

Apply to MBChB with a disability- Transcript

Georgia Gray: My name's Georgia Gray. I'm a second year medical student at Warwick University. I think a couple of reasons. The first reason is that it's the largest graduate course in the UK, so coming at it from a disabled student perspective it was that there were going to be a wide range of people and a course well used to dealing with a wide range of abilities and adaptations to make, which was really appealing. In terms of the pastoral support both from the medical school and from the wider university that really appealed to me as well.

Warwick was the only school that I applied to that agreed to directly meet me and talk about any needs that I might require going in. I think the starting point for me and anyone applying is to have a look at the thing they call the HEOPS standards, which list all the physical competencies or things to do with learning differences, mental health, physical health that have to be met during the application process. Those can often raise a few questions. Warwick were amazing at talking me through how they would be able to support me and what I would have to show them to be considered as an applicant.

I guess there are three levels of support that have been available to me. One at the medical school itself, which has been in terms of putting adaptations in place or taking about examinations in terms of extra time and things like that, and then the wider disability service that assists with all things day to day in life that you could need help with, disabled student allowance, in terms of study, extra time, extra tutors etc that you may need. And then the clinical skills team (there's a clinical skills team based at all three of the hospitals we're based at) and they've been amazing at allowing me extra time to come and work on skills that I might find more challenging – taking blood, putting in cannulas etc – and actually giving up their time to help me do that, which has been pretty amazing.

I think in terms of practical tasks and in terms of the practical examinations, you don't get any extra time for that because if you're on the ward I guess the theory is you have to react and you have to be able to meet those competencies in the exact same time as anyone else on the course. So I guess I was a bit worried that maybe I wouldn't be able to do CPR suitably or put in a cannula suitably etc, and those have been challenges but then with the support I've detailed I've managed to figure out different ways to meet those learning outcomes and make sure that I'm not just able to pass the exams but I feel comfortable when I start as an F1 to actually be a doctor and meet those core competencies.

I'd say the first thing is to have a look at the HEOPS guidelines because they cover a wide range of disabilities – things like people with type 1 diabetes, epilepsy, dyslexia, dyspraxia -and the ways in which previous medical students have been able to meet those outcomes. So that's the first document I would have a look at and identify where you fall on that document. And then the GMC releases guidelines that they want all F1 doctors across the country to meet – so it can be core practical things like putting a cannula in or putting a catheter in. And to have a look at those and identify for yourself where you might see challenges arising.

What I did when I compared those two documents was to have a talk to Warwick so I emailed Warwick and I was able to meet with the senior tutor here and say 'here are my concerns' and talk about any adaptations that could be made or any changes to education whilst I was at Warwick. So that's what I'd say when you're applying.

And then when you're offered a place at Warwick you're offered it under the provision that they think you can meet those outcomes throughout the course. So no one's going to start on their first day and be able to take blood straightaway, but it's more that they've identified that given four

years and given reasonable adjustments and support you will be able to meet those outcomes by the end of the four years. And so once you get that offer, that offer is conditional on them assessing the ways in which they can help you, and those details are released later on. So although it sounds quite complicated, I'd say taking it into your own hands and being realistic with what you think you can do. And then just being as open and honest as possible. Because that whole time Warwick has supported me and said 'right, ok, at this level we can help you do this and help you do this and put this in place'. And if I hadn't been as open with them from the start then I don't think I would have been anywhere as near as successful in being able to get in and going forward with medicine.

A lot of the time when you're applying as a disabled student to anything you just see the barriers and the hoops you have to jump through. But for medicine one of the core things is that you're empathetic as a doctor and that's something you can't teach.

I think coming at it from a perspective of having almost been a patient in the National Health Service and having your parents be like patients' parents it's just meant that automatically I - and other people in my position - can appreciate where that patient is coming from. I think that's a skill that takes a while to develop and is almost an added bonus of applying. When you're applying that's definitely a strength you should own and work with. It can all seem like barriers but you are coming at it from a different perspective and that can be really really beneficial as you go on in your clinical training.