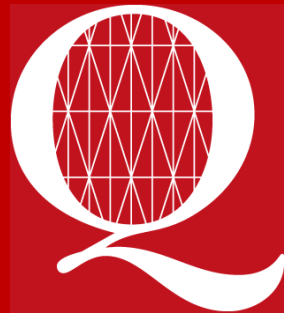


DISABILITY ASSESSMENT GUIDANCE

Dr Denis Todd

Occupational Health Physician

Queen's University Belfast



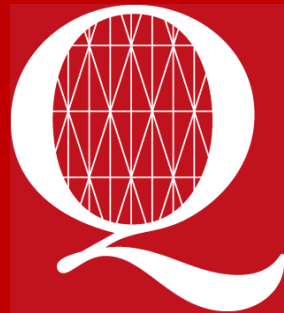
DISABILITY ASSESSMENT GUIDANCE

GMC

‘Tomorrow’s Doctors’ (2009 revised)

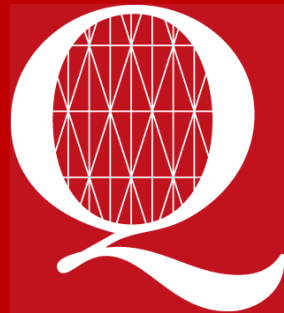
‘Gateways to the professions’ (2008)

‘Good Medical Practice’ (2006)



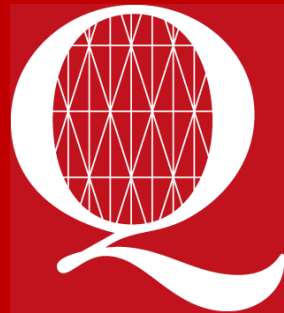
DISABILITY ASSESSMENT GUIDANCE

To ensure the future safety and care of patients, students who do not meet the outcomes set out in Tomorrow's Doctors or are otherwise not fit to practise must not be allowed to graduate with a medical degree.



DISABILITY ASSESSMENT GUIDANCE

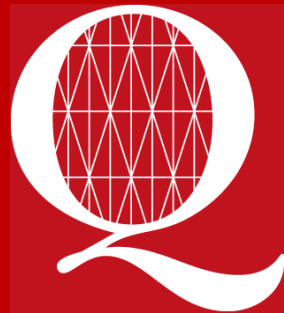
1. Measure body temperature
2. Measure pulse and BP
3. Transcutaneous monitoring of oxygen saturation
4. Venepuncture
5. Managing blood samples
6. Etc etc



DISABILITY ASSESSMENT GUIDANCE

Outcome 1

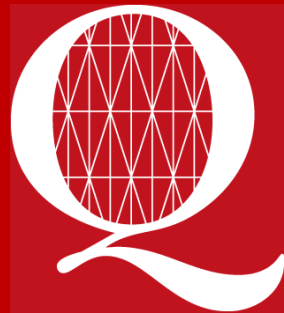
- a) Explain normal human structure and functions.
- b) Explain the scientific bases for common disease presentations.
- c) Justify the selection of appropriate investigations for common clinical cases.



DISABILITY ASSESSMENT GUIDANCE

Outcome 2

Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding.



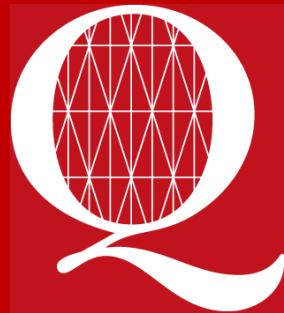
DISABILITY ASSESSMENT GUIDANCE

Outcome 2

Perform a full physical examination.

Perform a mental-state examination.

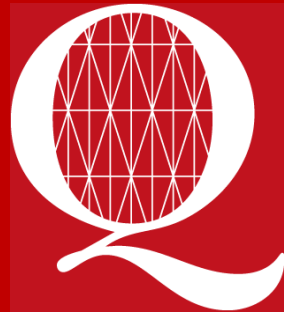
The graduate should appreciate the significance of non-verbal communication in the medical consultation.



DISABILITY ASSESSMENT GUIDANCE

Specific advice on disabled applicants and students is given in the *Gateways guidance*. *Medical schools should have policies on disability which take into account this guidance, relevant legislation and good practice elsewhere. These should cover the assessment of an applicant's ability to meet the 'outcomes for graduates', and the provision of reasonable adjustments and support for a student.*

GMC Tomorrow's Doctors 2009



DISABILITY ASSESSMENT GUIDANCE

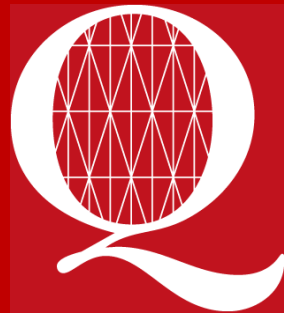
Selection criteria will take account of the personal and academic qualities needed in a doctor as set out in *Good Medical Practice* and capacity to achieve the outcomes set out in *Tomorrow's Doctors*.



DISABILITY ASSESSMENT GUIDANCE

Medical schools should also take account of relevant legislation and the *Gateways guidance in their student selection processes*. This includes the requirement to make reasonable adjustments for students with disabilities where the disability would not prevent the applicant from meeting the outcomes for graduates.

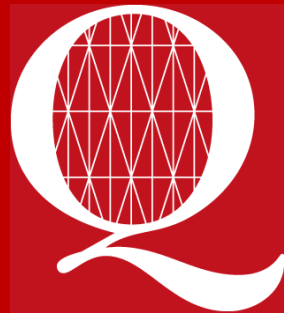
GMC Tomorrow's Doctors 2009



DISABILITY ASSESSMENT GUIDANCE

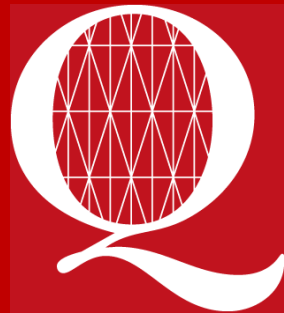
Assessment criteria will be consistent with the requirements for competence standards set out in disability discrimination legislation. Reasonable adjustments will be provided to help students with disabilities meet these competence standards. **Although reasonable adjustments cannot be made to the competence standards themselves, reasonable adjustments should be made to enable a disabled person to meet a competence standard.**

GMC Tomorrow's Doctors 2009



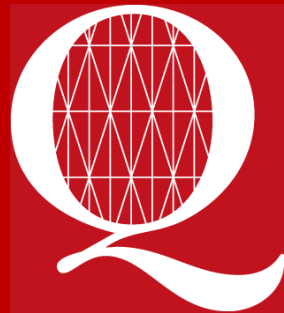
DISABILITY ASSESSMENT GUIDANCE

Competence standards are, effectively, entry and assessment criteria. Reasonable adjustments do not have to be made to competence standards, but they do have to be made to the way that the standards are assessed or performed.



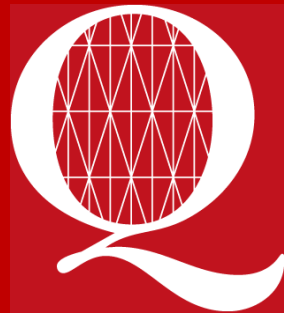
DISABILITY ASSESSMENT GUIDANCE

On rare occasions, a medical school may be asked to justify rejecting a disabled candidate. This may be because the person does not meet the genuine competence standards, once reasonable adjustments have been considered, or because there is another material and substantial reason.



DISABILITY ASSESSMENT GUIDANCE

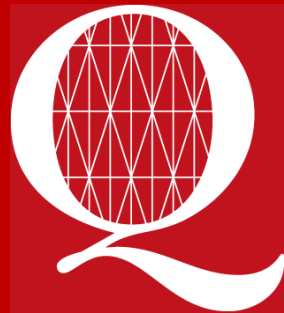
The DDA does not override health and safety legislation. If making a particular adjustment would increase the risk to the health and safety of anyone, including the disabled student, then this is relevant in deciding whether it is reasonable to make that adjustment.



DISABILITY ASSESSMENT GUIDANCE

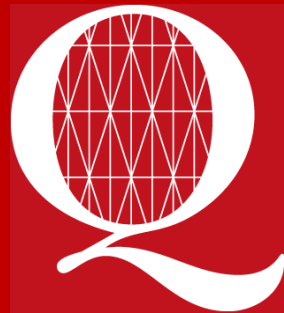
All medical schools make health checks on all students for the purposes of both patient and student safety. However, disability and health are different issues. **A medical school will probably be acting unlawfully if, without justification, it insists on a special health check for a disabled person, but not for others.** The fact that a person has an impairment or health condition is, in itself, unlikely to justify singling out that person to have a health check.

On the other hand, a disabled person may be asked to undergo an assessment of their reasonable adjustment requirements, for example as part of the process of applying for Disabled Students' Allowance, or if a condition is intermittent or deteriorating.



DISABILITY ASSESSMENT GUIDANCE

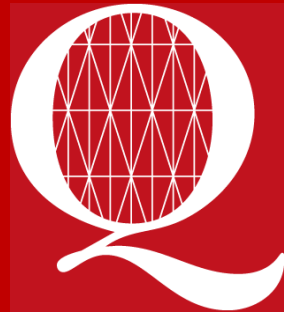
1. mobility - moving from place to place
2. manual dexterity - for example, use of the hands, wrists or fingers
3. physical co-ordination
4. continence
5. the ability to lift, carry or move ordinary objects
6. speech, hearing or eyesight
7. memory, or ability to concentrate, learn or understand
8. being able to recognise physical danger.



DISABILITY ASSESSMENT GUIDANCE

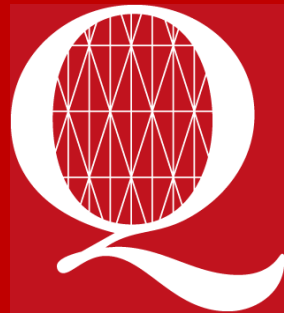
Cancer, HIV & Multiple sclerosis

Progressive conditions



DISABILITY ASSESSMENT GUIDANCE

Simple criteria to identify the need
for next step of cascade or risk
assessment.



DISABILITY ASSESSMENT GUIDANCE

Visual Acuity

N8 and 6/18

To be achieved using both eyes together using any type of worn visual aid which leave both hands free.

Diagnostic procedures: Multiple,4

Therapeutic procedures: Multiple,25

Outcomes: 2



DISABILITY ASSESSMENT GUIDANCE

Auditory Acuity

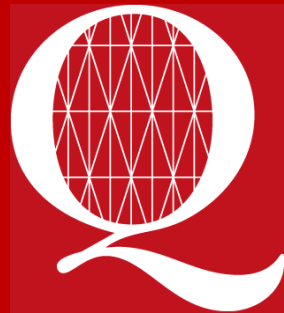
Ability to accurately hear normal voice at 1m.

To be achieved using any form of worn personal hearing aid assistance.

Diagnostic procedures: Multiple,14

Therapeutic procedures: Multiple,25

Outcomes: 1 & 2



DISABILITY ASSESSMENT GUIDANCE

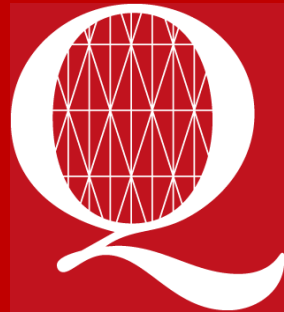
Speech

Ability to be understood by normal hearing individual at 3m in quiet room ambience without recurrent need for repetition.

Diagnostic procedures: Multiple,12

Therapeutic procedures: Multiple,23

Outcomes: 1 & 2



DISABILITY ASSESSMENT GUIDANCE

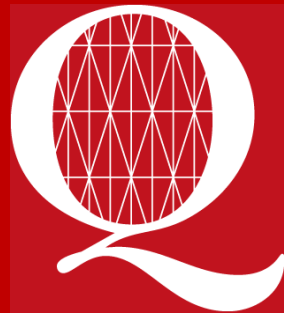
Literacy / Numeracy

Ability to make and interpret accurately written notes with a maximum of 25% additional time, to include the use of portable electronic assistance.

Diagnostic procedures: Multiple,14

Therapeutic procedures: Multiple,18

Outcomes: 1



DISABILITY ASSESSMENT GUIDANCE

Upper limb function

One fully functional upper limb and other upper limb capable of at least mechanical stability functions.

Diagnostic procedures: Multiple,9

Therapeutic procedures: Multiple,17

Outcomes: 2



DISABILITY ASSESSMENT GUIDANCE

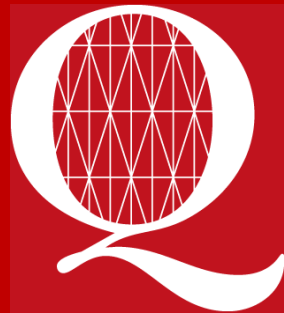
Mobility

Ability to achieve and recover from the positions required to perform essential competence tasks.

Diagnostic procedures: Multiple,9

Therapeutic procedures: Multiple,27

Outcomes: 2



DISABILITY ASSESSMENT GUIDANCE

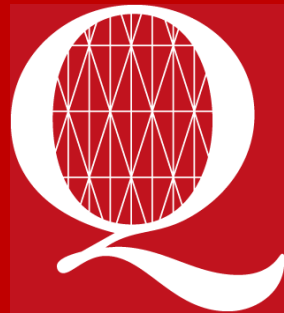
Skin

No open infection or breach of the integrity of the skin on the hands

Diagnostic procedures: Multiple,6

Therapeutic procedures: Multiple,22

Outcomes: 2



DISABILITY ASSESSMENT GUIDANCE

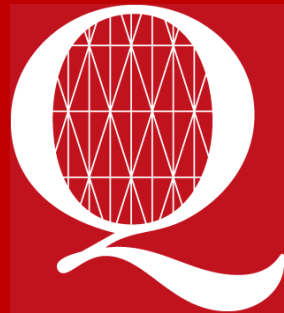
Cognitive functions

Any condition which may give rise to a significant reduction in the individual's memory, concentration or their ability to learn or understand.

Diagnostic procedures: Multiple,14

Therapeutic procedures: Multiple,19

Outcomes: 1



DISABILITY ASSESSMENT GUIDANCE

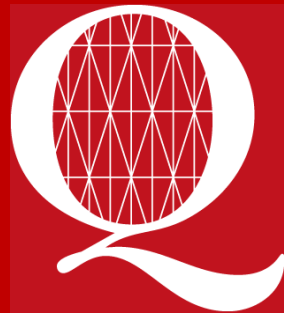
Alertness

Any condition which may give rise to recurrent episodes of seizures, absences or interruption of consciousness / awareness.

Diagnostic procedures: Multiple,4

Therapeutic procedures: Multiple,17

Outcomes: 2



DISABILITY ASSESSMENT GUIDANCE

Visual Acuity

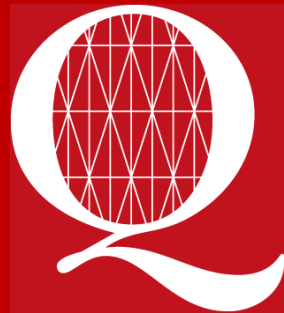
N8 and 6/18

To be achieved using both eyes together using any type of worn visual aid which leave both hands free.

Diagnostic procedures: Multiple,4

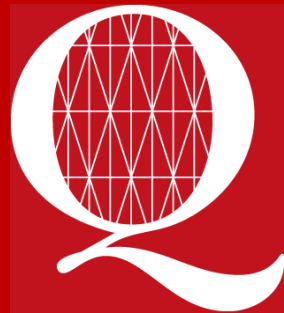
Therapeutic procedures: Multiple,25

Outcomes: 2



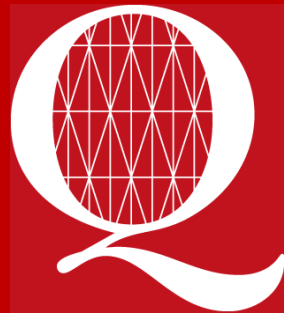
DISABILITY ASSESSMENT GUIDANCE

Simple criteria to identify the need
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DISABILITY ASSESSMENT GUIDANCE

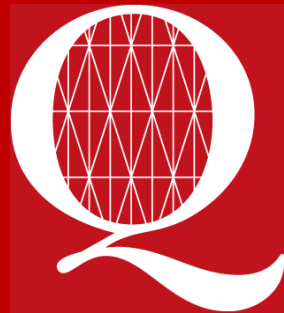
...and the next step is ?



DISABILITY ASSESSMENT GUIDANCE

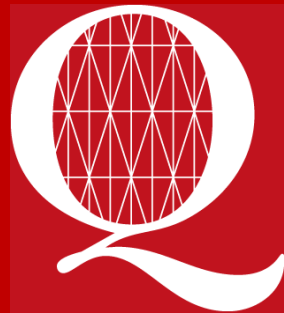
...and the next step is....

1. reasonable adjustments
2. risk assessment



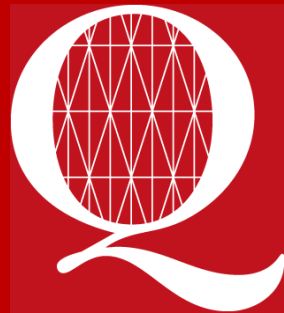
DISABILITY ASSESSMENT GUIDANCE

...and the next step is ?



DISABILITY ASSESSMENT GUIDANCE

Comments / Questions



DISABILITY ASSESSMENT GUIDANCE

