical profession after graduation and therefore students have to be able to be independent practitioners on qualification. **There are still significant challenges in understanding when adjustments are reasonable and when they are not**. Patient safety should obviously be a priority. Examples of what reasonable adjustments have been provided by some Medical Schools is useful.'

- 'Our experience from talking to other medical schools is that various occupational health departments take different stances on the sharing of information and the recommendations that they make. Reports can sometimes lack detail about students more specific individual circumstances and needs. Whilst each individual medical school needs to address this with their own occupational health services, we think it would be helpful to have some further guidance from the GMC to occupational health departments about, necessary training, service provision and implementation, which will lead to **consistency across medical schools**.'

- 'Although the Gateways guidance was reviewed recently to incorporate the Health & Disability Review, it would be helpful if there were a **variety of scenarios which focused on real challenges faced in the teaching, learning, and**

assessment of medical students with disabilities. Such scenarios might incorporate the challenges of managing of acute on chronic issues and those which describe criteria on medical fitness to train. This would provide some realism in terms of the lived experiences of disabled students in medical school.'

- 'We are aware that the support that can be put in place in an educational environment may set expectations for the support/adjustments available for students when they graduate and start work as an FY1 (i.e. they will not be as substantial).'

- 'The **complexity of the context within which medical education occurs**, provides a challenge for implementation. **Clinical teaching takes place within NHS facilities where the influence of the medical school is restricted**, and it's not always possible to control expectations, facilities, etc.'

- 'Some placement providers appear to have little insight into what may be required in the way of adjustments, and this can be unnecessarily time consuming to sort out and disheartening and demotivating for the disabled student.'

- 'Sometimes it is **difficult to interpret what counts as an acceptable reasonable adjustment** particularly around clinical competencies and the potential impacts on fitness to practise. Having **standardised adjustments across all medical schools** would be beneficial to both the School and ensure equity amongst medical students. The University Disability Office and legal team are understandably looking to us to evidence our decisions on reasonable adjustments, particularly where they differ from the University norm due to clinical our competencies. Thus, having **more explicit guidance** within *Gateways* and having national standard adjustments would be useful.'

- 'There are many adjustments that are 'reasonable' in an HE and primarily learning environment but there are few examples of these being applied within the NHS clinical environment. More examples would be useful. Clarity is also needed about any **adjustments reasonable in HE that would not be reasonable in an NHS clinical employment setting** as such situations could result in graduates getting 'stuck' once they graduate.'