

Welcomed and valued:

Supporting disabled learners
in medical education and training

Chapter 6:

How can postgraduate
training organisations apply
their duties?

Contents

Key messages from this chapter	91
Overall systems and structures: what does good look like?	92
Understanding the needs of doctors in training	94
Step 1: Sharing information	96
Step 2: Postgraduate dean as gatekeeper	96
Step 3: Form support network	96
Step 4: Decide key contacts	96
Step 5: Confidentiality arrangements	97
Step 6: Occupational health assessment	97
Step 7: Case conference /joint meeting	98
Step 8: Action plan	100
Step 9: Monitoring and review	102
Starting a new post – in the Foundation Programme and after	102
Shadowing and induction	102
Continuity of support through training and working	103
Educational review	103
The case for minimising transitions	103
Transferring information	103
Progressing through training	104
Competence standards	104
Assessments	105
Annual Review of Competence Progression (ARCPs)	105
Career advice	107
Return to work	107



This chapter is for: Postgraduate deans and their teams, including foundation schools, local education providers, medical royal colleges and faculties, doctors in training and trainers.

Key messages from this chapter

- Disabled doctors in training must be supported to participate in clinical practice, education and training.
- All doctors in training should have access to occupational health advice. Doctors may acquire a condition or disability at any stage of their career. If a doctor in training has a long-term health condition or disability, they may need specialist occupational health advice through an accredited occupational health physician, to make decisions about training and working
- It is a matter for postgraduate educators and employers to assess how they approach each individual case. One approach we encourage to consider as good practice is the case management model. Postgraduate educators and employers can use a stepwise process to develop an action plan for supporting each doctor in training. This process gives an overview of what can be done – not all steps will be appropriate for all doctors in training, but it can be adapted to each individual case at the organisations' discretion.
 - Step 1: Sharing information - Doctors in training share information about how their condition or disability affects them with their deanery / HEE local team and employer.
 - Step 2: Postgraduate dean as gatekeeper - Postgraduate dean or nominated representative to arrange the consideration for what support is needed.
 - Step 3: Form doctor's support network. Depending on decision by postgraduate dean or nominated representative, they can gather individuals to provide advice on how the doctor in training can be supported
 - Step 4: Decide key contact(s)
 - Step 5: Further confidentiality arrangements.
 - Step 6: Occupational health assessment. It may be helpful for a disabled doctor in training to have an occupational health assessment.
 - Step 7: Case conference /joint meeting. The support network may discuss any recommendations from the occupational health assessment, to form an action plan on how the doctor in training will be supported going forward.
 - Step 8: Action plan. The action plan could address a number of areas where the doctor in training can be supported. The purpose of any support implemented is to help the doctor achieve the level of competence required by the Foundation Programme curriculum or the specialty curricula – and not to alter or reduce the standard required. It is good practice for the action plan to be developed in collaboration with the doctor in training as much as possible.

- Step 9: Monitoring and review. There is a shared responsibility for implementing the action plan between the employer, deanery or HEE local team and the doctor in training.
- The educational review process can help monitor the support a doctor in training is receiving, record any relevant conversations in the educational portfolio or escalate concerns to the support network as needed.
- The preparation and evidence submitted by disabled doctors in training for the Annual Review of Competence Progression (ARCP) can be an opportunity to raise something about the support they are receiving and the environment in which they are training. The ARCP process is also a way to decide whether a doctor in training can be supported to meet the competence standards at their stage of training.
- Colleges and faculties should remove or revise any redundant aspects of the curriculum, not crucial to meeting the required standard that may disadvantage disabled doctors.
- Organisations designing assessments have a duty to anticipate the needs of disabled candidates.
- All doctors in training must have an educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

Overall systems and structures: what does good look like?

Disabled doctors in training must be supported to participate in clinical practice and educational activities.

The responsibility for postgraduate medical education and training currently rests with the postgraduate deans. The training relationship is complex, with the doctor being both a learner with this learning being overseen by the postgraduate dean, and also a working doctor with this responsibility being that of the employer.

We [commissioned research](#) to understand what helps provide successful support to doctors in training:

- Fostering a positive culture and a 'can do' attitude towards disability
- Supporting doctors in training in sharing information early and having an effective process to transfer information
- Having established and clear processes for supporting disabled doctors in training
- Effective communication across individuals and organisations supporting doctors in training
- Individualised tailored support
- Including doctors in training in collaborative decision-making

- Equality and diversity training: Postgraduate educators, local education providers and employers deliver equality and diversity training to their staff so they have a better understanding of the challenges of doctors in training with protected characteristics, including disability.
- Dedicating financial resources to supporting doctors in training with long-term health conditions and disabilities.

The attitudes doctors told us* they came across reflect the importance of implementing the principles of good practice:

'I came back to training after diagnosis of a lifelong condition which affected my basic daily functions and my supervisor expected me to be the same trainee as I was before I left – even though I had been through a life-changing experience'

Doctor in training

'I had to fight with the deanery to get everything. In all the hours I have spent writing emails, chasing people and thinking about this, I could have done so many other things for my career, my academic research, and my family'

Doctor in training

'I was off work with depression and I was asked if I was actually using the time to study more for my exams'

Doctor in training

'I arrived at the hospital and I was expected to know exactly what adjustments I would need without any conversations, when I had never worked there before'

Doctor in training

* In discussions we held with doctors, they also brought up a number of issues and suggestions, which you can see in our [summary](#) from these sessions.

Understanding the needs of doctors in training

Our research and expert advice highlight the case management model as best practice for supporting the needs of doctors in training.

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 characterised by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.*' As an approach, it has similarities to multi-disciplinary teams in medicine.

Using that process flow can help create an action plan for supporting each disabled doctor in training.

This process applies for disabled doctors at any stage of training. The same stepwise approach can be considered for assessing doctors in training with new or evolving health needs.

All doctors in training should have access to occupational health advice. Doctors may acquire a condition or disability at any stage of their career. If a doctor in training has a long-term health condition or disability, they may need specialist occupational health advice through an accredited occupational health physician, to make decisions about training and working.

The deanery or HEE local teams with the doctors' employers can use and adapt the process as they feel is appropriate, for example by using some of the steps included, depending on the specifics of the case.

* Commission for Case Manager Certification. Available online at: <https://ccmcertification.org/about-ccmc/case-management/definition-and-philosophy-case-management>

Process map for supporting doctors in training

This process gives an overview of what can be done; not all steps will be appropriate for all doctors in training, but it can be adapted to each individual case at the discretion of the postgraduate deanery / HEE local team and the doctor's employer. All doctors should have access to occupational health advice. Doctors may acquire a condition or disability at any stage of their career. If a doctor has a long-term health condition or disability, they may need specialist occupational health advice through an accredited occupational health physician, to make decisions about training and working.



Step 1: Sharing information

Doctors in training share information about how their condition or disability might affect their practice with their deanery / HEE local team and employer. The doctor in training does not need to share the nature of their condition, they can focus on how it affects their practice and what support or reasonable adjustments they would need.

Step 2: Postgraduate dean as gatekeeper

The postgraduate dean or nominated representative (for example an associate dean or the foundation school director) can arrange the next steps for considering what support the doctor in training needs.

Step 3: Form support network

Depending on decision by postgraduate dean or nominated representative, they can gather individuals to provide advice on how the doctor in training can be supported. We will refer to the people involved as the doctor's 'support network'. The doctor's support network could include:

- an accredited occupational health physician with current or recent experience in physician health, from the occupational health services where the doctor is / will be based
- the deanery or HEE local team
- the foundation school (if applicable), for example through the foundation school director
- the doctor's training programme director
- the director of medical education or nominated representative at the local education provider where the doctor is or will be based
- the doctor's named educational and clinical supervisors (one person could be doing both roles)
- the Human Resources team from the doctor's employer
- the Professional Support Unit (if available)
- the disability support officer (if available).

The doctor in training could be invited to some of the support network discussions. It is good practice to offer the doctor in training options for a few dates, and also the opportunity for them to bring a friend or representative for support.

Step 4: Deciding key contacts

It is good practice for disabled doctors in training to have a key contact they can liaise with for anything related to their support. The support network can assign the key contact(s) with input from the doctor. It may be practical for the key contact to be someone seeing the doctor on a regular basis, such as their educational supervisor.

Step 5: Confidentiality arrangements

When handling information about individuals, organisations must do so lawfully. Organisations must provide doctors in training with material regarding 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 doctor in training is not misused. It will also give doctors in training confidence in providing such information.

A privacy notice will not only help to make sure any information shared by the doctor is not misused, but it will also give them confidence in providing such information.

The Information Commissioner's Office provides guidance on what to include in privacy information,* 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.

An organisation might want to consider the following when collecting information from doctors in training about their health.

- Keeping a clear audit trail of decision-making for supporting disabled doctors in training as this is likely to help organisations make sure they have taken appropriate steps to provide reasonable adjustments.
- Keeping a record of all conversations between the support network and the doctor in training. It is good practice to agree the method of recording such conversations and for the doctor in training to see a draft record of any discussions.

Step 6: Occupational health assessment

It could be helpful for a disabled doctor in training to have an occupational health assessment. A high-quality assessment could be very valuable in informing support for the doctor in training. It is good practice for:

- The assessments to be done by an accredited occupational health physician, with demonstrable current or recent experience in physician health, and an understanding of the requirements from doctors in training.
- The assessments to be done through an in-person meeting between the occupational health physician and the doctor.
- If an agency has been hired to provide occupational health services, they provide details of who among their staff will be doing the assessments. It could be helpful for the service to confirm that one or a small number of physicians meeting those criteria will provide the advice for continuity purposes.

* 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/>

The occupational health physician can make an independent assessment of the individual doctor's needs and ways to enable them to progress through their training. The occupational health physician will decide if they need an opinion from an independent specialist or a specialist organisation as part of their assessment. Organisations can also consider any requests from a doctor in training for a second opinion or a referral to another occupational health service.

The Government has published guidance on employing disabled people,^{*} which includes advice from specialist organisations for a number of specific conditions such as mental health conditions, hearing and visual impairments and hidden disabilities (in Section 5 of the Government guidance).

An organisation can use or adapt the sample forms included in the appendix of the guide (panels A8-A9) as a starting point for requesting an occupational health assessment for a doctor in training, and for occupational health reports. The support network can decide if it is necessary to proceed to the next step and call a case conference or joint meeting, or if an action plan can be agreed straight away (step 8).

Step 7: Case conference / joint meeting

The support network can discuss the recommendations from the occupational health assessment.

The discussions will be individual to each doctor in training, but broadly they may cover:

- An outline of the doctor's health condition or disability – to help understand the impact on their training and practice.
- Reaching a shared decision about what support to put in place to help the doctor overcome any obstacles in their training and practice.
 - If the support network has any concerns about the feasibility of the recommendations in the report, they may consider raising these with the occupational health physician who completed the assessment.
 - The Equality and Human Rights Commission gives advice on factors to take into account when considering what is reasonable. These factors are outlined on the panel below.
- Working together with the doctor in training is best practice to reach a reasonable, balanced and evidenced-based decision.
 - The doctor in training is the best person to explain how their health condition or disability affects them day to day.
 - The support network members are experts on educational and employment aspects of being a doctor in training.

^{*} UK Government guidance: Employing disabled people and people with health conditions. Available online at: www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions

The discussion could cover the different parts of training and practice, including:

- accommodation and transport
- facilities, access and equipment
- working hours and rota design
- procedures and tasks
- interaction with colleagues and patients
- supervision
- leave
- care arrangements.

An action plan of how the doctor will be supported going forward can be formed from the discussions.

Panel 16:

Factors to consider when deciding what support to provide

Based on the guidance from the Equality and Human Rights Commission, the support network can ask the following questions. This is not an exhaustive list but it can help with the decision-making process.*

- Have we considered this case individually, about the specific doctor in training and their unique circumstances?
- Have we explored treating the doctor in training 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 doctor in training 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? Have we considered other sources of funding like Access to Work?
- 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 doctor, other doctors, staff, patients etc.)? If yes, have we done a proper, documented assessment of the potential risks?

* Equality and Human Rights Commission, What do we mean by reasonable. Available online at: www.equalityhumanrights.com/en/multipage-guide/what-do-we-mean-reasonable

Although this guidance is given in the context of employers considering what reasonable adjustments to provide, the principles may also be helpful for postgraduate educators to consider.

Panel 17: More information on Access to Work

Access to Work* is a government scheme for England, Scotland and Wales that gives help to workers with health conditions or disabilities. Any worker, including doctors in training, can get help from Access to Work, if they have a job or are about to start one. There is a similar system in Northern Ireland.†

A worker is offered support based on their needs, which may include a grant to help cover the costs of practical support in the workplace.

An Access to Work grant can pay for items or services the doctor in training needs, including:

- adaptations to equipment
- special equipment or software
- adaptations to the doctor's vehicle so they can get to work
- taxi fares to work or a support worker if the doctor can't use public transport
- a support service if the doctor has a mental health condition - this could include counselling or job coaching
- disability awareness training for a doctor's colleagues
- the cost of moving a doctor's equipment if they change location or job, which is a part of training in medicine

Access to work can also help assess whether a doctor's needs can be met through reasonable adjustments by their employer.

You can find more information for applying for Access to Work at www.gov.uk/access-to-work/apply.

Step 8: Action plan

The action plan formed by the support network will be implemented by members of the network and the doctor's employer.

The purpose of any support implemented is to help the doctor in training achieve the level of competence required by the Foundation Programme curriculum or the specialty curricula – and not to alter or reduce the standard required.

The action plan could address a number of areas where the doctor in training can be supported. Some examples are below. These are not exhaustive and if a doctor in training has an action plan it will be individual to them.

* UK Government, Get help at work if you're disabled or have a health condition (Access to Work). Available online at: www.gov.uk/access-to-work

† nidirect, Employment support information. Available online at: <https://www.nidirect.gov.uk/articles/employment-support-information>

- 1 Accommodation and transport**
 - If the doctor is living in hospital accommodation: have reasonable adjustments been made to make it accessible?
 - How is the doctor travelling to work? Have reasonable adjustments been made to help with transport (eg taxis, parking spaces)?
- 2 Facilities, access and equipment**
 - Are the premises and facilities accessible?
 - What, if any, equipment does the doctor need to navigate the premises?
 - What, if any, specialist equipment does the doctor need to work?
- 3 Working patterns and rota design**
 - Would the doctor in training benefit from working hour arrangements?
 - Can the employer make adjustments to working hours (e.g. training less than full time, reduced or flexible hours, reduced daytime / night / weekend on-call duties)?
 - The doctor could consider temporarily working in a non-training grade.
- 4 Procedures and tasks**
 - What, if any, procedures or tasks does the doctor need support in performing?
 - What reasonable adjustments have been made for the doctor to perform these? For example, lumbar support to perform surgery or speech-to-text software to write notes.
 - Can the doctor not perform certain tasks or procedures in their role?
- 5 Interaction with colleagues and patients**
 - Does the doctor need help in their communication with colleagues and patients?
 - What reasonable adjustments have been made for the doctor? For example, a doctor with autism spectrum disorder could receive training to support them with their communication skills.
- 6 Supervision**
 - Would the doctor benefit from increased supervisory support?
- 7 Leave and care arrangements**
 - What, if any, pre-arranged leave does the doctor need to attend medical appointments?
 - Leave for medical appointments must not be taken out of doctors' annual leave.
 - What follow-up does the doctor need from occupational health services?

It is good practice for the action plan to be developed in collaboration with the doctor on training as much as possible, and for the final action plan to be shared with them.

If there are concerns about the doctor demonstrating the required competences despite support this can be handled through the [educational review](#) and [Annual Review of Competence Progression \(ARCP\)](#) processes. It is good practice for the members of the doctor's support network to collaborate with their educational supervisor and members of the ARCP panel on this.

Step 9: Monitoring and review

The support network could appoint someone to be responsible for monitoring the action plan implementation, ideally a person in regular contact with the doctor in training.

There is a shared responsibility for implementing the action plan:

- The individual responsible from the support network could meet regularly with the doctor to monitor the plan, for example through a termly or annual review. This could be incorporated into existing reviews. The support network can also give a contact for the doctor in training to raise issues in case they are not happy with the support provided.
- The doctor in training should be encouraged to engage with the support process and implementation of the action plan.

Ongoing communication with the doctor in training will help understand if the reasonable adjustments and support in place are effective. The Equality and Human Rights Commission says that it may be that several adjustments are required in order to remove or reduce a range of disadvantages for a disabled person.*

Disabled doctors will make an individual decision about whether they want to share any information about their health with colleagues and patients. Postgraduate education organisations may support the doctors' decision and empower them to share information if they choose to.

Starting a new post – in the Foundation Programme and after

Shadowing and induction

A doctor starting a new post should be given an induction.

Additionally, new F1 doctors must be supported by a period of shadowing before they start their first F1 post. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor.

The shadowing and induction periods are opportunities for disabled doctors to observe the environment they will be working in and consider what help and support they will need on their day-to-day job. It is also an opportunity to share information about their health condition or disability with appropriate contacts.

* Equality and Human Rights Commission. Making sure an adjustment is effective. Available online at: <https://www.equalityhumanrights.com/en/multipage-guide/making-sure-adjustment-effective>

Continuity of support through training and working

Educational review

Every doctor in training goes through a continuous process of educational review, including regular meetings with their educational supervisor. These meetings are an opportunity to touch base on the support the doctor is receiving for their health condition or disability, and document any relevant conversations in the educational portfolio.

The educational supervisor and doctor in training can agree an action plan to address any concerns about progress, and document it.

If the educational supervisor and the doctor think it is appropriate, they can escalate the issues to other members of the support network. There is more information on paragraphs 4.20, 4.30 and 4.32 of the *Gold Guide* (7th edition).

The case for minimising transitions

Transitions are a mandatory part of medicine and can be a challenge for doctors in training, but they can be a particular challenge for disabled doctors in training. This may not be because of the health condition or disability itself, but because the doctor has to do a lot of advance planning and develop coping strategies directly linked to where they work and their day-to-day role. The support they receive may also be linked to their location. For example, a doctor in training with mobility issues may plan carefully about access to sites. A doctor with an autism spectrum disorder may develop communication strategies tailored to their role and colleagues, and a doctor with a mental health condition may build a network of colleagues important to the management of their condition. We encourage postgraduate educators to consider minimising transitions that involve change in location to help disabled doctors in training. This is while still allowing them to demonstrate their skills and meet the competences required for their training. For example, a disabled doctor in training might benefit from completing all rotations of their Foundation Programme in one local education provider or in the same hospital.

Transferring information

Communicating a doctor's support needs in advance is key to making transitions as smooth as possible.

Postgraduate educators and employers would welcome information early for doctors in training at all levels to enable them to plan ahead the support needed for their training and development.

The *Code of Practice: Provision of Information for Postgraduate Medical Training* by NHS Employers, the British Medical Association (BMA) and HEE, aims to set minimum standards for HEE, employers and doctors around the provision of information during the recruitment process. HEE has committed to

providing information to employers (and to doctors via the Oriol system) at least 12 weeks before a doctor is due to start in post.*

Disabled doctors going into or through specialty training can also apply for pre-allocation to a preferred geographical region on the grounds of special circumstances, coordinated across all specialty recruitment processes. This can help with receiving treatment and follow-up for a medical condition or disability.

Progressing through training

Competence standards

A [competence standard](#) is defined in the *Equality Act 2010*[†] as 'an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability'. In postgraduate medical education, competence standards are included in the Foundation Programme curriculum and specialty curricula, produced by the AoMRC or medical royal colleges and faculties and approved by the GMC.

Disabled doctors told us that one or a few competence standards sometimes kept them from progressing. As a result, they had to change careers or leave medicine all together.

Colleges and faculties should remove or revise any redundant aspects of the curriculum, not crucial for meeting the required standard, that may disadvantage disabled doctors.

We empower colleges and faculties to make such changes to their curricula via our standards and requirements for postgraduate curricula in [Excellence by design \(CS2.3, CS5.1-2, CR5.3\)](#).

Colleges and faculties will be revising their curricula to describe fewer, high level generic shared and specialty specific outcomes. During this review cycle, they should consider whether they can support disabled doctors in training by removing or revising elements of the curriculum that are redundant.

We give advice on how to make curricular changes to support disabled doctors in our [Equality and diversity guidance for curricula and assessment systems](#).

* NHS Employers, BMA, HEE, Code of Practice: Provision of Information for Postgraduate Medical Training. Available online at: www.nhsemployers.org/your-workforce/recruit/national-medical-recruitment/code-of-practice-provision-of-information-for-postgraduate-medical-training

† Equality Act 2010, Section 54. Available online at: www.legislation.gov.uk/ukpga/2010/15/section/54

Assessments

Excellence by design, links curriculum design to assessments. We also have guidance on *Designing and maintaining assessment programmes*.

We were also part of the working group led by the Academy of Medical Royal Colleges (AoMRC) that produced their guidance on reasonable adjustments in high stakes assessments.*

Taking *Excellence by design* and the AoMRC guidance together, key points for organisations designing assessments are as follows.

- The learning outcomes described in postgraduate curricula are seen as [competence standards](#) for the purposes of the *Medical Act 1983*. The purpose of any support implemented is to help the doctor achieve the level of competence required by the curriculum – and not to alter or reduce the standard required.
- Organisations designing assessments, mainly royal colleges and faculties, have to decide exactly what standard is being tested through the specific assessment. Organisations will do this by blueprinting the curricular learning outcomes to the assessment. This must be decided before considering reasonable adjustments, because it will influence what components of the assessments reasonable adjustments can be made to.
- Organisations designing assessments have an anticipatory duty to expect the needs of disabled candidates.
 - That does not mean they have to anticipate the individual needs of every single candidate.
 - It means they must think about how the assessment is designed and carried out, and how it might affect disabled candidates. If the way the assessment is designed or carried out puts barriers in place for disabled candidates, then organisations need to take reasonable and proportionate steps to overcome them.
 - Barriers can be overcome through changing things in the physical environment (eg accessible venues), or providing auxiliary aids (eg coloured paper) or anything else around 'the way things are done' in respect of delivering assessments.
- Organisations should give candidates an opportunity to request support and reasonable adjustments for taking the assessment, and have a method for capturing these requests. Some organisations find it helpful to have a policy about evidence they need (eg report from treating physician) to consider the request, and a deadline for requests.
 - Organisations must consider all requests and make a decision on a case-by-case basis.
 - Panel 16 may be helpful in deciding what is reasonable when considering the requests. It is good practice for organisations to keep an audit trail of discussions and considerations leading up to the decision.

* Academy of Royal Medical Colleges, Managing access arrangements for candidates requesting adjustments in high stakes assessments (May 2018). Available online at: http://www.aomrc.org.uk/wp-content/uploads/2018/05/Managing-Access-Arrangements-for-Candidates-requesting-adjustments-in-High-Stakes-Assessments_MP_160518-PFCC-RJ-1.pdf

- If a request is declined, it is good practice for the organisation to give reasons. A form of a reasonable adjustment is to make changes to 'the way things are done'. This may include the college or faculty considering whether a candidate can be allowed extra attempts, in cases where a disability was diagnosed or the appropriate reasonable adjustments were agreed after a number of attempts had already taken place.
- Organisations should consider developing an appeals process, which candidates would be made aware of.
- Ultimately, the question of what is reasonable is a decision for a court or tribunal and organisations should consider seeking independent legal advice to assist their decision making in respect of what adjustments to provide.
- Organisations must provide a rationale that explains the impact of the assessments, including on disabled doctors.

Annual Review of Competence Progression (ARCP)

The ARCP aims to judge, based on evidence, whether the doctor in training is gaining the required competences at the appropriate rate, and through appropriate experience.* Every doctor in training has an ARCP normally done at least once a year.

For disabled doctors in training, the preparation and evidence submitted for the ARCP can be an opportunity to escalate previous discussions they have had about:

- the support they are receiving to meet the required competences or to gain the appropriate experience in the clinical setting
- changing to or from less than full time training.
- the environment in which they are training – for example, whether it is supportive, and any concerns about harassment, bullying or undermining behaviour (see the *Gold Guide* 7th edition, paragraph 4.56)
- any concerns they may have about the potential impact of their health condition or disability on their practice, progress or performance.

If the ARCP panel is discussing concerns about the progress or performance of the doctor, then the panel members can also explore whether there are any underlying health issues the doctor needs additional support for.

The ARCP process is also a way to decide whether a doctor can be supported to meet the competence standards at their stage of training. The ARCP panel will recommend one of the eight outcomes. The decision can be informed by a judgment on the doctor's knowledge, skills, performance (including conduct), health and individual circumstances. There are provisions within the ARCP process to do this, as described in the *Gold Guide* (7th edition). The doctor in training can be offered additional or

* COPMeD, A Reference Guide for Postgraduate Specialty Training in the UK, 7th edition.
www.copmed.org.uk/images/docs/gold_guide_7th_edition/The_Gold_Guide_7th_Edition_January_2018.pdf

remedial training to demonstrate they can meet the competence standards. Exceptional additional training time must be approved by the postgraduate dean, and this can be considered as a potential reasonable adjustment for disabled doctors (paragraph 4.85).

HEE reviewed the ARCP process* in 2017 with the aim of ensuring a fairer, more consistent process for all doctors, and produced short guides to the process for doctors in training.†

Career advice

All doctors in training must have an educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression (*Gold Guide* 7th edition, paragraph 4.18). The training programme director should also have career management skills (or be able to provide access to them) and be able to provide career advice to doctors in training in their programme (*Gold Guide* 7th edition, paragraph 2.48).

The career lead at the doctor's employer and the career unit at the deanery or HEE local team may also provide support and career advice.

Doctors in training can also seek career advice if they feel their circumstances have significantly changed due to their health condition or disability.

Return to work

Doctors in training must have appropriate support on returning to a programme following a break from practice, including for health reasons. Taking time out of training is a recognised as a normal and expected part of many doctors' progression, for a variety of reasons including health.

The Academy of Medical Royal Colleges has guidance for Return to Practice, including a return to practice action plan, setting up an organisational policy on return to practice and recommended questions and actions for planning an absence and a doctor's return.

HEE recently launched a programme for supporting doctors returning to training after time out. Supported return to training is available across England and includes things like accelerated learning and refresher courses, supported and enhanced supervision, mentoring, and help with accessing supernumerary periods. Doctors in training can contact their local HEE office directly for arranging support to return.

* HEE, Annual Review of Competency Progression. Available online at: <https://www.hee.nhs.uk/our-work/annual-review-competency-progression>

† HEE, Short guides to the ARCP process. Available online at: <https://specialtytraining.hee.nhs.uk/arcpc>

Panel 18:

Resources for career planning for doctors and return to work for doctors in training

Career planning

- BMA Careers: Career advice for several stages in doctors' careers (www.bma.org.uk/advice/career).
- BMJ Careers: A selection of articles on medical careers (careers.bmj.com/careers/advice/advice-overview.html).
- Health Careers: Information on being a doctor, including career opportunities, different roles for doctors, switching specialty, and returning to medicine (www.healthcareers.nhs.uk/explore-roles/doctors).
- Royal Medical Benevolent Fund: The health and wellbeing section of the RMBF includes career advice articles, including careers outside medicine (rmbf.org/health-and-wellbeing/).
- Doctors Support Network: Information on professional support and coaching for doctors with mental health concerns (www.dsn.org.uk/professional-support).
- Medical Success: Advice on alternative careers outside medicine (medicalsucccess.net/careers-advice/).
- Other Options for Doctors: A list of resources for doctors' career development (www.otheroptionsfordoctors.com/resources/career-development/).

Each deanery or HEE local team will have information about career support on their website.

Return to work

- AoMRC guidance for Return to Practice: <https://www.aomrc.org.uk/reports-guidance/revalidation-reports-and-guidance/return-practice-guidance/>
- HEE Supported return to training: <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>

Email: gmc@gmc-uk.org

Website: www.gmc-uk.org

Telephone: **0161 923 6602**

Standards and Ethics Section, General Medical Council, Regent's place 350 Euston Road, London NW1 3JN.

Textphone: **please dial the prefix 18001** then
0161 923 6602 to use the Text Relay service

Join the conversation



[@gmcuk](https://twitter.com/gmcuk)



facebook.com/gmcuk



linkd.in/gmcuk



youtube.com/gmcuktv

To ask for this publication in Welsh, or in another format or language,
please call us on **0161 923 6602** or email us at publications@gmc-uk.org.

Published May 2019

© 2019 General Medical Council

The text of this document may be reproduced free of charge in any format or
medium providing it is reproduced accurately and not in a misleading context.
The material must be acknowledged as GMC copyright and the document title specified.

The GMC is a charity registered in England and Wales (1089278) and
Scotland (SC037750).

GMC/W&V:SDL2019/0519

**General
Medical
Council**