Welcomed and valued:
Supporting disabled learners
in medical education and training

Chapter 4:

How can medical schools apply their duties?

Contents

This chapter is for: Medical schools

Key messages from this chapter

- Medical schools should continuously promote health and wellbeing for their students. Students should be empowered to look after their health and wellbeing through activities by the school.

- Medical schools must support disabled learners. Part of this is making the course as inclusive and welcoming as possible. This includes the accessibility of the physical environment, equipment that can help students, and how things are done at the school to make sure disabled learners are not disadvantaged. Schools have a duty to expect the needs of disabled learners, even if there are no disabled students on the course at the time.

- Medical schools can consider the support structures and processes for specific elements of the course such as clinical placements and assessments.

  - Clinical placements are often delivered away from the medical school services, so schools can think about what support will be available to their students while they are there.

  - Assessment is one of the educational components subject to the Equality Act's requirements. All assessments must be based on defined competence standards, and reasonable adjustments should be made in the way a student can meet those standards.

- Medical schools can use a health clearance form and occupational health services to identify students needing support. It is good practice to involve occupational health services with access to an accredited specialist physician, with current or recent experience in physician health.

- A school should make it possible for a student to share information about disabilities (including long-term health conditions) if they wish to do so. Once they have shared this information, the medical school must address the student's requirements for support as soon as reasonably possible.

- It is a matter for each school or university to assess how they approach each individual case. It is important to have a process for balanced and fair decision making that will apply across all cases. One approach we encourage medical schools to consider as good practice is the case management model. Schools can use a stepwise process to develop an action plan for supporting each student.

  - **Step 1:** Form support group for the student

  - **Step 2:** Decide on key contact(s)

  - **Step 3:** Agree confidentiality arrangements

  - **Step 4:** Reach a shared decision about how the student would be affected by the demands of the course.

  - **Step 5:** Deciding whether the student can be supported to meet the competence standards set out in *Outcomes for graduates*. If the student can be supported to meet the outcomes, the school must support them in doing so. If the school decides that the student cannot be supported in

meeting the outcomes, it must encourage the student to consider alternative options, including gaining an alternative degree and other career advice.

- **Step 6:** Forming an action plan. The action plan may elaborate on support in each component of the course, as well as care arrangements for the student.

- **Step 7:** Implementation, monitoring and review. There is a shared responsibility for implementing the action plan between the medical school and the student.

- Schools can assess the effectiveness of the support given to students, for example through regular 'check-ins' or reviews on a termly or annual basis.

- Schools must be prepared to respond to evolving needs of their students.

On ongoing or regular basis for the medical school

✓ Promote health and wellbeing among students

✓ Consider support structures and processes for specific course components e.g. clinical placements and assessments

✓ Make the course inclusive by:
  ✓ Reviewing accessibility of university premises
  ✓ Putting equipment in place that students may need to access the course
  ✓ Looking at how things are done to make sure practices do not disadvantage disabled learners

For each student with potential support needs

1 Student accepted

✓ Consider using health clearance form and occupational health services to identify students needing support

✓ Give opportunities for students to share information on support needs during induction

✓ Give information on contacts and on financial support available

2 Student support needs raised

✓ Initiate support arrangements
  — Step 1: Form support group
  — Step 2: Decide key contact(s)
  — Step 3: Confidentiality arrangements
  — Step 4: Reach shared decision on student needs for the course across different components (e.g. lectures, labs, clinical placements, assessments)
  — Step 5: Decide whether student can be supported to meet *Outcomes for graduates*
  — Step 6: Form action plan
  — Step 7: Implementation, monitoring and review

3 Support in place

✓ Assess effectiveness of support (e.g. through regular checking in with the student and termly /annual review)

✓ Respond to evolving needs and significant changes

Overall support structures: what does good look like?

Medical schools must support disabled learners to participate in education and training. This includes making reasonable adjustments. Every medical school will have individual systems and structures on how to do this.

We commissioned research to understand what helps provide successful support to students across medical schools. The research highlights principles of good practice that medical schools can adapt to their ways of working:*

- Fostering a positive culture towards health conditions and disability
- Supporting students in sharing information early
- Having established and clear processes for supporting disabled learners
- Effective communication
- Individualised tailored support
- Inclusive learning environment
- Investing in staff training and workshops
- Monitoring and review.

On ongoing or regular basis

Admissions

The Medical Schools Council will publish dedicated guidance with advice on the admissions processes for welcoming applicants with long term health conditions and disabilities.†

Promote health and wellbeing

Medical schools should continuously promote health and wellbeing for their students.

Medicine is a demanding and stressful course and students should be empowered to look after their health and wellbeing through activities by the school.

Some examples of student wellbeing campaigns are in the appendix (panel A7).

Make the course inclusive and welcoming

Before any new student arrives, medical schools should give serious consideration to ensuring the course is inclusive and welcoming for disabled learners. Schools have a duty to anticipate the needs of disabled learners, even if there are no disabled students on the course at a given time.

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* More details on what students told us as part of the research are in the appendix of the document (panels A1-A2).

† You can see the key messages from the Medical Schools Council guidance to medical school admission teams in Chapter 2 of this document.

This covers the physical environment, auxiliary aids, and ways of doing things (provisions, criteria or practices).

	The physical environment	Auxilliary aids	Provisions criteria or practices (the 'way things are done')
This means...	• Accessible buildings (whether owned, rented or leased) in any location (campus or town-based, multi or single site) • University facilities e.g. classrooms, lecture theatres, catering, and residential accommodation • Specialist facilities e.g. laboratories	• Extra equipment or services to help students participate fully in university life and the learning process • Kind of equipment schools will offer will depend on each individual and their condition	• Includes registration processes, induction processes, curriculum design, programme structure and delivery, module specifications, codes of conduct, student handbooks, overall programme regulations (eg progression and assessment criteria), disciplinary procedures, complaints and appeals processes.
Medical schools...	• Can arrange a risk and access audit* of premises and to draw up an access plan.	• Should put in place equipment they anticipate students may need to access the course • Should speak to individual students about their equipment needs	• Should look at how business is conducted on a daily basis and make sure it is disability and ill-health aware, and does not disadvantage disabled learners
More information	Equality Challenge Unit briefing† on inclusive building design for higher education (p 20-21: checklist)	Disabled Living Foundation factsheets‡ to help choose equipment and services (e.g. for communication and vision, walking equipment, choosing a manual or powered wheelchair)	↓

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*   Centre for Accessible Environments, Access auditing. Available online at: http://cae.org.ukMour-services/access-auditing/

†   Equality Challenge Unit, Managing inclusive building design for higher education.
        Available online at: www.ecu.ac.uk/publications/managing-inclusive-building-design-for-higher-education/

‡   Disabled Living Foundation, Full list of factsheets. Available online at: www.dlf.org.uk/content/full-list-factsheets

Panel 10:
Illustrative examples for the way things are done

Here are some illustrative examples of questions we get about the way things are done at medical school. Often situations are more complex than the illustrative examples, so decisions always need to be made an individual basis.

- Unauthorised vs authorised absences: A school's absence policy may include a maximum number of authorised absences. A disabled learner is likely to need time off to attend medical appointments. If appropriate for a specific student, the school could make a reasonable adjustment to allow the student to attend all their appointments without taking unauthorised absences.

- Giving information in advance: A school may share academic material or schedules with students on a certain date. Disabled learners may benefit from having this information in advance – for example to plan their study or their travel to placement locations. If appropriate for a specific student, the school could make a reasonable adjustment to share this information earlier on.

- Studying part time: Some medical schools have made arrangements for individual students to complete a medical degree in an approach resembling less than full time, for all or periods of the course. If appropriate for a specific student, the school could apply this as a reasonable adjustment for a disabled learner to complete the course.

Consider specific course elements

Clinical placements

Medicine and other healthcare courses have teaching in the clinical environment where care is delivered, such as a hospital, health centre, GP practice or community. This brings the student in contact with patients and their families / carers, where they have to learn how to communicate in that context and perform relevant tasks under supervision. Medical schools often do this at multiple sites far from the university. These sites are not directly managed by the medical schools, but the schools will have agreements in place with the NHS providers for their students to do placements there.

Medical schools may wish to:

- provide support services at the clinical placement locations, which are compatible with the set-up of placements, for example a designated contact based at the hospital, practice etc. Alternatively, schools could offer other means for students to contact support services when on placement (eg out-of-hours contact or helpline)

- organise support for clinical placements as early as possible. Ideally, this would be at the very beginning of the course. Where clinical and non-clinical years are separate, it would be helpful to discuss support at the beginning of the final pre-clinical year

- give disabled learners their placement locations and rotas as early as possible

- include specific information for disabled learners in preparatory sessions for clinical placements (see tips for preparatory sessions in the appendix of the guide, panel A6)

- offer opportunities for disabled learners to shadow on clinical placements (before they start) so they become familiar with the environment and demands

- give training to clinical supervisors about the needs of students with long term health conditions and disabilities

- having a system of 'passports' or 'support cards' carried by students on placement. The passport or card will contain an agreed form of words with the student, to describe their needs. This can be shown to members of staff as necessary in clinical placements. See an example of using student support cards from University College London.

As students gain experience of the clinical environment it may be necessary for the support group to meet again to assess whether the student can still be supported to meet the outcomes related to clinical skills.

Assessments

Assessment is one of the educational components subject to the Equality Act's requirements. Medical schools may wish to:

- apply some measures across a group of students or for everyone taking the assessment for practical reasons. For example:

  - giving a certain amount of extra time to a group of students
  - placing students needing regular breaks at the back of the room or in a separate room
  - adding a rest station for everyone on a practical exam circuit
  - using coloured paper for all students taking an assessment.

- consider support separately for written and practical assessments, although they will be some overlap between the two settings

- encourage students to feedback on how effective the support has been as soon as they start taking assessments

- consider support 'passports' or cards for assessments. This could apply especially for practical examinations, where there are multiple stations and examiners

- consider automatically applying agreed support without re-approving them for each assessment round.

There is additional guidance on the interaction between competence standards and reasonable adjustments in higher education[*] by the Equality Challenge Unit.

We receive common questions about assessments at medical school:

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*   Equality Challenge Unit, Understanding the interaction of competence standards and reasonable adjustments.
       Available online at: https://www.ecu.ac.uk/publications/understanding-the-interaction-of-competence-standards-and-reasonable-adjustments/

Once student is accepted on the course

Health clearance and occupational health services

It is common practice to ask all applicants who have been offered a place to complete a health clearance form. The process is designed for the school to identify anyone who will need support in advance, and to decide the most appropriate kind of support.

Feedback from medical students shows that initial contact with services is crucial and will have a long-term effect on how the individual interacts with the system for support.

Panel 11:
Occupational health services

What is occupational health?

• Occupational health is a specialist field concerned with the interaction between work (including vocational training) and health.

• The occupational health service consists of a team of specialist qualified doctors and nurses to offer advice for your health, safety and wellbeing while working or studying.

• The advice is impartial, objective, based on medical evidence and legislation, and bound by the doctor-patient confidentiality.

Why it is helpful to seek advice from occupational health

• The service offers independent advice regardless of who is paying for it.

• Receiving the appropriate advice at the beginning can save students from unnecessary distress or anxiety, and avoid other negative outcomes in the long-term (eg students taking breaks from the course to recover)

What type of occupational health service to involve

• A service that is fit for purpose for offering advice for medical students

• A service with a clear governance structure with senior clinical leadership

• A service with access to at least one accredited specialist physician with demonstrable current or recent experience in physician health (eg SEQOHS accreditation). It is good practice for the team experience and understanding of the professional caring environment and infection control issues.

• A service that will be available during important times in the academic calendar – eg beginning of the academic year.

- A service with an understanding of the different aspects of the course, medical training, and the medical school's processes.

- A service that will establish links and collaborate with other services at the university, including disability and student support services.

Occupational health assessment

The sample forms included in the appendix of the guidance can be used as a starting point for requesting an assessment from the occupational health service, and for the occupational health service sending a report to the medical school. These documents are presented as a guidance, and can be adapted according to the medical school's needs.

Induction as opportunity for sharing information

Medical schools may have an opportunity to find out information for supporting their students during enrolment and induction.

The medical school can:
- include information in induction materials about how the school and university support disabled learners
- give students contact details for all the available support services and the purpose of each, including student support services, student health services, confidential counselling services, occupational health services, disability services and the student union.
- have dedicated face-to-face induction sessions about supporting disabled learners, covering the whole student cohort (see tips for induction sessions in the appendix of the guide, panel A5)
- encourage students and give opportunities to discuss any health conditions or disabilities that are likely to impact on ongoing learning
- include examples or stories of disabled learners in the induction materials

Medical schools can remind students of this information regularly, for example by making it easily accessible on the school's website or holding refresher session on health and disability through the course.

Financial support

Disabled learners can apply for Disabled Students' Allowances (DSAs)[*] to cover some of the extra costs they have.

Students can get the allowances on top of their student finance. The amount they get does not depend on their household income, but on an assessment of their individual needs. Students do not have to repay DSAs.

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[*]   Help if you're a student with a learning difficulty, health problem or disability.
       Available online at: www.gov.uk/disabled-students-allowances-dsas

The DSA includes three things:

- Specialist equipment allowance: This funds the cost of major items of equipment such as a computer or a digital recorder. It also covers the costs of insurance, technical support and repair.
- Non-medical helper allowance: This funds the cost of note-takers, readers, dyslexia support tuition etc.
- General allowance: This covers other disability related costs not included in the above, such as extra books, printing, photocopying etc. The general allowance can also be used to top up the other allowances if necessary.

More information for disabled students' funding is available on the UCAS website.[*]

Besides financial assistance with their studies, students may be able to claim additional funding towards day-to-day living. Students can claim this via the Department of Work and Pensions[†] and Student Finance NI[‡] in Northern Ireland. This is not affected by any other student finance the student receives. The amount will be decided based on how their health condition or disability affects the support they need.

Once support needs raised

It is a matter for each school or university to assess how they approach each case. It is important to have a process for balanced and fair decision making that will apply across all cases. One approach we encourage medical schools to consider as good practice is the case management model.

Case management is defined[§] as: *'A collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet […] health and human services' needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.'* As an approach, it has similarities to multidisciplinary teams in medicine.

Schools can use a stepwise process (see next page) to develop an action plan for supporting each student. The same process can be applied for students who disclose a long-term health condition or disability later on in the course, as well as students who acquire a long-term health condition or disability during their studies. This process gives an overview of what can be done; not all steps will be appropriate for all students, but it can be adapted to each individual case at the discretion of the medical school.

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[*]   UCAS, Disabled students. Available online at: www.ucas.com/ucas/undergraduate/getting-started/individual-needs/disabled-students

[†]   Personal Independence Payment. Available online at: www.gov.uk/pip/how-to-claim

[‡]   Student Finance NI, Students with disabilities. Available online at:
    http://www.studentfinanceni.co.uk/portal/page?_pageid=54,1268397&_dad=portal&_schema=PORTAL

[§]   Commission for Case Manager Certification. Available online at:
    ccmcertification.org/about-ccmc/case-management/definition-and-philosophy-case-management

Process map for supporting disabled medical students

This process gives an overview of what can be done; not all steps will be appropriate for all students, but it can be adapted to each individual case at the discretion of the medical school.

Applicant selected
- Address student requirements for support as soon as possible
- Inform student support and disability services when a disabled learner is offered a place
- Start process for agreeing support action plan

1 Forming support group
- Lead / team to decide who ought to be involved in exploring support arrangements
- May include representatives from: medical school, student support service, occupational health service, disability service

2 Decision on key contacts
- Agree primary contacts for the student
- Agree key internal contacts for services involved in support

3 Confidentiality arrangements
- Students to be provided with material regarding how their information will be used, and their rights in respect of that information ('privacy notice')
- Consider keeping audit trail of decision-making, a record of conversations with the student, and storing confidential information separately to general student file

4 Case Conference /joint meeting
- Meeting or series or meetings of support group, potentially attended by student
- Shared decision-making about how demands of course components would affect student
- Support group members can contribute on what course involves; student can contribute with the lived experience of their disability and how it affects them day-to-day

5 Can the student be supported to meet Outcomes
- Consider if student can meet all the skills and procedures listed in the *Outcomes for graduates*, with appropriate support in place
- Explore with student what particular aspects they might struggle with and think of coping strategies and support that can be offered

6 Action plan
- If the student can be supported to meet the Outcomes: Support group to develop an action plan covering different components of the course
- If the student cannot be supported to meet the Outcomes: Meet with the student to explain decision, encouraging them to consider alternative options (e.g. other degree, career advice)

7 Monitoring and review
- Shared responsibility between school and student for implementing the action plan
- School may wish to appoint someone responsible for implementation
- Regular contact between school and student to monitor progress

Step 1: Form support group

Medical schools may have a lead or a team that deals with support arrangements for incoming disabled students. The particular role or job title will differ between schools, but it would be helpful for a designated person or people to have the responsibility for supporting disabled learners.

The lead can communicate with other medical school and university teams to decide who ought to be involved in exploring support arrangements for the incoming students. The core group for support may include:

- a representative from the medical school with knowledge of the academic and clinical components of the course. It would be useful to include someone with a clinical background and an understanding of the specifics of teaching within the course and of clinical placements

- representatives from student support or pastoral services

- representatives from occupational health services

- representatives from disability services

- any other appropriate role within the school's system, for example patient or lay representatives.

The lead can coordinate with the parties that want to be involved to arrange conversations with the medical student going forward.

Step 2: Decide key contacts

After agreeing which parties would like to be involved, the lead can decide who would be the key contacts moving forward.

- Primary contacts for the student: ideally, this would be one named person that can communicate with the student for anything they need in relation to their health condition or disability and an intermediate to other services. The primary contact could be the lead or another member of the support group, and not involved in the student's progression. The lead can give their contact details, availability (e.g. specific working days / hours) and an alternative contact for when they are not available.

- Key internal contacts: The key contact for each of the services that will be involved in exploring support arrangements for the students going forward.

Step 3: Confidentiality arrangements

When handling information relating to individuals, organisations must make sure they do so lawfully. Medical schools must provide students with material on how their information will be used and their rights in respect of that information.

This will help to make sure any information shared by the student is not misused. It will also give students confidence in providing such information to schools. The Information Commissioner's Office

provides guidance on the information to include,[*] including a checklist (in Panel A10 of the Appendix). The Information Commissioner's Office sometimes offer free advisory visits[†] to organisations to give them practical advice[‡] on how to improve their data protection practice.

A school might want to consider the following when collecting information from students about their health.

- Keeping a clear audit trail of decision making for supporting disabled learners as this is likely to help schools make sure they have taken appropriate steps to provide reasonable adjustments.

- Keeping a record of all conversations between the support group and student. It is good practice to agree the method of recording such conversations and for the student to see a draft record of any discussions.

- Creating a separate file with different access arrangements for confidential information related to health outside of the general student record.

Step 4: Case conference/joint meeting

The lead can organise a meeting between the student and the support group.

The support group may also consider having regular meetings with just its members present as an opportunity to discuss progress and evaluate cases, especially if they are handling several cases at once. The group let the student know about the meetings and give them an opportunity to attend if appropriate.

General things the group might cover are:

- an outline of the student's health condition or disability – to help understand the effect on their studies. It is not necessary to discuss specific medical details or symptoms.

- Considering how the student might be affected by the demands of the course, taking their health condition or disability into account.

- Working together with the student to reach a shared decision is best practice:

  - The student is the best person to explain how their health condition or disability affects them day to day.

  - The support group members are best placed to explain what the student will need to do day to day while at medical school.

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* Information Commissioner's Office, Right to be informed. Available online at:
  https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-be-informed/

† Information Commissioner's Office, Advisory visits.
  Available online at: https://ico.org.uk/for-organisations/resources-and-support/advisory-visits/

‡ Information Commissioner's Office, A guide to ICO advisory visits.
  Available online at: https://ico.org.uk/media/for-organisations/documents/2786/guide-to-advisory-visits.pdf

The discussion could cover the different parts of student life while at medical school:

1 Logistics, accommodation and transport:
The student's living arrangements, travel to the university locations for their course, access to other university locations and services (eg library, student's union). Existing university policies are likely to cover much of this.

2 Academic part:
What the student will need to do day-to-day to engage with the course. This includes effectively following teaching activities (eg lectures, seminars, tutorials), having access to teaching materials in an appropriate format, studying or study skills support, and undertaking assignments.

3 Laboratory part:
A medical course involves sessions in a laboratory or skills lab, where students will uses specific equipment and chemicals. The discussions may include what the student will need to attend, use equipment appropriately and complete tasks.

A simulation or a tour of the skills lab (if possible) can help the student have a more realistic picture of what they will need to do.

4 Clinical part:
The group can discuss several things about clinical placements:

- Accommodation while on placements

- Transport to and from placement sites

- Navigating the clinical facilities eg accessibility of buildings

- Typical tasks requested of students on placement (eg administrative and clerical tasks, simple examinations, other clinical tasks)

- Schedule while on clinical placements

- Use of equipment, chemicals and pharmaceuticals (e.g. gloves, needles, injectors, cannulas)

- Use of assistive tools

- Communication with patients and their families / carers

A simulation or tour of the clinical placement sites (if possible) can help the student understand what have they will have to do.

5 Assessment part:
The written and practical assessments medical students take to progress through different stages of the course.

The group can discuss the format of the assessments including the timing and equipment used. An assessment trial run or simulation can help the student understand what they will have to do. It is also good practice to organise a review after the first assessment a student takes.

6 Care arrangements: The student might need ongoing appointments with health services to make sure their health condition or disability is managed. The group can:

- ask the student how frequently they will need to attend health appointments and at what locations

- agree on arrangements in advance, for example what leave the student will need during the academic year

- encourage the student to register with local services, so they can easily access health professionals as and when they need to for treatment and ongoing management

- Other pastoral care or financial support needed for the student to manage their health condition or disability

Step 5: Decision on whether student can be supported to meet the *Outcomes for graduates*

Medical schools must use *Outcomes for graduates* as the ultimate benchmark when deciding if a student can be supported through the course or not.

All graduates from UK medical schools must meet the same competence standard, as described in the *Outcomes for graduates*. But importantly you can make reasonable adjustments in relation to how those outcomes are assessed, except where the method of performance is part of the competence to be attained.[*]

To decide if a student can be supported to meet the *Outcomes for graduates*, the support group can:

- go through all the skills and procedures listed in the Outcomes for graduates and ask if the student would be in a position to meet them with appropriate support in place

- explore parts the student might struggle with: Ask the student 'how might you address this?'; 'can you see any problems with this?'; 'what coping strategies might you put in place?'; and 'how can we help with this?'.

The discussions can be led by an accredited occupational health physician with experience in physician health. The occupational health physician can complete an assessment and take advice from other specialist organisations if needed; and give their view to the group on whether the student can be supported to meet the Outcomes.

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[*]   Medical students don't need to perform exposure prone procedures (EPPs) to achieve the outcomes of undergraduate medical education. Students with blood-borne viruses can study medicine, but they may not be able to perform EPPs and may have restrictions on their clinical placements.

Schools can consider any requests from a student for a second opinion or a referral to another occupational health service.

If the school decides the student can be supported to meet the *Outcomes for graduates*, the support group can formulate an action plan for the course. The group can also formulate an action plan with appropriate exit arrangements if after thorough consideration they believe the student will not be able to meet the Outcomes despite support (see Step 6).

Panel 12:
Deciding whether to provide support

In their Good Practice Framework for supporting disabled students[*], the Office of the Independ Adjudicator (OIA) recommends asking the following questions when applying policies and procedures.

- Is the student disabled?

- If so, what provisions (for example, policies and procedures) are we now applying to them?

- Do these provisions place them at a disadvantage?

- What could be done to prevent that disadvantage?

- Would it be reasonable for us to take those steps?

Based on the guidance from the Equality and Human Rights Commission, the medical school can ask the following questions:

- Have we considered this case individually, about the specific student and their unique circumstances?

- Have we explored treating the student better or 'more favourably' than non-disabled people as a part of the solution?

- Is / are the proposed adjustment(s) effective in removing or reducing any disadvantage the disabled student is facing? Have we considered other adjustments or changes that can contribute?

- How easy or practical is this adjustment?

- How much does this adjustment cost?

- Is there advice or support available? Have we explored getting expert advice to support balanced decision making? Could we contact specialist organisations?

- Do we believe this / these adjustment(s) would increase the risks to the health and safety of anybody (the student, other students, staff, patients etc.)? If yes, have we done a proper, documented assessment of the potential risks?

An adjustment could not be reasonable if there is a risk to safety. But the conclusion there is a risk or potential risk must be based on a proper, documented assessment rather than any assumptions, as we want to reassure learners that an objective decision-making process will be followed for their cases.

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*   OIA, Good Practice Framework for supporting disabled students. Available online at:
      www.oiahe.org.uk/media/117373/oia-good-practice-framework-supporting-disabled-students.pdf

Step 6: Action plan

Once a decision has been made on whether the student can be supported to meet the *Outcomes for graduates*, the support group can formulate an action plan with the student.

If the school decides the student can be supported to meet the *Outcomes for graduates*:	If the school decides the student cannot be supported to meet the *Outcomes for graduates:*
• Draft an action plan for support and reasonable adjustments, for the student to engage with each part of the course. • Draft with input from the student if possible. • Incorporate any recommendations provided by the occupational health physician. If there are concerns about feasibility, the group can discuss to reach an agreement on what would be possible. • Consider financial support for putting the plan in place.	• Good practice to meet with the student and explain decision in person. • Decision can be explained in the context of Outcomes for graduates and Promoting excellence, which says it is not possible for learners to progress if they cannot meet the required learning outcomes (R3.15) • Encourage the student to consider alternative options, including gaining an alternative degree from the university and other career advice[*] • Some suggestions for having difficult conversations are in the appendix of the guide (panel A3).

Step 7: Monitoring and review

Once the action plan has been agreed, the school can appoint someone responsible for its implementation. Implementing the action plan is a shared responsibility between the medical school and the student.

• The key contact and the student can meet regularly to monitor the progress of the action plan, for example through a termly or annual review. The school can also give a contact for the student to raise issues in case they are not happy with the support provided.

• The student has to engage with the support process and contribute to the implementation of the action plan. If the student fails to comply with measures and adjustments designed to enable them to complete the course that may become a student fitness to practise issue (paragraph 81, *Professional behaviour and fitness to practise*).

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[*]   The school is likely to have clearly identifiable individuals or teams in the school for expert careers advice. The school can also point the student to external careers advice, for example by BMA Careers (https://www.bma.org.uk/advice/career) and Medical Success, Alternative medical careers advice for doctors. Available online at: http://medicalsuccess.net/careers-advice/alternative-medical-careers/

Once support is in place

Evolving needs

Medical schools should keep in mind that the needs of disabled learners may change during the duration of the course.

It is good practice for the school to take steps to assess the effectiveness of the support given to disabled learners. These could include:

• regular 'checking in' conversations with the student

• means for the student to raise any issues about the support they are receiving

• a more formal review scheduled at regular intervals, e.g. termly or yearly.

The key contact from the medical school can handle small changes in the support received by the student, in liaison with the appropriate services.

If there are significant changes, the key contact from the medical school may wish to call another case conference or joint meeting to discuss how these can be accommodated. This is particularly relevant for deteriorating or degenerative conditions. If a student's condition changes significantly, the medical school support group may need to re-assess whether the student can still be supported to meet the Outcomes for graduates.

Taking time away from the course*

Some students may become unwell during their studies and need to take time away from the course to recover.

If the school or a medical student themselves thinks that they would benefit from taking time away from the course, the support group could meet again to reach a decision (involving the student if appropriate). The discussions could cover:

• why the student would benefit from/may want to take time away

• how long it is recommended for the student to take.

  • missing a considerable amount of teaching time or placements can make it impossible for a student to catch up on their work. The school needs to balance this with the negative effect that retaking a year can have on the student, so decisions need be made on a case-by-case basis

• what the student is expected to do, or what the student aims to do during that time (e.g. attend treatment programme)

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*   This section is based on the advice given to medical schools on this topic in Supporting medical students with mental health conditions (joint guidance with the Medical Schools Council).

• where they will be based during their time away: for example, locally and using university facilities, or returning home to have support from family and friends

• what level of contact they will have with the medical school and university

• how the school can help them reintegrate into the course when they return.

There will be times when the school and a student disagree about whether taking time away from the course is the right thing to do. The school should take reasonable steps to understand the difference of opinion and to develop an appropriate plan with the student.

The school should provide a high level of pastoral support as this will be a difficult time for the student. The same applies once a student who has taken time off returns to the course.

The school should think about ways to build flexibility into courses, so that students are able to catch up on the time they have missed.

Panel 13:
Can schools provide an adjustment that is not considered as realistic in the clinical environment, such as extra time?

The assessment is designed to test specific competence standards. A reasonable adjustment can be made to enable a disabled student to meet the same standard expected of all students – it cannot change or lower that standard. The key factor is whether the element adjusted is part of the competence standards tested in that assessment.

Extra time is a possible reasonable adjustment. It depends on whether the medical school decides that the time component is part of the competence standards tested in that particular assessment. This also applies to other components, for example whether a competence you want to test is spelling, punctuation and grammar, or the language used in the questions.

Medical schools can consider adjustments like the following examples. These examples are illustrative and decisions always need to be made an individual basis.

• additional time for an assessment or specific components of an assessment

• not marking down on spelling, punctuation and grammar

• allowing students to use pen and paper

• allowing students to take the assessment in a quiet environment – for example, a person with dyslexia may find it very difficult to concentrate in busy overcrowded environments

When arranging support for assessments that simulate the clinical environment, medical schools may wish to consider that:

• it is natural for medical students to be more stressed than usual for an assessment. Stress can exacerbate a number of conditions – eg making a stammer worse than usual

- medical students and doctors are individuals of high ability and can develop successful coping strategies in clinical practice. For example, using templates to help structure written work; spellcheckers, dictation of notes, visual/audio methods, checklists, medical apps, and speech recognition software

Requests for adjustments need to be substantiated by the student, for example through a report by an educational psychologist. Similarly, schools have to substantiate declining requests for adjustments. A blanket policy is unlikely to be reasonable.

What is considered reasonable, and whether a particular adjustment would prevent the competence standard from being demonstrated, is a decision for each medical school to be taken based on the facts of each particular case.

Panel 14:
What can medical schools do when students are diagnosed with a health condition or disability as a result of failing an assessment?

If a student fails an assessment or a specific component unexpectedly, the school may explore if it is because of a long-term health condition or disability.

- Medical students are individuals of high ability, so it is likely that any health condition or disability affecting exam performance remained hidden. Students could also think that a diagnosis at a young age is irrelevant because it has not affected their performance in previous assessments, for example at school.

- The nature of assessment at medical school is particular to that setting, so students would not have been in that exam environment before.

- There are hidden disabilities that can affect exam performance – for example the International Dyslexia Association* says '*Dyslexia affects 1 in 10 individuals, many of whom remain undiagnosed and receive little or no intervention services*'.

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*   dyslexiaida.org/dyslexia-test/