

## **Dental Schools Council policy on Reasonable Adjustments applying to undergraduate dental programmes in the United Kingdom**

### Introduction

The Dental Schools Council (DSC) is committed to recruiting a diverse body of students to study towards the registerable degree awarded by the university dental schools. The intention is to meet the needs of the public, and the student body, by representing a broad cross-section of the population who will go on to provide oral and dental healthcare after qualification. However, the process of educating and training to the point of graduation requires the student to demonstrate ‘scope-specific’ outcomes (competencies), defined by the General Dental Council (GDC), over a wide range of domains and these, unfortunately, by necessity preclude the admission of students with some disabilities.

### Legislative Framework

Within the UK, discrimination is governed by the Equality Act (2010) that considers: ‘enactments relating to discrimination and harassment related to certain personal characteristics...[the] exercise of certain functions to be with regard to the need to eliminate discrimination and other prohibited conduct.... [and the] exercise of certain functions to be with regard to the need to eliminate discrimination and other prohibited conduct...’

Disability is listed explicitly as one of 9 categories of ‘protected characteristics’. In Part 2, Chapter 1, Section 6 of the Act, a disabled person is defined as one who:

- (a) has a physical or mental impairment, and
- (b) the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

However, there are legitimate exceptions which are listed within the Equality Act which allow for lawful discrimination:

- Section 53(7) states that ‘The application by a qualifications body of a competence standard to a disabled person is not disability discrimination unless it is discrimination by virtue of section 19 (the obligation to demonstrate that the provision must be a proportionate means for achieving a legitimate aim).
- Where a competence standard is a proportionate means for achieving a legitimate aim, then the application of that standard is not discriminatory.
- Section 96 states that a qualifications body (regulator) does not need to make reasonable adjustments in so far as it must ensure that the “qualification gives a reliable indication of the knowledge, skills and understanding of a person” (subsection 8b) and the need to “maintain public confidence in the qualification” (subsection 8c).

The following considerations could have transferability to other professional programmes, but dental programmes, uniquely within university degrees, consist of training in a craft surgical skill in addition to education in the basic and human clinical sciences. The end-point of UK undergraduate dental training is graduation and registration with the GDC. Prior to a Bachelor of Dental Surgery (BDS) graduate being able to work in the NHS as an independent general dental practitioner, mandatory Dental Vocational/ Foundation Training must be completed satisfactorily. This requirement significantly limits the ability for a student, who cannot meet fully the specific requirements of this employment, to use their degree within the profession. This is a substantially different situation to that which prevails in medicine.

### Regulation

When a student enters undergraduate dental training they enter a complex regulatory framework designed to assure the safety of the public and their patients. The principal professional regulator (GDC) sets required standards for all registrants. However, these are also applied to students in the dental healthcare team, in every year of their training.

Requirements include:

1. Health clearance requirements to commence clinical study have been set by the Department of Health (DH) in 2007, and specific requirements for dentistry are outlined within the document 'Health clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis' (MSC and DSC 2014).
2. The outcomes for registration are prescribed within Preparing for Practice (GDC 2012). These must be demonstrated independently by each student by the end of their training.
3. The required skills, behaviours and attitudes are set within Standards for the Dental Team (GDC 2013).
4. Health and conduct are governed by Student Fitness to Practise (GDC 2010, revision due 2016).

### Reasonable adjustments

To enable students with protected characteristics to study successfully towards their degree there is the requirement to make 'reasonable adjustments' to avoid, as far as possible "by reasonable means", the disadvantage which a disabled student experiences because of their disability. This duty requires universities to take positive steps to ensure that disabled students can fully participate in the education and other benefits, facilities and services provided for students. Reasonable adjustments are intended to avoid substantial disadvantage where:

- a provision, criterion or practice puts disabled students at a substantial disadvantage.
- a physical feature of the building or premises puts disabled people at a substantial disadvantage (this includes removing the physical feature in question, altering it or

providing a reasonable means of avoiding it).

- without provision of an auxiliary aid, disabled students would be put at a substantial disadvantage.

Within the Student Fitness to Practise document the GDC states that: “although adjustments cannot be made to the outcomes themselves, reasonable adjustments can be made to methods of teaching and learning and to the assessments by which the student demonstrates that these outcomes are met.”

It must be noted that the provision of a reasonable adjustment should remove the disadvantage from the student with a disability. However, this should not constitute an advantage over the other members of the student body as they would, in turn, become ‘disadvantaged’.

### Fitness to train

#### Occupational Health

Prior to commencing clinical studies a dental student must have an occupational health assessment to comply with DH requirements (see 1. above). The Higher Education Occupational Physician/Practitioners organisation (HEOPS) publishes fitness standards online at [www.heops.org.uk/HEOPS\\_Dental\\_Students\\_fitness\\_standards\\_2013\\_v11.pdf](http://www.heops.org.uk/HEOPS_Dental_Students_fitness_standards_2013_v11.pdf) These fitness standards are used by HEOPS members to assess fitness to train and adjustments needed on objective health grounds. Doctors working in the occupational health domain who are not accredited specialists in occupational medicine, and nurses working in the occupational health domain, may have skills, knowledge and experience which allows them to provide evidence based, logical and reasoned recommendations based on a detailed knowledge of the mandatory competencies. Such skills, knowledge and experience should be objectively demonstrable through professional appraisal, revalidation and training records. Where an appropriately experienced doctor or accredited specialist in occupational medicine recommends adjustments to the training course for a student based on the HEOPS fitness standards, then this recommendation will carry significant authority since it is based on the mandatory competencies set by the GDC. Schools should consider these as ‘obligatory’. However, it is for the training school to determine whether such adjustments are reasonable on grounds of cost, practicability, effectiveness and patient safety. It is possible that a student may need a specific adjustment to their training course on objective medical grounds, and in that sense the adjustments is medically ‘obligatory’. However that same adjustment may be unreasonable on grounds of cost for example, and in that sense the school may decide it cannot implement the adjustment. Where the school is unable to meet these reasonable adjustments, then it should consider a referral via fitness to practise procedures on health grounds (following the GDC Student Fitness to Practise guidance). During these processes, the school will have to justify why it cannot meet the required reasonable adjustment.

### Disability support

In most universities, students can also access assistance from a disability support office.

These departments ensure that disabled students are most able to achieve their potential. Assessments are usually made by non-medically qualified personnel who are not necessarily conversant fully with the regulatory framework associated with dentistry.

Recommendations for reasonable adjustments made by this group should be therefore be considered as 'advisory'.

If, after due consideration, the school cannot implement the disability support office's recommendations then they should:

- a) explain in writing to the disability support office, and the student concerned, why they cannot provide the adjustment.
- b) consider referral to an occupational physician for a further assessment of fitness to train, or implement a referral to fitness to practise on health grounds.

#### Occupational Health Assessment timing related to Admissions

Within programmes such as dentistry, where student numbers are capped by the government, a student who is registered initially but then excluded due to an inability by the training school to meet the reasonable adjustments, removes two individuals from the profession: the student with the disability, but also the prospective student who could not be offered a place. To maximize the student body and professional workforce it would be better if the occupational health assessment could be made prior to registration as a student. Whilst this may be fraught with logistical and ethical difficulties, the ideal situation would be for this assessment to take place after an 'offer' has been made, with an explicit condition that the student must be adjudged as fit to train by the occupational health assessment prior to their final acceptance onto the programme.

#### Reasonable Adjustments and assessments

##### Written examinations

In many cases a disability support office will suggest a reasonable adjustment such as 25% additional time in examinations. In traditional examinations this is often simple to implement.

Some other recommendations will not be able to be delivered including, but not limited to, those involving early release of examination papers to candidates. Many dental schools use multiple choice format examinations, partly to meet the GDC's requirement for standard-set examinations and to simplify post hoc analysis. Security of the examination question bank precludes candidates having access to the examination questions in advance of their colleagues.

The use of specifically coloured overlays may also not be possible when an MCQ-style examination is hosted via computer or slideshow formats. However, where possible, a pastel coloured background and appropriate text colour should be selected for these formats in an attempt to reduce a potential disadvantage to students with dyslexia.

### Adjustments unable to be fulfilled in clinical training practice

Given the need to reduce patient morbidity, by providing good quality longitudinal clinical care during training, and to demonstrate that the mandatory competencies have been achieved by the student independently, a number of adjustments are incompatible with dental programmes. Within the clinical training and assessment elements of the programme these include:

1. Provision of a personal assistant to:
  - a. read or write clinical notes etc. on behalf of the student
  - b. undertake numerical calculations on behalf of the student
  - c. practise in the relevant discipline, or undertake practical procedures listed by the GDC
2. Permission to be absent permanently from training placements
3. Provision of a bed on which the student can sleep on demand within the educational or placement environment
4. Exemption from any mandatory competencies required by the GDC

### Clinical examinations

Real time clinical examinations are a proportionate means for achieving the legitimate aim of ensuring patient safety by testing real time clinical skills. Additional time to undertake mandatory clinical tasks would put patient safety at risk and would prevent assessment of the mandatory real time element of clinical outcomes. Extra time for clinical examinations cannot therefore be permitted as an adjustment.

OSCE examinations also fit within the category of clinical examinations. However, extra time may be required as a reasonable adjustment to move between stations or read and comprehend the scenario. To remove the disadvantage to a disabled student whilst maintaining the integrity of the examination, extra time should be allocated to all students in the stream/examination. No student will gain an advantage from this as sufficient time will be available for all candidates' preparation prior to undertaking the procedure. However, all tasks within the station will have the same time allocation for all students. The OSCE format precludes candidates sitting the examination in isolation from their colleagues.

### Conclusions

Assessments of fitness to train or practise are "a proportionate means of achieving the legitimate aim of ensuring patient safety" in order to meet requirements of equality legislation. These allow dental schools to reconcile the various requirements of the GDC and the Equality Act (2010).

Where recommendations for adjustments are made by an appropriately qualified medical practitioner, based on the mandatory fitness standards, these must be considered very carefully and only rejected if they can be objectively demonstrated to be unreasonable on grounds of cost, practicability, effectiveness or patient safety. If these cannot be accommodated by the school the student should be referred to a fitness to practise process,

on health grounds (with appropriate justification).

Where recommendations for reasonable adjustments are made by a university disability support office these should be considered in light of the mandatory outcomes for registration that the student must achieve independently. Where a school feels it cannot support the recommended reasonable adjustments they should:

- a) explain in writing to the disability support office, and the student concerned, why they cannot provide the adjustment.
- b) consider referral to an occupational physician for a further assessment of fitness to train, or implement a referral to fitness to practise on health grounds.

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