Our postgraduate medical learners (residents and fellows) with disabilities are entitled to the same opportunities and benefits as those without disabilities. In some circumstances, those with disabilities may require special arrangements or "accommodation" to enable them to fulfill their academic studies and clinical practice. “Disability” covers a broad range and degree of conditions, some visible and others not. A disability may have been present from birth, caused by an accident, or developed over time. It includes physical/mental disabilities, learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities, as well as other conditions.

Accommodation is a legal obligation as outlined in the Ontario Human Rights Code and the goal of any accommodation plan is to allow equal benefit from and participation in services, housing, or the workplace. Reasonable accommodation may require members of the University community to exercise creativity and flexibility in responding to the needs of learners with disabilities. However, such accommodation cannot compromise patient safety and well-being.

As noted in the Council of Ontario Faculties of Medicine Policy on Essential Skills and Abilities Required for the Study of Medicine: http://www.ouac.on.ca/docs/omsas/COFM_Abilities_Sept03.pdf there are standards which a medical learner must meet in order to carry out the duties and responsibilities of the profession in the areas of observation, communication, motor functions, intellectual-conceptual, integrative and quantitative abilities, and behavioral and social attributes. In addition, medical learners with a disability must demonstrate a full understanding of the required knowledge and independently perform the required skill. In certain circumstances, an intermediary may be appropriate. But no disability can be accommodated if the intermediary must provide cognitive support, substitute for cognitive skills, perform a physical examination and/or in any way supplement clinical judgment. The appropriateness of an intermediary will be assessed on a case-by-case basis.

There is no set formula for accommodation. A solution for one person may not work for someone else. Some examples of accommodations for our medical learners might be extra time for examinations, use of assistive reading devices, or restructured rotations. Please note that as our postgraduate medical learners do not pay the student services fee, the services of the University’s Accessibility Services Office are not available to them. However, the Faculty of Medicine’s Postgraduate Medical Education Office works with Program Directors to facilitate case communication and meetings, assist in coordination of accommodation requests, and find resources. For medical residents in programs accredited by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada,
extra care must be taken in formulating an accommodation plan to ensure the specialty training requirements for certification are met.

Accommodation is a shared responsibility. Everyone involved, including the medical trainee, should cooperate in the process, exchange relevant information, and explore accommodation solutions together.

Accommodation for trainees who have been identified with a communicable disease are reviewed by the Faculty’s Expert Panel on Infection Control. The Panel reviews the procedures the trainee will perform according the Level of risk for bloodborne pathogen transmission as outlined in the Society for Healthcare Epidemiology of America (SHEA) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus, March 2010. Program Directors are involved in the Panel’s discussion of rotation service and call modification required to accommodate.

Self-protection procedures are reviewed with the trainee by the Chair of the Panel, a contract is signed outlining the trainee’s requirements and commitment to a hepatologist follow-up and report plan. The Program Director is responsible for informing the relevant hospital/faculty members on a need-to-know basis regarding rotation and/or call modification. The Postgraduate Medical Education Office is responsible for tracking submission of the trainee’s follow-up reports.