

Differential Attainment Case Series

Case 3: Workplace Adjustment for a Resident doctor with a Physical Disability

A surgical resident doctor declared a chronic musculoskeletal condition early in training. The condition required intermittent physiotherapy and periodic rest.

The resident doctor demonstrated strong theoretical knowledge and commitment to learning. However, fatigue and physical strain affected procedural speed and endurance. Operative assessment scores were lower than expected despite sustained effort and engagement.

Supervisors recognised that the performance gap persisted not due to lack of ability, but due to physical demands of the clinical environment.

Strengths:

Strong academic and theoretical knowledge

High motivation and professionalism

Early disclosure of health needs

Consistent engagement with training requirements

Baseline Risk Signals:

Chronic musculoskeletal disability

Fatigue affecting procedural throughput

Lower operative assessment scores despite intact knowledge

Risk of perceived underperformance

Response by Educational Supervisor and/or Training Programme Director:

Rota adjusted to reduce consecutive night shifts

Ergonomic assistive devices introduced

Targeted mentorship to optimise workflow efficiency

Open, ongoing supervisory communication

Outcomes

Improved attendance and stamina

Increased procedural confidence

Greater engagement with supervisors and team

WBA completion normalised

ARCP progression maintained

Procedural throughput improved, though remained slightly slower than peers

System Learning

Reasonable workplace adjustments and supervisory flexibility can prevent avoidable differential impact for resident doctors with physical disabilities.

Training structures must adapt to individual functional needs rather than equating speed with competence.