

Reasonable Adjustments

Best Practice Recommendations

Informed by Public Health registrars' experiences of the reasonable adjustments process and review of existing best practice guidance

SRC Working Group
Dr Laura Haywood
Dr Ruth Hoggett
Dr Charlotte Parbery-Clark
Dr Pallavi Patel
Dr Ana-Catarina Pinho-Gomes

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EXECUTIVE SUMMARY

**Organisations have a legal duty to make reasonable adjustments.
Reasonable adjustments are not a favour; they are required by law.**

Public Health registrars' experiences of the reasonable adjustments process across training regions were explored using a survey. The results identified barriers to requesting, implementing and monitoring reasonable adjustments. After that, a workshop with registrars provided feedback on the report's recommendations, with additional barriers being identified regarding reasonable adjustments.

This report provides best practice recommendations on key roles, responsibilities and clear pathways for requesting, implementing and monitoring reasonable adjustments that should be available. This is underpinned by existing guidance explaining how reasonable adjustments should be implemented and Public Health registrars' experiences of how reasonable adjustments are implemented in practice.

Key recommendations

- For education and training: provide a clear pathway for requesting reasonable adjustments and a case manager to oversee the implementation and monitoring of reasonable adjustments.
- For FPH assessments: provide a clear pathway for requesting reasonable adjustments, to ensure that implementation is equitable and effectiveness is monitored.
- For all: to provide equality and diversity, unconscious bias and reasonable adjustment training to all staff involved in the reasonable adjustment processes, a national FPH registrar peer support group/network and reasonable adjustment champions in each region.

Key considerations include a registrar centred approach, as it is up to the registrar whether or not they disclose their condition, who it is disclosed to and if reasonable adjustments are requested. Additionally, flexible Public Health training is encouraged to promote inclusive practice within the speciality to recruit and retain a diverse range of registrars.



Background

Reasonable adjustments involve adaptations to working environments, equipment and practices (1). Reasonable adjustment policies may differ between organisations involved in Public Health speciality training.

The Speciality Registrar Committee (SRC) formed a working group to look at access to reasonable adjustments for trainees across all training regions. The aim is to unify national policy around best practices for reasonable adjustments. This work aligns with the current Faculty of Public Health (FPH), SRC priority work areas, and the Fair Training Culture project (2). The FPH is key in promoting inclusive practice within Public Health to recruit and retain a diverse range of registrars. This should include adjustments for long-term health conditions and disability alongside short-term health conditions, pregnancy and caring responsibilities.



Legal framework

The Equality Act 2010 for England, Scotland and Wales and the Disability Discrimination Act 1995 and Special Educational Needs and Disability Order 2005 for Northern Ireland describe the duty of organisations to make reasonable adjustments for disability (3)(4). Disability is an impairment with a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities (4).

The Equality Act 2010 prohibits discrimination on the grounds of pregnancy, giving birth in the past 26 weeks and breastfeeding with a < 26-week-old baby (5).

The Flexible Working Regulations 2014 describe a statutory right to request flexible working for any employee with at least 26 weeks of continuous service with their employer, not only those with care responsibilities (6)(7).

Existing guidance

Education and Training

The 9th edition of the **Gold Guide for Postgraduate Training** applies to medical and non-medical Public Health speciality trainees across the UK (8). The guide indicates that less than full-time training may be requested for trainees with a 'disability or ill health' and caring responsibilities for 'children, or an ill/disabled partner, relative or other dependants' (8). The guide also encourages postgraduate deans to appreciate that speciality training programmes may require individual reasonable adjustments to education, training and assessment methods for trainees with disabilities and refers to the GMC 'Welcomed and Valued' guidance (8) (9).

The GMC '**Welcomed and Valued**' guidance explains that reasonable adjustments should be anticipatory and reviewed at agreed intervals with the trainee to assess their effectiveness.

"If an adjustment has been made and is ineffective in overcoming the disadvantage, the organisation may need to think again – they cannot assume that having made one adjustment, their duty is completed."

There should be an audit trail of decision-making. Focus on 'entitlement' to support rather than the best support method is unlikely to meet GMC expectations. The ARCP provides an opportunity for the trainee to discuss whether the support has been implemented to enable them to meet the required competencies and if there are any concerns, such as bullying or harassment. The case management model advises a case manager, support network and action plan as good practice (9).

The **Equality and Human Rights Commission** states,

"What is reasonable is ultimately an objective test and not simply what you think is reasonable."

The test depends upon whether the change is effective in overcoming the disadvantage, practicality, and cost if the organisation has the resources and the availability of financial support. They also state that disabled individuals can be treated 'more favourably' than non-disabled individuals and may sometimes be part of the solution (9)(10).

The GMC '**Identifying the Unmet Needs from the Gateways to the Profession**' guidance, which states that there should be clear processes and dedication of financial resources for supporting trainees with long-term health conditions and disabilities. Postgraduate education providers, educators and employers should provide equality and diversity training to improve staff understanding of the barriers faced by trainees with long-term health conditions and disabilities (9) (11).

The GMC 'Welcomed and Valued' guidance builds on the GMC 'Gateways to the Profession Guidance', which states that the organisation requires signed permission from the trainee to transfer disclosed long-term conditions or disability to protect their confidentiality (9)(12)

Existing guidance

Assessments

The GMC **'Welcomed and Valued guidance'** suggests that organisations must take action if the assessment design or implementation creates barriers for disabled candidates (9).

The Academy of Medical Royal Colleges **'reasonable adjustments for high stake assessments' guidance** states that faculties have an anticipatory duty to consider the types of reasonable adjustments that disabled candidates may need, recommending that decision-makers are trained to make reasonable adjustments. It also recommends monitoring reasonable adjustment request outcomes and exam outcomes for disabled candidates (5).

Previous findings

The British Medical Association (BMA) **'Disability in the Medical Profession' report** suggests a wide-held belief that there is no disability-inclusive culture in medicine. The report found that there was a lack of appreciation regarding disability in the workplace with getting adjustments and experiences of disability-related bullying or harassment (13).

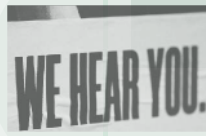
Methods

Survey



1. Online survey

Sent out to all Public Health registrars via the SRC from the 23rd of November until the 21st of December 2022



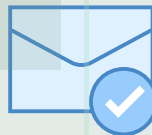
2. The Aim

To explore registrars' experiences of reasonable adjustments in training, including the process of requesting them



3. Registrars were asked to rate their experience of reasonable adjustments in 12 domains

- Recruitment
- Training placements
- Regional training events
- Training meetings
- Master in Public Health
- ARCP
- FPH Diplomate Examination (DFPH)
- FPH Membership Examination (MFPH)
- Training conferences
- Final ARCP
- Acting up
- Overall



22 anonymous responses received



4. Registrars were also asked to share

The experience of requesting reasonable adjustments in any setting/circumstances

What would have improved their experience of asking for reasonable adjustments

What they would like to see included in reasonable adjustments best practice recommendations

Methods

Workshop

9 Attendees



1. Online workshop

Held on the 27th April 2023



2. The Aim

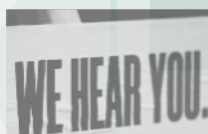
To identify what registrars thought about the report's recommendations

Whether anything was unclear or missing

To ascertain preferred feedback mechanisms and representatives, including disability experts, disability champions and a peer support group



3. Feedback



Incorporated into the report

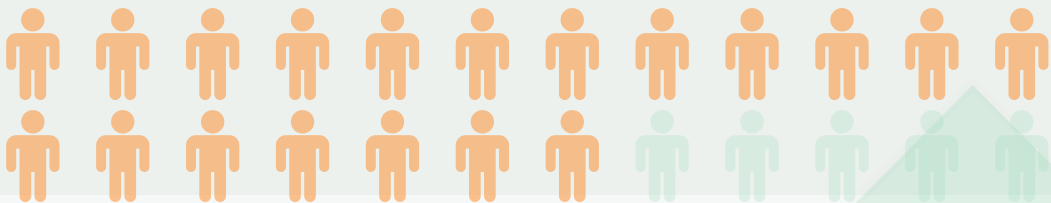
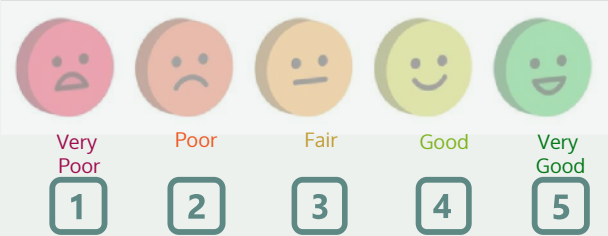
Results

Survey summary



Recruitment, training placements, ARCP and DFPH and MFPH exams showed mixed experiences, with the DFPH exam mainly linked to **poor** experiences.

On a scale of 1 = very poor, 5 = very good, most respondents (77%) rated their overall experience of asking for reasonable adjustments during training as either poor (40.9%) or fair (36.4%)



77% of respondents rated either poor or fair



Results

Key themes across survey responses

A word cloud visualization of survey responses. The words are arranged in a circular pattern, with 'Tokenistic' being the largest and most central word. Other prominent words include 'Inflexible', 'Exhausting', and 'Burden'. Smaller words like 'Lack of awareness', 'Long delays', 'Frustration', 'Stressful', 'Unclear policy', 'Lack of communication', 'Lack of support', 'Time consuming', 'Complicated', and 'Confusion' are also visible. The colors of the words range from light green to dark blue.

Lack of awareness
Long delays
Inflexible
Frustration
Stressful
Tokenistic
Unclear policy
Exhausting
Lack of communication
Lack of support
Time consuming
Burden
Complicated
Confusion

Required to retell traumatic stories

Barriers identified from the survey

Public Health Education and Training

Requesting Reasonable Adjustments

Respondents reported difficulties in requesting reasonable adjustments during recruitment.

Respondents reported absence of a clear policy and lack of awareness of the guidance regarding what reasonable adjustments were available.

“From recruitment onwards, central provision and guidance on reasonable adjustments has been poor (and equally there is little guidance or standardisation on what should be expected from training placements in terms of reasonable adjustment)”.

Implementing Reasonable Adjustments

Respondents reported a lack of communication from, within and between organisations and clarity regarding which organisation is responsible for which aspect of the reasonable adjustments.

Respondents reported repeatedly “starting from scratch” at each training placement, which could be traumatic, instead of having an existing agreement for support.

Respondents reported having a lack of support to navigate complicated and “time consuming” processes.

Monitoring Reasonable Adjustments

Respondents reported that reasonable adjustment implementation was tokenistic. For example being made to *“feel like a burden”*

Respondents reported an “inflexible” process. For example, issues encountered related to Less Than Full Time (LTFT) working. However, one respondent reported that their training was flexible enough to not have to formally request reasonable adjustments. This emphasises the need to promote flexibility in training.

Results

Barriers identified from the survey

FPH Assessments

Requesting Reasonable Adjustments

Respondents reported that the reasonable adjustments policy was unclear.

Implementing Reasonable Adjustments

Respondents reported a lack of communication ahead of time agreeing reasonable adjustment arrangements.

Respondents reported a short timeframe given by the FPH to make decisions on conditions in which to sit the exam and exam adjustments were confirmed at the very last minute which added to stress levels.

Respondents reported that for the MFPH, there were limited places for candidates who required reasonable adjustments. Respondents also reported that they were unclear regarding criteria for accepting requests and rationale for rejection.

Monitoring Reasonable Adjustments

Respondents reported that for the DFPH, some reasonable adjustment implementations were found to be tokenistic.

Respondents reported an "inflexible" process. For example, no additional time is given for additional toilet breaks for pregnant candidates.

Respondents also encountered problems with external providers, such as Pearson Vue and exam software.

Results

Workshop summary

The workshop suggested that the reasonable adjustment recommendations were

"Strong,
comprehensive and
practical"

However, barriers were identified.

#1

Disadvantage to trainees taking time out of training

The Public Health recruitment criteria requires applicants from a medical background to have their foundation competencies within the 3 years prior to their Public Health application or have a current national training number in another medical specialty. The former requirement appears to disadvantage applicants taking time out of training (which could be for a number of reasons such as caring responsibilities or health-related) potentially forcing them to pursue alternative Public Health routes.

#2

Delayed access to support

The workshop suggested that long wait times for diagnosis may delay access to support for Public Health trainees.

The workshop identified the need for the reasonable adjustment recommendations to be as inclusive as possible and to consider care responsibilities.

Results

Barriers identified from the workshop

Public Health Education and Training

Requesting Reasonable Adjustments

Attendees suggested that the process should start before induction and, ideally, at recruitment, as there is a lack of local guidance.

Implementing Reasonable Adjustments

Attendees suggested issues between the lead employer and the host placement regarding authorisation of 'Access to Work' funding, as one organisation may fund equipment to be used within another organisation, as there appeared to be difficulties with permissions required to use software in the host placement. There were also duplications of requests for equipment and issues with access to occupational health reported.

Attendees suggested hybrid working had strengths and weaknesses therefore the impact should be monitored.

Monitoring Reasonable Adjustments

Attendees acknowledged the need for a regional point of contact for advice and advocacy.

Results

Barriers identified from the workshop

FPH Assessments

Requesting Reasonable Adjustments

Attendees suggested that there were issues with short deadlines.

Implementing Reasonable Adjustments

Attendees acknowledged that the current requirement to provide support letters may be problematic when those who are required to write them are unavailable.

Monitoring Reasonable Adjustments

Attendees suggested that FPH data collection on reasonable adjustment request outcomes may need to be modified to assess the impact on exam and ARCP outcomes.

Attendees appeared to agree that options for feedback should be in place, with regional SRC representatives as well as a national single point of contact. For example, nationally, through the chair of the Equality and Diversity committee.

Attendees suggested widening Disability champions out to reasonable adjustment champions regionally, which has since been adapted in the recommendations. The champions could be a registrar or consultant and should be passionate about advocating for reasonable adjustments with adequate resources and mechanisms to recognise the associated time commitments.

Alternative forms of communication. The workshops provided a different format to the online survey. Registrars who could not attend the workshop could provide feedback on the report via email.

Strengths

Limitations

Firstly, assessing the survey's response rate is difficult as the denominator of registrars requiring reasonable adjustments is unknown.

Secondly, registrars with poor experiences may be less likely to reply to the survey or attend the workshop.

Finally, registrars with reasonable adjustment needs may have less time/and or capacity to respond to surveys or attend the workshop.

Recommendations

Public Health Education and Training Head of School and Training Programme Director

Provide a clear pathway for requesting reasonable adjustments (11)

There should be clarity from recruitment onward including the types of reasonable adjustments available (12) (Figure 2)

Ensure a case manager is available to oversee the implementation of reasonable adjustments

For example, a Disability Support Officer or Professional Support Unit officer with specific expertise as required

Produce a reasonable adjustment action plan (9)

The action plan should indicate the responsibility and timeframe for the implementation of reasonable adjustments (Template 1). This should be based on the registrar's professional reports and discussed with the registrar. If required, the case manager may request a further assessment with the registrar's consent. For example, occupational health assessment or neurodiversity screening and diagnostic assessment. The case manager should coordinate 'Access to Work' or other funding alongside specialist equipment procurement and installation.

Communicate the reasonable adjustment action plan to the support network (9)

The support network should be chaired by the case manager and include the staff responsible for implementing reasonable adjustments. The support network would include, for example the Clinical Supervisor, Educational Supervisor or Training Programme Director (TPD). This should avoid unnecessary repetition of requests for reasonable adjustments and facilitate communication between the relevant people and organisations involved in the registrar's training.

Ensure a case manager is available to oversee the monitoring of reasonable adjustments' effectiveness.

Arrange a case conference with the support network, if required (9)

The case conference should be able to informally address any barriers to the implementation of the reasonable adjustment action plan.

Recommendations

FPH Assessments

FPH Education and Training Team, and Academic Registrar

Provide a clear pathway for requesting reasonable adjustments (11)

There should be clarity on the timeframe and types of reasonable adjustments available (12) (Figure 3)

Ensure the FPH implementation of reasonable adjustments is equitable

This should help avoid delays in registrar progression through training.

Ensure there are sufficient exam places for candidates requesting reasonable adjustments, particularly for the Final Membership Exam (MFPH)

The policy requires requests 3 weeks before the closing date and finalises adjustments 3 weeks before the exam (14). This may limit decision making time and add additional stress. The policy requires additional evidence beyond a standard professional report including a support letter, all assessments rather than a specific professional report and professional reports within the last 3 years when circumstances have not changed for long-term conditions (14). This may create an additional administrative burden for registrars requesting reasonable adjustments

Ensure the FPH Reasonable Adjustment Policy does not disadvantage candidates requesting reasonable adjustments

Clarify the criteria used for the FPH Academic Registrar's assessment of reasonable adjustment requests

The criteria should be in line with the GMC Welcomed and Valued guidance (5)(9)(8). This should avoid confusion regarding why reasonable adjustment requests are rejected

Ensure the FPH monitors reasonable adjustments' effectiveness. This should include:-
-FPH data on reasonable adjustment request outcomes and how they relate to exam and ARCP outcomes

The case conference should be able to informally address any barriers to the implementation of the reasonable adjustment action plan.

Public Health registrar's feedback to the FPH on reasonable adjustments to assessment design and implementation

The FPH SRC chair is the current point of contact for discussions with FPH Education and Training as well as Equality and Diversity committees. There should be further discussion between the FPH and registrars regarding additional feedback mechanisms allowing registrars with lived experience of reasonable adjustments to be more involved in the design and implementation process

Recommendations

All

Head of School, Training Programme Director, and FPH Education and Training Team

Provide equality and diversity, reasonable adjustment and unconscious bias training to all staff involved in the reasonable adjustment process (9)

This should help improve awareness and challenge negative attitudes and incorrect assumptions. This may be particularly important for hidden disabilities which can be underappreciated

Ensure confidentiality is upheld (9)

This should avoid the disclosure of registrar's long-term health condition or disability without their consent

Facilitate a national FPH peer support group/network for registrars (9)

This should allow for sharing of examples of good practice and provide peer support

Identify reasonable adjustment champions in each region

For example, registrars or consultants advocating for reasonable adjustments. This should help improve awareness of the processes and support available

Conclusion

There is a legal duty for organisations to make reasonable adjustments.

The survey and workshop results identified barriers to requesting, implementing and monitoring reasonable adjustments.

This report provides best practice recommendations on key roles, responsibilities and clear pathways for requesting, implementing and monitoring reasonable adjustments that should be available.

This report encourages flexible Public Health speciality training to promote inclusive practice within the speciality to recruit and retain a diverse range of registrars.

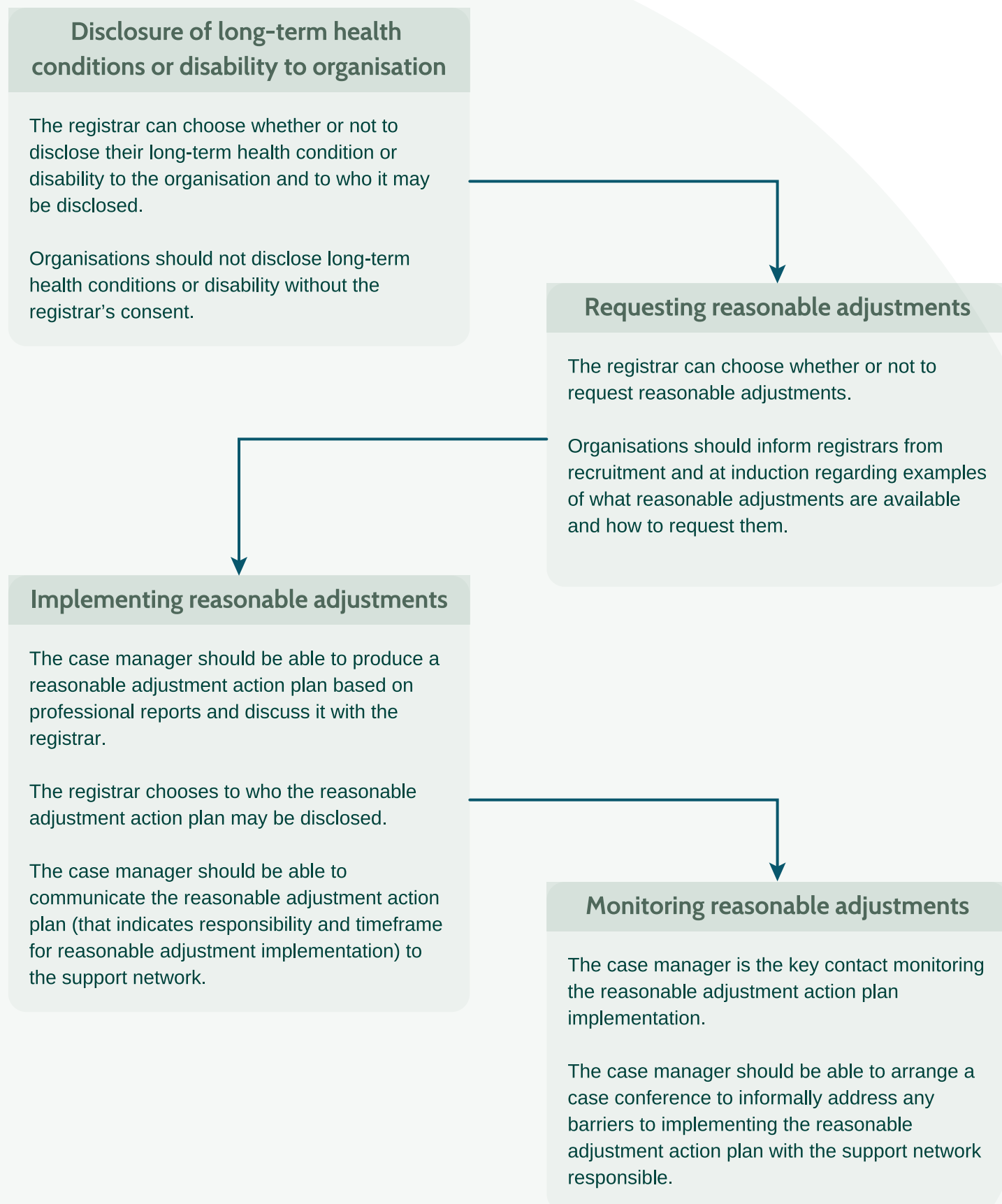


References

1. Advisory, Conciliation and Arbitration Service. *Reasonable Adjustments at work*. 2022. Available at [<https://www.acas.org.uk/reasonable-adjustments>] accessed 14th March 2023.
2. Faculty of Public Health. *Differential Attainment and Fair Training Culture in Public Health Training*. 2022. Available at [<https://www.fph.org.uk/news-events/fph-news/differential-attainment-and-fair-training-culture-in-public-health-training/>] accessed 30th March 2023.
3. British Medical Association. *Making reasonable Adjustments*. 2021. Available at [<https://www.bma.org.uk/advice-and-support/your-wellbeing/reasonable-adjustments/making-reasonable-adjustments>] accessed 14th March 2023.
4. GOV.UK. *Definition of disability under the Equality Act*. Available at [<https://www.gov.uk/definition-of-disability-under-equality-act-2010>] accessed 14th March 2023.
5. Academy of Medical Royal Colleges. *Managing Access Arrangements for Candidates requesting adjustments in High Stakes Assessments*. 2018. Available at [http://www.aomrc.org.uk/wp-content/uploads/2018/05/Managing-Access-Arrangements-for-Candidatesrequesting-adjustments-in-High-Stakes-Assessments_MP_160518-PFCC-RJ-1.pdf] accessed 14th March 2023.
6. British Medical Association. *Returning to work and your rights as a working parent* [<https://www.bma.org.uk/pay-and-contracts/maternity-paternity-and-adoption/return-to-work/returning-to-work-and-your-rights-as-a-working-parent>] accessed 29th April 2023.
7. GOV.UK. *Flexible working* [<https://www.gov.uk/flexible-working>] accessed 29th April 2023.
8. Conference Of Postgraduate Medical Deans. *The Gold Guide 9th*. 2022. Available at [<https://www.copmed.org.uk/images/docs/gold-guide-9th-edition/Gold-Guide-9th-Edition-August-2022.pdf>] accessed 14th March 2023.
9. General Medical Council. *Welcomed and Valued: Supporting disabled learners in medical education and training*. 2019. Available at [https://www.gmc-uk.org/-/media/documents/welcomed-and-valued-2021-english_pdf-86053468.pdf] accessed 14th March 2023.
10. Equality Human Rights Commission. *What do we mean by reasonable?* 2019. Available at [<https://www.equalityhumanrights.com/en/multipage-guide/what-do-we-mean-reasonable>] accessed 14th March 2023.
11. General Medical Council. *Identifying unmet needs from Gateways to the Profession*. 2018. [https://www.gmc-uk.org/-/media/documents/identifying-unmet-needs-from-the-gateways-to-the-professions-guidance-final-report_pdf-73587370.pdf] accessed 23rd April 2023.
12. General Medical Council. *Gateways to the Profession*. 2015. [https://www.gmc-uk.org/-/media/documents/Gateways_to_the_professions_Nov_2016.pdf_68375486.pdf] accessed 23rd April 2023.
13. British Medical Association. *Disability in the Medical Profession*. 2020. Available at [<https://www.bma.org.uk/media/2923/bma-disability-in-the-medical-profession.pdf>] accessed 14th March 2023.
14. Faculty of Public Health. *FPH examinations policy for candidates requiring adjustments* [https://www.fph.org.uk/media/1955/fph-examinations-policy-for-candidates-requiring-adjustments_august-2018.pdf] accessed 29th April 2023.

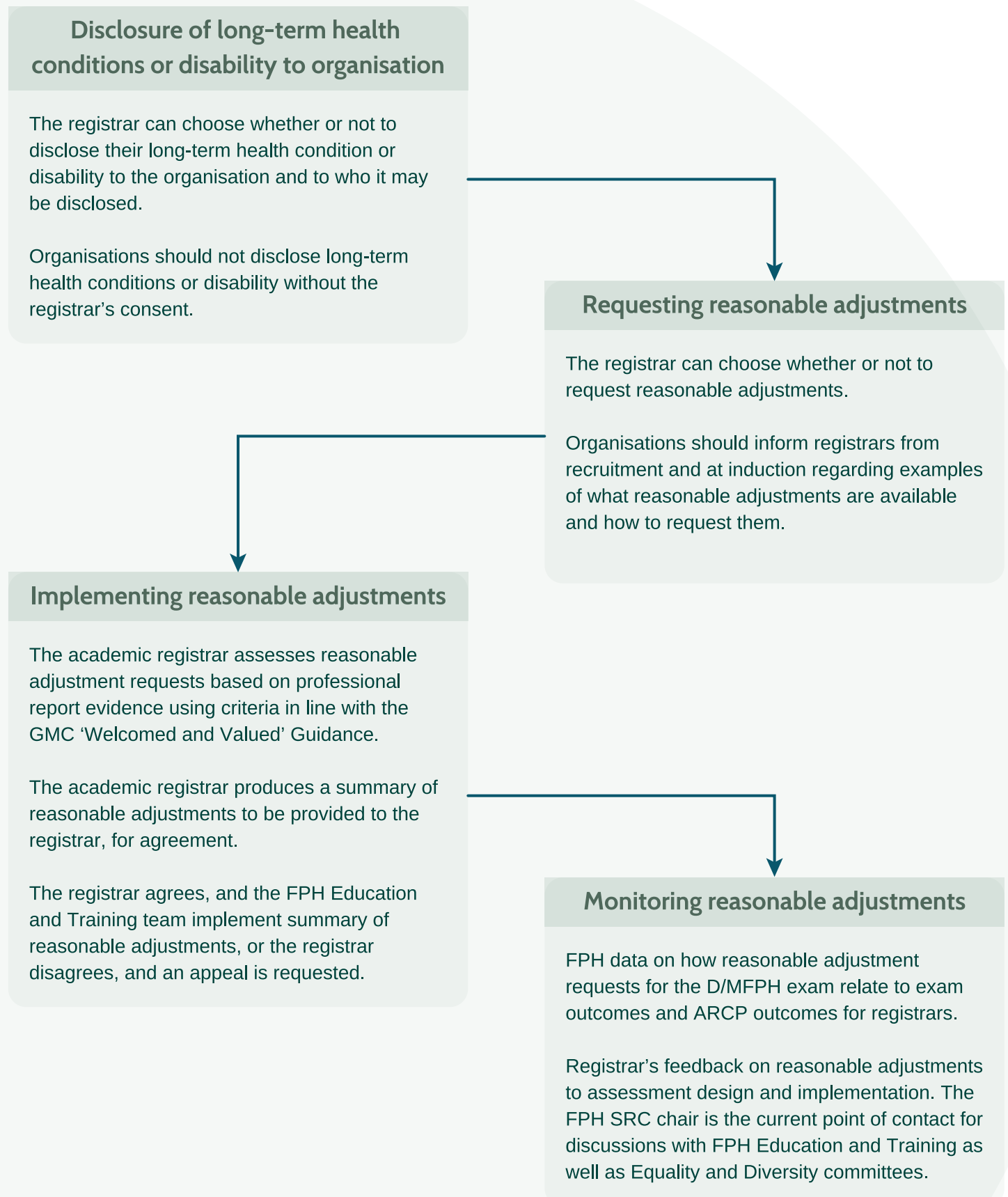
Appendices

Figure 2. Pathway for reasonable adjustments in Public Health education and training



Appendices

Figure 3. Pathway for reasonable adjustments in FPH assessments



Appendices

Template 1

Reasonable adjustment Action Plan

This form should be completed by the case manager in discussion with the registrar and communicated to the support network with the registrar's consent.

StR's name	
Training location	

Overview	
Legal duty	

Adjustment	Responsibility	Date review

	Name	Signature	Date
Case manager			
Speciality registrar			
Support network member 1			
Support network member 2			