

Able medics transcript – episode four

A culture of support – what general initiatives are needed

TANITA: Hello and welcome to *Able medics*, a podcast from the General Medical Council. I'm Tanita Cross, producer of this series and the GMC's Digital Content Officer.

We've just published updated guidance for educators on how to support disabled people to become doctors – during their time at medical school and in the workplace.

To help us draft the guidance, we spoke to lots of disabled medical students and doctors, and we want you to hear their voices and stories too. All views shared in this series are personal and do not reflect the views of the GMC.

You can visit www.gmc-uk.org/ablemedics to find out more about our guidance, which is called *Welcomed and valued*.

And if you want to share your story or give us feedback on the podcast, we'd love to hear from you. Tweet us @gmcuk and please use the hashtag #ablemedics.

IOANNA: Hi, I'm Ioanna Maraki and I'm an Education Policy Manager here at the GMC. For the last two years, I've led our review on health and disability and that has made me passionate about making sure medicine is an accessible and inclusive profession.

On the last episode of *Able medics*, we talked about how flexibility and tailored reasonable adjustments can support more medics to stay in university and at work.

Today, we'll hear advice from educators and disabled doctors themselves on the best ways to support those with health needs to have successful careers on the frontline of healthcare.

IOANNA: Studies have found that medical students and doctors in training can develop mental health issues more frequently because of the things they're exposed to while studying and practising medicine, and they're less likely to access the help that they need.

I asked Professor Andy Grant, Chair in Clinical Education at the University of Swansea how medical educators can help students deal with mental health issues. Andy has collaborated on several research projects on the topic.

ANDY GRANT: *We need to make mental illness something that people can talk about in medicine, something that people can be open about.*

We came across some work by medical students who had tried to make mental illness easier to discuss amongst their peer group, and I think that in some ways that kind of information from peers was more approachable and more acceptable than possibly from the medical school. In other words, groups of students doing a variety of things – putting up posters around the place, talking about people who are famous and who suffer from mental illness, having discussion groups. In one medical school, one of the students trained as mindfulness meditation facilitator and ran mindfulness groups for his fellow students.

IOANNA: Professor Kate Thomas, Vice Dean and programme director for medicine at the University of Birmingham, told me about how she starts a conversation early on in the course about mental health and wellbeing with her students.

KATE THOMAS: *One of the things that we do here is that we do a session with all our first years around wellbeing and the importance of making sure that the students take care of themselves, and of one another. And, one of the things that I do as part of that is I talk about my own experience of suffering from depression and because that's such a common illness in our student body, it's something that I feel is really important to be open about and say, you know, this may happen to a number of you in any one year and I try to talk to them about the symptoms that people get when they're depressed and how you might recognise it in a friend or colleague so that they can be supportive of one another.*

I also talk to them about becoming unwell – so, I've had depression for about four years now, it sort of came on in my mid 50s – and I had dealt with hundreds and hundreds of students with depression and hundreds of patients with depression and I thought it was something that I knew a lot about and really, I hope I had an empathy for people with depression, but when it actually happened to me, it took me a while to recognise it.

IOANNA: Open communication with educators and supervisors is at the heart of good support. More than this, though, the dialogue should be two-way and ongoing because as the impact of someone's illness or disability changes, their needs will change too.

ANDY GRANT: *A good start is somebody who's prepared to give them time, prepared to listen in confidence, I think that's a good start. And then try to work out with the patient, with the doctor, what help they need at this time in their lives with their illness.*

IOANNA: Here's trainee doctor, Hannah Barham-Brown.

HANNAH BARHAM-BROWN: *I think good support is about it being ongoing and about it being a process. I think all too often, as a doctor with a disability, you turn up, you roll in and it's kind of like, 'right, what do you need? Tell me what you need'. And often you don't know, particularly when you're rotating in between jobs every four months and these jobs are very different in the role that you fulfil, the tasks that you do, the settings that you work in. It's very difficult to go into a job you've never done before and say 'I'm going to need X, Y and Z' because I simply don't know how it's going to work. A lot of the time it's about me adapting to my surroundings and adapting my surroundings to me.*

And so, I think the key thing is to just keep communication open, particularly with supervisors, with occupational health, check in with people and say 'how's this working? Is this working? What can we do to try and make it a bit better?' And if you keep having those conversation then everything can be adapted so much more easily.

IOANNA: Consultant Child Psychiatrist, Dr Su Sukumaran agrees that communication is key. Not only to help the disabled doctor, but also to make it easier to come up with creative solutions to problems that might otherwise be costly to solve.

SU SUKUMARAN: *I guess for some people it's a worry that it will mean a lot of extra cost, and I think particularly in these days of the cash-strapped NHS. What I would say is definitely talk to the person to the disabled member of staff themselves, the disabled trainee themselves, and have a really open conversation about what are the difficulties? What are the things that they will be able to do? And being open about the requirements of the job. I mean if it is a job where you have to travel between different sites, for example, then if you're able-bodied and are able to hop on and off a bus quickly, that's fine, but if someone isn't able to do that so easily, do you need to provide taxis? Or give them more time to get to places? Or support them in getting a driving test?*

And it's sometimes being creative, not thinking 'oh we have this and this equipment we can supply, but saying 'do we need to use that equipment? Can we do something more cheaply, perhaps, and easily – save some time and money. There may be all sorts of things you can do, it maybe a secretary who can offer half an hour a day of doing something practical would save having to spend money on equipment.

IOANNA: Dr Kelly Lockwood, who is now a qualified GP, strongly believes that support for doctors with health needs must be made available proactively by educators and employers.

KELLY LOCKWOOD: *It's a very stressful time when you're trying to come to terms with the fact that you're developing a significant health condition here, that – at that time, kind*

of late twenties – is affecting your mobility. And that potentially then you're also going to lose your career that you've put all those years of training into. You're having to instigate all of the conversations, and you're having to go searching for all the answers and it's all on you and on your shoulders. Meanwhile, you've got rota co-ordinators looking towards you, wanting to know if you can be on-call next week because they've got to fill the gaps. And, of course, service provision has still got to happen.

That's very, very difficult – emotionally and mentally as well as physically. It's very stressful. And there wasn't any consideration of that and there wasn't any support made apparent or available or that I could find through searching to help with that side of things either really.

Of course, a couple of the consultants that were helping to support me and were chatting to me were very empathic and very caring, but there's a limit to what they can do in their role to try and help ultimately. You're really relying on the goodwill of people to try and get through something like that rather than there being a robust system in place with people involved to help you.

HANNAH BARHAM-BROWN: *I think it's always really useful to make sure the doctor you're supervising has had good occupational health input. We know that across the UK there are gaps in occupational medicine support that doctors get. I've personally had some really rubbish experiences with occupational health and it can be really frustrating.*

So, just doing the basics like making sure you're getting the support, that you had a proper assessment, that we know the simple things that can be done. And then setting up meetings, putting things in place, to say 'right, okay, let's try this, we'll meet up in a week of two weeks' time, see how you've got on with that'. And just making the trainee feel like they can come and talk to you whenever they have issues because the worst thing as a trainee is to go in and say 'well, we've had this meeting, it's all in place, now I've just got to get on with it, it's down to me'. You're already doing a job that is incredibly stressful, even for able-bodied people, our work is hard on so many levels and so, as a trainee, to feel like you can't go back and say 'actually, I got that wrong – I don't need that, I need this', to feel like you can't do that is really damaging and really hard and really stress-inducing in what is already a stressful environment. So, I think it's about being there, being accessible, making time for the trainee, but also just making sure the basics are in place already.

IOANNA: Trainee doctor, Anita Bishop worries that the culture in medicine doesn't make doctors feel able to admit to health problems.

ANITA BISHOP: *We need to educate doctors now who are training. We need to train them and educate them that it's okay to have issues and to highlight them. Probably the most fundamental issue: we have to realise that doctors are people - we are fallible.*

IOANNA: If medical students and doctors can't talk about the health problems that affect them, it makes it much more difficult to put the right support in place. Change starts with talking – here's Kate Thomas' advice.

KATE THOMAS: *My advice would be to talk to people that you feel you can trust, and to be as open as you can be about what your problems are and what your needs are. So, not being diffident about coming forward. I'm not saying you need to march into every job you start or every placement you go on and say, 'oh hello, I've got such and such'.*

But, I think, being able to talk, as a trainee to your educational supervisor or to somebody in occupation health, I think you need to make sure somebody is aware, so that if you start to become unwell and behave in a way that's not typical for you, somebody appreciates that might be because you're not well, rather than, you know, you're being difficult or a bit lazy or whatever. And I know that people are very wary of being honest and open, but I really believe that we've got to change the culture in medicine, because if we don't change the culture in medicine then we're not going to change the culture in society.

IOANNA: Our next two episodes of *Able medics* will be slightly different, as we focus on two different perspectives on the issues we've discussed so far in the series. We hear what it's like to be a disabled doctor in Australia and we talk to a doctor who has Asperger's Syndrome and her clinical psychologist.

In the meantime, please tweet your feedback on this episode @gmcuk and visit gmc-uk.org/ablemedics to find out more about our *Welcomed and valued* guidance and to read more stories like these.

Thank you for listening.

TANITA: *Able medics* is a podcast by the General Medical Council. It was hosted by our Education Policy Manager, Ioanna Maraki, and it was produced by me, Tanita Cross.

Thanks to Nick Drew, Lorie McManus and Steph O'Connor from the GMC for their support. And thanks to our guests, Andy Grant, Kate Thomas, Hannah Barham-Brown, Su Sukumaran, Kelly Lockwood and Anita Bishop.