



Accommodations in Residency Training and Assessments

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Introduction

Defining acceptable disability accommodations in residency training and assessments can have many patient care, legal and academic ramifications. Lack of reasonable accommodations may impede the ability of a resident physician to complete their training and meaningfully participate in the medical profession. On the other hand, some accommodation requests could jeopardize patient care, may be difficult for an organisation to fulfill, or could compromise the acquisition of required competencies¹. Balancing these elements for learners, training programs and their patients is a complex task. As there is a lack of consistency and national standards in this area, this document provides guiding principles for accommodations during residency training to improve the process and experience for all trainees in the Canadian PGME environment.

The Canadian Charter of Rights and Freedoms - Section 15, states that every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, gender identity, age or mental or physical disability (Government of Canada, 1982).

The Canadian Human Rights Act, which prohibits discrimination against persons with disabilities, contains the following definition – **Disability** means any previous or existing mental or physical disability and includes disfigurement and previous or existing dependence on alcohol or a drug (Government of Canada, 1976-77). Employers and service providers have a duty to accommodate when an individual's needs are based on grounds of discrimination, but these must be reasonable accommodations that would not cause undue hardship to the organization, (Canadian Human Rights Commission).

Educators and administrators providing accommodations to learners should also be aware of the definition of disability in their own province or territory. For example, the Ontario Human Rights Code's definition is as follows: **Disability** covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities, and other conditions (Ontario Human Rights Commission, 2016).

The Government of Canada defines accommodation as referring to the design and adaptation of the work environment to the needs of as many types of persons as possible. Health Canada's mandate is to help Canadians maintain and improve their health, while respecting individual choices and circumstances. The Supreme Court of Canada case law describes what is required to avoid

¹ Bona fide occupational requirements, waivers of training and exemptions from certain specialty-specific competencies are beyond the scope of this document.

discrimination. Examples of accommodations in the workplace include, but are not limited to: attendant services; adaptive technology; changes to work sites; flexible work arrangements, converting printed matter to alternative media and reader services for employees who are blind; providing work space and furnishings appropriate to the nature of the disability, providing interpreters for deaf and hearing-impaired employees, adapting training programs to the needs of employees with disabilities, including those with learning disabilities, and allowing extra time, where appropriate, for tests and exams (Government of Canada, 2002).

Given the variability in provincial/territorial legislation, university, and regulatory/examining college policies related to accommodations, resident physicians across the country often receive different types and levels of accommodation during training and for assessments. National guidelines about the rules and processes involved in accommodating resident physicians during training and for assessments will increase fairness and equitability for all stakeholders. As many different organizations are implicated in post graduate medical education (PGME), clarity and agreement from all those involved in the process will help standardize accommodation practices nationally, while ensuring alignment with Canadian legislation. Although the principles set forth in this document are intended to provide overarching national guidelines, each institution must adhere to their respective provincial/territorial legislation. Resource and financial limitations at the university and program level are often the rate-limiting step in providing accommodations. Government and health authorities provide some of this financial support and therefore have a role to play in providing accommodations. The variability of resources across different training sites and within training sites can influence the extent and ability to accommodate. The rights of a trainee must be carefully balanced against what the system can reasonably accommodate.

Background

A scan of the PGME offices across Canada revealed that although some have policies in place specific to PGME training, others adhere to the university policies for all students, and still others have no such policy. See the appendix for a list of existing policies.

Principles

- **The triad of accommodations** – When considering and making accommodation decisions, three key stakeholders must be kept in mind: patients, learners and training programs. Patient care and safety are of primary importance. If the system provides the necessary supportive and enabling accommodations, learners may be able to provide equally safe patient care from a different perspective.
- **Abilities** – The focus of accommodations and related policy/procedures should be on the abilities, essential skills and competencies a trainee needs to provide safe, effective, clinical patient care. Supportive and enabling accommodations may allow learner physicians with disabilities to demonstrate their abilities. These abilities and the resources required to accommodate, may differ across the continuum of education and practice, but there should be as much alignment as possible between UGME, PGME and into clinical practice.
- **Dignity and Equity** – Trainees have the inherent right to be valued and respected. Accommodations provided to trainees should be equitable, within the confines of a particular discipline or training site.
- **Transparency** – Trainees should be informed about limitations at a particular university/program and should be able to access this information during the residency application process. Trainees should be forthcoming about sharing their accommodation documentation in advance with those who need to know, with a fair process employed at the appropriate time (e.g. post-CaRMS match).
- **Collaboration** – Cost savings and improved resource utilization may be possible if PGME programs across the country can collaborate by sharing information about specific accommodations that have been provided in the past.
- **Consistency of Processes** – Processes involved in providing accommodations should be standardized across the country.
- **Competency** – The academic integrity of the learning and assessment processes must be upheld to produce competent physicians.
- **Professional Integrity/Conduct** – There is a shared onus on the trainees, the residency programs and the certifying bodies to efficiently and proactively inform regulatory authorities about accommodations and special needs, both during residency training and during transition to practice, in the interest of public safety.
- **Confidentiality** – Accommodation information should be shared only with those individuals who need to know. In circumstances where mandatory reporting is required, the information may be shared without the express consent of the learner. In all other cases, the sharing of accommodation information requires the learner's consent.

Recommendations

Based on the above principles and rationale, the PGME Collaborative Governance Council recommends the following:

- 1. Education:* After the residency match, learners requiring accommodations should receive targeted education from their receiving school about the meaning of the duty to accommodate in the medical education context, accommodation rights and needs disclosure, including when, how, and to whom. They should also receive career advice and counselling before the residency match and throughout medical school. All faculty, resident colleagues and other allied health peers should receive faculty development education about the accommodations process. (Potential Responsible Organizations/Stakeholders: PGME receiving school, Universities, Learners)
- 2. National network:* A national network, with thorough historical knowledge about accommodations provided in the past and current resources across the country, should be created to provide consultation to learners and faculty/administrators involved in providing accommodations. (Potential Responsible Organizations/Stakeholders: RDoC, FMRQ, CFMS, FMEQ, CAPD, Royal College, CFPC, CMQ, MCC, FMRAC, UGME, PGME, Student Affairs, AFMC)
- 3. National repository:* Following national/provincial/territorial privacy laws, a national repository of previous accommodation processes, strategies and de-identified examples of both successes and challenges should be developed, in the interest of creating common and equitable practices (Potential Responsible Organizations/Stakeholders: TBD)
- 4. Transparency & Equity:* Accommodation processes may vary across the country, but should be transparent, fair and equitable. (Potential Responsible Organizations/Stakeholders: PGME, Universities, AFMC, CFPC, Royal College, RDoC, FMRQ)
- 5. Continuity:* With learner consent and adhering to national/provincial/territorial privacy legislation, accommodations should follow the learner across time (training levels) and space (training sites/provincial borders). (Potential Responsible Organizations/Stakeholders: Learners, UGME, PGME, FMRAC)
- 6. Professional Integrity/Conduct:* In addition to situations where medical regulatory authorities (MRAs) require or recommend reporting, self-reporting of a disability should be encouraged when either the duties of the learner or patient care are negatively affected. Disclosure to those who need to know is necessary where accommodation is required to provide safe patient care or to promote professional growth and effective learning. Disclosure should be respectful of the dignity and concerns of the accommodation seeker. (Potential Responsible Organizations/Stakeholders: Learners, FMRAC)

7. *Leadership*: PGME offices should take on a leadership role in developing accommodation policies, procedures and guidelines, including the targeted educational information learners need, to provide the necessary and appropriate guidance through the PGME system. (Potential Responsible Organizations/Stakeholders: PGME)

8. *PGME Navigator*: A person knowledgeable in accommodation processes, the PGME educational environment and arm's-length from the learner's program should be identified by the PGME office who, at the request of the learner, can act as a liaison to facilitate the learner's interaction with accommodations and related processes, policies and systems, including partnership with implicated healthcare organizations and hospitals. (Potential Responsible Organization/Stakeholders: Resident Affairs or equivalent)

9. *Support*: Supportive systems involving student/resident wellness/affairs, peers, and faculty should be developed both to help medical students and resident physicians navigate the accommodations process, as well as to navigate possible challenges inherent in learning and practicing with a disability. (Potential Responsible Organizations/Stakeholders: PGME)

10. *Communication*: PGME offices should communicate their accommodation policies, procedures and guidelines to learners, physician supervisors and program directors as part of an overall communication strategy. One important component of this strategy is to identify and define for resident physicians the support systems in place at a given institution. (Potential Responsible Organizations/Stakeholders: PGME)

11. *Future research*: Further Canadian research into medical student, resident physician, and physician accommodations is needed from all implicated stakeholders and should be a priority area for future research. (Potential Responsible Organizations/Stakeholders: All)

References

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Appendix

A good example of a well-developed and robust policy from the University of Saskatchewan can be found here:

<https://medicine.usask.ca/policies/pgme-disability-accommodations.php#relatedForms>

Certifying organizations have more specific accommodations policies. The Canadian certifying organizations have the following policies/processes currently in place:

<http://mcc.ca/assessments/test-accommodations/>

http://www.cfpc.ca/uploadedFiles/Education/Exam_Information/Policy_on_Accommodation_for_Special_Needs.pdf

<http://www.royalcollege.ca/rcsite/credentials-exams/writing-exams/registration/candidates-requiring-special-accommodation-e>