

Postgraduate Medical Education Policy

Accommodation of Trainees with Disabilities

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Section A: Introduction

A1: Background

Accommodation is both a shared responsibility and a collaborative process requiring engagement and participation of multiple stakeholders. The provision of accommodation(s) gives trainees with disabilities an equitable opportunity to meet the academic and clinical requirements of the program, the Royal College or College of Family Physicians of Canada for residency training, and the provincial medical licensing authorities.

The provision of accommodation(s) is accomplished through education and policy and as required by law, is based on three principles:

- **Dignity:** Education providers must fashion accommodation solutions in a manner that respects the dignity of students with disabilities. Dignity is harmed when individuals are marginalized, stigmatized, ignored, or devalued.
- **Individualization:** Each trainee's needs are unique. At all times, the emphasis must be on the individual trainee and their unique functional capacity, not on the category/type of disability. Two trainees with the same type of disability may have unique needs.
- **Inclusion and Full Participation:** Inclusion is exemplified by our policies, programs, services, and activities designed inclusively with the needs of all trainees in mind. Inclusivity and accessibility in design emphasizes full participation and recognizes that trainees have varying functional abilities and needs.

A2: Definitions

A comprehensive list of definitions can be found in the [PGME Glossary of Definitions and Terms](#).

Definitions in this policy include, but are not limited to, the definitions articulated in the [Ontario Human Rights Code \(OHRC\)](#) and the [Ontario Human Rights Commission Policy on accessible education for students with disabilities](#).

Academic Requirements: refers broadly to the expectations which must be met to successfully complete a program and/or to be granted a license to practice. This includes essential requirements (see below), however, not all academic requirements are considered essential requirements.

Accessibility Barrier: these may include physical, architectural, information or communication barriers, attitudinal, technological, or learning barriers, or a policy or practice which limits the ability of trainees with disabilities to participate fully in the learning environment.

Accessible Learning Environment: degree to which individuals, with and without disabilities, can access the learning environment without encountering barriers.

Accommodation: individualized arrangement which adjusts, reduces, or removes organizational or physical barriers that may limit the ability of trainees with disabilities to fully participate in the program and meet the essential requirements of postgraduate medical education.

Accommodation Advisor (PGME): individual who chairs the Postgraduate Medical Accommodation Panel (PMAP) and serves as an advisor on accommodation-related issues to Accommodation Providers, the Assistant Dean, Resident Affairs, and the Associate Dean, PGME.

Accommodation Plan Template (PGME): document which the Accommodation Provider can use to summarize an accommodation plan and/or to communicate with a receiving program or supervisor to implement the accommodation(s).

Accommodation Provider (PGME): office(s)/individual(s) in receipt of the accommodation request and responsible for overseeing the accommodation process (i.e., program director, Resident Affairs Director).

Accommodation Types:

- **Permanent:** an arrangement addressing a functional limitation (ongoing or episodic) on a long-term basis (*generally* six [6] months or more) or as defined by a regulated health professional.
- **Temporary:** an arrangement addressing a functional limitation that is expected to resolve and not recur in a short period of time (*generally* less than six [6] months)
- **Interim:** an arrangement where an accommodation is implemented prior to the determination of the most appropriate accommodation (for issues such as but not limited to awaiting receipt of supporting documentation, Postgraduate Medicine Accommodation Panel recommendations, and/or resource availability).
- **Retroactive:** an arrangement addressing either a permanent or temporary disability where the request is made after the fact (i.e., after a course or program element has been completed). For example, a situation where a trainee discovers a new functional limitation resulting from a new or existing diagnosis.

Appeal: request for review of a denied accommodation request or a denied reassessment decision of an established accommodation plan.

Assistant Dean, Mac-CARE: senior faculty member appointed to oversee the McMaster Community and Rural Education Program (Mac-CARE).

Associate Dean, Postgraduate Medical Education (PGME): senior faculty member appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the Faculty of Health Sciences.

College of Family Physicians of Canada (CFPC): professional association and the legal certifying body for the practice of family medicine in Canada.

College of Physicians and Surgeons of Ontario (CPSO): an organization that regulates the practice of medicine in Ontario. Physicians are required to be members to practice medicine in Ontario. The role of CPSO and its authority and powers are set out in the Regulated Health Professions Act (RHPA), the Health Professions Procedural Code under the RHPA and the Medicine Act.

Competence: array of abilities across multiple domains or aspects of physician performance. Competence is both conditional on, and constrained by, each physician’s practice context, is dynamic, and continually changes over time.

Dean and Vice-President, Faculty of Health Sciences: leader of the Faculty of Health Sciences.

Director of PGME Equity, Diversity, Inclusion and Accessibility (EDIA): senior faculty member responsible for ensuring principles of EDIA are upheld in postgraduate training programs by providing input into policies and procedures within PGME training and education to support program directors and trainees.

Disability¹: any degree of physical disability, infirmity, malformation, or disfigurement that is caused by bodily injury, birth defect, or illness, including but not limited to:

- Mental impairment or a developmental disability
- Learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- Mental health disorder/illness, or
- Injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act*.

Duty to Accommodate: as noted by the Ontario Human Rights Commission (OHRC): Education providers have a legal duty to accommodate the needs of trainees with disabilities who are adversely affected by a requirement, rule or standard.

Essential Requirements or Duties: specific term used in human rights legislation referring to the *bona fide* requirements of a task or program that must be met, with or without accommodation, which cannot be altered without compromising the fundamental nature of the task or program.

Fellow: physician registered in a postgraduate training program who is a certified specialist in their specialty/subspecialty and is completing post-certification training that does not lead to a certification examination.

Fellowship Program: post-certification postgraduate training program in an area of focused competence that is not accredited by the RCPSC/CFPC.

Freedom of Information and Protection of Privacy Act (FIPPA): legislation that provides right of access to records held by certain public bodies and regulates how the public bodies manage personal information. FIPPA also provides an independent review process for people who disagree with access and privacy decisions made by public bodies under the Act.

Functional Limitations: result from disabilities and are restrictions in a trainee’s functioning that hinder the ability to perform postgraduate training-related tasks or activities

Fundamental Alteration: the concept that accommodation intends to enable a trainee to successfully meet the essential requirements of the program, without alterations to *bona fide* standards or outcomes, although the way the trainee demonstrates mastery, knowledge and skills may be altered.

¹ [ISBN: 0-7794-0687-7 \(ohrc.on.ca\)](https://www.ohrc.on.ca/)

This allows the program to provide all trainees with equal opportunities to enjoy the same level of benefits and privileges and meet the requirements for acquiring an education without compromising academic integrity.

Hamilton Health Sciences (HHS) Health, Safety and Wellness: office within HHS that oversees employee accommodations.

Personal Health Information Protection Act (PHIPA): legislation that sets out rules for the collection, use and disclosure of personal health information. The act applies to all health information custodians operating within the province of Ontario and to individuals and organizations that receive personal health information from health information custodians.

Postgraduate Medical Education (PGME) Office: Associate Dean, postgraduate manager, and other administrative personnel responsible for coordination and administration related to the oversight of residency and fellowship programs.

Physician Health Program (PHP): service offered through the Ontario Medical Association (OMA) which provides confidential support and resources for behaviours and conditions that have a professional and personal impact.

Postgraduate Medicine Accommodation Panel (PMAP): panel convened to conduct formal reviews of accommodation decisions made by an Accommodation Provider or to plan and/or develop complex, challenging, or retroactive disability-related accommodations at the request of the Assistant Dean, Resident Affairs or Associate Dean, PGME.

Program Director: faculty member responsible and accountable for the overall conduct and organization of the educational program (residency, fellowship), accountable to the Associate Dean, PGME, and the Division/Department Chair.

Regional Assistant Dean: senior faculty member overseeing residents and fellows assigned to the Waterloo or Niagara Regional campuses.

Research Fellow: individual whose primary activities are research-based and do not require a CPSO license providing there are no patient care activities.

Residency Program: Royal College of Physicians and Surgeons of Canada (Royal College) or College of Family Physicians in Canada (CFPC) accredited postgraduate training program.

Resident: trainee registered in a Royal College or CFPC accredited postgraduate training program who is eligible for certification in the specialty/subspecialty in which they are enrolled.

- Trainees who are completing Family Medicine Enhanced Skills programs are registered as residents.

Resident Affairs: Resident Affairs is an inclusive and confidential office within Postgraduate Medical Education, at arm's length from PGME and training programs, which supports, educates and advocates for trainees and their well-being throughout training. Resident Affairs also assists residents with disabilities and program directors in accommodation process.

Resident Affairs, Assistant Dean: leads the office of Resident Affairs, which operates at arm's length from PGME and training programs and develops and oversees programs and processes to support trainee well-being, including assisting residents with disabilities in the accommodations process.

Resident Affairs, Directors: faculty members on three (3) campuses (Hamilton, Niagara, Waterloo) who meet with residents and fellows to provide confidential support and guidance in navigating personal, academic, and professional issues that arise during training and can act as an Accommodation Provider.

Royal College of Physicians and Surgeons of Canada (Royal College/RCPC): regulatory college which acts as a national, non-profit organization to oversee the medical education of specialists in Canada.

St. Joseph's Healthcare Hamilton (SJHH) Occupational Health and Safety Services Department: office within SJHH which oversees employee accommodations.

Trainee: resident, clinical fellow, or research fellow.

Undue hardship: If it can be objectively shown that implementation of a specific accommodation will cause excessive or undue hardship, the specific accommodation does not need to be provided, and the Accommodation Provider is required to find the next-best solution. The Code prescribes only three considerations when assessing whether an accommodation would cause undue hardship: cost, outside funding sources, and health and safety requirements.

University-Recognized Support Person: faculty or staff of the University requested by the trainee who acts in a supportive role but is not an active participant in the process. The support person may be present with the trainee at an accommodation-related meeting (e.g., with an Accommodation Provider or at PMAP) but may not participate as a representative.

Vice-Dean, Education: senior faculty member appointed to oversee the Faculty of Health Sciences Health Professional programs within the School of Medicine.

A3: Purpose

The purpose of this policy is to outline transparent and effective processes and standards for the provision of accommodation for trainees with disabilities in PGME at McMaster University. This policy is based on and reflects the OHRC "[Policy on accessible education for students with disabilities](#) (March 2018)."

PGME complies with the Ontario Human Rights Commission's [Policy on Ableism and Discrimination Based on Disability](#), Section 8.7, "[Medical information to be provided](#)," which sets out the type and scope of medical information necessary to support an accommodation request.

A4: Scope

This policy applies to all trainees registered with the PGME office at McMaster University. This policy addresses accommodation requests related to functional limitations arising from disability and does not include, for example, requests for religious, cultural, spiritual, or family status accommodation. Trainees are encouraged to speak to their program director, Resident Affairs, or PGME office for information on how to seek accommodation unrelated to disability.

All matters surrounding accommodation fall within the jurisdiction of the PGME office and the Faculty of

Health Sciences. Note that trainees do not have access to the McMaster University Senate Appeal process. The appeals process relating to PGME accommodation for disability is outlined in Section E.

Section B: General Principles

1. The Faculty of Health Sciences, PGME office and affiliated training sites are responsible for ensuring that postgraduate programs and the learning environment are inclusive, fair, and respectful to all trainees, including those with disabilities, and that postgraduate training results in the development of safe and competent medical professionals.
2. Trainees have the right to request and utilize accommodation(s) without fear of discrimination or harassment based on disability.
3. Appropriate accommodation must respect the dignity and privacy of individuals with disabilities.
4. Accommodation provides qualified trainees with equitable opportunities to enter programs and meet academic and/or training standards, objectives, and requirements.
5. Accommodation is provided when a disability and functional limitation(s) arising from that disability are present, with the goal of enabling individuals to join and participate fully in programs, meet essential requirements, and perform the essential duties within that program.
6. Accommodation does not require lowering academic standards and does not guarantee nor predict outcomes or success. It provides equitable access through individualized environmental modification.
7. Academic Accommodations are based only on functional limitations, not on individual preferences.
8. Modified educational plans (e.g., remediation plans) must include appropriate accommodation when known and approved.
9. PGME will review, recommend, or deny a request for accommodation and, when relevant, assist with the implementation of accommodation in good faith, understanding, and in accordance with the principles and processes outlined in this document and adhering to the OHRC policies.
10. The PGME office's duty to accommodate exists independently from the responsibility of other clinical partners (i.e., hospitals, clinics). When a clinical partner is unable to implement an accommodation plan, the PGME office, in consultation with programs, will consider all other options, including but not limited to exploring another clinical placement or setting that provides equivalent opportunity to meet the program competencies and requirements.
11. All personal information, including supporting documentation (e.g., personal health information) requested by program directors, Resident Affairs and/or PGME to facilitate the accommodation process, shall be handled in accordance with the [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#) and [Personal Health Information Protection Act \(PHIPA\)](#).

12. All reasonable accommodation requests will be assessed and considered in a fair and timely manner, but not all accommodation requests will be granted. The following requirements must be met for an accommodation request to be granted:
 - 12.1. A functional limitation arising from a disability must be present and supported by appropriate and sufficient documentation. Interim accommodation may be provided while awaiting medical documentation.
 - 12.2. The accommodation will not:
 - Compromise the trainee’s ability to meet the *essential requirements or duties* set out by the program (e.g., residency or fellowship), Royal College or CFPC, if applicable and the provincial medical licensing authority (e.g., CPSO).
 - Require *fundamental alterations* to the program structure or academic standards.
 - Compromise *patient safety* and care.
 - Cause *undue hardship* to the institution.
13. The provision of accommodation may require (but is not limited to):
 - Modifying rules, policies, schedules, practices, and/or procedures.
 - Making changes to the physical, digital, and/or communication-oriented environment to remove barriers.
 - Obtaining input and collaboration from key stakeholders, including but not limited to clinical partners, program directors, and others (e.g., Resident Affairs, medical providers, disability consultants, the Ontario Physician Health Program [PHP]).
 - Disclosure of confidential information pertaining to the trainee who is seeking accommodation is on a “need-to-know” basis and only occurs when accompanied by the trainee’s written consent.
 - Communication of the details of an accommodation to a provincial medical licensing body when required.
14. Requests for accommodation must be communicated and/or submitted by the trainee in a reasonable and timely manner and require appropriate and sufficient documentation, even if not provided initially.
 - 14.1. Adequate time is needed to review requests for accommodation and coordinate implementation if approved.
 - 14.2. Failure to submit the required documentation in a timely manner may result in a delay in the implementation of the requested accommodation and may delay progress in the training program.
 - 14.3. Interim accommodation can be provided before submission of documentation needed for accommodation. The trainee will be given a reasonable timeframe to submit documentation needed and will be notified of the deadline for submission. The determination of the deadline will include but is not limited to the timing of the trainee’s future medical assessments (if planned) and/or the type and sufficiency of documentation already received.

Section C: Roles and Responsibilities

15. The accommodation process is collaborative and involves a variety of stakeholders. Involved stakeholders and their roles and responsibilities depend on trainee needs, the essential

requirements and duties of the program, and the learning environments in which the trainee is situated.

16. There are six (6) phases in the PGME Accommodations Process that involve different stakeholders. Some may occur concurrently or in a different order than listed.
 - Submission of Accommodation Request
 - Assessment of Accommodation Request
 - Development of Accommodation Plan
 - Implementation of Accommodation Plan
 - Communication of Accommodation Plan
 - Maintenance and Monitoring of Accommodation Plan

C1: Trainees

17. The trainee will be involved in all phases of the accommodation process. They must meet essential requirements articulated by the program and Royal College or CFPC (for residency training), including participation in the academic and clinical activities of the program deemed to be necessary for acquisition of the competencies required for completion of training.
18. The trainee will:
 - 18.1. Participate fully in the accommodation process: this may include, but is not limited to, the provision of appropriate and timely documentation, working with PHP and/or other individuals, offices, or organizations to understand the functional limitation arising from the disability in the learning environment.
 - 18.2. Communicate their request for accommodation to any of the following:
 - Program director and/or administrator of the residency or fellowship program
 - Assistant Dean, Director, and/or Administrator, Resident Affairs
 - Associate Dean, PGME and/or PGME office
 - 18.3. Work collaboratively with the program director and/or Resident Affairs office in all phases of the accommodation process.
 - 18.4. Notify appropriate individuals (*as listed in Section B*) of any changes to their functional limitations which may impact already established accommodation plans to ensure that adjustments can be made if required.

C2: Program Directors

19. Program directors must be involved in the accommodation process, particularly in implementation and communication, whether they are the primary Accommodation Provider or not.
20. Program directors will:
 - 20.1. Advise and inform all trainees within their program about the accommodations process.
 - 20.2. Meet with individual trainees who request accommodation and provide additional information, including informing them regarding the boundaries of disclosure and confidentiality; see: “B1: *Guiding Principles for the Accommodation of Trainees.*”
 - 20.3. Consider and facilitate the trainee’s request for accommodation and develop an accommodation plan and/or refer the trainee to Resident Affairs to assist in accommodation planning when: accommodations are complex or challenging, if either the program director

- or trainee perceives a conflict of interest, and/or if the trainee does not wish to share medical documentation with their program director.
- 20.4. Develop and implement temporary, interim, and/or permanent accommodation plans, when appropriate, providing that the trainee is willing to submit necessary information to the program director, and the program director is confident that the accommodation(s) will allow the trainee to meet program requirements and competencies. Program directors are encouraged to use PGME-provided forms, as appropriate.
 - 20.5. Provide guidance to the trainee and Resident Affairs on essential requirements and duties related to the trainee's training.
 - 20.6. Assist and advocate for the trainee throughout the accommodation process, as requested and appropriate, to support them in understanding, implementing, and communicating their accommodation(s) to clinical supervisors (and others where relevant).
 - 20.7. Consult with Resident Affairs, the Associate Dean, PGME, and other relevant offices when appropriate to discuss the accommodation request. This should be done, for example, at any time the program director is not confident that the accommodation(s) will allow the trainee to meet program requirements and competencies.
21. The program director may choose to delegate any of their accommodation-related responsibilities to a program site director, Regional Education Leader (for a trainee at a distributed campus), or equivalent. In this case, the program director holds responsibility for ensuring that their delegate follows the relevant policies and processes.

C3: Resident Affairs

22. Resident Affairs is at arm's length from PGME and programs to protect trainee privacy and confidentiality while supporting program directors and trainees in the accommodation process. The Assistant Dean, Resident Affairs, may delegate directors in Resident Affairs to act as Accommodation Providers.
23. Resident Affairs will:
- 23.1. Advise and inform trainees about the accommodation process.
 - 23.2. Facilitate and discuss individual trainee requests for accommodation and inform them regarding the boundaries of disclosure and confidentiality.
 - 23.3. Assist in the development of an accommodation plan when the request is complex or challenging or at the request of the trainee or program director.
 - 23.4. Consult with and support program directors, PMAP, PHP, the Associate Dean, PGME and other relevant offices, including medical providers, when appropriate throughout the accommodation process.
 - 23.5. Connect or refer trainees to supports within the university, hospital or community services that may help to address their accommodation needs and/or functional impact arising from their disability during training.
 - 23.6. Assist and advocate for the trainee throughout the accommodation process, as requested and where appropriate, to support them throughout the implementation of their accommodation.
 - 23.7. Convene the PMAP to undertake a formal review of an existing accommodation decision or plan and develop complex, challenging, or retroactive accommodation.
 - 23.8. Consult with Associate Dean, PGME, when an independent, third-party medical or healthcare professional assessment is required.

- 23.9. Consult with Associate Dean, PGME, when it is anticipated there may be a significant financial cost to implement accommodation.

C4: Associate Dean, PGME

24. The Associate Dean, PGME, will:
 - 24.1. Work with program directors and Resident Affairs to develop, refine, and implement accommodation plans as necessary and including, but not limited to, the need for a third-party assessment.
 - 24.2. Work with program directors to define core competencies, clinical and academic essential requirements and duties of programs, and licensing requirements/standards.
 - 24.3. Consult with the Vice-Dean, Health Professional Education, hospital leads, and the Dean and Vice-President, Faculty of Health Sciences, when necessary, including but not limited to when additional administrative or financial resources are required during the accommodation process.
 - 24.4. Convene the PMAP to undertake a formal review of an existing accommodation decision or plan and develop complex, challenging, or retroactive accommodation.
 - 24.5. Ensure governance of this policy.

C5: Postgraduate Medicine Accommodation Panel (PMAP)

25. The PMAP is an advisory panel to PGME (see *Appendix 1: Postgraduate Medicine Accommodation Panel*). The PMAP shall consider the trainee and their functional limitation arising from the disability, the learning and training environments in which the trainee is situated, and understand the competencies, duties, requirements, and academic standards of the training program throughout the trainee's educational journey.
26. The PMAP will convene, when requested by the Assistant Dean, Resident Affairs, or the Associate Dean, PGME, to:
 - 26.1. Undertake a formal review of initial Accommodation Provider recommendations and consider amendments to these recommendations.
 - 26.2. Assist with accommodation recommendations and planning for complex or challenging situations.
 - 26.3. Review all requests for retroactive accommodation.
 - 26.4. Function as an advisory body to the Associate Dean, PGME, and Assistant Dean, Resident Affairs, on any accommodation-related matter when required.

Section D: Process and Procedures

D1: Submission of Accommodation Request

27. The trainee must request accommodation(s) by contacting an Accommodation Provider before an accommodation plan can be assessed, developed, or implemented.
 - 27.1. Requests for accommodation must be clearly related to functional limitation(s) arising from a disability and not based on individual preference.
 - 27.2. Relevant supporting documentation must be submitted within a reasonable timeframe as

soon as it is available. Interim accommodation may be recommended pending receipt and review of documentation (as per section B14).

28. Requests for information and/or supporting documentation must be reasonable and related to the accommodation request, the specific needs of the trainee, and the learning and training environments in which the trainee is situated.
 - 28.1. Although the trainee may choose to share information, the Accommodation Provider(s) does not require or have the right to know a person's confidential medical information, including but not limited to the cause of the disability, diagnosis, symptoms, or treatment.
 - 28.2. The specific functional limitation(s) arising from the disability must be clearly articulated for appropriate accommodation(s) to be recommended and implemented.
 - 28.3. The Accommodation Provider will ensure that the supporting documentation is shared only on a need-to-know basis where and when relevant for the development and/or review or reassessment of the accommodation plan.

29. Requests for information and/or supporting documentation from a qualified professional should include but are not limited to:
 - 29.1. Confirmation by a healthcare professional that the trainee has a functional limitation arising from a disability (without mandatory disclosure of the disability), including a description of the specific functional limitation(s) arising from the disability, which requires accommodation. Accepted healthcare professionals include, and are limited to, medical doctors, registered psychologists, registered occupational therapists, registered speech and language pathologists, or other experts deemed appropriate based on the nature of the functional limitation arising from the disability and accommodation request.
 - 29.2. The type of accommodation(s) required and/or recommended for the trainee to meet the essential requirements and duties of the Program.
 - 29.3. Where relevant, prior accommodation(s) required or provided during previous education or employment.

30. The trainee is encouraged to ask for documentation with the relevant PGME-provided form or, alternatively, by requesting a letter or consultation note on letterhead with the date, name, and qualifications of the healthcare professional detailing the above information.
 - 30.1. The trainee should review the contents of the letter prior to submission and may ask for revisions from their healthcare provider if there is any health-related information in the letter that the trainee does not want to disclose to the Accommodation Provider.
 - 30.2. If the trainee has any concerns about the disclosure of health-related information in the documentation, they should consult with Resident Affairs to review their concern.

D2: Assessment of Accommodation Request

31. The Accommodation Provider will review the request for accommodation and ensure that the request falls within the scope of this policy. The request will be reviewed and discussed with the trainee and other offices as required with the trainee's written consent.

32. The Accommodation Provider may:
 - 32.1. Request supporting documentation, limited to requests for information that are reasonably related to the nature of the functional limitation arising from the disability.
 - 32.2. In collaboration with the trainee, seek additional assessments or opinions about the nature

- of the functional limitation(s) as it relates to the trainee's disability.
- 32.3. Use their discretion and implement an interim accommodation plan, in good faith, pending supporting documentation, further assessment, or other reason for delay in determining the most appropriate accommodation.
33. The Accommodation Provider will:
- 33.1. Inform the trainee in writing that the request:
- 33.1.1. Has been accepted and provide next steps for the development of the accommodation plan; or
- 33.1.2. Request further documentation or required materials; or
- 33.1.3. Has been denied and provides the reasons for denying the request.
- 33.2. Inform other related offices as required.
34. If the accommodation request is denied by the Accommodation Provider, the trainee may request a formal review of the accommodation decision (see *"Section E: Formal Review Requests and Appeals"*).

D3: Development of Accommodation Plan

35. The Accommodation Provider will take the lead in developing the accommodation plan with the trainee and may consult with the program director, Resident Affairs, hospital leads and other relevant offices and resources, throughout the accommodation process.
36. The Accommodation Provider is encouraged to use the relevant PGME-provided template to summarize the accommodation(s) and ensure that the trainee, and others responsible for implementation, receive the information and understand the accommodation(s) plan.
37. In some circumstances, Resident Affairs may request permission from the trainee to consult with the trainee's healthcare provider to seek further information or with independent external resources to assist in developing an accommodation plan.
38. The Accommodation Provider will notify the Assistant Dean, Resident Affairs, and/or the Associate Dean, PGME, if at any time during the development of the accommodation plan:
- Concerns or challenges are identified requiring additional guidance and/or expertise.
 - There will be significant resource implications (administrative or financial).
 - Any stakeholder (e.g., trainee, program director, hospital leads and/or others) fails to participate sufficiently or appropriately in the accommodation process.
39. Where further guidance is needed, the Assistant Dean, Resident Affairs, and/or the Associate Dean, PGME, may consult with:
- Vice-Dean, Health Professional Education
 - Dean and Vice-President, Faculty of Health Sciences
 - Equity and Inclusion Office
 - Occupational Health
 - PGME Accommodation Advisor and/or PMAP (see *"Appendix 2: Postgraduate Medicine Accommodation Panel"*)
 - Other experts as deemed necessary.

40. Once the accommodation plan has been finalized, the approved plan will be communicated and implemented as soon as reasonably possible.
41. If the trainee does not agree with the finalized accommodation plan, they may request a formal review of the decision (see *“Section E: Formal Review Requests and Appeals”*).

D4: Implementation of the Accommodation Plan

42. The Program Director will oversee the implementation of the accommodation plan, which includes assisting in the communication of the accommodation plan with others on a ‘need-to-know’ basis; see *“Section D5: Communication of the Accommodation Plan”*.
43. If needed, Resident Affairs will support the trainee during implementation of the accommodation plan and assist with interpretation of the plan and managing expectations for both the trainee and the program director.
44. If the trainee does not participate or denies the need for accommodation, the PGME office reserves the right to document the conversation with the trainee and/or obtain written acknowledgement from the trainee that the accommodation is not necessary. The PGME office may request the trainee obtain documentation from their healthcare provider that the accommodation(s) is not required.
43. Trainees on medical leave must confirm with their Accommodation Provider (program director or Resident Affairs director):
 - 43.1. At least two (2) weeks before their return, that their accommodation plan is still accurate so that the communication of the accommodation plan occurs in a timely way.
 - 43.2. Four (4) or more weeks before their return (or as early as possible), that they require accommodations or require modifications to their accommodation plan upon their return to the program so that the accommodation plan can be reviewed ahead of their return. If significant modifications or complex new accommodations are required, there may be delays to full implementation and/or a change in the trainees’ schedule.
 - 43.3. Failure to notify the program as described may result in a delayed return from medical leave.

D5: Communication of the Accommodation Plan

44. The accommodation plan (or relevant aspects of it) will be communicated on a need-to-know basis to clinical supervisors and others (e.g., program administrators, chief residents) to implement and/or facilitate the implementation of the accommodation(s).
 - 44.1. Disclosure of an approved accommodation plan will be done in collaboration with the program director and the trainee and will take into consideration but is not limited to:
 - 44.1.1. If the trainee can meet their requirements or competencies or if their health and safety may be at risk without the accommodation in place.
 - 44.1.2. If there is a perceived risk to the safety of patients if the accommodation plan is not in place.
 - 44.2. Communication of the Accommodation Plan will be the responsibility of the program

director with the trainee's consent.

45. For rotations outside of their home program or electives outside of McMaster, the trainee and Program Director will determine whether and how the accommodation plan will be shared with the receiving clinical supervisor. This will depend on whether the accommodation is required for the rotation and requires the consent of the trainee. If the provision of accommodation information is agreed upon, it is the responsibility of the Program Director and trainee to ensure that the receiving clinical supervisor(s) is informed of the accommodation plan. Standardized communication is encouraged by using the relevant PGME-provided form.
 - 45.1. The designated clinical supervisor will also be informed of the confidential nature of the accommodation plan and that it should only be shared with relevant individuals on a need-to-know basis (i.e., those individuals who need to be informed to implement the accommodation plan).
 - 45.2. If the trainee does not consent to have the relevant portion of the accommodation plan to be shared, the program director will determine if the outside rotation can proceed as requested by the learner. If there is concern around trainee or patient safety without accommodation, the rotation will not be allowed to proceed. If there is disagreement, the learner may consult the Associate Dean, PGME, for review.

D6: Maintenance and Monitoring of Accommodation Plan

46. Once the accommodation plan is implemented, it is the responsibility of the program director and trainee to periodically, and no less frequently than once a year, review the plan to:
 - 46.1. Ensure the accommodation plan meets the needs of the trainee.
 - 46.2. Determine if the accommodation plan continues to be necessary and appropriate.
 - 46.3. Allow the trainee the opportunity to identify any changes to their functional limitation arising from the disability, their roles, or learning environments.
 - 46.4. Determine if the plan requires revision, which may include a review of documentation or request for an updated assessment.
 - 46.5. Inform and involve Resident Affairs if they are the Accommodation Provider and/or when deemed necessary by the program director.
47. The Accommodation Provider, in consultation with the trainee, may amend the plan as required, at any time.
 - 47.1. Failure by the trainee to notify the program of a change in the status of their functional limitation arising from the disability or in accommodation needs may lead to delays in the implementation of accommodation(s) and/or in completion of the program.
48. If the trainee does not agree with the revised accommodation plan, they may request a formal review (see *"Section E: Formal Review Requests and Appeals"*).

D7: Other Educational Programs and Licensing Examinations

49. Trainees are responsible for arranging any accommodation required for certification exams directly with the certifying body, including but not limited to the Royal College and the CFPC.
50. Accommodations required for educational programs outside of PGME (e.g., graduate studies) are to be requested, implemented, and managed directly by the trainee with the relevant institution.

D8: Retroactive Accommodations

51. An accommodation is considered retroactive when the request for the accommodation is made after the fact (e.g., after the end of a clinical placement). For example, the accommodation request may come as the result of the discovery or diagnosis of an existing disability of which the trainee was previously unaware or may arise during proceedings of an academic review.
52. Retroactive accommodation requests will be referred to the PMAP for consideration based on the unique factors for each case, which may include but are not limited to:
- Timeliness of the request (e.g., when did the trainee become aware of the functional limitation arising from a disability, how much time has passed between making the request and the period that the request is for)
 - Nature of the accommodation requested
 - Presence of supporting documentation
 - Presence of factors contributing to the trainee not having requested the accommodation at an earlier date
 - Other factors that may explain the trainee's performance difficulties
 - Amount and/or nature of the work completed during the period for which accommodation is being sought; and
 - Trainee's past performance
53. When a request for retroactive accommodation is acknowledged, the Chair of PMAP will, with written approval from the trainee, notify the PGME office to obtain information which may include:
- Whether past performance difficulties of the trainee were linked to a lack of accommodation.
 - If the trainee knew of a functional limitation arising from a disability that would typically require accommodation if it had been disclosed or if the trainee chose not to implement recommended accommodation.
 - Whether the trainee requires an assessment for accommodation for future rotations.
 - Whether an extension of training may be required.
 - Whether an opportunity to repeat rotation(s) is required and feasible with respect to, but not limited to, timelines, availability of rotation, and impact on expected date of program completion.
 - Further documentation and/or assessments to determine the trainee's readiness to return to the program and/or to determine whether additional accommodation(s) is required.

D9: Data Gathering & Record Keeping

The Accommodation Provider (and any other person with access to the accommodation information) shall maintain a secure and confidential record of the accommodation. These records are the custody and control of McMaster University and will be retained until 10 years after last use, or termination of the program. No information about accommodation (i.e., whether the trainee has requested or received accommodation or any information about the accommodation) will be included as part of the trainee's academic record.

Section E: Formal Review Requests and Appeals

E1: Request for Formal Review of Denied Accommodation or Denied Reassessment Decision

54. It is expected that throughout the accommodation process, the trainee and the postgraduate program will work collaboratively to establish an accommodation plan which meets the needs of both parties.
55. If an accommodation request is denied or there are difficulties in establishing a mutually acceptable accommodation plan, a request for a formal review of the decision may be submitted to the Assistant Dean, Resident Affairs and Associate Dean, PGME. If Resident Affairs is the Accommodation Provider, the request will be submitted to the Associate Dean, PGME.
- 55.1. The request can be submitted by either the trainee or the Accommodation Provider, in writing and within 15 business days of receipt of the denied request or proposed accommodation plan.
56. The Assistant Dean, Resident Affairs and/or the Associate Dean, PGME, will screen all requests and may refer the request to the Accommodation Advisor, PGME, to determine if a formal review by the PMAP is required.
57. The Accommodation Advisor, PGME, will convene the PMAP when required to formally review:
- A denied request for accommodation
 - A denied request for a revised accommodation plan
 - An accommodation decision where the trainee expresses significant concern with respect to, but not limited to, the type of accommodation recommended, the communication plan of the accommodation, or the implementation plan for the accommodation.
58. The Accommodations Advisor, PGME, acts as the Chair of PMAP and will determine the composition of the PMAP based on requisite expertise and relevance to the trainee's accommodation.
- 58.1. A written summary of recommendations by PMAP will be provided to the Associate Dean, PGME, by the Accommodation Advisor.
59. The Associate Dean, PGME, will notify the trainee and Accommodation Provider of the final decision in writing.
- 59.1. If the decision is a new or revised accommodation plan, it will be implemented as quickly as possible.
- 59.2. If the PMAP recommends that even with an accommodation plan, the trainee will be unable to successfully fulfil the essential requirements necessary to complete the training program due to the nature of their functional limitation arising from the disability, the issue will be referred to the Vice-Dean, Education, Faculty of Health Sciences.
60. The trainee shall have the right to appeal the decision of the Associate Dean, PGME, based on the formal review. The appeal of a formal review decision may be submitted to the Vice-Dean, Education, Faculty of Health Sciences (see: *E2 Appeal of a Formal Review Decision*).

E2: Appeal of a Formal Review Decision

61. If the trainee does not agree with the formal review decision communicated to them by the Associate Dean, PGME, the trainee may submit an appeal to the Vice-Dean, Education, Faculty of Health Sciences. The trainee must submit the appeal within fifteen (15) working days after being notified of the formal review decision.
62. The trainee's appeal submission must include a written statement outlining the formal review decision(s) under appeal, providing detailed reasons why the decision is thought to have been incorrect, inaccurate, or unfair, and the desired outcome.
63. The Vice-Dean, Education, Faculty of Health Sciences, will review and consider documentation from the trainee and the Associate Dean, PGME, related to the accommodation request and/or reassessment request (including, but not limited to, the PMAP recommendations where relevant).
64. The Vice-Dean, Education, Faculty of Health Sciences, has sole jurisdiction to conduct a review and make a final adjudication on the appeal.
65. The decision of the Vice-Dean, Education, Faculty of Health Sciences, is final. Postgraduate trainees do not have access to any other University appeal process.

E3: Failure to Accommodate

66. If a trainee believes that their human rights have been violated at any point in the accommodation process, such as but not limited to when there has been a failure to accommodate (denial of the request), a failure to accommodate reasonably (the accommodation plan does not provide reasonable accommodation or has not been reasonably implemented), and/or that the review and appeal processes have been insufficient, they can choose to contact the Office of Learning Environment and Mistreatment (OLEM) within the DeGroot School of Medicine, the FHS Professionalism Office, or the [Equity and Inclusion Office](#) to identify appropriate avenues of recourse.
67. If the Accommodation Provider believes there has been a failure by the program, site, or supervisor to appropriately implement an accommodation plan, despite it being communicated and recommended, they should notify the Assistant Dean, Resident Affairs, and/or the Associate Dean, PGME.

E4: Accommodation Decision Pending Review or Appeal

68. If a trainee does not fully agree with an accommodation plan and requests a formal review or an appeal of a review decision, and the review or appeal is pending, the Assistant Dean, Resident Affairs, or Associate Dean, PGME, shall determine what portion, if any, of the plan is reasonable to implement in the interim.
 - 68.1. To facilitate the implementation of any portion of the accommodation plan, it is necessary to collaborate with the program director. Any such accommodation shall remain in place until there is a final decision from the formal review and/or appeal process. The trainee may also consider the option of taking an unpaid leave of absence pending the formal review and/or appeal process decision.

Appendices

Appendix 1: Postgraduate Medicine Accommodation Panel (PMAP)

POSTGRADUATE MEDICINE ACCOMMODATION PANEL (PMAP) TERMS OF REFERENCE

Mandate

The Panel will function as an advisory body to the Associate Dean, PGME in any situations in which there are concerns that an accommodation request may not be reasonable, appropriate and/or may be denied, that it is being requested retroactively, and/or there are other challenges related to the request or implementation which would benefit from discussion or additional expertise. The PMAP shall consider the trainee and the functional impairment related to the disability, the learning and training environments in which the trainee is situated, and understand the competencies, duties, requirements, and standards of the training program at a specific time in the trainee's educational journey.

Membership

The PMAP will consist of the following members from within McMaster.

Voting Members

- Accommodations Advisor, PGME (Chair)
- Two program directors, PGME (not the trainee's program director – chosen by the Chair)
- One faculty member (not involved in supervision of the trainee, outside of PGME leadership and known to have a solid understanding of disability in medicine)
- Education Advisory Board (EAB) faculty member (if required at the discretion of the Associate Dean, PGME)

Regular Observers

- Program Manager, PGME
- Assistant Dean, Resident Affairs
- Director of Equity, Diversity, Inclusion and Accessibility (EDIA), PGME

The PMAP may include any of the following ad-hoc members (or others not mentioned here) when required and based on relevance to trainee accommodation under consideration. These members will be non-voting and will be asked to provide specific advice to the voting members of the PMAP.

Hospital Representatives

- Occupational Health Professional Nurse (St Joseph's Hospital)
- Ability Services Case Worker (Hamilton Health Sciences)
- Delegate from a relevant clinical environment

Other Representatives

- PARO (Professional Association of Residents of Ontario) Resident representative
- Content experts specific to elements of a specific case (may include but not limited to, medical condition expert, workplace health specialist, PGME program director or equivalent from another Canadian university)
- Other experts as deemed necessary

Reporting Structure

The Postgraduate Medical Accommodation Panel (PMAP) reports to the Associate Dean, PGME. The Chair of the PMAP will provide an annual report to the Associate Dean, PGME and the Assistant Dean, Resident Affairs.

Frequency

The PMAP will be convened and chaired by the Accommodation Advisor, PGME, when requested by the Assistant Dean, Resident Affairs, or the Associate Dean, PGME, to:

1. Consider formal review of initial Accommodation Provider recommendations (see Section E1),
2. Assist with accommodation recommendations, planning, and implementation for complex or challenging situations,
3. Review all requests for retroactive accommodation,
4. Function as an advisory body to the Associate Dean, PGME, and Assistant Dean, Resident Affairs, on any accommodation-related matter when requested.

The Accommodation Advisor, PGME, prior to convening the PMAP, may request consultation with:

1. University offices/individuals including but not limited to:
 - Equity and Inclusion Office
 - Faculty of Health Sciences Professionalism Office
 - Office of Legal Services
 - Program Director
 - Assistant Dean, Resident Affairs
 - Associate Dean, PGME
2. Other experts may be involved in cases where there are concerns that the accommodation may or will:
 - Compromise the trainee's ability to meet the *essential requirements or duties* set out by the program (e.g., residency or fellowship), College (e.g., College of Family Physicians or Royal College) and/or licensing authority (e.g., CPSO)
 - Require *fundamental alterations* to the program structure or standards
 - Compromise *patient safety* and care
 - Cause *undue hardship* to the institution

Composition

The Postgraduate Medical Accommodation Panel (PMAP) is chaired by the Accommodation Advisor, PGME. The membership of each panel will be determined in every instance that the panel is convened. The members will be chosen from an informal network of experienced professionals who have the required knowledge and expertise to review, consider, and make recommendations to the program director, Assistant Dean, Resident Affairs, and Associate Dean, PGME, on denied, complex and/or retroactive accommodation requests, decisions, and requests for formal review. The trainee will also participate in the process as the focus of the PMAP is the trainee's equitable opportunity to meet academic and or/training standards, objectives, and requirements

PMAP will consist of a minimum of three (3) voting members (including the Chair), who must be FHS faculty members. The composition of PMAP for a given meeting is at the discretion of the Accommodation Advisor with approval from the Associate Dean, PGME.

Trainees are invited to attend at the beginning of the PMAP meetings and/or can submit a written description of their accommodation needs and any other details that they wish to convey to the committee. In the spirit of ensuring equity and inclusion, trainees can request University-recognized support persons as observers at the meeting, but these are not guaranteed and must be approved by the Director, EDIA PGME and either the Assistant Dean, Resident Affairs, or the Associate Dean, PGME.

Trainees bringing legal representation to the meeting should notify the Chair, Assistant Dean, Resident Affairs, or the Associate Dean, PGME, in advance of the meeting. This request may result in delays in scheduling the meeting as University legal counsel will be required.

The primary Accommodation Provider(s) must attend the meeting and/or must provide a brief, written description of the issues or challenges related to the accommodation request or its' implementation or any other details which will benefit from the opinion of and recommendations by the PMAP. If the Program Director is not the Accommodation Advisor, they may be requested to attend and/or provide written information to the PMAP with direction from the Chair.

All attendees will be required to sign confidentiality agreements in advance of each meeting.

Functioning

The PMAP will be convened by the Accommodation Advisor, PGME (Chair). The trainee is invited to attend and/or provide written documentation. The Accommodation Provider must attend or provide written documentation. Panel meetings will consist of a minimum quorum of three voting members, selected by the Advisor based on the nature of the accommodation issues or challenges, and the learning or training environments in which the accommodations are requested. The Chair may invite ad-hoc members when case-specific advice or opinion(s) are required.

The Program Manager, PGME, will:

- Schedule the Panel meeting.
- Work with the Chair to determine which, if any, ad-hoc members are required for advice and expertise.
- Notify the trainee of the referral and, if the PMAP is for a formal review, request relevant supporting documentation for consideration by the Panel.
- Provide a list of Panel members to the trainee to identify potential conflicts of interest.
- Obtain all pertinent documentation from the referring office, including but not limited to the reasons for the referral.
- Distribute all documentation on a secure digital platform to the Panel members with sufficient time for review ahead of the meeting.

Meetings may be virtual or in-person and, when possible, held within thirty (30) business days of the Chair receiving the meeting request. If there is a delay beyond 30 business days, the trainee will be notified of the reason for the delay.

The Program Manager, PGME, will take minutes of the meeting. The Chair may request a portion of the meeting for private deliberation with the voting members and any non-voting members whom the Chair feels are needed to inform the discussion. The trainee and their approved representatives (where applicable) will not attend the private deliberation portions of the meeting. This section of the meeting will not be recorded as it is intended for deliberation and time to reach consensus in making a

recommendation only. The final recommendation of the PMAP will be made to the entire group of participants prior to the end of the meeting and it will be part of the minutes.

Recommendations

Recommendations of the Panel will be supplied in writing by the Chair for the consideration of the Associate Dean, PGME, after the Panel meeting.

- The Chair will typically have this information available within two (2) weeks of the meeting, but this timeline may change based on extenuating circumstances. If there are delays, this will be communicated to the trainee and the Associate Dean, PGME.

The Associate Dean, PGME, will notify, in writing, the final decision to the following individuals:

- Trainee
- Trainee's Program Director
- Assistant Dean, Resident Affairs
- Accommodation Provider (if not the trainee's Program Director)
- Accommodation Advisor (Chair, PMAP)

The final accommodation plan decision, as determined by the Associate Dean, PGME, will be implemented expeditiously.

The trainee shall have the right to appeal the decision of the Associate Dean, PGME, to the Vice-Dean, Education, FHS (see Section *E2: Appeal of a Formal Review Decision*). The trainee must submit the appeal within fifteen (15) working days after being notified of the decision by the Associate Dean, PGME.

Minutes of the Panel meeting, all submitted and considered documentation, any associated correspondence, and the final decision of the Associate Dean, PGME, will be retained in the trainee's confidential accommodation record (and is NOT part of the academic record) as outlined in section *D9: Data Gathering & Record Keeping*.

Related Documents for Further Reference

This policy is to be read in conjunction with the following policies, statements, and legislation. The University reserves the right to amend or add to the University's policies and statements from time to time (this is not a comprehensive list):

- [Accessibility – University Policy](#)
- [Discrimination, Harassment and Sexual Harassment: Prevention and Response](#)
- [Freedom of Information and Protection of Privacy Act](#)
- [Ontario Human Rights Code](#)
- [OHRC: Policy on accessible education for students with disabilities](#)
- [Ontario Human Rights Commission: Inquiry addressing systemic barriers at post-secondary institutions in Ontario](#)
- [Part-time Training, PGME](#)
- [Personal Health Information Protection Act](#)
- [Statement on Building an Inclusive Community with a Shared Purpose](#)
- [Statement and Guidelines on Inclusive Communications](#)