

How the NMC makes reasonable adjustments for people using our services

What are reasonable adjustments?

- 1 Reasonable adjustments are changes to the way we offer our services to ensure disabled people¹ have a fair and equal chance of accessing our services.

What does this document do?

- 2 This policy sets out our reasonable adjustments process for everyone trying to access our services, including disabled people. It tells people who interact with us what they can expect, and how we will adjust our processes to ensure they are accessible and inclusive.

Who is this document for?

- 3 This policy applies to everyone who wishes to use our services. This includes (but is not limited to): people making referrals to fitness to practise (FtP), witnesses, people going through FtP proceedings, and people applying for registration, revalidation and readmission or restoration to our register.
- 4 The NMC is committed to ensuring our policies and guidance documents are inclusive and accessible to everyone. If you would like to receive this guidance in an alternative format, then please contact the Equality, Diversity and Inclusion Team at equality@nmc-uk.org or call 020 7637 7181.

What is a disability?

- 5 The term 'disability' covers learning disabilities, physical and mental impairments that have a substantial and long-term effect on the person's ability to carry out normal day-to-day activities. A long-term effect is one that has lasted, or is expected to last, for 12 months or more. The Equality Act 2010 ('the Act') gives rights to people who have, or have had, a disability, to prevent them from being placed at a substantial disadvantage.²
- 6 We are committed to making adjustments to promote good practice and as part of our person-centred approach and as part of that commitment there will also be occasions when we'll consider adjustments for people who may not have a disability, but who may still face barriers when using our services.

¹ Where possible we have used the terminology 'disabled people' from the social model which acknowledges that people are disabled by how society is organised. At other points in this document we also use the terminology 'people with disabilities' from the medical model. We are conscious that both terms are used by organisations that represent the views of disabled people.

² The Equality Act 2010 does not apply in Northern Ireland, but they have very similar equality requirements spread across several pieces of legislation. For example, Section 75 of the Northern Ireland Act 1998 also includes consideration of 'political opinion' as a protected characteristic, the Disability Discrimination Act 1995 still applies to employment in Northern Ireland, and the Special Educational Needs and Disability (Northern Ireland) Order 2005 applies in all education settings.

- 7 HIV, multiple sclerosis and cancer are deemed to be disabilities from the date of diagnosis. People with severe disfigurements are also deemed to be disabled under the Act, as are people who are registered as blind or partially sighted with their local authority or an ophthalmologist.
- 8 In addition to these conditions, the Act's definition of a disability is broad enough to cover people with a range of common impairments such as hearing, visual and speech impairments as well as other conditions such as dyslexia, arthritis, depression, diabetes, asthma and back problems. A disability may be visible or non-visible.
- 9 A learning disability is a significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood. Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. Learning difficulties include dyslexia and dyspraxia.
- 10 The NMC has committed to the NHS England Ask, Listen, Do principles.³ This is an initiative aimed at making sure children, young people and adults with a learning disability, autism or both feel empowered to speak up, provide feedback about services, raise concerns or make a complaint.
- 11 Mental illness is a very broad category covering some very different conditions. There is a huge range of type and severity of mental illness such as anxiety, depression, bi-polar disorder and panic attacks. In particular, it primarily and significantly affects how a person feels, thinks, behaves, or interacts with other people.
- 12 In light of this, we don't make judgements on who will meet this legal definition. If a person informs us that they have a disability, long-term injury or health condition and they are finding it difficult to access our services, we don't try to decide whether they are covered by the definition of a disability. Instead we focus on exploring whether a reasonable adjustment would remove the disadvantage that they are experiencing.
- 13 Similarly, we don't normally request medical evidence of a person's disability. We accept that the person is disabled and focus on exploring what adjustments would make it easier for them to interact with us effectively. In most cases, we wouldn't require independent medical advice to make an adjustment because we'll accept advice from a disabled person on their requirements.

How can we provide 'reasonable adjustments'?

- 14 We will always consider requests for adjustments to remove or reduce any disadvantages faced as far as possible, but we only have to make adjustments that are reasonable for the NMC to make.

³ <https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/>

- 15 We will consider providing equipment or other aids which make it easier for disabled people to access our services.

Examples of providing equipment or other aids

- Providing an induction loop for a person who uses a hearing aid
- Providing information in an alternative format, such as large print for a person with a visual impairment, or easy read for a person with a learning disability, or coloured paper for a person who has dyslexia, or an electronic format for a person who is blind
- Providing an ergonomic chair for a person with a hip or back problem
- Providing a British Sign Language (BSL) interpreter and electronic note taker during a hearing for a witness who is D/deaf

- 16 We will consider changing any provisions or practices that place disabled people at a substantial disadvantage.

Examples of changing provisions or practices

- Allowing a person with a visual impairment to make a referral over the telephone rather than in writing
- Providing a transcript or summary of a telephone conversation
- Changing the time of an FtP hearing to help a person manage the effects of anxiety
- Allowing a person to make a paper-based rather than online application for registration, if their disability makes it difficult for them to use the online process
- Publishing easy read versions of key consultation documents and surveys

- 17 We'll consider taking action if the physical features of our premises place disabled people at a substantial disadvantage when accessing our services.

Examples of actions relating to physical features of our premises

- Making sure that our venues are accessible to individuals with a variety of impairments
- Changing a venue or meeting room; for instance if a hearing or a meeting is planned to be held on the first floor, moving the location to the ground floor or looking for a more accessible venue. However, it is unlikely to be reasonable for us to install a lift

- 18 Under the Act we have an 'anticipatory duty' which means we must think in advance (and on an ongoing basis) about what disabled people with a range of impairments might reasonably need when accessing our services.

- 19 This duty also applies to organisations that provide services on our behalf.
- 20 If, however, even with the anticipatory adjustment, a disabled person is still substantially disadvantaged when using the service because of their disability, we will make a further adjustment specifically for that person.

Examples of anticipatory adjustment and further adjustment

We have widened walkways and lowered reception counters in anticipation of the needs of wheelchair users. However, a person who is a wheelchair user may still not be able to reach the buzzer at the front entrance because they have limited movement and cannot lift their arms. A further reasonable adjustment for this customer would be for a member of staff to meet them at the front door.

- 21 We expect our staff to be able to recognise the need for and facilitate reasonable adjustments for disabled people using our services. We reflect this in our policies and guidance.
- 22 As there is no set definition of what constitutes ‘a reasonable adjustment’, we’ll take a case-by-case approach to deciding what is reasonable when we consider requests. When deciding whether a particular adjustment is reasonable, we’ll typically consider the following factors:⁴
 - 1.1 Effectiveness – how well does the adjustment in question remove or at least minimise the disadvantage? We are unlikely to make adjustments that don’t remove the disadvantage.
 - 1.2 Practicality – how practical is the adjustment, for example, how long will it take to implement?
 - 1.3 Cost – how much will it cost, considering our financial resources and whether other assistance is available?
 - 1.4 Disruption – how disruptive to the business, to others, and to our regulatory role would it be to make this adjustment?
 - 1.5 Risk – would making this adjustment cause any risk to others?
- 23 There are some things the Act does not require us to make adjustments to. The Act makes it clear that it is not discriminatory to apply competence standards (which include our Code, our revalidation and our education standards) to a disabled person. As a professional regulator responsible for protecting the public, it would not be right for us to adjust these standards. However, we can make reasonable adjustments to assist nurses, midwives and nursing associates in meeting our standards.

⁴ Based on the Business Disability Forum’s guidance on deciding what is ‘reasonable’

Example of competence standard

A person on our register is due to revalidate but hasn't met the CPD or feedback requirements. We can't change the requirements to complete 35 hours of CPD or collect five pieces of feedback because they are competence standards, but we can make an adjustment to the process of meeting the standard such as offering a short extension to the application deadline where there is a good reason.

- 24 We also consider the impact on disabled people, and any related reasonable adjustments, when we review or change our processes, for example by identifying actions in equality impact assessments.

Making it easy for people to request adjustments

- 25 To help us to make any adjustments in time to be able to help, we encourage disabled people to ask for any support as early as possible using the contact options for the process they are engaging with, and we include reminders in our customer-facing materials.
- 26 We also ask people about adjustments when we interact with them. This might include interviewees, nurses, midwives, nursing associates and witnesses involved in the different stages of our processes.

Sharing information about a disability

- 27 We want to make sure that a disabled person is provided with the adjustments they require, whichever part of the NMC they are interacting with. When NMC staff need to share relevant information with colleagues they will not divulge sensitive information about health or disability, and will instead focus on the adjustment required rather than the person's medical diagnosis. For example, we'll record that a witness will require regular rest breaks during a hearing rather than recording the disability itself, unless the disability is directly relevant.
- 28 Where staff need to communicate with each other about a particular reasonable adjustment that we need to make, we will only share information about a physical or mental health condition in relation to making a reasonable adjustment. When we collect information about reasonable adjustments we'll be clear about how we'll use that information.

Concerns or complaints

- 29 If you would like to raise a concern or complaint with us about this policy please contact our Customer Enquiries and Complaints team at complaints@nmc-uk.org.

Reviewing this policy

- 30 We will formally review this policy in August 2021. However, we will keep this policy under review until then, and we welcome feedback on our approach.