

General  
Medical  
Council

# Medical students and disability

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*Chair, GMC Undergraduate Board*

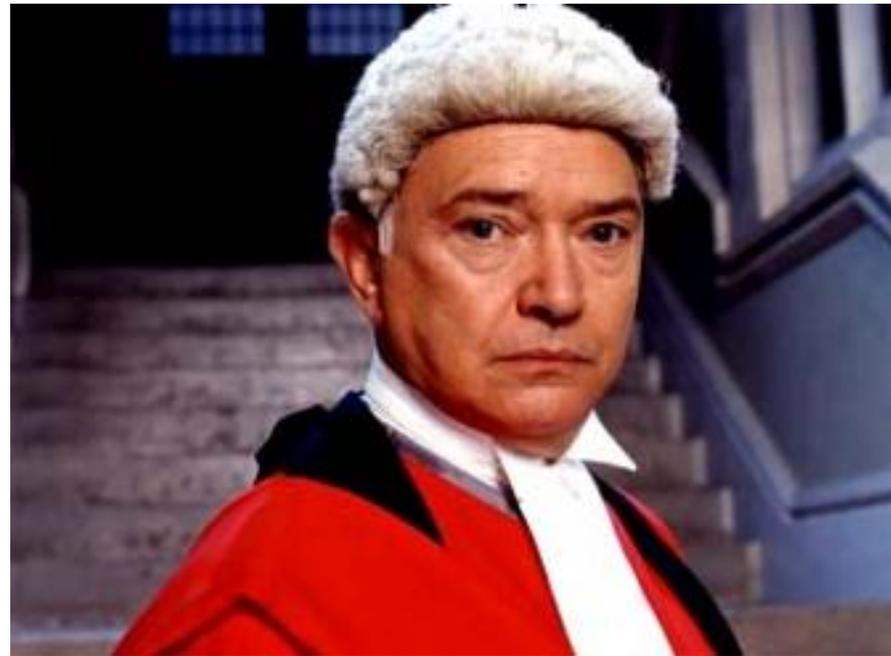
HEOPS Conference, 11 October 2011

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

# Regulators

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# The purpose of the GMC

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We protect patients by ensuring proper standards in the practice of medicine. We do this by:

- Keeping up to date registers of qualified doctors
- Fostering good medical practice
- Promoting high standards of medical education and training
- Dealing firmly and fairly with doctors whose fitness to practise is in doubt.

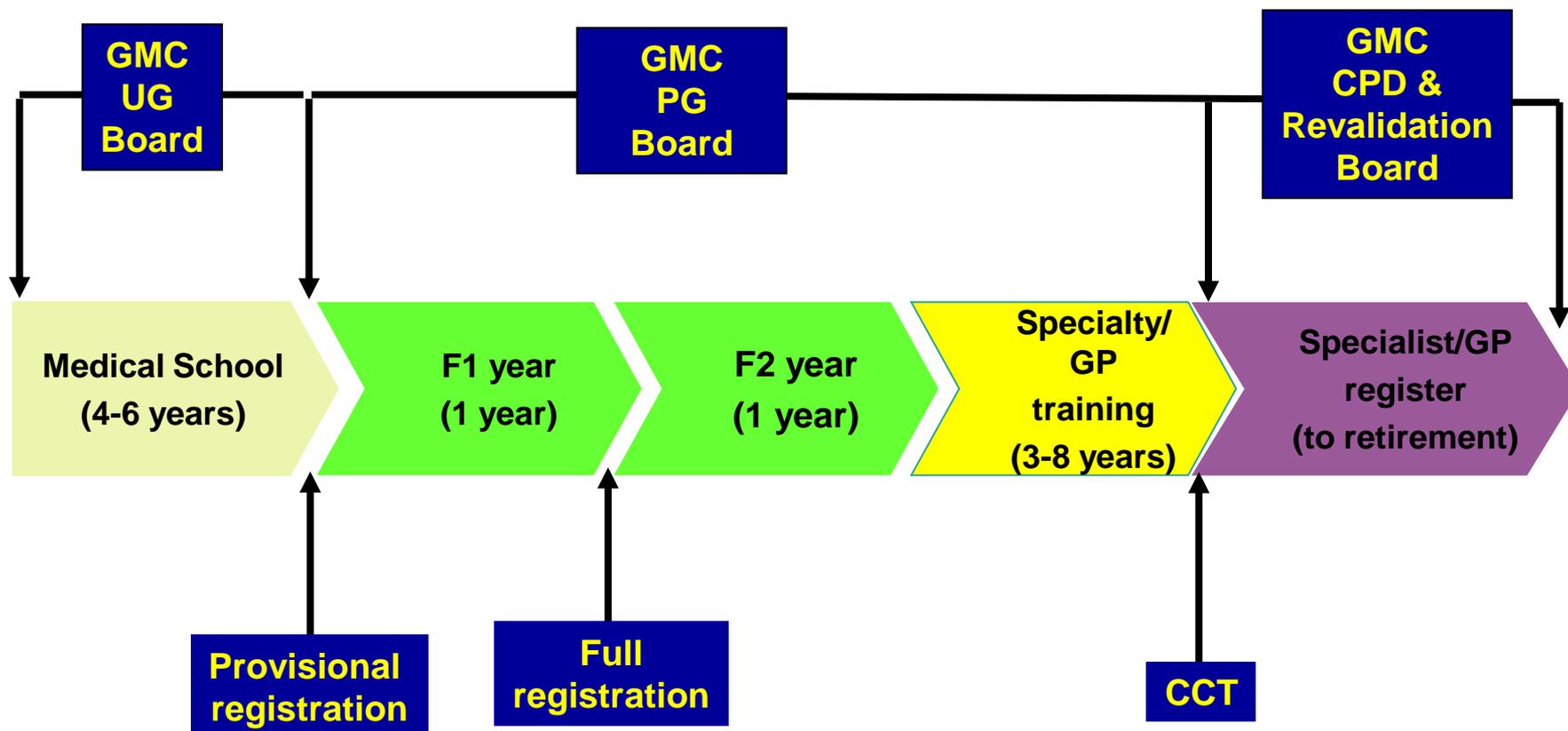
# The role of the GMC in education and training

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We oversee every stage of doctors' education, training and professional development including:

- undergraduate medical education
- the foundation years
- specialty including GP training (or while they develop their careers in other ways)
- continuing professional development.

# Medical education and training



# Medical education and training

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- Selection, transition and progression are key elements of the education and training of doctors, for which the GMC has overall regulatory responsibility to ensure fairness and transparency
- Decisions about individual students and doctors are made by medical schools, UKFPO, Deaneries, Employers

# Tomorrow's Doctors

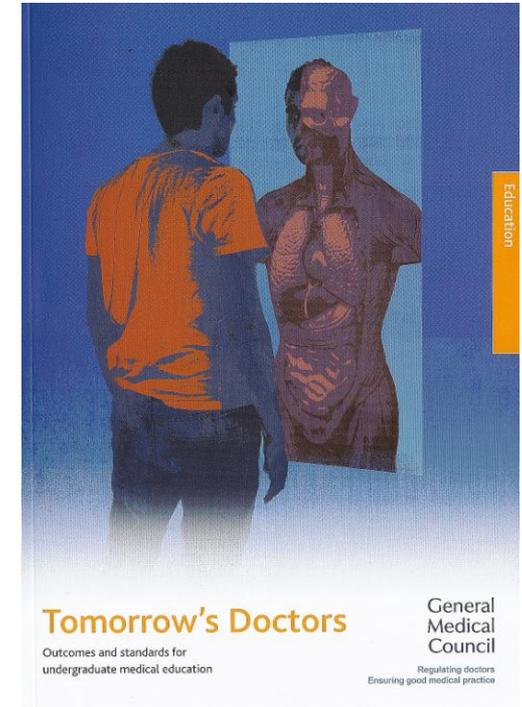
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*TD 2009* sets the outcomes (the knowledge, skills and behaviours) that new UK graduates must be able to demonstrate.

- This includes a list of practical procedures at Appendix 1.

*TD 2009* also sets standards for medical schools in teaching, learning, and assessment.

We quality assure medical schools against these standards.



# Gateways advisory guidance

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‘Advising medical schools: encouraging disabled students’ gives practical suggestions to help schools ensure that disabled students do not face unnecessary barriers to successful medical careers.

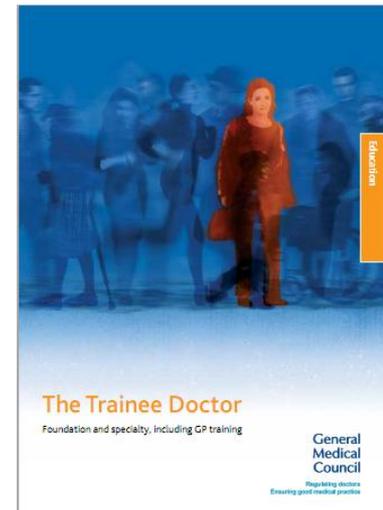
The ‘Gateways’ advisory guidance:

- Was originally developed by a partnership led by the GMC and financially supported by 11 medical schools.
- Was revised to take account of developments including the 2009 edition of *Tomorrow's Doctors* and the Equality Act 2010.
- Does not lay down new requirements, quality assurance standards or 'policies' from the GMC or any of the other organisations involved.

# Postgraduate training

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- Overall standards set in *The Trainee Doctor*
- Specific outcomes set in curricula for F1 and for each specialty



## Postgraduate perspective

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We are considering whether we should develop guidance like Gateways for the Foundation Programme and GP and speciality training.

We are in a better position to consider this now that we oversee every stage of doctors' education, training and professional development.

# HEOPS guidance on fitness to train

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The GMC Undergraduate Board considered the guidance on 14 September and we also discussed it with relevant GMC staff.

Conclusions:

- Pleased to note the guidance makes reference to both *TD* and *Good Medical Practice*.
- Guidance is a useful tool to assist in the assessment of a student's capacity to meet the outcomes we specify in *TD*.
- Would it be feasible to say more about what (given current technology) is likely to be a reasonable adjustment in relation to medical students (or to link to other resources which might help)?

# Reasonable adjustments

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The appendix to the Gateways advisory guidance has lots of examples a reasonable adjustment, relevant to different components of medical education, including:

- Physical environment
- Application process
- Teaching and learning
- Assessments

Of course, the answer to ‘What is a reasonable adjustment?’ must be answered on a case by case basis.

# Medical students and disability – further information

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- Recent legal advice confirms that the practical procedures in *TD2009, Appendix 1* do not discriminate unfairly against individuals with a disability
- Education team plan to develop a mechanism to provide advice in individual cases.

# Summary

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- GMC believes “The medical profession can gain real benefits from having disabled people in its ranks” (Gateways Guidance)
- Inclusion must be consistent with with our statutory role “..to promote, protect and maintain the health and safety of the public...”
- We set outcomes - must be attained but reasonable adjustments appropriate
- We are very much in listening mode as to what constitutes “reasonable adjustments”. Input from bodies like HEOPS will be essential.