

## **Welcomed and valued:**

Supporting disabled learners  
in medical education and training

## **Chapter 2:**

# Our involvement as a professional regulator

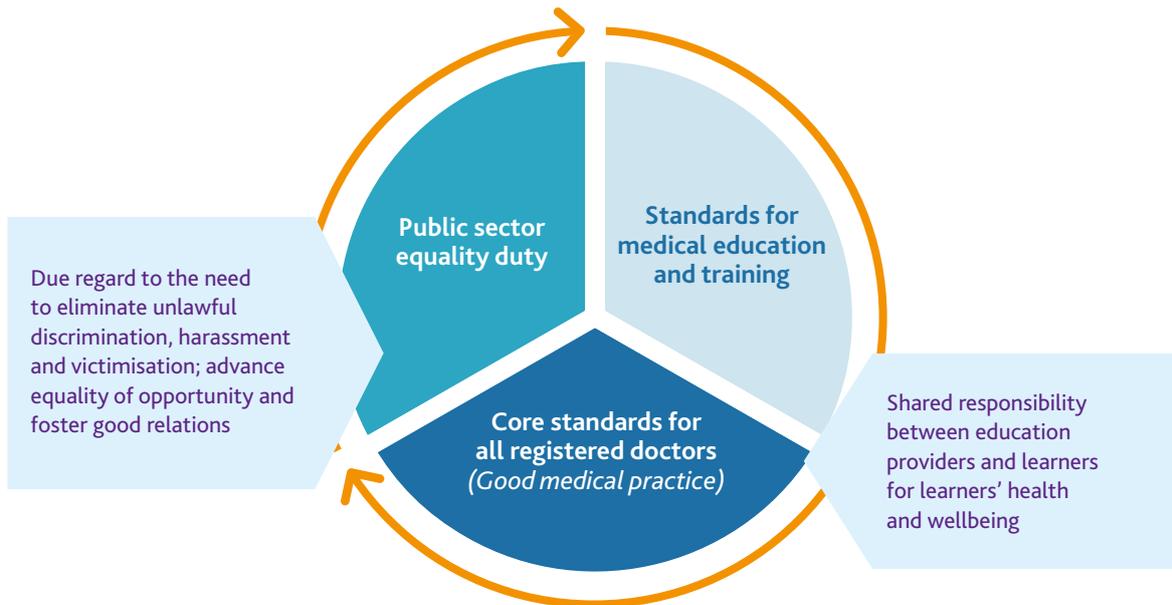
# Contents

|   |    |
|---|----|
| Key messages from this chapter  | 33 |
| An overview of our considerations as a professional regulator         | 34 |
| Overall considerations  | 35 |
| Admission to medical school   | 38 |
| Studying medicine and graduating with a primary medical qualification | 39 |
| Registering with us for a license to practise                         | 40 |
| Registration with conditions or restrictions                          | 40 |
| Applying for provisional and full registration                        | 41 |
| Postgraduate training   | 42 |
| Revalidation  | 42 |
| Sharing information at a local level                                  | 43 |
| Sharing information with us   | 43 |

# Key messages from this chapter

- We are bound by the public sector equality duty, to promote equality and eliminate discrimination.
- We have a statutory remit to promote high standards of medical education and coordinate all stages of medical education. We do this through producing standards for medical education and training that organisations involved in medical education have to follow. Our standards say that these organisations must support disabled learners, including through making reasonable adjustments.
- All medical students and doctors in training, regardless of whether they have a disability (including long-term health conditions), need to meet the competences set out for different stages of their education and training. These are the absolute requirements for medical students and doctors in training in order to progress in their studies and practice. This includes the *Outcomes for provisionally registered doctors* at the end of the first year of the Foundation Programme and the learning outcomes of their curricula through training.
- We have a remit over organisations responsible for designing, managing, and delivering the training of doctors. These are medical schools, postgraduate training organisations and colleges / faculties, and local education providers.
- We do not have a remit over organisations employing doctors (e.g. NHS trusts / boards). However, organisations involved in training doctors and organisations employing doctors work very closely as doctors train in their working environment. For that reason, we hope the guidance will be seen as aspirational beyond education and training, and that all organisations employing doctors will follow the principles outlined in this document.
- We do not have a remit over admissions, but do set the level of knowledge and skill to be awarded a primary medical qualification via *Outcomes for graduates*.
- Learners and organisations have a shared responsibility for looking after wellbeing (*Good medical practice* and *Achieving good medical practice*).
- Any student can graduate as long as: they are well enough to complete the course; they have no student fitness to practise concerns; they have met all the *Outcomes for graduates*, with adjustments to the mode of assessment as needed.
- We ask for health information to provisionally register doctors but that is not a barrier to registration. We rarely need or ask for health information after full registration.
- Every licensed doctor who practises medicine must revalidate. Our requirements for revalidation are high level and not prescriptive. This allows flexibility for our requirements to be adapted to individual doctors' circumstances.
- Having a health condition or disability does not mean a doctor's fitness to practise is impaired. Having a health or disability also does not mean there is an inherent risk to patient safety. A reasonable adjustment or support measure requested for a doctor with a health condition or disability is not inherently a risk to patients.

# An overview of our considerations as a professional regulator



- Admission**
  - We don't have a remit over admissions, but we determine the outcomes every UK medical graduate has to meet
- Studying and graduating**
  - We quality assure all medical schools to make sure they meet our standards
  - To graduate, a student has to: be well enough to study; meet all the course requirements; not have SFTP concerns; meet all the outcomes for graduates (with reasonable adjustments if needed)
- Registration**
  - All applicants complete health declaration. The questions are not about the condition but about the effect it is having on the applicant's ability to practise and care for patients
  - We cannot grant restricted or conditional registration
- Continuing training**
  - Most of the time, doctors do not need to tell us about a health condition or disability
  - A doctor's fitness to practise is not impaired just because they are ill, even if the illness is serious.



As a public body and the professional regulator of doctors, the General Medical Council has several duties and considerations in this area. We explain our considerations in the next few sections, starting with our overall considerations and then following the different stages of medical education and training.

## Overall considerations

- 1 As a public organisation, we are subject to the **Public Sector Equality Duty**.<sup>\*</sup> This requires us to have regard for the need to eliminate unlawful discrimination and advance equality of opportunity. We share this with universities and their medical schools, postgraduate training organisations and employers.<sup>†</sup>
- 2 Our **standards** for all stages of medical education and training, *Promoting excellence*, also set specific requirements for education providers in relation to supporting learners with disabilities.

One of the fundamental standards in *Promoting excellence* is that organisations must support learners to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum. This includes: making reasonable adjustments for learners; learners having access to information about reasonable adjustments with named contacts; and learners having access to educational support and resources to support their health and wellbeing.

We quality assure organisations against our *Promoting excellence* standards, as part of our role in overseeing all stages of medical education and training. Therefore, if we become aware of organisations not fulfilling their obligations towards learners through these requirements, we will take proportionate action.

\* Equality and Human Rights Commission, Public sector equality duty. Available online at: [www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty](http://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty)

† Section 49A of the Disability Discrimination Act 1995 defines the duty having due regard to the need to: (a) promote positive attitudes towards disabled persons, and (b) the need to encourage participation by disabled persons in public life.



Undergraduate



Postgraduate



All stages



## Panel 2:

### What do we do if we are concerned about organisations not meeting our standards?

We visit medical schools, postgraduate training organisations, and local education providers. We do this to check they are meeting our standards for undergraduate and postgraduate medical education. We focus our visits on areas of risk, which means we look at our evidence and decide which areas of education are most likely to be of concern. We also promote areas of excellence.

We have [exploratory questions](#) mapped to our standards, which we adapt for each visit based on evidence we have about the organisation (see pages 37–38 for the questions on supporting disabled learners).

We cannot intervene on individual cases, but if we receive concerns from disabled learners we ask for documentation so we can triangulate with other evidence we have on an organisation.

For more information, you can read about [how we quality assure medical education organisations](#).

**3** There is **shared responsibility between the medical education organisation and the learner in terms of their wellbeing**. Organisations have a substantial role to play in offering comprehensive support. Learners equally have to take responsibility for looking after their own health and wellbeing.

It is inevitable that some medical students and doctors will experience ill health at different points of their studies and career. It is also inevitable that some people will join the profession with a disability, or acquire a disability at some point during their studies and career. As this guidance makes unequivocally clear, disabled learners are welcomed in to the profession and should be valued for their contributions. The aspect of taking responsibility for their own health does not relate to having a health condition or a disability, it relates to the expectations laid out in the standards for all registered doctors in the UK, [Good medical practice \(paragraphs 28-30\)](#), and the equivalent for medical students, [Achieving good medical practice \(paragraphs 31, 35, 38 and 40\)](#).

#### 4 Meeting competence standards

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**. These are the absolute requirements for medical students and doctors in training in order to progress in their studies and practice. They include:

- [Outcomes for graduates](#) for medical students, setting out the knowledge, skills and behaviours that new UK medical graduates must be able to show. By the end of their course, medical students must meet all of the outcomes to graduate.
- Medical schools can make reasonable adjustments to the modes of assessment of those outcomes, except where the method is part of the competence that needs to be attained.



Undergraduate



Postgraduate



All stages



- An example of adjusting the modes of assessment would be a student with a hearing impairment using an electronic stethoscope to perform part of a physical exam. The student still meets the outcome of performing a full physical exam, but with a slightly different method than for another student.
- An example where the method is part of the competence that needs to be attained is carrying out procedures requiring a specific method, for example venepuncture, intravenous cannulation or an ECG. The student has to perform the specific method to meet the outcome, but reasonable adjustments could be made to other aspects. For example, an adapted chair if the student needs to sit down while carrying out the procedure.
- Medical schools should agree reasonable adjustments in collaboration with the student, and put these in place. (see Chapter 4: 'How can medical schools apply their duties?').
- [Outcomes for provisionally registered doctors](#) for newly qualified doctors in their first year of training.
  - Doctors with provisional registration with a licence to practise in the first year of the Foundation Programme (F1 doctors) must demonstrate the *Outcomes for provisionally registered doctors* to be eligible to apply for full registration. This includes core clinical skills and procedures, which provisionally registered doctors are required to undertake.
  - *Outcomes for provisionally registered doctors* are competence standards for the purposes of the Act. Therefore, provisionally registered doctors must meet all of these outcomes to progress to the second year of the Foundation Programme (F2). Reasonable adjustments can be made to the modes of assessment of these outcomes.
  - These outcomes must be demonstrated on different occasions and in different clinical settings as a professional in the workplace demonstrating a progression from the competence required of a medical student. *The Outcomes for provisionally registered doctors* include a section on doctor's health.
- The learning outcomes in the [Foundation Programme curriculum](#) developed by The Academy of Medical Royal Colleges and the [specialty curricula for different training programmes](#) developed by royal colleges and faculties.
  - We approve all postgraduate curricula in line with our standards for postgraduate curricula and assessments ([Excellence by design](#)).
  - Reasonable adjustments can be made to the modes of assessment of these outcomes. In addition to the responsibilities of employers and postgraduate training organisations, royal colleges and faculties are responsible for making reasonable adjustments for postgraduate assessments.

You can find more information on competence standards in our position statement from May 2013.



Undergraduate



Postgraduate



All stages



# Admission to medical school

We do not have a direct remit over selection into medical school. Decisions on admissions are ultimately up to each medical school. Because of this, the guidance does not cover admission processes.

We have one main consideration affecting the admissions stage. We are responsible for determining the knowledge and skill needed to award a medical degree in the UK, a primary medical qualification (the Medical Act (S.5(2)(a))). When considering applications from disabled people, medical schools may find it helpful to consider the [Outcomes for graduates](#) with applicants, as the competence standards they will need to demonstrate over their studies.

## Medical Schools Council guidance

The representative body of UK medical schools (Medical Schools Council) is developing guidance for medical school admission teams to support and encourage disabled applicants. In addition to meeting the outcomes with reasonable adjustments, the Medical Schools Council's guidance advises:

- Being prepared to answer queries from prospective applicants with a disability.
  - considering setting up a dedicated email address or phone number so that potential applicants with a disability are able to ask advice
  - Helpful interventions such as a visit to the skills lab, talking to past and present students and virtual simulation.
- Making clear to applicants that talking about their disability in personal statements means that people involved in the selection process will know about it, but this knowledge will not impact on the decisions they make about that applicant.
- Ensuring that relevant experience requirements for selection do not negatively impact on disabled applicants
- Ensuring the decision on whether the applicant is able to meet the outcomes is separate from the decision to select the student.
  - Providing reasonable adjustments for interviews.
  - Ensuring interviewers understand they must not take the applicant's disability into account when scoring an applicant.
  - As far as possible interviewers should not know about a candidate's disability. This may be unavoidable.
  - Ensuring that they are satisfied that aptitude test providers understand their responsibilities under equality legislation, including having a process for candidates to raise concerns about the fairness of aptitude tests.



Undergraduate



Postgraduate



All stages



- Making a conditional offer based on the individual achieving the academic requirements of the course. Once an offer is accepted, then medical schools can get in touch to discuss the needs of disabled applicants.
- There will be rare situations where the medical school has concerns that the nature of the disability may make it impossible for the individual to meet the outcomes for graduates even with adjustments. In these situations medical schools should seek the advice from a range of professionals including an occupational health practitioner with expertise in working with medical students.
- At the point of making an offer, flagging that:
  - Although they hope that they will go on to become doctors working in the NHS they are not obliged to, and that GMC registration will only be given to students who meet all the outcomes and are fit to practise at the point of graduation
  - There may be circumstances where adjustments medical schools can provide will not be available to them in the NHS.

## Studying medicine and graduating with a primary medical qualification

Our role includes overseeing undergraduate medical education.

Anyone can graduate as long as: they are well enough to study, are fit to practise, meet all academic requirements of their course and all of the *Outcomes for graduates*.

**Being well enough to study:** It is important to consider whether a student is well enough to participate and engage with their course. There is more information on considering fitness to study in Chapter 4 ('How can medical schools apply their duties?').

**Meeting all academic requirements:** All medical students need to meet the academic requirements of their course. Medical schools manage this, and a student cannot complete their degree otherwise.

**Not having any student fitness to practise concerns:** All graduates of UK medical schools must be fit to practise at the point of graduation. Medical schools manage professionalism and student fitness to practise concerns that arise in the duration of the course, and make sure these concerns are addressed by the time the student graduates. Medical schools must only graduate students who are deemed fit to practise at the time of graduation. Graduating a student means that the medical school is confident that the student is fit to practise.



Undergraduate



Postgraduate



All stages



- There are limited circumstances where a student's fitness to practise might be questioned in relation to their health. These do not relate to the health condition itself, but to the individual's behaviour as a response.
- As long as the student demonstrates insight into their condition and follows appropriate medical advice and treatment plans, it is unlikely there will be concerns about their fitness to practise.
- In exceptional circumstances, students failing to meet the Outcomes for graduates after reasonable adjustments and support have been put in place could be referred to student fitness to practise. In such cases, it's helpful for the school to demonstrate that it has made every effort to support the student to complete the course, including seeking appropriate advice from an accredited specialist in occupational medicine and other specialist services. We have more advice for [students who might not meet our published outcomes for graduates](#).

### Panel 3:

#### Can disabled learners complete their medical course part time?

We do not object to students completing a medical course in a part time / less than full time mode as a potential reasonable adjustment, as long as the medical school is assured the above requirements. This would be a decision for the medical school to take for an individual student.

There are no part time medical courses in the UK at the moment. Any part time course would need to go through our [approval process for new programmes](#).



## Registering with us for a license to practise

### Registration with conditions or restrictions

We cannot grant registration with restrictions or conditions.

At the point of registration our decision is binary – to either grant registration or not, without a potential for additional registration categories. This is different to a registered doctor, who can have conditions placed on their practice during their career.



Undergraduate



Postgraduate



All stages



## Applying for provisional and full registration

The next step after completing an undergraduate medical degree is to undertake an acceptable programme for provisionally registered doctors. In the UK, this is the first year of the Foundation Programme (F1). On successful completion of F1, doctors fully register with us and continue to the second year of the Foundation Programme (F2).

To gain registration, medical graduates have to apply with us. All applicants are asked to complete a [declaration about their health](#) as part of the application process.

This declaration asks specific questions about the applicant's health, but not all health conditions or disabilities need to be declared. We don't provide a list of health conditions that need to be declared. Applicants can read through the questions and decide if they should declare anything. We only need to know about an issue that may affect the applicant's ability to practice or care for their patients. The effect a condition has on an individual, and any potential effect on their practice, will vary from person to person.

If an applicant answers yes to one of the declaration questions, we'll ask them to give further information on their application. The applicant can tell us more about their health condition, any relevant dates of occurrences and treatment, how they are managing it, and how this has affected them, their practice or studies. In a small number of cases, we may then ask for more information from a third party if they have the applicant's consent, for example from an occupational health physician.

Just because a student or a doctor is unwell, even if the illness is serious, it does not mean that their fitness to practise is impaired. Even if an applicant answers yes to one of the questions, if they can show that they are managing their health and that it will not affect patient safety, it is unlikely there will be an impact on the outcome of their application. You can [find full guidance on the registration application process on our website](#).

### Panel 4:

#### How often do we refuse registration?

Extremely rarely. We have refused provisional registration in a very small number of cases; 39 cases in 2010–18, compared to around 58,000 applications received in the same period. Of these graduates, a substantial number re-applied in the following years and were granted provisional registration.



Undergraduate



Postgraduate



All stages



## Postgraduate training

As the professional regulator, we rarely need information about a doctor's health conditions or disabilities while they are practising. Doctors practise with short- or long-term health conditions and disabilities all the time, as in any other profession. Most of the time, a doctor's health or disability is not a concern for us.

On a system-wide level, the *Promoting excellence* standards place requirements on organisations responsible for postgraduate training to support their learners. To make sure this is happening, we take proportionate action if concerns are raised to us that our standards are not being met.

## Revalidation

Every licensed doctor who practises medicine must revalidate. Most doctors have a connection to a designated body, including locum doctors, and the responsible officer must support doctors in accessing appraisal and the systems for collecting supporting information. This includes putting specific arrangements in place for a disabled doctor to undertake their appraisal. We expect designated bodies to integrate equality and diversity considerations into all of their medical revalidation process, as set out in our [Effective governance to support revalidation handbook](#).

Our requirements for revalidation are high level and not prescriptive. This allows flexibility for our requirements to be adapted to individual doctors' circumstances. For example, our [protocol for Responsible Officers](#) says that a doctor does not need to have completed five appraisals to revalidate successfully, as they could have missed an appraisal due to ill health.

We can also give additional time in the revalidation process by guiding Responsible Officers to make a recommendation to defer for doctors who have been unable to meet all of the requirements by their revalidation date and again there are reasonable circumstances to account for this (see a [case study on deferring a doctor's revalidation date](#)).

We know that there are a small number of doctors who may not have a designated body and have to access their own independent appraiser. A doctor with a disability may find this challenging and in these circumstances we will help support them in meeting the requirements for their revalidation. Doctors who wish to discuss this or other revalidation queries can contact us at [revalidation-support@gmc-uk.org](mailto:revalidation-support@gmc-uk.org).



Undergraduate



Postgraduate



All stages



## Panel 5: Examples of revalidation support

A doctor had double vision as a result of a stroke and had not submitted his annual return.

The doctor advised they were struggling to complete this online. We offered to provide a hard copy in large print for the doctor.

A doctor was unable to attend the revalidation assessment in Manchester as they were unable to travel due to their disability. We undertook an assessment of what the doctor required. We arranged for the doctor to undertake the assessment in our London office instead and allowed additional time for them to complete the paper.

A doctor was struggling with all the requirements for their revalidation as they had dyslexia. We gave the doctor more time to meet the requirements and helped them in establishing if they had a connection to a designated body.

## Sharing information at a local level

While we rarely need information about a doctor's health conditions or disabilities, we do encourage doctors to share this information at a local level with occupational health services, their educational supervisor or their line manager. This is to make sure the appropriate support is put in place for them locally, in their day-to-day practice settings.

## Sharing information with us

The only time where we would like to receive more information about individual doctors' health is when the doctor themselves or someone else is concerned about how it is affecting their practice. This happens rarely.

As with our registration processes, we cannot provide a list of health conditions or disabilities doctors should share information on. This is because **health conditions or disabilities are not, in and of themselves, a reason for questioning a doctor's fitness to practise**. Our involvement is not about the condition itself, but about impact it is having on an individual's ability to practise medicine safely. This is unique for each case so it has to be considered on an individual basis. There is specific information on this in our dedicated online guidance, [Managing your health](#).



Undergraduate



Postgraduate



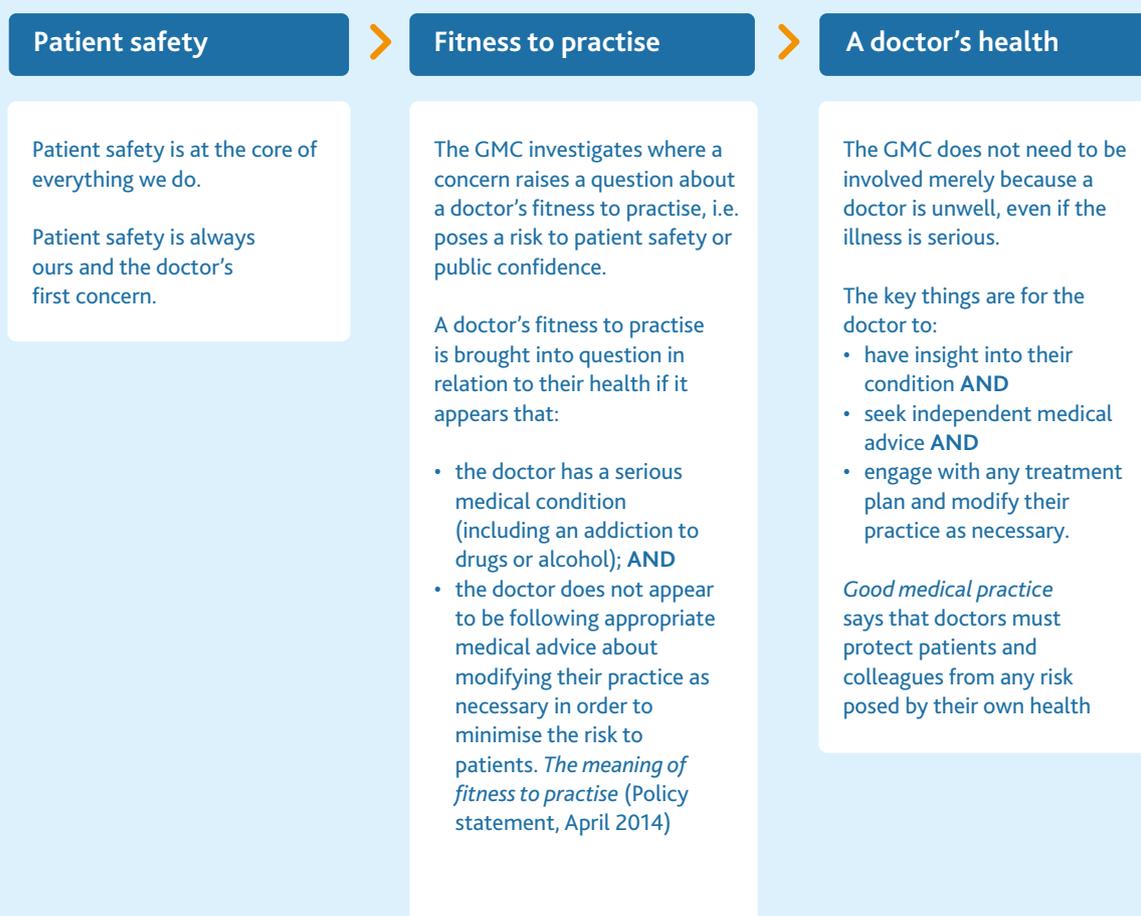
All stages



## Panel 6:

### Health and fitness to practise; addressing the perceived risk to patient safety

Having a health condition or disability does not automatically mean a doctor's fitness to practise is impaired. Having a health or disability also does not mean there is an inherent risk to patient safety. A reasonable adjustment or support measure requested for a doctor with a health condition or disability is not inherently a risk to patients. This diagram explains how a doctor's health, fitness to practise, and patient safety are related to each other according to our guidance.



Undergraduate



Postgraduate



All stages