

General
Medical
Council

Medical students and disability

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Chair, GMC Undergraduate Board

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General
Medical
Council

Regulating doctors
Ensuring good medical practice

Regulators



The purpose of the GMC

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

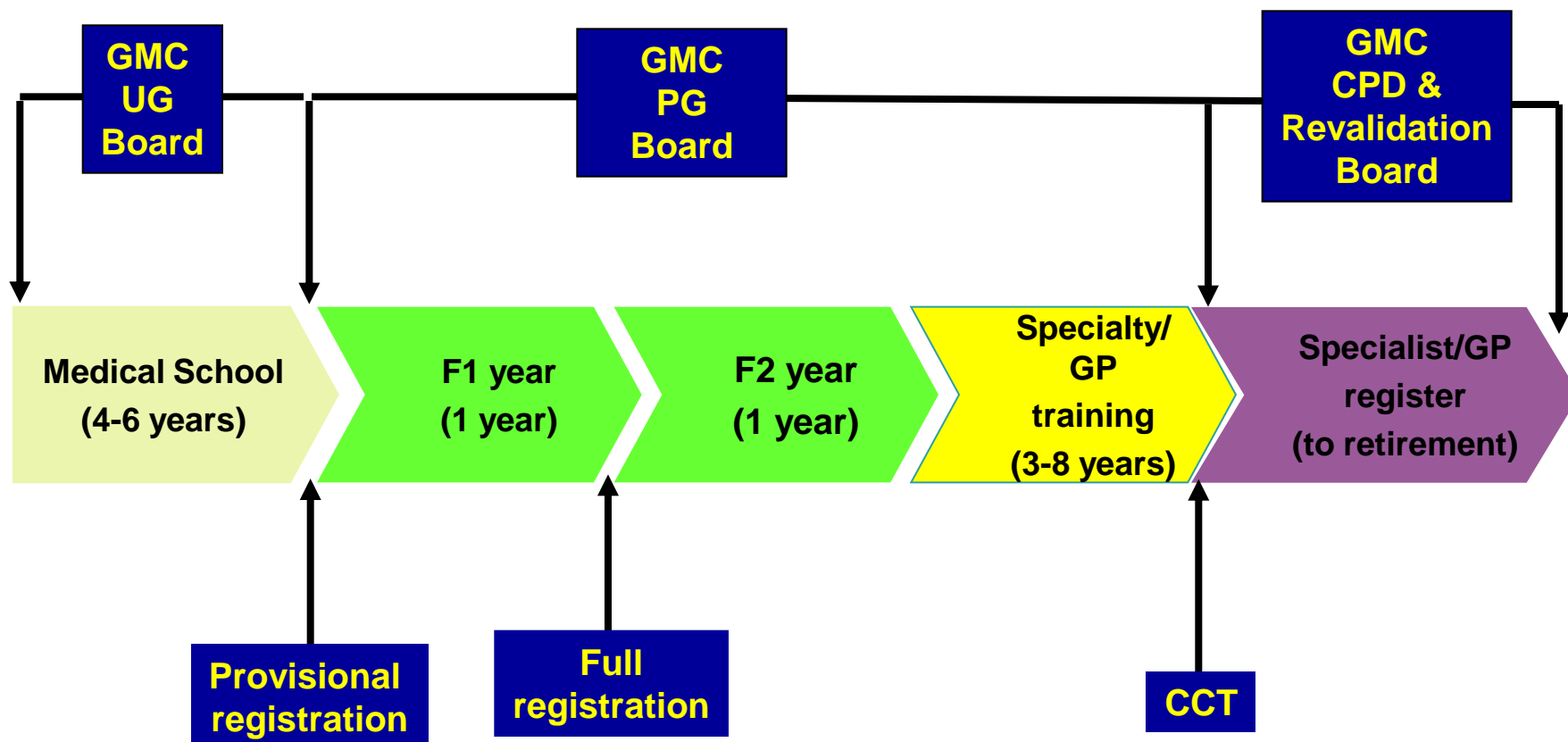
- Keeping up to date registers of qualified doctors
- Fostering good medical practice
- Promoting high standards of medical education and training
- Dealing firmly and fairly with doctors whose fitness to practise is in doubt.

The role of the GMC in education and training

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

- 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

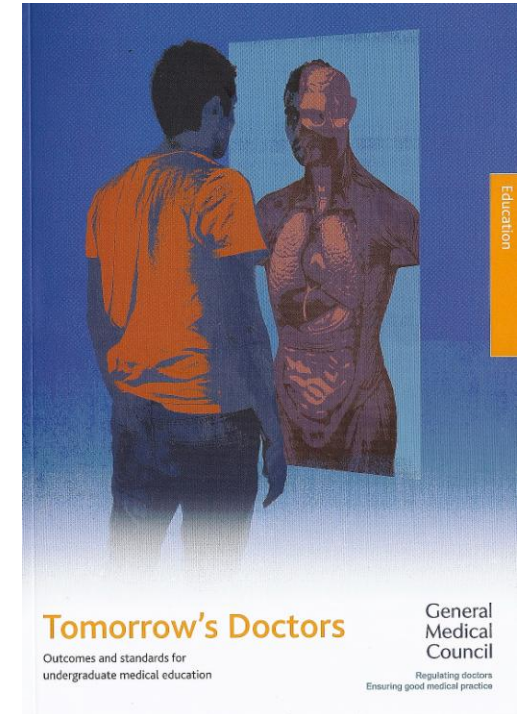
Tomorrow's Doctors

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

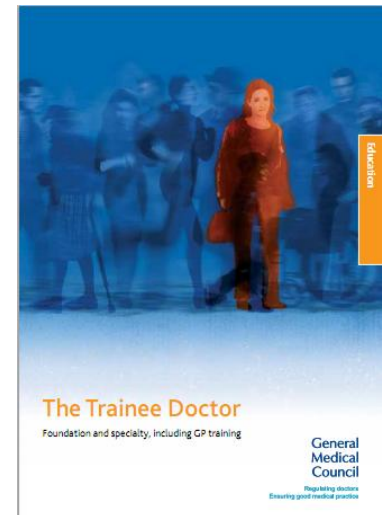
‘Advising medical schools: encouraging disabled students’ gives practical suggestions to help schools ensure that disabled students do not face unnecessary barriers to successful medical careers.

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

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



Postgraduate perspective

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

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

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

- 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

- 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.