

Managing access arrangements for candidates requesting adjustments in high stakes assessments

May 2018

Statement of purpose

This guidance aims to support Colleges and Faculties to manage access arrangements for candidates in high stakes assessments in a fair, transparent, consistent and justifiable manner. The aim of an access arrangement is to enable an individual candidate with a disability or temporary medical condition to overcome barriers that prevent them from accessing an assessment, so that they can demonstrate their knowledge and skills without affecting the integrity of the assessment (the competence standards). In this document, we refer to access arrangements offered to candidates with disability as *reasonable adjustments* and to access arrangements offered to candidates with a temporary medical condition as *discretionary adjustments*.

This guidance sets out the legal framework for making reasonable adjustments as it applies to qualification bodies, and describes a set of principles with examples of good practice for decision makers to consider when managing individual candidate requests for access arrangements.

Scope of guidance

This guidance applies only to summative high stakes assessments which form part of UK approved curricula for postgraduate speciality training. Reasonable and discretionary adjustments in relation to workplace-based assessments are beyond the scope of this review.

The Academy recommends that this guidance should be applied to all candidates who apply to undertake their examinations within the UK, regardless of their training status. For those Colleges or Faculties running examinations outside the UK, the Academy recommends that identical adjustments should be offered to candidates in international centres where possible.

The terms of reference for this working group are available in Appendix 1.

Who else might find this guidance helpful?

In addition to examination administrative teams, we anticipate this guidance will be helpful to candidates who wish to apply for access arrangements, clinical and educational supervisors, disability assessors and other stakeholders who have an interest in this area.

Background

This document builds on previous Academy guidance “Adjustment Principles for Examinations Candidates with Disabilities” issued in 2013 [1].

Although there has been no significant change to UK equality legislation since the previous guidance was issued, there have been significant changes to the context in which high stakes assessments operate, prompting a need for further review. We outline these changes below.

1. Colleges and Faculties report an increase in the number of candidates declaring a disability and requesting reasonable adjustments in high stakes assessments. For example, 5.6% of all attempts at the MRCGP Applied Knowledge Test (AKT) were undertaken by candidates who declared a disability in the academic year 2015-16, compared to 1.8% of all attempts in 2010-2011 [2]. Specific learning difficulty (SpLD) is the disability most commonly declared and by a large margin. For example, SpLD was the disability declared in 86% of AKT attempts by disabled candidates in the academic year 2015-16.
2. In addition, some Colleges and Faculties report an increase in the complexity of the requests received for reasonable adjustments. This increase in numbers of declarations and complexity may in turn reflect successful initiatives such as the GMC's landmark 'Gateways to the Professions' guidance [3], which seeks to widen access to the medical profession at undergraduate level, resulting in more disabled candidates coming through into postgraduate training. Other factors may include: improved self-reporting of disability by candidates due to more positive societal views on disability (reduced stigma), more supportive College and Faculty processes, and improved awareness of disability issues within the training community.

The GMC, as the regulator for postgraduate training and assessment, is increasingly focused on fairness and equality and diversity issues in the standards that it sets for all Colleges and Faculties to meet. This is clearly demonstrated in 'Excellence by Design: standards for postgraduate curricula' [4].

Colleges and Faculties wish to demonstrate that they treat all candidates who undertake their assessments fairly, that they comply with their statutory responsibilities, meet the standards and requirements set out for curricula and programmes of assessment by the GMC in 'Excellence by Design'. They should also follow good practice codes where applicable, such as the Equality and Human Rights Commission guidance 'Equality Act 2010 Technical Guidance on Further and Higher Education' [5].

Current position

Scoping exercise

The Academy has undertaken a scoping exercise to establish the current processes by which candidates declare a disability and Colleges and Faculties agree reasonable adjustments. Eleven out of 40 (27.5%) individuals representing Heads of Examinations responded to the survey. All the Colleges who responded have a process in place for candidates to declare a disability, with relevant information available on their websites. The amount and type of supporting evidence required to support a declaration, and the expertise available to manage requests varied between Colleges. The full details of the scoping exercise are available in Appendix 2.

Trainee views

Trainee views have been sought from the Academy Trainee Doctors' Group (ATDG), and a representative from the ATDG has helped to develop the guidance. The ATDG were supportive of the purpose and content of the guidance. They specifically requested the following:

- An expansion of the resources section to include relevant guidance on disability and reasonable adjustments from mainstream and higher education bodies.
- That Colleges and Faculties should develop an appeals process for those instances where a request for a reasonable adjustment is refused.

Views of other stakeholders

The BMA provided helpful feedback on the draft guidance. They specifically requested the following:

- That Colleges and Faculties should consider the wide range of adjustments that could be put in place when considering access arrangements.
- That Colleges and Faculties should develop an appeals process as per the ATDG request above.

Evidence from the literature

The working group felt it was important to understand what research evidence underpins the current use of reasonable adjustments in high stakes medical assessments, and what impact reasonable adjustments have on examination performance [pass rates]. A review of the literature was carried out as outlined in Appendix 3.

Key findings:

- Most research relates to candidates with SpLD.
- There is very little evidence on the use and impact of reasonable adjustments in high stakes medical assessments, with more data available on the use of adjustments at medical school (including admissions [6]) and in the workplace [7].
- Research on student perceptions suggests that exam accommodations generally reduce candidate performance anxiety and that some accommodations are perceived as being more helpful than others, for example extended time, separate room testing and extra breaks [8].
- In an effort to overcome perceived social barriers and empower medical students to request reasonable adjustments, some UK medical schools have introduced a Student Support Card, which sets out the type of adjustments that a student may benefit from, either in the workplace or in examinations. The student can then use this card at their discretion to request adjustments throughout their training. Eighty-one percent of students surveyed found the card useful or very useful. [9].
- Candidates with dyslexia/SpLD generally perform better in written examinations with extended time than without extended time [10] [11]. The effect of extended time on the performance of candidates without dyslexia/SpLD is unclear [12].
- There is no consistent evidence that candidates with dyslexia/SpLD who receive reasonable adjustments (usually extended time) perform less well than candidates without dyslexia/SpLD in any of the written examination formats

commonly used in high stakes medical assessments, including Multiple Choice Questions (Single best Answer and Extended Matching Questions) and short answer questions [13] [14].

- One study at a UK medical school found that there was no difference in OSCE performance scores for students with or without dyslexia. No extra time was provided for students with dyslexia in this study suggesting that this type of assessment may pose less of a barrier to dyslexic candidates. This may be because less reading is required [14]. Another study found that medical students with dyslexia performed less well in examination skills and data interpretation OSCE stations; the underlying reasons for this are unclear [11].

The legal framework

The Equality Act 2010 provides protection against discrimination and promotes equality of opportunity for people who are disabled [15]. This applies to England, Scotland and Wales, with equivalent legislation in Northern Ireland, including the Disability Discrimination Act 1995 [16] and Special Educational Needs and Disability Order 2005 [17].

This section of the guidance focuses on the provisions of the Equality Act 2010 as it relates to 'qualification bodies'. Colleges and Faculties that confer postgraduate qualifications are qualification bodies as defined by Section 53 of the Act. Colleges and Faculties may have additional responsibilities under the Equality Act as employers, bodies that carry out public functions (the Public Sector Equality Duty) and service providers, which are beyond the scope of this guidance.

Disability is a protected characteristic as defined by the Equality Act 2010. The Act defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Further guidance regarding the definition of disability is available from the Government Equalities Office [18]. Unlike candidates with other protected characteristics such as race and sex, disabled candidates can lawfully be treated more favourably than a non-disabled candidate for a reason connected to their disability.

As qualification bodies, Colleges and Faculties must not discriminate in the conferment of their qualifications. The Equality Act 2010 also imposes a duty on qualification bodies to make reasonable adjustments for disabled candidates who undertake their assessments, where any provision, criterion or practice, puts disabled candidates at a substantial disadvantage (more than minor or trivial) compared with those who are not disabled.

In simple terms, Colleges and Faculties have a responsibility to level the playing field for disabled candidates by taking reasonable steps (making reasonable adjustments) to reduce the potential disadvantage they face compared to non-disabled candidates undertaking the same assessment. This duty to make reasonable adjustments may apply to any aspect of the way the assessment is delivered (any provision, criteria or practice) but does not apply to the application of a competence standard.

A competence standard is defined as an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of

competence or ability. In practice, the learning outcomes in GMC-approved UK postgraduate specialty curricula that are included in the blueprint for high stakes assessments are competence standards. Competence standards should be kept under review as practice changes and should always be justifiable. Making an adjustment for a candidate that changes or reduces a competence standard could have implications for patient safety. An unjustified competence standard could be held to be discriminatory if it disproportionately impacts on disabled doctors.

Example of a competence standard

MRCP(UK) PACES Examination

Clinical Judgement

Select or negotiate a sensible and appropriate management plan for a patient, relative or clinical situation.

Select appropriate investigations or treatments for a patient that the candidate has personally clinically assessed.

Apply clinical knowledge, including knowledge of law and ethics, to the case.

Colleges and Faculties have an anticipatory duty to consider the requirements of disabled candidates and the types of adjustments that may need to be made for them. That does not mean that they are expected to anticipate the individual needs of every disabled candidate.

Core principles and criteria for managing access arrangements for disabled candidates

Colleges and Faculties should do everything they can reasonably be expected to do to support candidates undertaking high stakes assessments, including the provision of reasonable adjustments for disabled candidates.

Encourage and enable candidates to declare a disability and request reasonable adjustments

Most examination teams do not have contact with candidates before their examination application and it is probably most efficient to ask candidates to declare a disability at this point. When making enquiries about disability, examination teams should be sensitive to issues of dignity and confidentiality.

Disabled candidates should be asked explicitly whether they require an adjustment to be made to the assessment process, as not all candidates who declare a disability will request or require an adjustment. It is helpful and permissible to ask candidates if and how their ability to perform the assessment is affected by their disability and for details of adjustments they have been granted for previous assessments and in the workplace, as this information can be helpful in decision making about granting and tailoring adjustments. It can also be helpful to request any documentary evidence to support

their application at this stage. An example of a reasonable adjustment request form is enclosed as Appendix 4¹.

Candidates should be encouraged to report any changes to their circumstances in between examinations so that this can be taken into account.

Some individual adjustments may take time and specialist resource to implement, and examination teams may wish to consider a deadline after which it will not be possible to guarantee that reasonable adjustments can be put into place for a particular examination. Candidates who submit their application late or turn up on the day of the assessment requesting adjustments should usually be advised to reapply for the next examination sitting, as a full and fair assessment cannot be made in these circumstances.

Consider all applications for reasonable adjustments on a case-by-case basis

It can be helpful for examination teams to research the common disabilities that candidates declare such as SpLD, in order to try to anticipate the needs of candidates. However, it cannot be assumed that all candidates with the same type of disability will benefit from the same adjustment. For example, candidates with SpLD are commonly offered a 'standard' adjustment of 25% additional time for written examinations. However, candidates with SpLD may potentially benefit from a wide range of other adjustments for written examinations including the use of larger fonts and different colour contrasts.

Consider whether there is evidence that a reasonable adjustment is required

Some candidate disabilities are overt, for example a missing limb, while others are less so, for example depression. Some disabilities may be exacerbated by performance anxiety, for example a speech impediment.

Examination teams are unlikely to be in the position of deciding whether an individual candidate's physical or mental impairment amounts to a disability, but much more likely to be in the position of establishing how to overcome any barriers that a candidate's disability poses in terms of accessing a particular assessment. Documentary evidence that supports the candidate's request for a reasonable adjustment is usually essential in order to offer the candidate maximal tailored support. This evidence may include;

- Medical evidence in the form of a medical certificate or letter from a GP or specialist
- An expert report for candidates with SpLD. It is good practice to specify what type of expert report is acceptable in these circumstances. For example, the RCPCH specifies that the report must be undertaken by an educational/chartered psychologist or a specialist teacher with a practising certificate (PATOSS), in English after the age of 16 (Appendix 4). Guidance on

¹ It should be noted that a written declaration of disability is not essential and that a verbal declaration of disability to a member of the exam team would suffice to trigger the organisations' legal responsibilities. However, from a practical standpoint, Colleges and Faculties will find it easier to maintain accurate records and provide the full support that candidates require if candidates offer as much written information about their requirements as possible in a timely fashion.

acceptable standards for the diagnosis of SpLD is available from the SpLD Assessment Standards Committee website [19]. Examination teams may wish to direct candidates who need an expert report to relevant specialist disability organisations such as the British Dyslexia Association.

If the rationale for a particular adjustment is unclear from the evidence presented, consent should be obtained from the candidate to approach the expert concerned for further clarification. It is good practice for Colleges and Faculties to provide specific information for disability assessors about their assessments in order to help them to tailor their recommendations.

An example of the information provided for disability assessors on the MRCGP Clinical Skills Assessment is found in Appendix 5.

Consider whether the adjustment requested is reasonable

The test of what is reasonable should be as objective as possible and not simply a matter of what the decision maker thinks is reasonable. A number of factors should be considered when deciding whether an adjustment for a high stakes assessment is reasonable. These include but are not limited to the following (see Figure 1):

a) The needs of the candidate

This will be determined by the impact of the disability on the candidate.

For example, a candidate with SpLD may take longer to read written instructions than a candidate who does not have this disability.

b) The type of assessment. Written vs Clinical

For example, a candidate with Tourette's syndrome may be at a greater disadvantage in a clinical test where he/she has to consult with patients, than in a computerised written test.

c) The effectiveness of the adjustment

A proposed adjustment that is likely to be effective in overcoming the disadvantage that a disabled candidate faces in a particular assessment is likely to be reasonable. It is also important to consider whether an adjustment that might be effective could have any unintended consequences, which might put the candidate at further disadvantage.

An example of an adjustment that is likely to be effective.

Clinical examination - physical examination station

A candidate with hearing impairment requested the use of an electronic stethoscope with headphones and a quiet space to minimise background noise for a physical examination station. This is likely to be an effective adjustment in these circumstances.

An example of an adjustment that is unlikely to be effective

Written test – computer-delivered

A candidate with SpLD requested speech-to-text software in addition to extra time. This was not recommended in their expert report and the candidate did not use this type of software in their day-to-day work. The complexity of the different types of questions in

the test, including the use of pictures and graphs and the use of medical terminology meant that this was unlikely to be an effective adjustment in these circumstances

An example of an adjustment that may have untoward consequences

An oral examination

A candidate with SpLD requested additional time in an oral examination. The format of the assessment meant that the number of cases a candidate sees depends on how quickly they identify and answer the questions on each item. Additional time allowed the candidate to cover more areas of the curriculum and expose more knowledge gaps.

Some decisions about whether a proposed adjustment would be effective can be complex or finely balanced. An incorrect decision could result in a disabled candidate being disadvantaged in an assessment, which may give rise to a legal challenge.

Alternatively, a proposed adjustment may alter or reduce a competence standard with potential patient safety implications, or result in the setting of a precedent that could be seen as disadvantaging other candidates, such as exceeding the number of permitted attempts.

It is important that decision makers have appropriate equality and diversity training and seek expert advice where necessary. Decision makers may need access to clinical advice, advice from another College or Faculty or the GMC, advice from a disability expert, or occasionally a legal opinion.

The resources of the College or Faculty and the availability of financial or other assistance

The easier and less resource-intensive an adjustment, the more likely it is to be reasonable. However, the fact that an adjustment is difficult or resource intensive does not automatically mean that it is not reasonable. The costs of implementing reasonable adjustments for high stakes assessment [a change to any provision, criteria or practice] should be borne by the College or Faculty.

The impact of the adjustment on the candidate and on others

If making a particular adjustment would increase the risks to the health and safety of anybody, including the disabled candidate, then this should be considered when making a decision about whether that particular adjustment is reasonable. Such decisions must be based on a proper assessment of the potential health and safety risks. For example, providing a significant amount of additional time for a disabled candidate may make an assessment overly long and exhausting for the candidate and for others involved in the assessment.

Some adjustments may not pose a health and safety risk but cause unacceptable disruption to other candidates. For example, allowing a candidate unlimited additional rest stations in a clinical examination may delay the finish of a circuit for all candidates and disrupt their travel arrangements or subsequent work and home responsibilities.

Flow Diagram – Is an adjustment reasonable

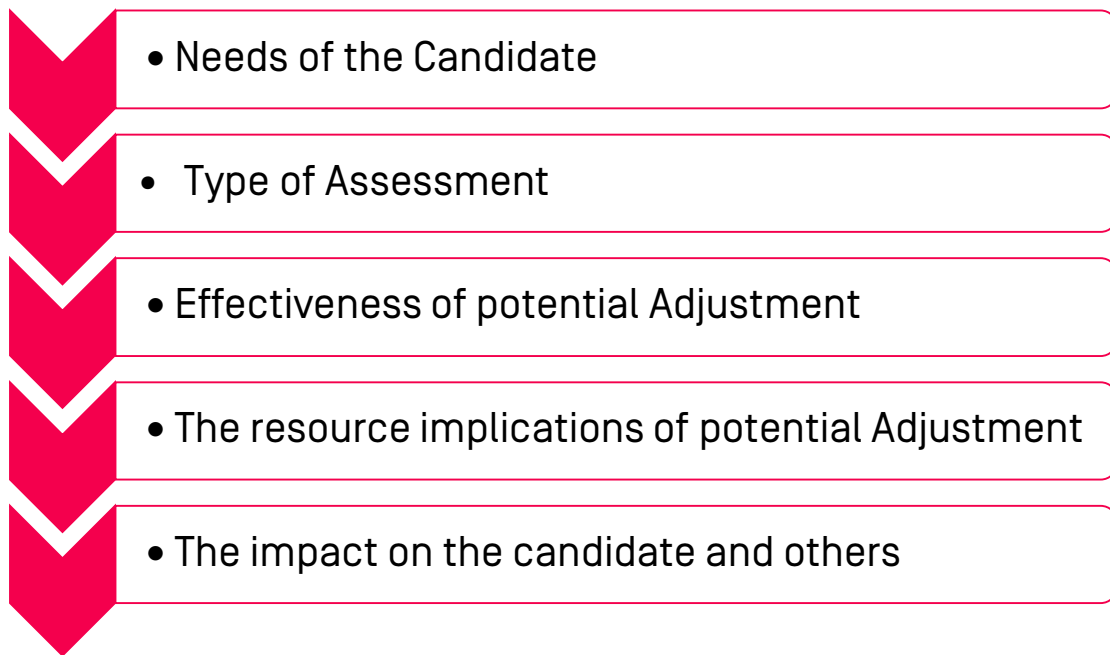


Figure 1: Some of the factors to be taken into consideration when deciding whether an adjustment is reasonable

Agreeing a request for a reasonable adjustment

If, taking all the relevant factors above into account, an adjustment appears reasonable then the candidate should be given written advice of the details of the adjustment and it should be fully implemented by the examination team.

Refusing a request for a reasonable adjustment

If after careful consideration an adjustment is not found to be reasonable then the decision maker should consider alternative options that might help remove the disadvantage that the disabled candidate is facing. The candidate should receive a timely written explanation of the reasoning behind the decision. There should be a clear audit trail. Colleges and Faculties should consider whether a candidate can request an independent case review or appeal a decision to refuse an adjustment at this point. For example, an MRCP (UK) candidate who does not believe the adjustments they have been granted are reasonable, may ask for their case to be reviewed by the MRCP (UK) Medical Director, whose decision will then be final.

The ultimate decision about whether an adjustment is reasonable can only be made in court. If an organisation is legally challenged for not providing an adjustment, a court would look for a clear rationale, demonstrating that the decision maker has considered the relevant factors, and evidence that shows a decision maker has thought about alternative options that might help remove the barriers / disadvantage that the disabled candidate is facing.

Discretionary adjustments

Colleges and Faculties regularly receive requests from candidates who do not meet the criteria for disability under the Equality Act 2010, but who may have a short-term health condition that they feel merits an adjustment. For example, a recent lower limb injury resulting in mobility problems that would impair the ability of a candidate to move around a clinical OSCE circuit. Although there is no legal imperative to make adjustments in these circumstances, Colleges and Faculties will want to support candidates to sit their examination if the adjustments required are feasible, not overly resource-intensive, likely to be effective and do not affect the competence standard/s, using a similar, explicit process to the core principles and criteria described above. In this type of scenario, it is essential to ensure that the candidate is actually fit to sit the examination if the adjustment is made, and it would be appropriate to ask the candidate to make a signed declaration to this effect.

Pregnant candidates

The Equality Act 2010 defines pregnancy and maternity as a protected characteristic and prohibits discrimination on these grounds. Under the Act, discrimination can occur if a candidate is treated unfavourably because:

- Of her pregnancy
- She has given birth within the last 26 weeks
- She is breastfeeding and the baby is less than 26 weeks old.

Pregnancy is not a disability as defined by the Equality Act 2010 and there is no legal requirement to make reasonable adjustments on the grounds of pregnancy alone. However, Colleges and Faculties would want to support pregnant candidates and meet their needs when undertaking high stakes assessments, as well as avoiding discrimination.

The Equality Challenge Unit has issued guidance on “Student Pregnancy and Maternity: Implications for Higher Education Institutions” [20], which includes a section on examinations. Candidates may ask for advice about when they should sit an examination during their pregnancy. The timing of sitting an assessment is a matter for the candidate to decide, but if they wish to sit an examination around the time of their due date they should not be prevented from doing so.

Anecdotally, Colleges and Faculties report an increase in requests for adjustments from pregnant candidates. Some pregnant candidates request adjustments for specific medical complications of their pregnancy such as gestational diabetes, whilst others, particularly in the later stages of pregnancy, will ask for adjustments to be made to ensure their comfort during the examination such as easy access to toilet facilities and rest breaks. Some higher education institutions automatically offer pregnant candidates 25% additional time during examinations for extra bathroom and rest breaks [21]. Colleges and Faculties may wish to consider the standard adjustments that they can make for pregnant candidates undertaking their assessments. Additional adjustments should be considered on a case-by-case basis.

Taking this guidance forward

This document does not seek to replace existing organisational policies and procedures but to enhance them where possible.

Recommendations

Colleges and Faculties

- Review relevant policies in light of this guidance.
- Ensure key stakeholders, including candidates and educational supervisors, are aware of the guidance and that it is easy to access.
- Consider the whole candidate journey for disabled candidates. For example, is all the information on College and Faculty websites regarding examinations in the most accessible form for disabled candidates?
- Consider providing information for disability assessors to help them tailor their recommendations more effectively for specific examinations.
- Provide training for decision makers on the principles of making reasonable adjustments.
- Consider developing access to shared expertise, peer support or a central Academy resource for decision makers when making complex or finely-balanced decisions about whether a requested adjustment is reasonable, and to share good practice.
- Consider whether a candidate can request an independent case review or appeal a decision to refuse an adjustment. Ensure there is clarity regarding the final decision maker where there is a dispute.
- Monitor the outcome of requests for reasonable adjustments and exam outcomes for disabled candidates.
- Develop a consistent policy on further candidate attempts where candidates receive a late diagnosis of dyslexia.

Other bodies including the GMC, education providers (HEE & others), NHS Employers, medical schools, BMA and special interest groups

- Work collaboratively to develop a joined-up approach between undergraduate and postgraduate medicine with respect to reasonable adjustments both in high stakes assessment and in assessments in the workplace. For example, some UK medical schools use a student support card that can be used throughout undergraduate training to evidence requests for reasonable adjustments (9). This might be an approach that could be extended to Colleges and Faculties.
- Encourage education providers to develop a consistent approach to assessing trainees for dyslexia to prevent the late diagnosis of SpLD.
- Develop or repurpose technology to help candidates to overcome barriers.
- Undertake research to evaluate the impact of reasonable adjustments in high stakes postgraduate assessment.

Resources

British Dyslexia Association

www.bdadyslexia.org.uk/

Promotes the early identification of SpLD and support for learners. Advises re screening and diagnostic reports for SpLD.

Equality Challenge Unit

<http://www.ecu.ac.uk/>

Advancing equality and diversity in Universities and Colleges.

GMC

<http://www.gmc-uk.org/education/23566.asp#Professionals>

Wide range of disability and inclusivity links relevant to medical training including: work and education related organisations, health professionals' groups, disability and health conditions organisations and digital and assistive technology support.

Equality and Human Rights Commission

<https://www.equalityhumanrights.com/en>

An independent statutory body with the responsibility to encourage equality and diversity, eliminate unlawful discrimination, and protect and promote the human rights of everyone in Britain.

National Association of Disability and Inclusivity Practitioners

<https://nadp-uk.org/>

Useful disability and inclusivity resources relevant for higher education and medical training.

NHS Employers

<http://www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce>

Offers a broad range of advice, guidance and support on disability and inclusion.

SpLD Assessment Standards Committee

<http://www.sasc.org.uk/>

Aims to support and advance standards in SpLD assessment, training and practice.

Glossary

Access arrangements

These are agreed before an examination. They enable a candidate with a disability or temporary medical condition to overcome barriers that prevent them from accessing an assessment, so that they can demonstrate their knowledge and skills without affecting the competence standards.

Candidate

Any individual who takes UK postgraduate medical examinations, regardless of whether they are in a UK training post.

Competence standard

Defined as an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability

Decision maker

Individual with the appropriate skills and experience to make decisions regarding candidate reasonable and discretionary adjustments

Disability

Defined by the Equality Act 2010 a person is disabled if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Discretionary adjustment

An adjustment provided for a candidate whose health condition does not meet the threshold for disability as defined by the Equality Act 2010.

Dyslexia

The most common form of SpLD. Dyslexia is not only about literacy, although weaknesses in literacy are often the most visible sign. Dyslexia affects the way information is processed, stored and retrieved, with problems of memory, speed of processing, time perception, organisation and sequencing (British Dyslexia Association).

High stakes assessments

A high stakes assessment is one with significant consequences for the candidate. For example, passing would result in a diploma or a licence to practise a profession, or failing would result in being unable to progress to the next stage of training.

Protected characteristics

Defined by the Equality Act 2010 as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Reasonable adjustments

A legal requirement on qualification bodies to make adjustments for disabled candidates who undertake their assessments, where any provision, criterion or practice, puts disabled candidates at a substantial disadvantage (more than minor or trivial) compared with those who are not disabled.

Specific Learning Difficulties

Specific Learning Difficulties (or SpLDs), affect the way information is learned and processed. They are neurological (rather than psychological), usually run in families and occur independently of intelligence. They can have significant impact on education and learning and on the acquisition of literary skills. SpLD is an umbrella term used to cover a range of frequently co-occurring difficulties, most commonly: dyslexia, dyspraxia, dyscalculia and attention deficit disorder (British Dyslexia Association 2017).

Trainee

Candidate for examination who is in an approved UK specialty or foundation training programme, including those who are temporarily out of programme, at the time they apply to take a summative high stakes examination provided by a UK Royal College or Faculty.

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Appendices

Appendix 1

Academy Short Life Working Group on Adjustments for Candidates in High Stakes Assessments

Terms of Reference and Membership

1. Background

Colleges are receiving increasing numbers of candidate requests for adjustments in high stakes assessments. These requests are being received from disabled candidates who are entitled to reasonable adjustments under the Equality Act 2010, and from other candidates who request adjustments on grounds such as a short term health condition, or on grounds such as pregnancy.

It was agreed that it would be helpful to adopt an intercollegiate Academy approach, to considering requests for adjustments in high stakes assessments, which would enable compliance with the requirements of the Equality Act 2010, and facilitate the sharing of good practice.

This Academy Assessment Committee short life working group will therefore consider the following areas, which are in scope for developing high level core guidance on making reasonable and other adjustments:

- The current arrangements for candidates to declare a disability, and to request a reasonable adjustment(s).
- The circumstances that may merit other types of adjustments, and the criteria and process for making requests.
- How Colleges and Faculties currently make decisions about reasonable adjustments for candidates, and then look to implement these judgments.

2. Outline Objective

To develop guidance to help Colleges to meet their legal obligations on providing reasonable adjustments, and to drive a consistent approach to providing other types of adjustments for those candidates who are not disabled but whose circumstances may merit an adjustment. This guidance will support the development of a core standard across all specialties.

3. Deliverable

To produce Academy guidance on adjustments for candidates sitting high stakes UK postgraduate examinations, for Colleges adoption and GMC endorsement.

4. Timescale/Next Steps

The Group will first meet in September 2016. Further meetings will be arranged where necessary with an aim to complete the guidance by the end of 2017.

5. Chair and Administration

The Working Group will be chaired by Dr Pauline Foreman. The administration will be the responsibility of the Policy Manager, Claire Coomber

6. Membership

Chair (RCGP)	Pauline Foreman
Academy Policy Manager	Claire Coomber
General Medical Council	Andrea Callendar
General Medical Council	Ioanna Maraki
Academy Trainee Doctors' Group	Vicky Mason
Royal College of Psychiatrists	Fauzan Palekar
Royal College of Radiologists	Laura McGarry
Royal College of Obstetricians & Gynaecologists	Lisa Joels
Royal College of General Practitioners	Mandy Fry
MRCPUK	Sarah Farage
Royal College of Paediatrics and Child Health	Dan Crane
NHS Employers	Sarah Parsons

Appendix 2

Arranging reasonable adjustments for candidates with disabilities in high stakes assessments – scoping exercise (brief results)

Method: Survey monkey questionnaire sent by email to approx. 40 individuals representing the Heads of Exams.

Results: responses received from 11 individuals, representing 10 organisations.

- Anaesthetics
- General Practitioners
- Surgeons
- Physicians – both UK and Ireland
- Psychiatrists
- Pathologists
- Public Health
- Ophthalmologists
- Radiologists

How is the information communicated to candidates?

All Colleges included information about how to access reasonable adjustments on their websites, which candidates were expected to access at the time of applying for their exam. It varied as to whether or not this information was buried within the exam regulations or was more readily accessible. Some Colleges, the smaller ones, were more proactive in following up and prompting candidates who it was felt might benefit from reasonable adjustments, whereas others very much left the responsibility to the candidates.

One College communicated information on how to access reasonable adjustments to educational supervisors and training programme directors. Another College provided training for examiners on the process for making reasonable adjustments, which was associated with an increase in applications.

What evidence do you expect the candidate to provide?

Every respondent said they expected the candidate to provide some level of supporting information such as a letter from a consultant or occupational health. Only six Colleges routinely asked the candidates for adjustments that had been made in previous exams. Whether or not the candidate was asked for supporting information from their educational and/or clinical supervisor also varied with details of workplace adaptations rarely being considered. This may reflect the fact that some exams only allowed reasonable adjustments for written exams and not for clinical simulations or OSCEs.

With specific reference to candidates with SpLD what evidence do you expect them to provide?

All Colleges expected a report either from an educational psychologist or, rarely, from a university disability assessor provided that source detail regarding the tests used and scores achieved were included. Five Colleges specified further details as to the qualifications of the educational psychologist (or PATOSS assessor) and that it needed to be a post age 16 assessment in English.

Whose responsibility do you consider it to be to fund the cost of any specialist assessments?

Nine individuals answered this question and all felt it was the candidate's personal responsibility.

How do you decide what reasonable adjustments are required for a particular candidate?

There was some use of guidelines, such as a standard 25% additional time for candidates with SpLD, but generally each case was assessed on a case-by-case basis for more complex assessments. The suggestions of the expert supplying the supporting information were always taken into consideration but not always adhered to, in recognition of the fact that sometimes they did not have a good understanding of what the exam actually entailed.

What are the qualifications and experience of the individual involved in making case-by-case decisions for more complex cases?

This was generally the role of the Head of Exams, although in two cases it remained the province of the administrative team. In some instances, however, the Head of Exams had access to a wider core group with whom to consult on more complex cases, and could also if necessary access support from an external equality advisor.

What statistics do you keep on the numbers and types of disabilities that candidates declare?

All Colleges were willing to share their data but often felt it reflected very small numbers and was not readily available in a usable format. Only one College routinely publishes exam outcomes for disabled candidates.

Appendix 3

A literature search was performed by the MRCP (UK) in June 2017. The following databases were searched; Medline, Education Resource Information Centre (ERIC) and British Education Index (BEL) using the following keywords and phrases in various combinations: adjustments /accommodations (US equivalent), disability (all disability and SpLD), summative/high stakes examinations and examination outcomes. Specific inclusion criteria were applied as described below. Five papers were identified as being relevant, which are included in the references section.

Criteria	Definition
Date	Although there has been a requirement for qualification bodies to provide reasonable adjustments for disabled candidates in the UK since 1995 (Disability Discrimination Act 1995), it was decided to include articles from 2000 onwards, to ensure findings were relatively contemporaneous,
Country	A decision was taken to only include studies from the UK, USA, Canada, Australia and New Zealand, as although the legal frameworks are different it was felt that these settings were most comparable in relation to language and approaches to disability. The US in particular has one of the largest and most researched high stakes medical assessment in terms of the United States Medical Licensing Examination.
Medical students/ doctors	The studies were required to include medical students or doctors because of the relevant patient safety implications.
Postgraduate/ Undergraduate	The studies were required to be conducted in the undergraduate or postgraduate setting.
Full paper	The articles were required to be full papers, rather than abstract-only publications.

Appendix 4

MRCPCH/DCH Request for Reasonable Adjustment Form

Candidates should complete this form if they are seeking a reasonable adjustment in a component of the MRCPCH/DCH on the grounds of a disability/impairment (whether temporary or permanent) and return the completed form with supporting evidence from suitable professionals (please see the FAQ for further guidance).

Any request for adjustments must be completed and submitted at the time of applying to sit the examination.

Completed forms must be submitted no later than 7 weeks prior to the examination date.

Late submission may mean the College is unable to accommodate the reasonable adjustment request made due to the lack of time to prepare and implement it. Candidates should also refer to the document 'MRCPCH/DCH ***Information for Disability Assessors/suitable professional providing supporting evidence***' (attached at the end of this document) which will help disability assessors/suitable professionals better understand the assessment process. Please ensure that the disability assessor/suitable professional reviews' this document before completing their assessment. This will enable them to tailor their recommendations more specifically to the candidate's needs. The form should be completed and emailed to examinations.enquiries@rcpch.ac.uk or by post to the RCPCH London office address together with any supporting evidence.

Personal information on this form will be used by RCPCH only for the purpose of providing reasonable adjustments for RCPCH examinations. There may be limited circumstances where we would share your information with a third party. Please see the confidentiality section of this form for further information. The personal information on this form will only be retained until such time as you have completed all parts of the MRCPCH. Once you have completed the MRCPCH all personal information related to your request for adjustment will be confidentially destroyed / deleted.

You have a right to access your personal data and rectify any inaccuracies. If you would like to exercise these rights or have any concerns about the way your personal data are being handled, please send an email to: examinations.enquiries@rcpch.ac.uk.

Reasonable Adjustments Policy for RCPCH Examinations v.1.0
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MRCPCH/DCH Request for Reasonable Adjustment Form

Name of candidate:		
RCPCH number:		
Date:		
Examination component: (please place tick in relevant box / highlight relevant examination)	Theory Exam	Clinical Exam
Date of exam:		
<p>Nature of disability/impairment</p> <p>Please describe here the disability/impairment that you (the candidate) wish the RCPCH to take into account in deciding what reasonable adjustment would be appropriate for the examination. Candidates are asked to explain how their ability to perform the examination is affected by their disability/impairment. Any documentary evidence provided by a disability assessor/suitable professional (e.g. a medical disability certificate) should be submitted with this form. Candidates with a specific learning disability, such as dyslexia, will be required to attach a report from a disability assessor/educational/chartered psychologist or a specialist teacher with a practising certificate (PATOSS), reporting on an assessment undertaken in English after the age of 16.</p>		

Reasonable adjustments granted for previous examinations

Please outline any reasonable adjustments that have been granted for examinations you [the candidate] have taken in the past [e.g. during Medical School/Foundation Training]. Candidates should include as much detail as possible, for example if they were granted additional time, how much additional time was granted, when the adjustment/s were granted and for what type of examination etc.

Consent:

It is possible that the RCPCH Examinations Team may need to obtain further information regarding a candidate's disability/impairment before being able to decide whether or not reasonable adjustments can be made. The College would therefore like your [the candidate's] consent to contact:

- a) The disability assessor or other suitable medical professional who provided the documentary evidence provided to support your [the candidate's] application if further clarification is needed.

By signing this form candidates are giving RCPCH consent to contact the above individuals for the purposes specified.

We [the RCPCH Examination Team] will inform you [the candidate] if we are intending to approach any individual who may be able to provide further useful guidance in order to provide you with the necessary support for your examination.

Confidentiality:

The information provided in this form, and any additional supporting information that you [the candidate] provide, will be held by the RCPCH Examinations Team in accordance with the Data Protection Act 1998 or any equivalent subsequent legislation. It will only be shared with members of a small advisory group if further discussion is required.

If reasonable adjustments are granted they will be communicated to the RCPCH computer based testing provider in relation to theory examinations and the relevant MRCPCH/DCH Clinical Examinations Board/Examinations Executive Committee in relation to clinical examinations sat.

In relation to the clinical examinations only, it is up to you [the candidate] if you would like the reason for the adjustment [i.e. the underlying disability/impairment] to be communicated to the host examiner, senior examiner, examiners and role players. Please indicate your [the candidate's] choices below.

- I [the candidate] **give / do not give** *(delete as appropriate)* my consent for the RCPCH to contact my [the candidate's] disability assessor/suitable professional for the purposes stated above.

- I [the candidate] **would like / would not like** *(delete as appropriate)* the relevant MRCPCH/DCH Clinical Examinations Board/Examinations Executive Committee to be made aware of the underlying disability/impairment that has given rise to my request for reasonable adjustments.

- [In relation to the MRCPCH/DCH Clinical Exams] I [the candidate] **would like / would not like** *(delete as appropriate)* the host examiner, senior examiner, examiners, role players to be made aware of the underlying disability/impairment that has given rise to my request for reasonable adjustments.

Signed by candidate	
Date received by RCPCH	

Appendix 5

MRCGP Information for Disability Assessors (extract)

Clinical Skills Assessment

This involves a simulated surgery of 13 GP consultations, each of ten minutes duration with a two-minute gap between the consultations. There is also a 20-minute coffee break after seven consultations.

The candidates are given a 20-minute briefing on what to expect and are then given a minimum of ten minutes before the first consultation to read through the paperwork, which is provided on an iPad. There are usually fewer than ten lines of information for each case. The candidate will also have access to a print copy of the British National Formulary (BNF) and the BNF for Children, in which they are allowed to highlight particular areas with coloured index slips, but not to annotate the actual copy.

Many of the candidates are already very familiar with the format of the exam and what is expected of them, as this information is freely available on RCGP-approved DVDs and from Deanery courses.

Each case will involve a simulated consultation with a role player. It will involve taking a history and may also involve interpreting small amounts of written information and physical examination. Sometimes, instead of being expected to examine the patient, the findings will be given to the candidate either verbally or on a typed laminated card. The candidate may have to write a blood request or prescription but will not be expected to complete any other written record.

Thirteen individuals will assess the candidate, as a different examiner marks each case. The exam is quite time pressured for all candidates and having just ten minutes for each consultation is deliberate as this is what will be expected of them as qualified GPs. In this respect it is no more challenging than everyday general practice; indeed, probably less so, as in the course of their normal work, GPs are also expected to keep accurate medical records and may consult with between 15 and 18 patients in succession.

Examples of reasonable adjustments that have been made:

- Providing extra time to read the initial paperwork for candidates with Specific Learning Difficulties (SpLD).
- Providing the written information in paper form rather than via iPad for candidates with SpLD.
- Adding in an additional break for individuals who have fatigue
- Special seating for individuals with back problems.
- Providing additional heating for individuals with Raynaud's syndrome.
- Providing an assistant to help with physical examination for a candidate who utilised this in their everyday practice.

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