



# Support a Trainee with a Disability

H Payne

A Doctor with a disability may have problems with specific aspects of training or the workplace. With the right help and support, training can be kept on schedule.

## Ability, Disability and Vulnerability

Doctors with a disability have already shown considerable ability, in knowledge, skills and simple durability.

They have passed exams, completed their training this far and already possess many of the desired competencies.

The effects of disability are individual and the degree of functional disability is highly context specific.

There may be certain training vulnerabilities, which may be person or context specific.

## Do's:

- ▶ Promote a healthy workplace
- ▶ Ensure the trainee has their own GP
- ▶ Ensure the trainee takes appropriate sick leave
- ▶ Maintain trainee confidentiality
- ▶ Ask Human Resources and Occupational Health for support

## Don'ts:

- ▶ Diagnose or prescribe for your trainee
- ▶ Engage in 'corridor consultations'
- ▶ Allow gossip about personal details

## An inclusive attitude to disability

It is vital that Doctors are sensitive to disability, chronic illness and mental distress in other colleagues, and have the skills to deal fairly with disabled colleagues. This is particularly needed in mental health disability. The Inquiry into the death of Dr Daksha Emson recommended that the NHS move towards a supportive and non stigmatising attitude towards mental illness. In practical terms, this means that Consultants must take a lead in safeguarding the mental wellbeing of their trainees.

## Working with the Trainee, have you answered these questions?

- ▶ What issues affect the Doctor, the disability, and the job?
- ▶ Has advice been taken from OH, HR and the deanery?
- ▶ Are there any potential clinical governance risks in the workplace?
- ▶ What is the desired outcome and what adjustments to work/assessment are necessary?
- ▶ Have adjustments to work / assessment been agreed with Royal College, Deanery and PMETB?
- ▶ Is there a timed implementation plan with monthly milestones?
- ▶ Have you offered an appropriate Mentor?
- ▶ Is the analysis, support, feedback and any problems documented?

## Ensuring patient safety

Training must always deliver patient safety. The Educational Supervisor must identify any potential clinical governance issues and involve both the Clinical Directorate and the Deanery as needed. A written risk management strategy must document:

- ▶ potential concerns (eg a hearing impaired doctor detecting a murmur)
- ▶ how the risk will be managed (eg. any at risk patients to be examined by another Doctor)
- ▶ agreement and support of the Consultant and Clinical/ Medical Director

In practice, a clinical risk assessment document usually contains a long list of things the Doctor can do perfectly well, followed by a very short list of potential problem areas that need cover.

## Ensuring patient safety

'Reasonable adjustments' are required by law, and must be assessed individually, sometimes using specialist assessments.

- ▶ A Doctor with epilepsy or visual impairment who cannot drive - provide a taxi to outlying clinics.
- ▶ A Doctor with latex allergy – provide a latex free environment.

## Access to Work

The experts at Access to Work will perform a site assessment, recommend and fund suitable workplace modifications. This may include computer software, task lighting, visual or mobility aids. They are always up to date with the latest ingenious disability aids, and are a great source of support.

## Adjustment to Trainee assessment

Reasonable adjustments may also be needed for any assessments, such as extra time for written exams, physical assistance for Directly Observed Practical Skills or attention to surroundings (lighting, background noise) for Mini CEX.

The essential competencies must be demonstrated but appropriate supports must be available.

## The Educational Support Plan

All trainees should already be having regular support from their educational supervisor. In addition, a Mentor can be very helpful, and the Deanery can help identify one.

The educational plan may contain solutions to current problems, or may aim to anticipate and avoid them. The RITA or ARCP panel sets the significant educational objectives, and the Educational Support Plan must then help the Doctor achieve these.

We encourage all trainees to engage in reflective note keeping, as an effective learning habit.

## Helping Trusts support disabled employees

The Employing Trust Disability Coordinator in the HR Department can deal with the logistics of workplace modifications. It is helpful to identify an individual in HR who will take on this role.

Contact details for a wide range of self help and support organisations can be found via this link to the Deanery Website Disability Equality pages or via [disabilityequality@cardiff.ac.uk](mailto:disabilityequality@cardiff.ac.uk)

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