

Agenda item:	13
Report title:	Report from the Education and Training Advisory Board
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Action:	To note

Executive summary

This paper reports on discussions at the Education and Training Advisory Board workshop on health and disability held on 20 October 2016.

Recommendation

The Strategy and Policy Board is asked to note the report from the Education and Training Advisory Board.

20 October 2016

- 1 The Education and Training Advisory Board (ETAB) meeting on 20 October 2016 was devoted to a workshop on health and disability. The workshop was well attended by members of ETAB and a number of additional invitees with an interest in health and disability at each level of medical education were invited to attend and contribute to the discussion. The workshop focussed on the remaining issues faced by medical students and doctors in relation to health and disability through the continuum of medical education.
- 2 The workshop was structured around the key stages in medical education and training and presentations were delivered on the:
 - a Undergraduate perspective: Entry into medical education and during undergraduate education.
 - b Health and disability challenges - transition into and through Foundation and specialty training.
 - c Postgraduate perspective: During postgraduate education, including a patient perspective.

Key challenges and opportunities identified

- 3 During discussion ETAB noted that:
 - a Support for those with a disability or a health issue should be made available from day one of medical school.
 - b There should be an assessment about an individual's ability to practise in the work environment from the beginning of clinical placements.
 - c It would be helpful to have a central resource to pull together information, support and career guidance for doctors. Career guidance at the postgraduate level would be dependent on the individual doctor's decision to engage, although there was a role for educational supervisors to offer advice, as required.
 - d It would be helpful to understand the differential rate in disclosure of health issues between the educational environment, where 10% of students disclose a disability, and the workplace where the rate drops to 1%. Under-reporting in the workplace was a cause for concern across the entire health work force not just for doctors. Paid progression could potentially impact on the decision of doctors to report health issues.

- e** Good examples from current practices should be used to highlight and raise awareness of existing guidance.
 - f** The Assessment Committee of the Academy of Medical Royal Colleges was looking at guidance on reasonable adjustments for postgraduate exams/assessment. Attendees at the workshop indicated and that it would be helpful for the GMC to feed into this.
- 4** ETAB noted a suggestion around moving the point of registration to be co-terminus with graduation. While the GMC was not opposed in principle to such change, it was noted that it would require a change to primary legislation, which would be a lengthy process, and that new doctors would always require a protective environment in which to practice.
- 5** ETAB advised that:
- a** It would be helpful to have a statement from GMC confirming that a medical degree was an apprenticeship towards becoming a doctor and unlike other degrees.
 - b** The GMC should collaborate with UCAS and MSC on developing 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 Higher Educational Occupational Physicians (HEOPS) guidance clearer and more specific.
 - c** 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.
 - d** The GMC and MSC should discuss how student fitness to practise processes at medical schools could be repositioned as a positive affirmation of a disabled student's fitness to practise medicine rather than a sanction.
 - e** The GMC should consider what more could be done to ensure that medical schools prepare students for the world of work.
 - f** At the postgraduate level, occupational health has been a very helpful service but was not always the best port of call for doctors. The GMC should use its influence to facilitate the rollout of the Practitioners Health Programme.
 - g** 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, addressed to all doctors, and not just doctors with specific health conditions and disabilities, to support with the levels of stress faced in their jobs.

- h** It would be helpful for the GMC to understand how other UK (and European) healthcare regulators manage these issues in their professions, and that the UK healthcare regulators should work together to facilitate improvements across the healthcare workforce.
 - i** The patient perspective was an important element of any discussion on the issue and that patients expected their doctor to be well trained, competent and fit for purpose.
 - j** Appraisal and revalidation processes could be used to ensure that better support was available for doctors with health and disability issues.
- 6** We are currently scoping our future work in this area, based on the feedback from the ETAB workshop. The main work streams we are proposing to go forward with at this stage are: issuing a statement from the GMC on the purpose of a degree in medicine; expanding and updating the *Gateways to the professions* guidance; and building a 'hub' of resources on health and disability. A proposed work programme on Health and Disability is at Annex A.
- 7** A copy of the meeting note will be published on our website in due course.

Next meeting

- 8** The next meeting of ETAB will take place on 31 January 2017.

13 – Report from the Education and Training Advisory Board

13 – Annex A

Proposed work programme on Health and Disability

- 1 Based on the analysis of the proposals put forward through the Education and Training Advisory Board (ETAB), we are currently suggesting proceeding with the below:
 - a **GMC statement** on purpose of degree in medicine: Organisational position that the purpose of a degree in medicine is preparing to become a doctor and join the work force – compared to a degree for educational value or personal development.
 - b **Update and expansion** of our [Gateways to the professions](#) guidance, to:
 - i Follow the recent SFTP guidance model to continue providing up to date guidance to education providers and the system – in addition, develop an aligned but separate piece of guidance for students and prospective students.
 - ii Give clearer guidance on what adjustments can be considered reasonable.
 - iii Expand on the postgraduate section of the guidance.
 - c Build 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.
- 2 A more detailed plan for the work programme will be available for the next Strategy and Policy Board meeting on 9 February 2017.