



# Inclusive GP Placements

*“We will be inclusive and maintain our proud tradition of nurturing and supporting talented students and staff regardless of their background and circumstances”*

QMUL Strategy 2030 Value (Inclusion)

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## **Background**

It is estimated that 15–20% of the population are neurodivergent, which includes individuals diagnosed with attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD), as well as a range of specific learning differences such as dyslexia, dyspraxia and dyscalculia.

With a 41% international student population representing 170 nationalities, QMUL is proud to be “the most inclusive university of its kind, anywhere”. A diverse student community comes with diverse learning styles, which can result in some medical students experiencing barriers to engagement and learning. GP placements are an excellent platform to enable students to flourish, through developing communication skills with patients and multidisciplinary teams, and through increasing confidence in clinical decision making.

We rely on working closely with our clinical educators to provide tailored support to our medical students to facilitate their successful integration into medical education settings. Working collaboratively to promote general practice as a career choice for *all* our students is particularly important with the current strain on the primary care workforce.

The year 3 CBME team have had a successful outcome from incorporating a one-to-one ‘inclusive induction’ at the start of their student placements in the academic year 23-24. In fact, the GP tutor spending a short period of time with each student enabled the following themes to emerge from the learning environment:

- ✓ ***Identified specific learning goals***
  - ✓ ***Felt able to raise concerns***
  - ✓ ***Mutual understanding between student and tutor***
  - ✓ ***Feeling safe and welcome***
  - ✓ ***Identified individual learning styles***
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### **Aims of an Inclusive Induction**

- (i) To provide students with a psychologically safe platform to reflect on and express their learning needs and challenges.
- (i) To provide an environment that enables students to engage in practice learning opportunities.
- (i) To identify and allow students to build on existing strengths, interests and coping mechanisms that respects both their difficulties and their ambitions.

### **How to undertake an Inclusive Induction**

At the start of the GP placement, each (individual) medical student should receive a one-to-one induction meeting to identify placement adaptations that will give them the best chance of integrating successfully into the practice environment. This should be conducted by the aligned CBME GP tutor.

Please inform the student in advance what the purpose of this meeting is. This meeting may be five to ten minutes long if the student does not anticipate any challenges in the placement but could be longer if the students has identified areas of potential difficulty.

Please utilise the various learning opportunities within the practice environment to ensure your other students on placement can continue their learning experience whilst you engage in the one-to-one induction process.

Discuss with the student how you can work together to overcome challenges during the placement, and ensure the student is aware of how to contact you if something is upsetting them or preventing them from engaging with workplace learning.

If there are any needs you are unable to accommodate, please inform the GP placement team as soon as possible.

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**You may wish to cover the following content in the meeting:**

- ❖ How the individual **prefers to communicate**, for example visual aids, written notes etc. These might be used when delivering tutorials, or to communicate any changes to assessment/placement timings/GP tutor details. In general, provide the student with as much notice about changes as possible.
  - ❖ **Emailing** the student **prior** to any **scheduled meetings** during the placement, addressing them by name, outlining what will be discussed and who will be present in the meeting, and ask if the students has any questions about this.
  - ❖ Be **specific** with what you are saying or asking the student (anticipate that misinterpretations may occur).
  - ❖ Limit the number of verbal instructions given at one time (up to 4/5 points) and **allow time for information to be processed** and provide something **written** to refer to after verbal input.
  - ❖ Ensure students are aware of **QMUL support services** (Disability and Dyslexia Service, Student Support Team, Academic Advisor, Senior Tutor).
  - ❖ Pre-emptive planning can help to mitigate against triggers that might lead to increased anxiety. Ask students if they are aware of any **triggers to stress/anxiety** in the workplace, and strategies they find helpful to self-regulate. Some may have a bank of strategies already in place (a quiet room they can self-regulate), while others may need support (mutual regulation).
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## **Resources**

### **Developing Inclusive Education for neurodivergent learners**

<https://www.qmul.ac.uk/queenmaryacademy/educators/resources/inclusive-curriculum/neurodivergent-learners/>

### **Guidelines for inclusive writing and formatting of presentations**

<https://www.qmul.ac.uk/disability-and-dyslexia-service/media/disability-and-dyslexia-service-/documents/Guidelines-for-inclusive-writing-and-formatting-of-documents-and-presentations-v7-12-12-2019.pdf>

## **References**

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<https://www.qmul.ac.uk/strategy-2030/>

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National Autistic Society, 2022;

<https://www.autism.org.uk/professionals/teachers/support-for-teachers/secondary/making-a-good-transition>

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# Thank you

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