





What counts as a disability?

An impairment (physical or mental) that has a substantial, long term, adverse impact on a person's ability to carry out normal day to day activities.

Examples of this could be:

- Fluctuating or recurring conditions e.g. rheumatoid arthritis
- HIV, cancer and multiple sclerosis (from diagnosis)
- Other progressive conditions, such as motor neurone disease, muscular dystrophy and forms of dementia
- A person who is certified as blind, severely sight impaired, sight impaired or partially sighted
- Severe disfigurement

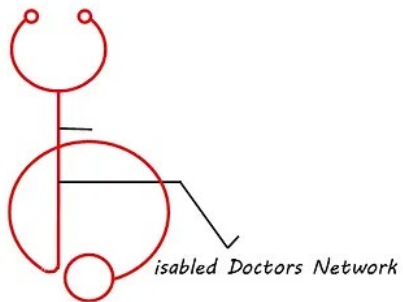
Often the below can be considered if the criteria for disability are met:

- Sensory impairments
- Autoimmune conditions
- Organ specific conditions (e.g. asthma, cardiovascular disease)
- Conditions such as autism spectrum disorder and ADHD
- Specific learning difficulties (e.g. dyslexia, dyspraxia)
- Mental health conditions
- Impairments by injury to the body



Supporting disabled doctors is ultimately about supporting all doctors to work safely and within their personal capacity. Each person has something to offer, and in a team, can contribute to excellent patient care.

Registrar with serious congenital bone deformity





What should I do if a learner discloses a disability?

Action	Detail
Educational lead & learner meet to create a support plan	<p>Discuss how the condition/disability affects their learning needs and what support might be needed.</p> <p>Consider barriers/ needs relating to:</p> <ul style="list-style-type: none">• Accommodation (if hospital provided)• Transport to work, between & around sites• Accessible facilities e.g. offices, clinical areas, toilets, lockers• Need for any adaptive equipment• Working hours/shift patterns• Procedures/tasks• Interacting with patients and colleagues• Supervision arrangements• Need for special leave e.g. to access medical care
Confidentiality arrangements for sharing information	<p>Agree with learner how information will be recorded, offer them opportunities to review drafts & agree how and with whom information will be shared.</p> <p>For established needs and support a health passport can be an efficient agreed form of words for the learners to share with clinical and educational staff across placements.</p>

Action	Detail
Discuss who might need to be involved	<p>It is often a good idea to form a 'support network' with the learner</p> <p>It is good practice to provide advance notice of key meetings and encourage learners to bring a support person (friends/family/ representative) if wished.</p> <p>You might want to include:</p> <ul style="list-style-type: none">• Occupational health physician• NHS England programme manager• Training programme director/foundation school (if applicable)• Learners educational and/or clinical supervisor• Director of medical education• Human Resources <p>Other experts that might need to be included:</p> <ul style="list-style-type: none">• Professional support wellbeing service• Disability support officer• Infection prevention and control (e.g. if learner requires physical aids within sterile areas)• IT e.g. if learner requires software adaptations• Finance/procurement if equipment needs to be purchased by the employer• Access to work (www.gov.uk/access-to-work)



What should I do if a learner discloses a disability?

Action	Detail
How to decide what support to provide?	<ul style="list-style-type: none">• The Equality Act 2010 outlines a duty to avoid and address any disability related victimisation and harassment direct and indirect discrimination.• A core part of this includes a requirement to make reasonable adjustments. These are changes to the way things are done to remove the barriers individuals face because of their disability. This can include thinking proactively about barriers that disabled learners may face and having policies to address them. See examples on Page 5.• The law allows an organisation to treat a disabled person more favourably if it removes a barrier or disadvantage that the person is experiencing, i.e. guaranteeing a placement in a particular location because it is closest to the disabled learner's care.• Where reasonable adjustments are not possible (e.g. resources not available, adjustment will not overcome the disadvantage) keep a clear audit trail documenting decision making including consideration of external experts/specialist advice, documented risk assessment where safety concerns are the barrier to adaptation, financial avenues explored including access to work funding.

Action	Detail
Review	It is best practice for the action plan to be regularly reviewed by the learner and their support network to ensure it is current and effective.

Remember

1. All learners, regardless of whether they have a disability, need to meet the competencies set out for different stages of their training to progress and ensure patient safety. Any support is to aid the learner to **achieve that level of competence** required by the relevant curricula, not to lower the standard that is required.
2. The GMC does not need to be involved merely because a learner is disabled, even if the disability is serious. The key things are for the learner to:
 - Have insight into their condition AND seek independent medical advice
 - Engage with any treatment plan
 - Modify their practice as necessary to protect patients and colleagues from any risk posed by their own health as per Good Medical Practice.

Where the learner has a disability AND the learner does NOT appear to be following appropriate medical advice about modifying their practice as necessary to minimise the risk to patients you should discuss this with their Responsible Officer and /or their GMC liaison officer.

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

Extra support for educators & trainees

Further information

General Medical Council

- [Welcomed and valued guidance](#) and [outreach](#)
- [British Medical Association](#)
- [Disabled Doctors Network](#)
- [Doctors Support Network](#)
- [Autistic Doctors International](#)

Government agencies

[Access to Work](#) can help with financial aid including funding of reasonable adjustments including equipment mobility aids and taxi transport.

Career planning

- [Health careers](#)
- [Royal Medical Benevolent Fund](#): The health and well-being section
- [Other options for doctors](#)
- [AoMRC guidance for return to practice](#)
- [NHSE Supported Return to Training](#)

Disability case studies

[Disability equality in medicine \(bma.org.uk\)](#)

[Adapting practice, individualised support and sharing information - GMC \(gmc-uk.org\)](#)

[Making it in medicine | Young people stories \(ndcs.org.uk\)](#)

[Able medics podcast - GMC \(gmc-uk.org\)](#)

Examples of reasonable adjustments

Physical environment

- Ramps/power-assisted doors
- Accessible parking
- Adjustable height workstations
- Vibrating pagers
- Sound systems with T loops
- Noise cancelling headphones
- Quiet work area
- Provision of a laptop
- Space signage in contrasting colours

Opportunities for pacing

- Additional seating
- Mobility scooter within large clinical sites
- Less than full-time training

Personal

- Permission to wear a Medic alert and carry medication at all times
- Placements closer to home/medical care accessible by transport, minimise placement changes
- Taxis to placements
- Regular breaks
- Amplified stethoscopes (ThinkLabs™), software e.g. voice to text software to minimise typing (Nuance Dragon™) or screen readers/magnifiers
- Information about curriculum, placements, assessments as soon as practically possible
- Access to resources to support health and well-being, transition between stages of training, mentoring/buddying, for additional career/ pastoral support

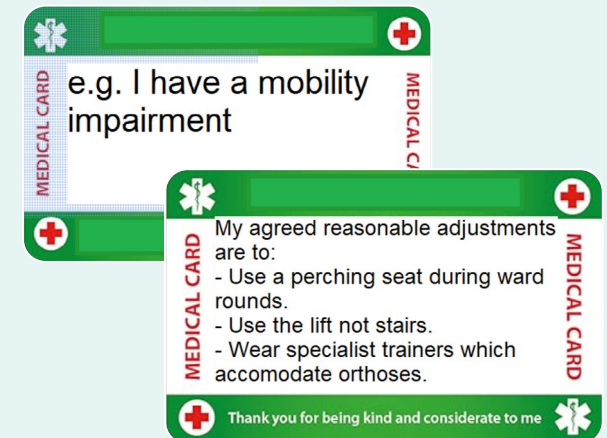
Appendix

* Health passports:

Generally after an action plan is agreed a health passport can be drafted. This can be an electronic document or card that can be worn on a lanyard. It shows a form of words agreed with a learner, to describe their needs and any reasonable adjustments needed. This can be shown to members of staff as necessary in clinical placements especially across multi station practical exams.

Your organisation's HR department may have standard guidance. If not, a NHS approved blank template and guidance for managers can be found here:

[NHS health passport | NHS Employers](#)



Access to Work Q&A for Educators

What is A2W?

A2W is a publicly funded employment support programme that aims to help disabled people start or stay in work. A2W can help an employee stay in work if they have a physical/mental health condition or disability. Support can be provided where they need assistance or adaptations beyond reasonable adjustments. The support they get will depend on their needs.

Through A2W, they can apply for a grant to help pay for practical support in their workplace. This includes:

- specialist equipment and assistive software
- support workers, like a BSL interpreter, a job coach or a travel buddy
- costs of travelling to work, if they cannot use public transport
- adaptations to their vehicle so they can get to work
- physical changes to their workplace

A2W also offers support with managing their mental health at work including:

- a tailored plan to help them stay in work
- one-to-one sessions with a mental health professional

N.B A2W will not pay for reasonable adjustments (as this is something the employer should cover) nor to make a diagnosis (e.g. for a dyslexia assessment).

Whose responsibility is it to organise an A2W grant?

It is the responsibility of the employee rather than the employer to contact A2W and to apply for a grant. The employer, usually through their HR department, should be able to provide support on this process. To ease the process, it is usually best to put the Director of Medical Education as the manager to receive the report recommendations.

Who is eligible for A2W?

The employee must have a physical/mental health condition or disability that means they need support to do their job or get to and from work (but they do not need an actual formal diagnosis to apply) for example:

- a physical disability, e.g. if they are hard of hearing or use a wheelchair
- a learning disability or related condition, e.g. if they have Down's syndrome
- a developmental condition, like autism spectrum disorder
- having ADHD or dyslexia
- an illness such as diabetes or epilepsy
- a temporary condition, like a broken leg
- a mental health condition, for example anxiety or depression

The employee must:

- be in paid work (or be about to start or return to paid work in the next 12 weeks)
- live and work (or be about to start or return to work) in England, Scotland or Wales - there's a different system in Northern Ireland. (You cannot get A2W if you live in the Channel Islands or the Isle of Man)

What funding is available?

The total amount of financial support available changes annually, in 2024-25 the maximum was £69 260. More than one application can be made in any year up to the maximum available amount.

If the employee has been working for the organisation for more than six weeks when they apply for A2W, the employer must share the cost up to a maximum limit. The cost share is only for special aids, equipment and adaptations to premises/equipment. Other requests are fully covered by A2W.

When cost sharing applies, for large organisations with 250+ employees, the employer will be liable for the first £1000 and then a further 20% of any cost from £1000-£10 000 (giving a maximum liability of £2800). Anything above £10 000 will be fully covered by A2W.

Who should pay the required shared costs?

It is the employer's responsibility to pay the shared cost, not the employee; this would normally come from general HR or departmental budgets but in some organisations, this may be devolved to the medical education budget.

For a lead employer model, it is expected that a similar principle would apply; the employer (in this case the lead employer) remains responsible - though this cost may be pushed back to the host organisation depending on the lead employer contract. Similarly, if the employee is on a community placement it remains the current employer's responsibility to cover these costs.

Once the funding is agreed, how does the procurement process work?

Every employer will have a different model, and this can include medical education or the department purchasing directly. This process can take time especially if the supplier is not set up on the local system. It is best practice to nominate a link person who can keep the employee up to date with the relevant timelines.

Who owns any items once they have been bought for the employee?

As the purchased item is usually highly specialised and bespoke to the individual and has been bought specifically for them through A2W it would be expected that it stays the individual's property - it's likely they would need to continue to use it in future workplaces/placements.

Where can I find information about the government Access to Work Scheme (A2W)?

www.gov.uk/access-to-work





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