

Able medics transcript – episode one

Disabled doctors exist – celebrating your contribution to medicine

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

One part of our role as the regulator of doctors in the UK is to oversee medical education and training. That means we work with medical schools and organisations that train doctors to make sure all students and doctors receive the best education possible.

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.

As part of this project, 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 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.

At the same time, I’ve studied for my masters in global health policy, focusing on how disabled medics are supported across the world.

Throughout the review, I spent a lot of time speaking with doctors and medical students about their experiences of medical education and training as someone with a disability or

long-term health condition. And I talked to educators about the support they offer their students and trainees.

This first episode in our *Able medics* series is a celebration. Disabled doctors do exist – and they are already making a valuable contribution to our health services. I hope their stories will inspire you, as much as they have me.

IOANNA: Dr Hannah Barham-Brown is a GP trainee in Leeds.

HANNAH BARHAM-BROWN: *I became disabled while I was at university. I was diagnosed with something called Ehlers Danlos syndrome, which means all my joints are hypermobile and they can dislocate at will – or against my will – at any given time.*

So, now I work in a wheelchair most of the time and I also mobilise around with sticks as well, so I'm always a little bit of a surprise when I roll on to a ward – nobody really knows quite what to expect.

IOANNA: Having worked as a nurse before starting her medical degree, Hannah understood more than most the challenges of working in the NHS, even without a health condition.

HANNAH BARHAM-BROWN: *I was really concerned about how I was going to get through, just the practicalities of things, like I found that when you're a medical student on clinical firms you tend to be on your feet all day, you're following around ward rounds, it's not like you can just go and sit down quietly in a corner every so often – it's quite an intense programme. And so, I was finding that physically really difficult.*

Part of the problem with EDS is that because all of your collagen is affected – that makes up all of your muscles and your tendons – you have to work a lot harder just to stay upright. Your body is constantly expending extra energy to do so. It's quite tiring just doing what normal people would do.

I started to really worry about how that was going to work – not only just getting through med school, but then how on earth I could be a doctor in that situation.

IOANNA: It became clear that Hannah was going to need a wheelchair and, as is so often the case, it was her friends who generously crowdfunded one for her to use.

HANNAH BARHAM-BROWN: *Without that chair, I wouldn't have got through med school. I'd probably be sitting in my flat still on a lot of painkillers having to claim benefits and not being able to work. So, that chair has just given me a whole new lease of life.*

For the first year after I qualified I was working full time, which I never thought I would do when I was diagnosed. Now I work 80% but the other 20% I'm working for the British Medical Association.

IOANNA: And as if that wasn't enough, Hannah is an inspiring speaker and has spoken at TEDxNHS and TEDxExeter, she's a media commentator and she has run to become a local councillor and an MEP.

For Hannah, as well as the support of her family and friends, it's the flexibility of her training programme that allows her to make a difference to people's lives without sacrificing her own health.

HANNAH BARHAM-BROWN: *Clinically I can't work full time because my body just gets really tired and it's really difficult, but by doing the other things I do, and having the flexibility in my training to do that, by being able to use my brain for those 20% as oppose to having to use my entire body, it means that I'm still contributing, I'm still living a full and exciting life and having a great career that I love, but I'm not putting the demands on my body that I just couldn't sustain really.*

IOANNA: Sadly, not every doctor found the flexibility they needed during their training.

KELLY LOCKWOOD: *During my anaesthetics training I had an episode when I dislocated my hip, which is when I first went on to crutches, and that made anaesthetics very, very difficult. It's a very physically active job – you know, you're pulling patients into CT scanners and standing in theatre for hours. I carried on doing that, and carried on with my on-call commitments, really because I wasn't given the option to do anything other than that.*

IOANNA: That was Dr Kelly Lockwood, who also has Ehlers Danlos Syndrome, like Hannah. While Kelly had to take the lead in carving out a career path that worked for her, she didn't let her health condition stop her.

KELLY LOCKWOOD: *So, had a chat with various people – consultants and careers advisers within the service – and we decided that a change in career would probably be the best way forwards. So, I applied to GP training and was successful. I did my three years of GP training over a considerably longer period of time than that – with an episode of maternity leave in there as well, it certainly spread it out a bit. I really enjoyed it thankfully, and I qualified as a GP in February of 2017.*

IOANNA: Given the added strain of becoming a doctor with a health condition, what drives disabled people to make it work? And why is it so important for all of us that they do?

HANNAH BARHAM-BROWN: *We need to look at the profession and what we want the profession to look like. Fundamentally, we need a profession that reflects the patients we care for. And in order to do that we need to reach out to – and I'm doing this in inverted commas – "minority groups". We need to see them represented in medicine because they are represented in the patient body we serve and that we care for.*

IOANNA: There is research, like the 2016 paper on US medical schools' compliance with the Americans with Disabilities Act that show that patients identify more with doctors who reflect who they are – whether because of a shared ethnicity or disability.

HANNAH BARHAM-BROWN: *I had a patient turn around to me and she'd been – what people could term quite difficult, she'd been quite abrasive – she had lots of long-term health conditions. And I went and saw her, and I was dreading it a little bit and thought 'oh gosh, this is going to be a difficult consultation'. And at the end of it she just turned and she's like 'no, you get it doc because you're broken like I am'.*

KELLY LOCKWOOD: *I think regardless of what specialty you're in, you know what it's like from the patient's perspective, and that definitely comes through when you're communicating with patients. And you can almost predict the problems and the challenges that that patient's going to face, so that you can try and help with them proactively. You can almost walk that patient journey holding their hand because you've been there, and you know what it's like.*

ANITA BISHOP: *My name's Anita Bishop, I'm currently a GP trainee in my first year of training. I've had a varying degree of health impairment during my education, medical training and actual work as a doctor.*

IOANNA: Anita says that it's not only patients who value her contribution to healthcare.

ANITA BISHOP: *I found just from the feedback from my patients, and even actually some of my senior doctors, and also doctors of my same grade, that they've found that really insightful – the fact that I can empathise, and my negotiation skills and communication skills are really useful and really helpful for patients.*

IOANNA: Like Anita, there are many students and doctors who encounter health problems during their training, and even much later in their careers.

KATE THOMAS: *For a very long time, for 18 years, I was working in student welfare, initially as what we call a year tutor, and then I became responsible for the welfare of all the medical students – for over 10 years, I did that.*

IOANNA: Professor Kate Thomas is the Vice Dean and programme director for medicine at the University of Birmingham and has been a GP for around 30 years. She's passionate about supporting people with health problems to work in medicine. In recent years, Kate experienced periods of depression, which meant she had to take some time off work.

KATE THOMAS: *One of the things that I really feel is I'm a better doctor for having been ill and a better doctor for knowing what it is to be depressed. That's not to say I wouldn't rather not have it... I would rather not have it if I'm honest because it's not a very nice thing to have. But, you know, every opportunity is a learning opportunity.*

IOANNA: By sharing her personal story with her students and colleagues – and with us – Kate hopes to inspire people with both mental and physical health conditions to pursue a career in medicine.

KATE THOMAS: *I want to say to people don't give up. You can – with a bit of adaptation and the determination not to let it hold you back – you can fly. You can do whatever you want to.*

IOANNA: You'll hear more from Kate, Anita, Kelly, Hannah and more doctors and educators later in the series.

Next time, we'll be talking about how disability is viewed in the health services – by patients, by colleagues, and by educators.

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, Hannah Barham-Brown, Kelly Lockwood, Anita Bishop and Kate Thomas, for sharing their stories with us.