
May 2013

Review of Health and Disability in Medical Education and Training

Purpose of this statement

1. This is an update to the statement, originally issued in May 2012, which provides information about the position of disabled medical students and doctors with disabilities who are in medical education and training.
2. The updated statement will be of interest to students, trainees and those involved in the organisation and delivery of all stages of medical education and training.
3. The statement provides the following information:
 - a. An update about our work in this important area, including details of - and a link to - a report submitted to our Council by the Health and Disability in Medical Education and Training Group (paragraphs 4 to 9).
 - b. Some contextual background including a summary of the legal advice we received. This focuses on the implications of the Equality Act 2010 in relation to the standards we set for medical education and training and how this affects students and trainees with disabilities (paragraphs 11 to 29).
 - c. Details of some practical advice which is available to support those making assessments of the capacity of medical students to meet the outcomes we set in *Tomorrow's Doctors*¹ for undergraduate medical education (paragraphs 30 to 32).

Update on progress

Health and Disability in Medical Education and Training Group

4. In 2012, we established an expert working group to advise Council. The working group submitted its report to Council in December².

¹ *Tomorrow's Doctors*, 2009 - www.gmc-uk.org/TomorrowsDoctors_2009.pdf_39260971.pdf

² www.gmc-uk.org/Report_review_of_health_and_disability_in_medical_education_and_training.pdf_50697081.pdf

5. The group was asked to consider a wide range of issues including the process for supporting reasonable adjustments for students and trainees and the transitions between different stages of training.

6. The group also looked at the suggestion that there should be different categories of registration, although at present, the legislation does not allow any flexibility in this respect. The group's view is that the GMC should continue to require students and trainees to meet all of the competence requirements prescribed in its standards and outcomes for all stages of the medical education continuum, including the curricula it approves for postgraduate education.

7. The view, which was supported at the engagement events held during 2012, was that the understanding of what it means to be 'a doctor' could be changed if restricted registration was introduced. There was also concern about the potential stigmatisation of disabled students and trainees who could become more readily identifiable.

8. Council accepted these and other arguments, covered in the report, against seeking legislative change at this time. However, it agreed with the group's view that the competence standards set out in *Tomorrow's Doctors* and *The Trainee Doctor*³, including the practical procedures for students and provisionally registered doctors, should be reviewed to ensure they remain fit for purpose. Work will be taken forward over the next two years as part of the work associated with the review of our education standards.

9. Work will also be taken forward by the GMC and its key partners in light of the group's other suggestions for, amongst other things, improved guidance, sharing of good practice and improvements to the occupational health assessment process.

Supporting students with mental health conditions

10. In addition, we will shortly be publishing guidance and research into what support medical schools provide to medical students who have mental health conditions. The guidance will contain recommendations to medical schools on how they can best support their students who have mental health conditions. It will also contain good practice examples from medical schools across the UK.

11. We have also commissioned research which looks at what medical students perceive to be the risks associated with studying medicine. This study includes a survey that medical schools can run with their own students to assess what non-educational aspects of the course they find difficult.

³ *The Trainee Doctor*, 2011 www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf

Setting all of this in context

12. Many disabled doctors are practising successfully in the medical profession alongside non-disabled colleagues. Indeed, patients often identify closely with disabled medical professionals who can offer a unique personal insight and sensitivity.

13. However, the journey through the medical education and training system is not always an easy one. In some cases, even with reasonable adjustments, it may not be possible for everyone successfully and safely to undertake all stages of medical education and training.

14. In preparing this statement, we are conscious of the challenges which medical schools and postgraduate deaneries face in determining the level of support available to students and trainees with disabilities during their education and training. In making decisions about the progression of a student or trainee, they have to balance the rights and expectations of the individual against the overriding requirement to maintain standards and protect the safety of patients.

15. We hope this statement will help provide greater clarity about the legal framework and assist medical schools and postgraduate deaneries in considering the support and guidance which students and trainees need and deserve.

16. We also hope this statement – with the relevant links provided - is helpful in demonstrating how we are taking forward other work related to health and disability.

What the legal advice covers

The legal questions

17. We asked Counsel to advise on two issues.

a. Whether the provisions contained within *Tomorrow's Doctors* and *The Trainee Doctor* (the standards for undergraduate and postgraduate medical education and training respectively) were consistent with the Equality Act 2010⁴ (the Act).

b. Whether they might discriminate against students with disabilities.

18. The summarised advice which follows first sets out the extent of our duties with regard to the Act - particularly our role as a qualifications body and the duty to make reasonable adjustments.

⁴ Equality Act 2010, HMSO www.legislation.gov.uk/ukpga/2010/15/contents

19. The advice then explains how the Act applies in the context of the standards we set for undergraduate and postgraduate (including foundation and specialty) training. In particular, we would highlight the reference to competence standards and our role in ensuring these are set and maintained at a level which means doctors are equipped for service and, most importantly, which protects patient safety.

Equality Act 2010 – our duties

20. In addition to being listed in the Act as a public authority, we are also a qualifications body - that is, 'an authority or body which can confer a relevant qualification'.

21. Under the Act a competence standard is defined as 'an academic, medical or other standard applied for the purposes of determining whether or not a person has a particular level of competence or ability'.

22. There are a number of provisions in the Act concerning disability discrimination. This includes the duty to make reasonable adjustments where a provision, criterion or practice, or a physical feature, puts a disabled person at a substantial disadvantage. The duty to make reasonable adjustments applies to a qualifications body. However, section 53 provides that:

'The application by a qualifications body of a competence standard to a disabled person is not disability discrimination unless it is discrimination by virtue of section 19 (that is, unless it is indirect discrimination).'

Undergraduate education

23. *Tomorrow's Doctors* sets out the standards for the delivery of undergraduate medical education and specifies the outcomes that all students must achieve by the time they graduate. This includes the requirement to undertake a range of practical diagnostic and therapeutic procedures as listed in Appendix 1 covered on pages 77 to 81.

24. Counsel advised that the outcomes and practical procedures in *Tomorrow's Doctors* would be regarded by a court as competence standards for the purposes of the Act, and as such we are under no duty to require adjustments that would alter the standard of competency required. Counsel also stated that reasonable adjustments, in relation eg to modes of assessment of those outcomes and procedures (except where the method of performance is part of the competence to be attained) may be made. Medical schools and/or deaneries which organise the delivery of medical education are responsible for putting those arrangements in place.

25. In 2008, we published *Gateways to the Professions – Advising medical schools: encouraging disabled students*⁵. Updated in 2010 to reflect the requirements of the Act, the appendix to this advisory guidance gives some helpful examples of reasonable adjustments.

26. Counsel also drew a distinction between the situation of a medical student seeking access to the profession and that of a qualified doctor. A qualified doctor may choose a medical career that does not require them to demonstrate competence in all of the practical procedures listed in *Tomorrow's Doctors*. However, we are entitled to set competence standards that all medical students are required to meet at the point of graduation in order to ensure that:

- a. all medical students who graduate will practise in a way that maintains patient safety
- b. those who graduate have sufficient competences and skills to meet employers' service needs
- c. those intending to enter the medical profession know in advance with reasonable certainty the core practical requirements of medical practice in circumstances where they lack the knowledge and/or experience to take decisions as to later career specialisation and given that we have no power to adopt any form of restricted or limited registration.

Postgraduate education

27. The standards for postgraduate medical education and training (including foundation and specialty) are set out in *The Trainee Doctor*. This includes, on page 52, the core clinical and procedural skills which provisionally registered doctors are required to undertake.

28. Counsel's advice on postgraduate education was similar to that we had received for undergraduate education. Thus, the standards in *The Trainee Doctor* and specialty curricula are considered to be competence standards in respect of the Equality Act 2010. The fact there is no facility for a trainee with a disability to obtain an exemption from demonstrating competences in postgraduate medical education and training is unlikely to amount to discrimination.

29. Counsel also provided advice on section 10A(2)(f) of the Medical Act 1983⁶ which states that we may determine arrangements for disabled doctors in the first year of the Foundation Programme.

⁵ *Gateways to the Professions – Advising medical schools: encouraging disabled students*. www.gmc-uk.org/education/undergraduate/gateways_guidance.asp

⁶ www.gmc-uk.org/about/legislation/medical_act.asp#10

‘[A]rrangements for a person with a disability not to be disadvantaged unfairly by the disability while participating in a programme for provisionally registered doctors’.

30. Counsel advised that this does not require us to alter or lower the substantive requirements of the Foundation Programme or to grant exemptions from meeting its requirements. It merely empowers us to make arrangements that will make it easier or possible for trainees with a disability to participate in the Foundation Programme (for example, by determining that a trainee should undertake placements in particular specialties).

Guidance available

31. We recognise that in the earlier stages of medical education, difficult judgments have to be made by those assessing whether a medical student’s health condition or disability might prevent them from meeting the outcomes in *Tomorrow’s Doctors*.

32. The Higher Education Occupational Physicians/Practitioners has produced some guidance which we regard as helpful: *Medical students – standards of medical fitness to train*⁷. We think this is potentially a useful tool to assist in the assessment of a student’s capacity to meet the outcomes we specify in *Tomorrow’s Doctors*.

33. The guidance was developed with input from occupational health physicians based within higher education institutions with medical schools, among others. It is mapped against the outcomes in *Tomorrow’s Doctors*. It takes a functional approach, in that its aim is to support the assessment of what capacity is required to achieve the outcomes, rather than specify particular conditions which may or may not preclude a student from satisfactorily completing a degree in medicine.

Further information is available

We hope this statement, including the update, is helpful in answering some of the questions you may have.

As the wider work on health and disability develops, we will place updates on our website⁸. In the meantime, you may be interested to read more about other work streams which have informed our review including the Disability Roundtable and the Reference Group meetings.

We would also highlight the short films⁹ which include contributions from students and doctors about the challenges and opportunities they have faced and how arrangements might be strengthened to better support them through the different stages of medical education and training.

⁷ www.heops.org.uk/HEOPS_Medical_Students_fitness_standards_2011_v7.pdf

⁸ www.gmc-uk.org/education/12680.asp

⁹ www.gmc-uk.org/education/13662.asp