

The GMC and medical students with disabilities

There are a lot of rumours going around about the GMC's position on medical students with disabilities, particularly those in wheelchairs. **Peter Rubin**, chairman of the GMC's education committee sets the record straight

Students with disabilities have gone to medical school in the United Kingdom for many years—certainly, to my knowledge, as far back as when I was a medical student. This continues to be the case and an informal (and anonymous) survey that I carried out in 2002 confirmed that students with a wide range of disabilities are currently in our medical schools. Although dyslexia tends to be by far the most common disability, many students with difficulties associated with mobility, hearing, or vision successfully progress through the course.

Despite the reality of the situation, there is a belief that the General Medical Council (GMC) stands in the way of such students getting into medical school in the first place. We don't and the law wouldn't permit us to even if we wanted to. The purpose of this brief article is therefore to explain the GMC's position with respect to students with disabilities applying to medical school.

The GMC's position

The GMC, universities, and the NHS all have different responsibilities for medical education. The GMC exists to protect the public, and this responsibility begins by ensuring high quality medical education. We have legal powers to determine the content and standards of the medical curriculum, and these are described in terms of learning outcomes that must have been achieved by a doctor at the time of graduation. These outcomes cover knowledge, skills, and attitudes and are set out in *Tomorrow's Doctors*.¹ Universities are responsible for selecting students into their medical schools and for providing a curriculum that will deliver the learning outcomes required by the GMC. The NHS has a statutory responsibility to make available the facilities necessary for the delivery of clinical elements of the curriculum.

The GMC does not have legal powers over medical school admissions and never has done—these are entirely a matter for universities. Having said this, medical schools often seek our advice on either general issues or on specific students. This is partly because we have a lot of accumulated experience in this area. Partly it is also because once a student has received a medical degree from an approved UK university, that new doctor's name automatically goes on to the GMC register—we have no discretion in the

matter. So although we have no legal powers over admission, we obviously have an interest in who enters medical school.

The principles that underpin our advice are published in *Tomorrow's Doctors*, in the section on Student Health and Conduct: "... students with a wide range of disabilities or health conditions can achieve the set standards of knowledge, skills, attitudes and behaviour. Each case is different and has to be viewed on its merits. The safety of the public must always take priority."

We have been deliberate in not listing "approved" disabilities because every case is different and generalisations can be unsafe. The specific issue of students who require wheelchairs has generated some considerable interest. However, our message is clear. The GMC's view is that, with adequate support, being in a wheelchair should not necessarily prevent a student achieving the learning outcomes that we require. As with all disabilities each case must be viewed on its merits.

The newly qualified doctor has to spend a year as a preregistration house officer and spends most of that time in the acute specialties of medicine and surgery. It was recognised a long time ago that doctors with certain disabilities would find it impossible to carry out some of the clinical tasks associated with acute practice. For many years, the Medical Act (which governs what the GMC can do) has therefore made special provision for doctors with a lasting physical disability, ensuring that they can obtain alternative and relevant experience.

The world does not stand still and the expectations of both society and individuals are constantly changing. Conscious of this, the GMC's education committee and its officers maintain a watching brief over educational developments in countries with similar expectations. Our aim is to ensure that medical education in Britain retains its reputation for excellence and that the GMC continues to provide clear leadership. But above all else, we are ever mindful of our overriding duty to protect the public and it is this that will continue to drive our policies and our actions.

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GMC Education Committee

1 General Medical Council. *Tomorrow's doctors*. London: GMC, 2002. www.gmc-uk.org/med_ed/tomdoc.pdf (accessed 8 Oct 2003.)

Tips on...

How to be child friendly

Srinivas Gada gives some tips that should make your contact with children more enjoyable for both parties

Do

- Smile (or look saddened) as appropriate; maintain good eye contact; being calm shows you are in control
- Acknowledge and greet the child; talking to parents or carers first gives the child time and space to relax
- Observe, wait, listen (remember OWL); careful observation and attentive listening can provide valuable information and improve cooperation
- Give simple and clear information; take time to state your expectations; the enemy of cooperation is hurry
- Act out; imitating with a doll what you want the child to do can be helpful
- Giving choice empowers children: "Do you want me to examine you on mummy's lap or on the bed?"
- Play; adapt yourself to the situation; children engage better while having fun
- Distract; talk about their interests, their school, their likes and dislikes, and so on while you examine: "I like Liverpool too, but I am sad because Michael Owen is injured." Make use of play therapists, nurses, parents, or carers to play and distract
- Children like to hear positive things about themselves; by giving enthusiastic praise you hit the emotional jackpot
- Acknowledge the child's feelings; appreciate his or her struggle with a word, for example, "Mmm," "I see"; congratulate the child on their effort
- Have some quick fixes up your sleeve—give rewards like stickers or superstar certificates, or play with a special toy
- Life is not perfect; if things do not work out, stand back; think; evaluate; and come back

Don't

- Stand over a child; do not use force
- Promise things you cannot deliver; be truthful
- Express your frustration; avoid blame and criticism.
- Expect same things at different ages; communicate on the child's level
- Rush; avoid too many questions; do not rush with answers

If you want to share your advice about anything relating to medicine or medical school, then please send at least 10 tips to studenteditor@bmj.com

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