



Supporting and encouraging applicants with a disability

A guide for medical schools

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msc Medical
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Introduction

This guidance is aimed at admissions teams within medical schools. It will describe how they can encourage disabled applicants and those with long-standing health conditions to apply to medical school and support them through the application process. Where relevant it will highlight what medical schools need to do to ensure that they are compliant with equalities legislation.

This guidance is designed to complement the General Medical Council (GMC) [Welcomed and valued guidance](#) which covers the support of disabled students and doctors across the continuum of medical education and training. Welcomed and valued does not cover selection to medical school as the GMC does not have a remit to regulate selection besides stipulating that it must be open, fair and transparent. This guidance takes principles from the GMC guidance and applies them to selection.

Medical schools will already be following much of the advice in this guidance but the MSC Selection Alliance Board is of the opinion that it will be beneficial to have guidance available to schools that reflects current practice, as well as legal and regulatory responsibilities.

In addition to the ethical and legal requirements around equality, it is also important that candidates are sensitively made aware of the demanding nature of clinical practice without using language that excludes them from the profession. They should know that there is a need to ensure that doctors of all grades can fulfil all the requirements set by the GMC, irrespective of any disability.

The Equality Act 2010

The legal system in the UK stipulates that medical schools have a duty to ensure that disabled applicants (and others with protected characteristics) are not subject to unlawful discrimination ([The Equality Act 2010](#) in England, Scotland and Wales; the Disability Discrimination Act 1995; and the Special Educational Needs and Disabilities Order 2005 in Northern Ireland). They also have a duty to provide reasonable adjustments to avoid putting a disabled student

at a disadvantage. The requirements of the Equality Act are covered in some detail in [Welcomed and valued](#) and medical schools are advised to refer to this guidance for information on what conditions are covered by the Act and what to take into account when considering reasonable adjustments.

For the purpose of this guidance, medical schools should consider these aspects of the Equality Act:

- The legislation allows an organisation to treat a disabled person more favourably if it removes a barrier or disadvantage that the person is experiencing
- The duty to make reasonable adjustments is anticipatory
- The legislation applies to applicants as well as students enrolled on the course¹

Going beyond legislation

UK medical schools are committed to the principle of inclusion and therefore will take the view that enabling a wide range of individuals to study medicine is of primary importance and will seek to put in place processes to support this. As an example, socio-economic background is not covered by the Equality Act, but medical schools take steps to encourage participation from students from a lower socio-economic background.

Medical schools also recognise that a diverse population is best served by a diverse profession. Patients often respond well to doctors who have experienced ill health and disability themselves. Such experiences are also invaluable to the medical profession as a whole.

¹ Section 91(1)(a) EqA - The responsible body of an institution to which this section applies must not discriminate against a person – (a) in the arrangements it makes for deciding who is offered admission as a student.

Key principles in considering disability during the selection process

Medical school selection is a necessarily complex process; therefore when considering how disability should be managed during the process there are several key principles medical schools should bear in mind.

Will the student be able to meet the outcomes?

Medical schools should only consider this question once the applicant has been made an offer.

During the selection process, the key decision in relation to disability is whether the applicant will be able to meet the required outcomes for graduates. [Reasonable adjustments](#) can be made to help the applicant meet the outcomes but the outcomes themselves cannot be altered.

Decisions on adjustments should be made with reference to what it is reasonable for the medical school and/or university to provide not what the medical school thinks might be reasonable for a future employer to provide.

Separating decisions on disability from the overall selection process

Medical schools must ensure that the decision on whether the applicant is able to meet the outcomes must be kept separate from the decision to select the student. The different aspects of selection including academic performance, performance on aptitude tests and performance at interview should be considered first. If a student is considered eligible for selection due to their performance in these aspects of the overall process, then they should be made an offer. Once a conditional offer has been accepted, only then should the medical school consider if the applicant will be able to meet the outcomes.

Making decisions about reasonable adjustments to the selection process

When deciding whether to make adjustments during the process, medical schools must consider requests from applicants on a case-by-case basis and decide what adjustments would be deemed 'reasonable' for each individual's circumstances and the specific barriers or disadvantages they are experiencing.² For example, the majority of applicants with a diagnosis of dyslexia will ask for 25% extra time in assessments, however, there may be some applicants who have a recommendation from an educational psychologist that they require 50% extra time. Medical schools will need to consider these requests and not apply blanket rules.

Medical schools should have a clear and transparent process in place for making decisions on reasonable adjustments that they can share with applicants.

2 For more details on factors that can support decision making see [Welcomed and valued](#).

Promotional materials and events

Medical schools should ensure that promotional materials, such as websites and prospectuses, are welcoming, inclusive and created in an accessible format. Having a statement that encourages disabled applicants to apply, as well as a section for disabled applicants, will help these individuals to feel safe to disclose their disability. It will also validate their possible need for reasonable adjustments, which is essential for ensuring they are fairly treated throughout the selection process. Promotional materials can also provide an opportunity to signpost information on the types of support medical schools can offer to applicants and students. Early disclosure through the UCAS application process should be promoted wherever relevant in medical school promotional materials.

Medical schools should also try to ensure that the full diversity of their student body is reflected in the images they use in promotional materials. In relation to disability this can be difficult as many disabilities are hidden.

Interviews with current students who have a disability, whether in written documents or videos, is also something medical schools could consider when designing promotional materials for their courses.

Medical schools deliver numerous events for prospective applicants. At these events, staff representing the medical school should be able to explain the school's approach to supporting applicants with disabilities. Where an event is designed for a large number of people (such as an open day) then medical schools should consider having a representative from their disability support service present and, where possible, current disabled medical students.

Pre-application guidance and support

Medical schools need to be prepared to answer queries from prospective applicants with a disability. Getting advice at this stage is something with which individuals struggle. Medical schools should consider whether they need to set up a dedicated email address or phone number so that potential applicants with a disability are able to ask advice at this early stage. This may require the involvement of central university disability services.

Medical schools must be clear and transparent about what is involved in their selection process. This will enable applicants with a disability to identify where they feel they may need extra support in the form of reasonable adjustments to remove any disadvantage they feel they might face.

There are also helpful interventions medical schools can provide for those with a disability considering studying medicine. These interventions should be offered as supportive measures and must not include a judgement on whether the person will be suitable for the course. Some examples of things medical schools could provide at this stage in the process include:

- A visit to a medical school skills lab can help potential applicants to reflect on what support they may need to carry out practical procedures
- Opportunities to talk to past and present students with a disability so they can understand what studying medicine and being a doctor is like
- Opportunities to talk confidentially to occupational health services about what they might recommend if they were to study medicine
- Virtual simulation can also be used to give applicants the sense of what it is like to be a medical student
- Helping an applicant to secure work experience so they can see what it might be like to work as doctor with a disability

Designing selection processes

Medical schools must ensure selection processes do not directly or indirectly disadvantage disabled applicants. Every selection method you use should be designed to give you information on whether the candidate will succeed on the medical course and be able to meet the outcomes for graduates.

The ability of the applicant to be able to practise in the NHS is not the key consideration in relation to ability but it is legitimate to test that they have the insight and values to be a good doctor.

Medical schools should consider carrying out an [audit](#) of their selection process to ensure that disabled applicants are not being unknowingly negatively impacted by any element of your selection process. The GMC requires all education providers to use evidence to ensure that their processes are fair – an audit of selection processes will therefore help medical schools meet their regulatory obligations.³

Medical schools may also find it helpful to keep a record of the number and type of adjustments to the application process made by applicants. This will enable them to identify if there are changes that could be made to the process to make it more accessible to all candidates.

3 Promoting Excellence – equality and diversity considerations - https://www.gmc-uk.org/-/media/documents/promoting-excellence-equality-and-diversity-considerations-v1_pdf-72709944.pdf

The selection process

This section will go through different aspects of the selection processes and flag any issues relating to disability that medical schools should bear in mind.

Relevant experience for applying to medical school

Medical schools must ensure that if they have relevant experience requirements, these do not negatively impact on disabled applicants. The MSC guidance to applicants on relevant experience⁴ is inclusive and stresses that a wide range of experiences can be used to support applications to medical school. This gives disabled applicants options as to how they can prepare for medical school.

Personal statements

Medical schools that use personal statements in selection processes should make it clear that if the applicant talks about their disability in their statement, then people involved in the selection process (potentially including interviewers) will know about their disability. It should be stressed that this knowledge will not impact on the decisions they make about that applicant.

Aptitude tests

In the case where aptitude tests are a requirement for entry to the course, it is likely that medical schools have a responsibility under the Equality Act to all those taking an aptitude test, even if they are not yet known to be an applicant to their particular course. While this is a potentially difficult situation, there are several things medical schools can do to ensure that no applicants are being disadvantaged by the aptitude tests they require.

Medical schools should be certain and satisfied that aptitude test providers understand their responsibilities under the

4 <https://www.medschools.ac.uk/media/2331/relevant-experience-for-applying-to-medical-school.pdf>

Equality Act even if they are not based in the UK. They should also ensure that test providers carry out audits to ensure no protected group is adversely impacted by the test and that they take active steps to avoid discrimination to protected groups.

More specifically medical schools should ensure that:

- The test providers they use are able to make adjustments for disabled candidates
- They understand the process used by the test provider for making adjustments and are satisfied that they are fair
- Test providers provide clearly written reasons for their decisions on adjustments to candidates

Medical schools should also have a process for candidates to raise concerns about the fairness of aptitude tests and should be prepared to discuss these concerns with the test provider. Medical schools can then make their own decision about whether it should take into account the results of the test or not, or how much weight to give to the results within their overall selection process. They must clearly explain the reasons for their decision to the applicant.

In exceptional circumstances, a test provider may not be able to facilitate the adjustments an applicant requires. Medical schools should have a policy in place to cover these situations and they should clearly communicate this to the applicant. Medical schools should ensure that everyone involved in making this decision keeps a note of the process. The outcome must be clearly communicated to the applicant with reasons as to how and why the decision was reached.

Interviews

Medical schools must provide reasonable adjustments for interviews. They should give applicants another opportunity to share information about their disability as some applicants may not have done this through the UCAS process. Applicants with a disability should be asked what types of adjustment they feel they require.

Commonly requested adjustments, for example extra time,

accessible buildings and coloured paper should be factored into a medical school's planning at an early stage.

All interviewers should understand that they must not take disability into account when scoring an applicant. They should understand that the decision to admit a student is determined on their ability to meet the outcomes for graduates with the support of the medical school with adjustments and not their ability to work as a doctor.

As far as possible interviewers should not know about a candidate's disability. This may be unavoidable if the applicant mentions it in their personal statement. Additionally, some disabilities will be identifiable to the interviewer. It is therefore good practice for all interviewers to have had equality and diversity and unconscious bias training.

Making an offer

Medical schools generally make conditional offers based on the individual achieving the academic requirements for the course. The offer making process can also be used as an additional opportunity to encourage applicants to disclose a disability and/or request support and reasonable adjustments. Offers can also be conditional on the applicant completing a health screening process and passing a DBS check. The health screening process should be supportive and be designed to establish whether the applicant is fit to study.

Once an applicant has accepted the offer then medical schools can get in touch to discuss the needs of disabled applicants. For the overwhelming majority of candidates, this process will be straightforward. Medical schools should consider starting the support process as set out in [Welcomed and valued](#) at this point.

There will be rare situations where the medical school has concerns that the nature of the disability may make it impossible for the individual to meet the outcomes for graduates even with adjustments.

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In these situations, medical schools should seek advice from a range of professionals including an occupational health practitioner with expertise in working with medical students. It is best practice to have a panel consider the decision as to whether to admit the student rather than an individual. The reasons for the decision must be clearly explained and the medical school must be able to demonstrate that:

- They have consulted a range of experts (potentially including disability services, occupational health clinicians, clinical teachers and those involved in postgraduate medical education and training)
- They have made their decision in relation to the

circumstances of the individual applicant rather than applying blanket rules

- They have considered the applicants future prognosis
- They have listened to the views of the applicant
- They have considered how emerging technologies might be utilised to support the applicant

At the point of making the offer, the medical school should clearly flag to all applicants that although they hope that they will go on to become doctors working in the NHS, they are not obliged to. It should also be flagged that GMC registration will only be given to students who meet all the outcomes and are fit to practise at the point of graduation.

The medical school should notify disabled applicants that there may be circumstances where adjustments provided by medical schools will not be available to them in the NHS. Medical schools should inform the student of their concerns in writing. They should ensure that the student understands that although they will support them to meet the outcomes, they may not be able to guarantee what will happen in terms of adjustments after they graduate.

If a student decides to enter the course knowing that there is a possibility the adjustments they need may not be available in the NHS, medical schools should provide opportunities for them to engage with the NHS and postgraduate organisations throughout the course. This will provide an opportunity to consider alternative adjustments in light of new technology or new practices, review specialty options that might be appropriate and allow these students to make an informed decision as to whether they still wish to continue on the course.

If the student decides they do not want to continue on the course, medical schools should support them and offer advice and guidance on alternative courses and careers.