

## **Welcomed and valued:**

Supporting disabled learners  
in medical education and training

### **Chapter 1:**

# Health and disability in medicine

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## Key messages from this chapter

- As the professional regulator, we firmly believe disabled people should be welcomed to the profession and valued for their contribution to patient care.
- Doctors, like any other professional group, can experience ill health or disability. This may occur at any point in their studies or professional career, or long before they become interested in medicine.
- No health condition or disability by virtue of its diagnosis automatically prohibits an individual from studying or practising medicine.
- Having a health condition or disability alone is not a fitness to practise concern. We look at the impact a health condition is having on the person's ability to practise medicine safely, which will be unique for each case.
- Medical students and doctors have acquired a degree of specialised knowledge and skills. We should utilise and retain this within the profession as much as possible.
- A diverse population is better served by a diverse workforce that has had similar experiences and understands their needs.
- Legally, disability is defined as an 'impairment that has a substantial, long-term adverse effect on a person's ability to carry out normal day-to-day activities'. This covers a range of conditions, including mental health conditions if they meet the criteria of the definition.
- Organisations must make reasonable adjustments for disabled people, in line with equality legislation. Making reasonable adjustments means making changes to the way things are done to remove the barriers individuals face because of their disability.
- Organisations must consider all requests for adjustments, but only have the obligation to make the adjustments which are reasonable.

## Does this guidance only deal with disability?

No. We also give advice for medical students and doctors in training who need other kinds of support not expressly covered by the demands of legislation.

*Promoting excellence* makes it clear that we want organisations involved in all levels of medical education and training to provide comprehensive and tailored support to the medical students and doctors in training who need it.

# The importance of inclusion in medicine

As the professional regulator, we firmly believe disabled people should be welcomed to the profession and valued for their contribution to patient care.

Doctors, like any other professional group, can experience ill health or disability. This may occur at any point in their studies or professional career, or long before they become interested in medicine.

The very qualities that make a good doctor, such as empathy and attention to detail, can also make medical students and doctors more vulnerable to stress, burnout and other health problems ([Managing your health](#)).

Medical students and doctors have acquired a degree of specialised knowledge and skills. We should utilise and retain this within the profession as much as possible. It is an expensive and avoidable loss to the profession if an individual gives up their medical career as a result of disability or long-term ill health when, with the correct support, they can continue for many years.

A diverse population is better served by a diverse workforce that has had similar experiences and understands their needs. Patients often identify closely with medical professionals with lived experience of ill health or disability, who can offer insight and sensitivity about how a recent diagnosis and ongoing impairment can affect patients. Such experience is invaluable to the medical profession as a whole, and illustrates the importance of attracting and retaining disabled learners.

## Panel 1:

### What disabled people bring to the profession – in their own words

'Each person has things to offer and in a team can contribute to excellent patient care. For example, because I was less able to walk the wards and do cannulations etc, I took responsibility for the majority of discharge summary management, drug chart management, lab result signing and general office tasks. This rapidly upskilled me in undertaking these tasks effectively and freed other colleagues to gain more complex clinical experience without an administrative burden. On the other hand, I think my experiences as a patient as well as a doctor improved my skills in the doctor-patient relationship such as outpatient clinics and history taking.'

'I am using my experience of being a vulnerable patient to become a better doctor. I understand how lonely and scary being in hospital can be, and how you can be made to feel more like a bed number than a human being. Having empathy, asking a patient about their concerns, and good communication can go a long way.'

'Patients seem to really appreciate that I am a doctor and a wheelchair user, some have opened up to me about health concerns or practical struggles. They instinctively know I have an insight into their side of the bed.'

'As a patient, I experienced and appreciated first-hand the care and sensitivity required for medicine. I want to be able to give back this care I received and more to the healthcare service that had significantly changed my life. My personal experiences as a patient have become the foundation of my career in practicing medicine and will shape me into a better doctor.'

## Practising medicine with a long-term health condition or disability

There are many medical students and doctors in training with a long-term health condition or disability. Therefore, it is vital to have policies in place to support these individuals throughout their careers.

Many medical students with long-term health conditions and disabilities successfully complete their degrees and go on to practise medicine. Equally, many doctors in training who develop a long-term health condition or disability during their careers continue to work in medicine for many years. No long-term health condition or disability by virtue of its diagnosis automatically prohibits an individual from studying or practising medicine.

There are times when a health condition or disability might prevent someone from continuing their studies or career in medicine. These cases are very rare. There is more advice within this guidance about how educators and managers can support students and doctors in training finding themselves in this situation.

All medical students and doctors, regardless of whether they have a long-term health condition or a disability, need to meet the competences set out for different stages of their education and training. Organisations must make reasonable adjustments to help learners meet the competences required of them. Medical schools are responsible for arranging reasonable adjustments for medical students. Employers are responsible for arranging reasonable adjustments in place for doctors in training in the workplace. Postgraduate training organisations work closely with the employers to make decisions on reasonable adjustments to support doctors in training.

# Who is a disabled person?

In this guidance we talk about disabilities, including long-term health conditions.

Disability is legally defined in the UK.

## Focusing on support

We are including information about who is a disabled person, as people told us they would like to see it in this guidance.

Deciding whether someone is covered by the definition of disability as provided in equality legislation can be complex and time consuming. Any process that focuses on 'entitlement' to support, as opposed to the best method of support for someone, is unlikely to meet our expectations when it comes to [supporting learners](#), as described in [Promoting excellence](#).

## The legal definition of disability

The *Equality Act 2010* ('the Act') and *Disability Discrimination Act 1995* ('DDA') define a disabled person:\*

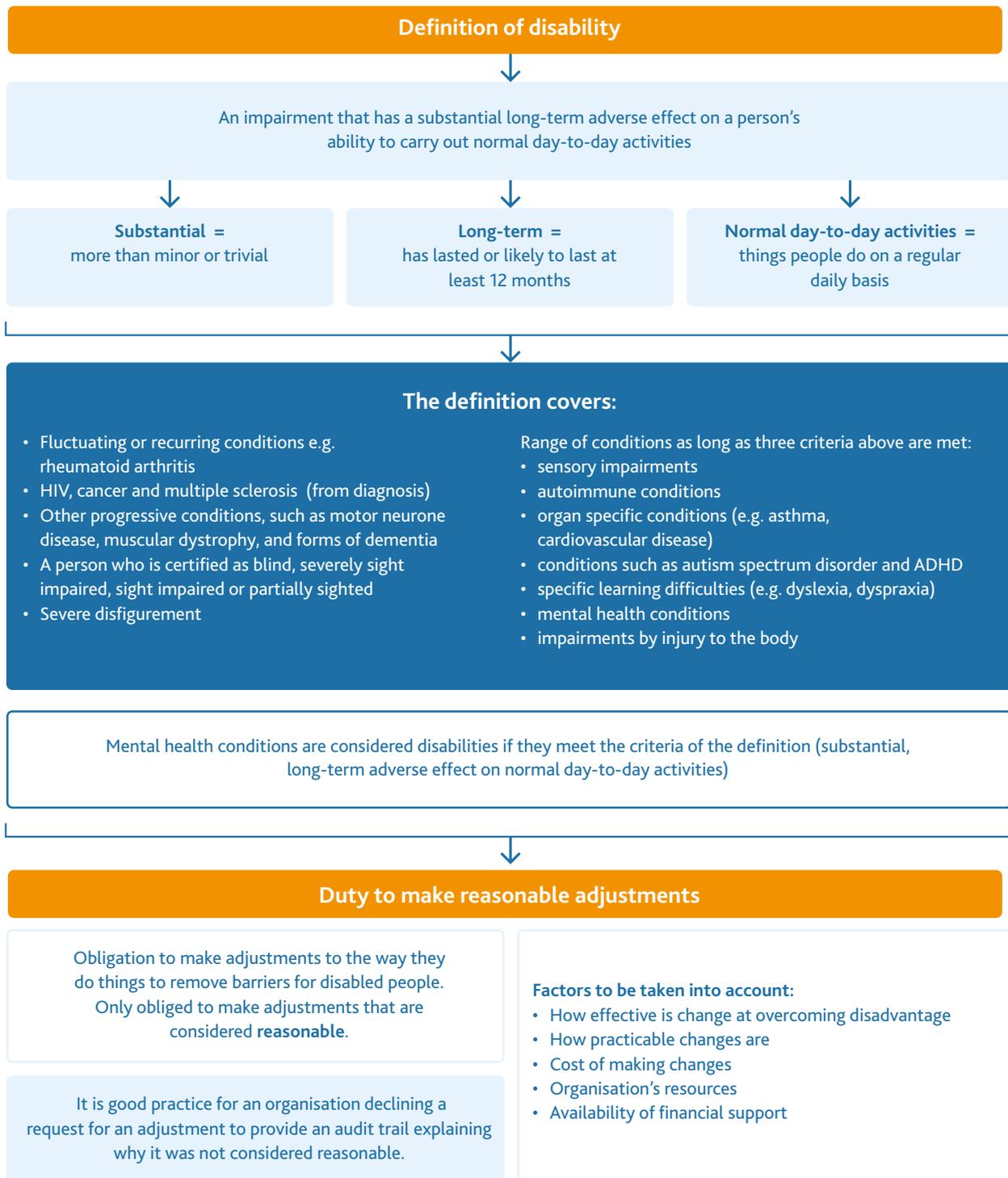
- 1 'A person has a disability if:
  - a They have a physical or mental impairment, and
  - b the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.'

Disability affects a great amount of people. There are nearly 13.3 million disabled people in the UK, nearly one in five of the population.†

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\* *Equality Act 2010*, Schedule 1. Available online at: [www.legislation.gov.uk/ukpga/2010/15/schedule/1](http://www.legislation.gov.uk/ukpga/2010/15/schedule/1)

† Scope, Disability facts and figures. Available online at: [www.scope.org.uk/media/disability-facts-figures](http://www.scope.org.uk/media/disability-facts-figures)



## Breaking down the components of the definition

- It may not always be possible (or necessary) to categorise a condition as either a physical or a mental impairment. It is not necessary to consider the cause of an impairment.
- 'Substantial' – more than minor or trivial.
- 'Long-term' – the effect of an impairment is long-term if:
  - it has lasted for at least 12 months
  - it is likely to last for at least 12 months or
  - it is likely to last for the rest of the life of the person affected.

Disability includes situations where an impairment stops having a substantial adverse effect on a person's ability to carry out normal day-to-day activities, but the effect is likely to reoccur.

The *Disability Discrimination Act 1995* defines 'normal day-to-day activity'.\* The *Equality Act 2010* does not define this. However, the guidance† published alongside the Act gives some advice (pages 34–35).

Organisations must consider all of the factors above when deciding whether a person is disabled. We expect organisations to approach the issue in an open, supportive way.

If there is doubt about whether an individual will be covered, an organisation can choose to focus on identifying reasonable adjustments and support measures that will assist them. A court or a tribunal ultimately decide if there is a dispute on whether someone meets the legal definition.

## What does the definition cover?

The definition covers a range of conditions that may not be immediately obvious from reading it. Many people who are covered by the definition of a disabled person do not describe themselves as disabled and so may not think of asking for support or reasonable adjustments.

For example, the definition may cover:

- **Fluctuating or recurring** conditions such as rheumatoid arthritis, myalgic encephalitis (ME), chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy, even if the person is not currently experiencing any adverse effects.
- People with **HIV, cancer and multiple sclerosis** are deemed as disabled as soon as they are diagnosed.
- Other **progressive conditions**, such as motor neurone disease, muscular dystrophy, and forms of dementia.
- A person who is **certified as blind, severely sight impaired, sight impaired or partially sighted** by a consultant ophthalmologist is deemed to have a disability.

\* Schedule 1, paragraph 4. Available online at: <http://www.legislation.gov.uk/ukpga/1995/50/schedule/1>

† Office for Disability Issues, *Equality Act 2010* Guidance. Available online at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/570382/Equality\\_Act\\_2010-disability\\_definition.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf)

- **Severe disfigurement** is treated as a disability.
- A **range of conditions** are treated as a disability, as long as the other factors from the definition are met, in terms of having substantial and long-term impact on the ability to do normal day to day activities:
  - Sensory impairments, such as those affecting sight or hearing.
  - Auto-immune conditions such as systemic lupus erythematosus (SLE).
  - Organ specific conditions, including respiratory conditions such as asthma, and cardiovascular diseases, including thrombosis, stroke and heart disease.
  - Conditions such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)
  - Specific learning difficulties, such as dyslexia and dyspraxia.
  - Mental health conditions with symptoms such as anxiety, low mood, panic attacks, phobias; eating disorders; bipolar affective disorders; obsessive compulsive disorders; personality disorders; post-traumatic stress disorder, and some self-harming behaviour.
  - Mental illnesses, such as depression and schizophrenia.
  - Impairments produced by injury to the body, including to the brain.
- Someone who is no longer disabled, but who met the requirements of the definition in the past, will still be covered by the Act (for example, someone who is in remission from a chronic condition).\*
- Someone who continues to experience debilitating effects as a result of treatment for a past disability could also be protected (for example, someone experiencing effects from past chemotherapy treatment).

The guidance produced for the Act and DDA says it cannot give an exhaustive list of conditions that qualify as impairments. There are exclusions from the definition, such as substance addiction or dependency, or tendency to set fires, steal, and abuse of other persons, which can be found in the guidance published along the Act<sup>†</sup> (Section A12, page 11).

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\* Equality and Human Rights Commission, Disability discrimination. Available online at: [www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination](http://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination)

† Office for Disability Issues, Equality Act 2010 Guidance. Available online at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/570382/Equality\\_Act\\_2010-disability\\_definition.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf)

## Mental health and disability

A mental health condition can be considered to be a disability according to the definition. But not every mental health condition will be considered as a disability.

For a mental health condition to be considered a disability, it has to meet the criteria in the definition; to have a substantial and long-term adverse effect on normal day-to-day activity. Examples are given in the guidance published alongside the Act.

# Reasonable adjustments

In this guidance, we talk about reasonable adjustments as part of the support for medical students and doctors in training.

## What are reasonable adjustments?

The duty to make reasonable adjustments for medical education organisations and employers is that they must take positive steps to remove barriers that place individuals at a substantial disadvantage because of their disability. This is to make sure they receive the same services, as far as this is possible, as someone who is not disabled.

Organisations must adjust the way they do things to try to remove barriers or disadvantages to disabled people. Organisations **always have to consider** requests for adjustments, but they only have to **make** the adjustments which are reasonable. If an organisation considers an adjustment but decides it is not reasonable, they may wish to consider keeping an audit trail which explains their decision.

The Act provides that a disabled person should never be asked to pay for the adjustments.