

Working together across HEE Midlands to support trainees with a disability

This paper describes a proposed process whereby HEE Midlands and its training providers who employ trainees work together to support trainees with a disability based on the GMC's 'Welcomed and Valued' guidance. It is being developed through the East Midlands office. Trainees with a disability (henceforth referred to as the 'trainee' or 'trainees') can be presented with additional challenges in terms of accessing suitable support and consideration of any reasonable adjustments (<https://www.acas.org.uk/reasonable-adjustments>) as they will usually rotate through a number of training locations. This process aims to ensure that by the organisations working seamlessly together, trainees are optimally supported throughout their training and that the challenges in moving to new training locations are anticipated and addressed in a timely way. It also ensures that the organisations act in compliance with the requirements of the Equality Act 2010.

HEE Midlands provides professional and wellbeing support for all of our medical and dental trainees. We wish to optimise the support for our trainees and in this proposed process, the HEE Professional Support and Wellbeing service Case manager (PSWCM) is well placed to act as a single point of contact not only for a trainee throughout their time in a training programme but also for all employers. Information on our East Midlands office PSW services can be seen [here](#).

Whilst the terminology in this process is necessarily aligned to that of 'Welcomed and Valued' we fully recognise that the majority of trainees with a long term health condition, quite reasonably will not consider themselves as being disabled. Indeed some trainees will have episodes of short lived symptoms which may need temporary short term adjustments. The process however is available to all who may health conditions which might impact on their training.

Background

Disability is defined as an 'impairment that has a substantial, long-term adverse effect on a person's ability to carry out normal day-to-day activities. This covers a range of conditions, including mental health conditions if they meet the criteria of the definition. Organisations must make reasonable adjustments for disabled people, in line with equality legislation. Making reasonable adjustments means making changes to the way things are done to remove the barriers individuals face because of their disability.

Whilst the prevalence of disability in the general population in the UK is approximately 20%, studies in the USA report that 4-6% of a population of doctors in postgraduate medical training have a disability. A snapshot in December 2019 from

HEE Midlands (East Midlands local office), of trainees declaring a disability on HEE's trainee information system (TIS) revealed that less than 1% of trainees declared a disability. There may be a number of reasons for this which include trainees who worry that their disability will have an adverse impact on their training, attitudes of colleagues and the perceived potential adverse impact that such a declaration might have on recruitment.

The GMCs 'Welcomed and Valued' guidance recognises that a diverse population is better served by a diverse workforce that has had similar experiences and understands their needs. 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. The guidance makes it unequivocally clear that disabled learners are welcomed in to the profession and should be valued for their contributions. HEE Midlands' process will ensure that we reach out to our trainees in a genuinely supportive, open and transparent way consistent with the Midlands' Charter.

The GMC's 'Welcomed and valued' guidance

The following is taken from the guidance:

'The guidance is advisory, to help organisations consider how best to support medical students and doctors in training. It does not lay down new requirements, quality assurance standards or policies from the GMC or any of the other organisations involved. The guidance refers to statutory requirements for medical schools and organisations involved in postgraduate training and provides practical suggestions for organisations to consider.'

This guidance is also underpinned in our standards for doctors, medical students, and medical education and training. This means that patient safety is the first priority. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. In relation to the context of developing our HEE Midlands process, the guidance sets out what is expected of medical education organisations and employers (Chapter 3) and how postgraduate training organisations apply their duties (Chapters 6). There is also a recognition that trainees need to follow through with the jointly agreed reasonable adjustments so that it is mutually beneficial for both the individual and the safe delivery of care to patients.

It sets out a 9 step process for postgraduate training organisations as they apply their duties in supporting trainees with a disability. We propose that the 'key contact' described in the 'Welcomed and valued' guidance will be the HEE Midlands Professional Support and Wellbeing service (PSW) Case Managers (PSWCM) as a

natural extension of their role and who are ideally placed to coordinate support in conjunction with education providers and trainers across HEE Midlands. Both HEE and employers have responsibilities in terms of equality legislation. Employers have duties in relation to employment matters. HEE should consider any adjustments that might be appropriate which relate to training matters (many of which are described in the Gold Guide 8th Edition).

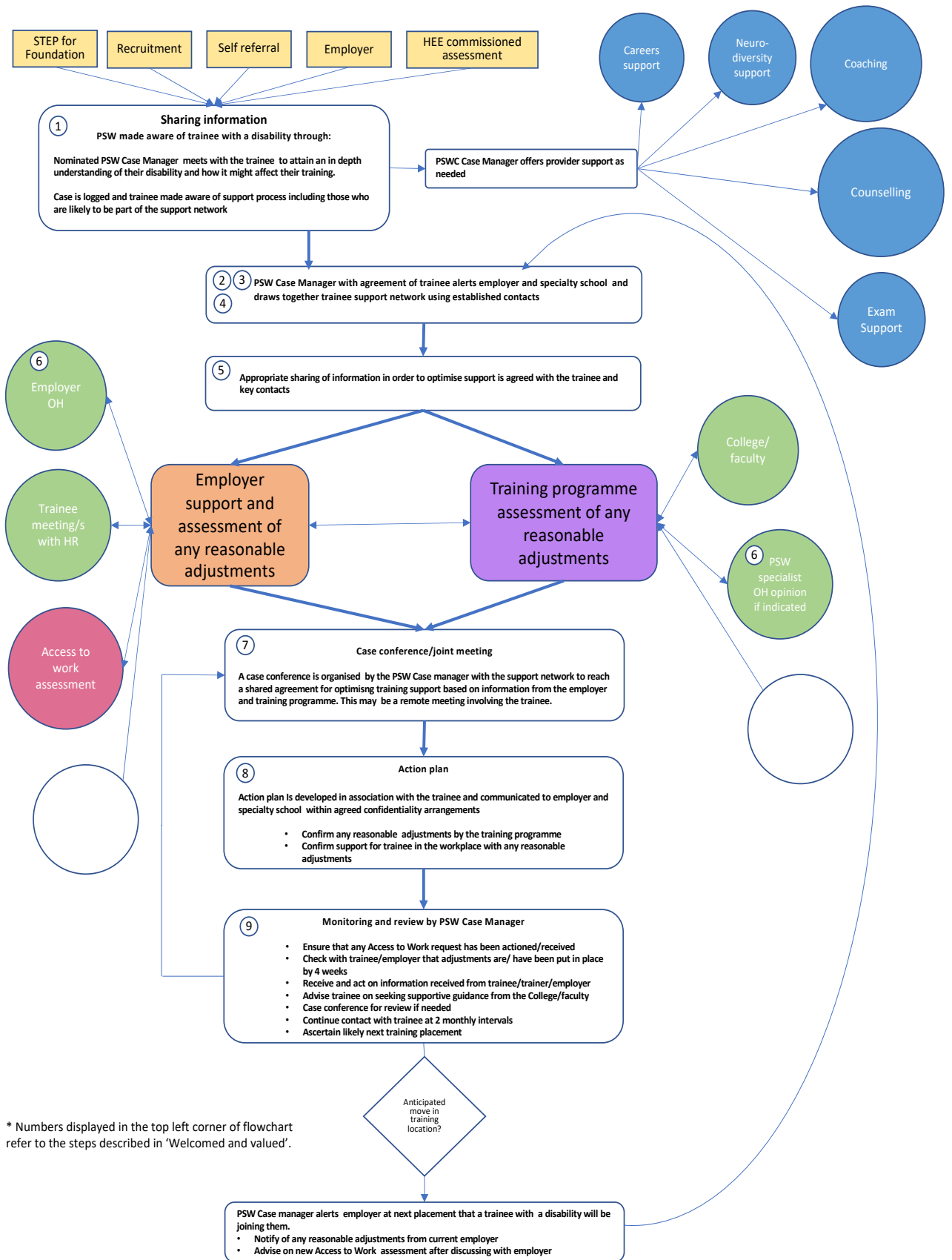
The GMC's 9 step process for postgraduate training organisations is set out on page 3 and is followed on page 4 by a flowchart which outlines how the process in HEE Midlands will work.

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The GMC's 9 step process taken from 'Welcomed and valued'



HEE EM process for supporting trainees with a disability based on the GMC's 'Welcomed and valued' guidance *



* Numbers displayed in the top left corner of flowchart refer to the steps described in 'Welcomed and valued'.

Draft HEE Midlands process based on the GMC's 9 step plan (numbers in brackets refer to the steps described in 'Welcomed and valued')

1) Sharing information (1) and Deciding the key contact (4)

1.1 The PSWCM may become aware of a trainee on the basis of STEP (for Foundation), self-referral, referral from an employer, recruitment information, information arising from a HEE commissioned report (eg neurodiversity) or by other routes.

1.2 When the PSWCM becomes aware of a trainee they will make contact with the trainee attaching information about the HEE Midlands support process and with additional information on the principals of a confidentiality agreement.

1.3 In line with the GMC's guidance trainees should be encouraged to share information on their condition or disability with both their employer and HEE EM.

1.4 By agreement with the trainee the PSWCM will open a new trainee file and log necessary details onto a spreadsheet with restricted access.

1.5 The PSWCM will meet with the trainee (often virtually) within 2 weeks to further explain HEE Midlands support for them and to gain an in-depth understanding of their disability. This will give an understanding of how they might best be supported.

1.6 Throughout this process the trainee **may wish to bring a supportive person** with them to any meetings e.g a friend or family member.

2) Postgraduate dean as gatekeeper (2) and Form Support network (3)

2.1 With the agreement of the trainee the PSWCM will alert those who are likely to be a part of the support network for the trainee. By previously agreed contacts these are likely to include the:

- Employer's nominated HR lead (this will be a HR contact from the Lead Employer Trust for specialty trainees employed by a Lead Employer arrangement)
- Employer's/Host organisation DME
- Head of School for the programme along with the TPD

- Trainee's named ES
- Trainee's named CS

Others may be suggested to be part of the support network.

The HR, DME and training programme leads should nominate deputies to cover for any absence

2.2 The PSWCM will explain that the 'key contact' will be the PSWCM and that they will coordinate communications with the support network and the trainee to bring together an action plan in support of them.

2.3 The PSWCM will be able to seek advice from the Lead APD for PSW as needed.

3) Confidentiality arrangements (5)

The following is taken from the GMC's guidance:

'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.'

The GMC encourages doctors to share information at a local level with occupational health services, their educational supervisor and their line manager. This is to make sure that appropriate support is put in place for them locally, in their day-to-day practice settings.

3.1 In line with GMC recommendations the PSWCM will agree with the trainee with regards to confidentiality arrangements. The principals of these will have been drafted by prior agreement between HEE Midlands and its education provider employers along with its postgraduate training schools.

The process now splits into employer and HEE responsibilities since there will necessarily be different areas to consider under the Equality Act 2010 legislation. It is important to emphasise that the trainee should be fully involved and informed of progress and that correspondence is copied to the PSWCM thereby creating a free flow of information between stakeholders within the limits of the confidentiality agreement ensuring that timely actions are made in support of trainees.

Additional information will also be available on the PSW website which may assist the support network in understanding how the trainee can be supported.

4) The role of HEE Midlands in considering support for the trainee (6)

HEE facilitates and organises training throughout England on a regional basis, based on the curricula set out by the Royal Colleges and approved by the GMC as the regulator. HEE has the same legal obligations as the employer to make reasonable adjustments as the trainee's employer but are responsible for adjusting the rules around purely training matters.

It is important to recognise that the College/faculty also have a responsibility to comply with equality legislation. Hence there may need to be discussions with them on relevant matters such as the modification of curriculum requirements.

Hence a non-exclusive list of HEE Midlands' considerations would include:

- the extensions to training allowable under the Gold Guide
- the rules around IDTs
- less than full-time working requests,
- the training location
- liaising with College/ faculty around aspects of the curriculum
- a specialist medical training OH assessment commissioned through HEE Midlands if it seems likely that adjustments to training may be needed.

4.1 The employer may wish to liaise with the named ES and CS (and TPD if needed) to better understand the trainee's needs from an employer perspective.

4.2 A trainers' guide to supporting trainees with a disability will run alongside this guidance.

4.3 The TPD, ES, CS and Lead APD for PSW will liaise on these matters and this may require meetings with the trainee as the support proposals are developed.

4.4 Once all matters have been considered from a training perspective the School will report to the PSWCM with a summary of training support and any adjustments that may be needed accepting that these may change with time. This will inform the action plan, accepting that this may change with time and circumstances.

5) The role of the employer in considering support for the trainee (6)

The employer has a duty to comply with equality legislation ensuring that unlawful discrimination is avoided and also to make reasonable adjustments under the Equality Act 2010. In addition, the employer/ Host organisation must meet the GMC's standards for medical education and training as set out in the LDA with HEE Midlands.

It is likely that the main focus for the employer will be on making reasonable adjustments to its rules, physical aspects of a building or provision of specialist equipment in order to ensure that a trainee is not put at substantial disadvantage.

5.1 In terms of expectations of support from an employer a non-exclusive list of HEE Midlands expectations would be:

- Timely meeting/s with the trainee (ideally ahead of their start date) to understand the impact of a disability on a trainee in all areas where the trainee is due to work during their planned placement/s.
- Timely referral to employer OH services.
- Making the trainee aware that they may request an Access to Work assessment and acting on any recommendations that arise from it.
(<https://www.gov.uk/access-to-work>)
- Anticipating any change in needs if the trainee moves to other training placements during their time with the employer.
- Liaising where needed with the named ES and CS to better understand the trainee's needs.
- Working closely with the PSWCM with meeting notes and progress.
- Responding in a timely way to any concerns from HEE Midlands raised through the PSWCM.

5.2 Once employer matters have been considered and agreed, the employer will report their recommendations to the PSWCM.

5.3 In order to allow timely consideration of any reasonable adjustments in the workplace the employer should allocate a clinical supervisor to the trainee at the earliest opportunity.

6) Case conference (7)

The PSWCM in association with the Lead APD for PSW will draw together the views of the employer and School which will then start to inform a draft action plan and the formulation of the HEE/NHS Employers [‘Health passport’](#).

6.1 The trainee will be kept fully updated with progress.

6.2 The PSWCM is responsible for arranging the case conference.

6.3 The case conference is likely to be held remotely and as described by the GMC will cover 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.

6.4 An action plan of how the doctor will be supported going forward can be developed from the discussions and in collaboration with the trainee. It will be confirmed with the trainee.

7) Action plan (8)

7.1 The action plan, based on balanced reasonable adjustments by the support network, will be implemented by members of the network and the doctor’s employer.

7.2 Doctors with a disability will make an individual decision about whether they want to share any information about their health with colleagues and patients. Postgraduate education organisations (via the PSWCM) may support the doctors’ decision and empower them to share information if they choose to.

8) Monitoring and review (9)

8.1 It is likely that the named ES in association with the named CS is most likely to be in a position to monitor implementation of the action plan and report/discuss any issues both to the employer support network representative and to the PSWCM.

8.2 The trainee should engage with the implementation of the action plan and raise any issues with the named ES/CS and the PSWCM.

8.3 The PSWCM will arrange and maintain a schedule of contacting the trainee to ensure that they feel suitable supported.

9) Supporting trainees through transition to a different training location

It is important that a trainees' move to a different training location is anticipated as much as possible by timely communications with the trainee and postgraduate School so that the transition can be made as smooth as possible.

9.1 On being made aware of an intended change in location the PSWCM will alert the receiving employer/Lead Employer Trust and postgraduate school support network as advised by the TPD/ES.

9.2 A revised support network will be brought together by the PSWCM.

9.3 The support network will inform the employer and any new named ES or CS of the action plan including any reasonable adjustments which are in place with the current employer/training location.

9.4 The PSWCM may advise on the need for an updated Access to Work assessment if appropriate.

9.5 Items 1 to 8 described above will be repeated in support of the trainee.

Roger Kunkler
v3 December 2020

APPENDIX 1

Useful information provided by our education provider
employers

St Helens and Knowsley (Lead employer for General Practice trainees in East
Midlands)



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APPENDIX 2

Links which trainees may find helpful:

[The disabled doctors network](#)

[Tea and Empathy facebook group](#)

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