

Report of the Expert Group for framing Guidelines for admission of candidates with benchmark disabilities in postgraduate courses at AIIMS, New Delhi

“My advice to other disabled people would be, concentrate on things your disability doesn’t prevent you doing well and don’t regret things it interferes with.”

Stephen Hawking (1)

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About AIIMS, New Delhi:

The All India Institute of Medical Sciences (AIIMS) was established as an institution of national importance by an Act of Parliament in the year 1956. It has now grown to be one of the largest centres of medical education in the country. The institute remains unchallenged in the quality of its education, having been ranked the number one medical college in the country in all surveys and reports for two decades including the recently initiated National Institution Ranking Framework of the Ministry of Human Resources Development, Government of India.

One of its main objectives of AIIMS is to develop high standard of medical education in India by bringing together the best educational facilities in all branches related to health. The institute runs a number of prestigious and highly coveted courses including undergraduate courses in medicine, nursing and related areas, and postgraduate courses in almost all the basic and clinical specialties and super-specialties. The total number of departments is even more than the number of courses offered at present.

Selection is on the basis of a competitive entrance examination. The selected candidates have to undergo medical examination by a Medical Board set up by the Institute, consisting of Faculty Members of the Institute.

The courses are available in the following specialties:

Doctor of Medicine (MD)

S. No. Subject

- 1 Anaesthesiology
- 2 Anatomy
- 3 Biochemistry
- 4 Biophysics
- 5 Community Medicine
- 6 Dermatology & Venereology

- 7 Emergency Medicine
- 8 Forensic Medicine
- 9 Geriatric Medicine
- 10 Hospital Administration
- 11 Laboratory Medicine
- 12 Medicine
- 13 Microbiology
- 14 Nuclear Medicine
- 15 Obstetrics and Gynaecology
- 16 Ophthalmology
- 17 Paediatrics
- 18 Palliative Medicine
- 19 Pathology
- 20 Pharmacology
- 21 Physical Medicine& Rehabilitation
- 22 Physiology
- 23 Psychiatry
- 24 Radio diagnosis
- 25 Radiotherapy
- 26 Transfusion Medicine

Master of Surgery (MS)

- 27 Orthopaedics
- 28 Otorhinolaryngology
- 29 Surgery

Master of Dental Surgery (MDS)

- 30 Conservative Dentistry and Endodontics
- 31 Oral and Maxillofacial Surgery
- 32 Orthodontics
- 33 Pedodontics and Preventive Dentistry
- 34 Prosthodontics

MCh (Direct 6 year Course)

- 35 Neurosurgery
- 36. Paediatric Surgery

DM (Direct 6 year Course)

- 37. Infectious Diseases

The selected candidates have to undergo medical examination by a Medical Board set up by the Institute, consisting of Faculty Members of the Institute. If, in the assessment of the Medical Board, a candidate is found medically unfit to be admitted to the course, then he/she will be rejected and not admitted. The decision of the Board shall be final.

Persons with Benchmark Disabilities (PWBD)

As per provisions (Chapter VI Clause 32) of the Rights of the Persons with Disabilities Act, 2016, 5% of seats shall be reserved for Persons (Indian nationals) with Benchmark Disabilities (PWBD).

The candidate must possess a recent and valid document certifying his/her physical disability. The disability certificate should be certified by a duly constituted and authorized Medical Board of the State or Central Govt. Hospitals/Institutions.

Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above schedule.

The selection shall be subjected to medical fitness by Medical Board.

It is important to remember that **the core mission of medical education has not changed** – the goal is still to train competent and compassionate physicians – the strategies for achieving that mission may have somewhat evolved, during the past decade or so.

It is also important to remember that reading learning material in medical subjects is in general NOT available in Braille or Audio-Books forms.

A lot of changes have taken place with regard of more enabling provisions and inclusive education for persons with disabilities at different levels. However, **there are no guidelines or recommendations which are universally acceptable with regard to suitability of PG Medical courses for candidates with disabilities, and it is a work in progress.**

To the best of our knowledge, **there is no country in the world, developing or developed, where ALL the persons with disabilities are considered suitable to pursue any/all the courses, such as those related to post-graduate medical education.**

To the best of our knowledge, **there is no such list that specifies candidates with which type or extent of disabilities are to be considered suitable or otherwise for which post-graduate medical education programme.**

The suitability of a person with disability to undertake a particular course often relates more to ability (and rehabilitation) than to the extent of quantified disability.

The current guidelines on which disability is scored often do not assess ability and competencies and in most instances do not offer complete information on which to base decisions regarding suitability to undertake the PG course/ be a competent professional in the PG subspecialty.

Admission to the medical course is naturally accompanied by the progression to certification and grant of privileges to practice in the specialty. Allowing relaxation on some tasks/ competencies/ responsibilities on the basis of disability may, in a very few instances, hold out in a training scenario, but may prove very limiting in a post qualification practice scenario.

What is proposed by the Group of Experts here in this Report is quite unique, perhaps revolutionary, with far reaching consequences, based on the understanding, long and wide experience, search of available literature, and opinions of experts in various subjects who are involved in imparting postgraduate medical education, without any bias.

Determining the suitability of a candidate with benchmark disability is not easy. Rather, it is very challenging. It may be determined by taking into consideration many important factors such as the physical capability, the extent of rehabilitation, the requirements of the PG course with regard to successful training and practice in terms of Observation, Communication, Motor Functions, Intellectual-Conceptual, Integrative and Quantitative Abilities, and Behavioural and social attributes etc.

The physical capability also includes the **ability to work in a Team, as well as independently**, that is, without the assistance of an intermediary.

One may argue that a candidate who has any disability and has completed undergraduate medical education programme should be considered automatically suitable for any

postgraduate medical education programme! But a careful examination of the undergraduate medical education programme and postgraduate medical education programmes will clearly indicate **the significant and vast difference between the two different levels of courses** on several parameters. Also, although there is a uniform undergraduate medical education programme across India, the number and variety of postgraduate medical education programmes is very large. **No two postgraduate medical education programmes are exactly the same! Also, in almost all the clinical specialties, medical, surgical, dental alike, there is a component of interventions, and its variety and proportion is observed to be growing! Some of the non-clinical medical specialities are also now more demanding and challenging.**

It is inevitable that adherence to minimum requirements will disqualify some applicants including some who are having disabilities. This can happen with students without disabilities as well. **This does not imply, however, that the Institution has discriminated against these applicants on grounds of disability etc.**

Since the diagnosis, counselling, and treatment of patients is an essential part of the educational program dealing with clinical disciplines, it is an important responsibility of the medical institution to protect the health and safety of patients. Also, many of the departments providing postgraduate medical education in other subjects involve **working in diverse settings**, such as research laboratories, out-patient departments, wards, intensive care units, operation theatres, and community etc. Research project or thesis/dissertation writing is an integral part of the postgraduate medical education. The final assessment of the candidates is also often quite extensive, challenging, and may be spread over a number of days!

AIIMS is trying to strike a balance between the “statutory rights” of candidates with disabilities, the “limitations which the disability may impose” on the discharge of duties expected of a professional qualified in the course, and the “legitimate interests” of educational institutions in “preserving the integrity of its programs.”

Postgraduate Medical Education is very often demanding and challenging at any Medical Institution / Teaching Hospital, for any aspiring candidate. Duration of the PG courses is long. All medical students and doctors, regardless of whether they have a long-term health condition or a disability, need to meet the competences set out for different stages of their

education and training. **All medical students need to meet the academic requirements of their course.** This is true of AIIMS as well.

When a candidate with disability is not able to perform the essential tasks required for satisfactory completion of the PG course or the job, it may be important to consider whether any ‘reasonable accommodation’ would enable that person with disability to perform those functions.

As the premier medical institution engaged in education and training of medical students, we at AIIMS believe that **students with disabilities should be welcomed to the profession and valued for their contribution** to patient care. Patients often identify closely with **medical professionals with lived experience of ill health or disability**, who can offer insight and sensitivity about how a recent diagnosis and ongoing impairment can affect patients. Such experience is invaluable to the medical profession as a whole, and illustrates the importance of attracting and retaining disabled learners.

AIIMS is ready to consider requests for adjustments, but only have the obligation to make the adjustments which are reasonable. **AIIMS does not encourage, support, or practice discrimination.**

The guidelines proposed by this Expert Group are far more inclusive with respect to the postgraduate medical education than they have ever been in India in medical sciences or any other field of higher education. But, one must accept the fact that **‘everyone cannot do everything’!** Patient safety is of paramount importance and is the first priority! It is advised that the desirous candidates must gather information, do introspection and self-assessment before and while choosing to apply for post-graduation in a medical subject so as to ensure that they have the requisite abilities despite disability to satisfactorily and successfully complete the course. Merely applying and clearing an exam. does not automatically guarantee selection as there is a mandatory assessment by a Medical Board to certify fitness or otherwise with respect to the Post-Graduate medical course.

There is **a dearth of specific data** on the prevalence of disability in the medical profession in general, and prevalence of specified disabilities in particular.

Hospitals generally sprawl over different levels and large areas, which can pose a challenge for doctors with disabilities. In many developing countries, elevators often do not work due to power shortages, most of the doors are not automated, and the ramps may not exist, may be

dirty, inaccessible, and/or crowded. Safety of the candidates with disabilities themselves is also important! **The challenges doctors with disabilities face are not a developing country problem alone, but they exist in developed countries as well.**

Sometimes, a few advocates of Empowerment of persons with disabilities, and the Hon'ble Courts have allowed persons with disabilities to be admitted to some courses based on their individual abilities and competencies, but it is difficult and to grant a general allowance for all without considering the abilities and competencies as well as the degree of rehabilitation.

Some people, groups, disability activists, and/or media etc. may highlight a few persons who have been able to perform a few challenging tasks, or they may cite a few advanced assistive technology products or Robotic Surgery, etc. and therefore try to put pressures on the educational institutions to open the flood gates and **demand no limitation on suitability of candidates** with benchmark disability to pursue any course. They may lose sight of the ground realities including availability and affordability of advanced technologies and related training in their use in a developing country like India, challenges of long-duration, highly specialised postgraduate medical education, likelihood of sub-optimal or incomplete training even with regard to essential and core components of skills and procedures to be practiced on different occasions, and in different settings, such as out-patient departments, in-patient wards, specialty clinics, intensive-care units, research labs, community settings, etc.

In this situation, blanket criteria do not seem possible and a case-to-case based assessment of suitability of the candidate for the designated subspecialty is perhaps the best thing. The Expert Group felt that this is best undertaken by the department wherein the candidate seeks to be trained.

In every Institution, society or nation, there are **systems of checks and balances put into place** to ensure that there is no discrimination, and training imparted in different aspects is uniform, and also of reasonably high standards and that no harm (physical or psychological) is likely to be done to the trainees, as well as the prospective beneficiaries of the training after due certification of the trainees. This is **an important responsibility of the training Institutions including AIIMS** and should not be considered discrimination! There is no malefic involved in the proposed Report, to use words from a recent judgement of the Hon'ble Supreme Court of India. **A society or nation can only progress if skills and competence of trainees is improved, and standards are raised higher and maintained, not diluted under one pretext or another! The Rights of Persons with Disabilities Act,**

2016 does not prevent medical colleges from selectively accepting the most highly qualified applicants, nor does it impose any obligation on the medical colleges to lower their standards!

All medical students and doctors in training, regardless of whether they have a disability (including long-term health conditions), need to **meet the competences set out for different stages of their education and training** in order to ensure patient safety or other domains as related to their chosen field of post-graduation. These are the absolute requirements for medical students and doctors in training in order to progress in their studies and practice going on to Registration with Statutory Councils/Bodies. **There are no part time postgraduate medical courses (MD/MS/MDS/MHA etc.) at AIIMS or in India at the moment.**

A request for an adjustment can be declined if it is not deemed 'reasonable'. There is no set definition of what 'reasonable' means. What is 'reasonable' can only be decided on a **case-by-case basis**.

If the accommodation requires a fundamental alteration in the essential nature of the educational program or imposes an undue financial or administrative burden, it may not be considered 'reasonable'.

Situation regarding candidates with disabilities and other important educational programmes in India:

It is also important to note that there are restrictions at Indian Institutes of Technology (IITs), Indian Institutes of Information Technology (IIITs) as well as National Institutes of Technology (NITs) at various places in India. According to these restrictions, certain courses are not offered to persons with disabilities in general or to persons with certain types/degree of disabilities.

The Union Public Service Commission (UPSC) also prescribes some criteria for aspiring candidates. Not all services through the Civil Services Examination are open for all the candidates with disabilities.

Candidates with disabilities sometimes may face issues in getting allotted to the service of their choice despite getting the rank because of the requirements of the nature of the service.

There are some Physical Standards for UPSC civil services, specifically for the technical services namely, the Indian Police Service (IPS), the Indian Railway Traffic Service (IRTS), Delhi Andaman and Nicobar Police Service (DANIPS), Pondicherry Police Service (PONDIPS) and the Railway Protection Force (RPF) such as height, weight, chest, etc.

Rule 21 of the Civil Services Examination Rules prescribed by the Department of Personnel and Training (DoPT) says, “**A candidate must be in good mental and bodily health and free from any physical defect likely to interfere with the discharge of his duties as an officer of the service.**” In addition, the feet, hands, and limbs are well-formed and there should be no restriction on joint movements. There should not be any congenital malformation or defect.

Candidates with disabilities are considered not suitable for services such as Pilots (flying aircrafts), Fire-fighters, Drivers, Defence personnel on front lines etc.

One may buy a vehicle if one has enough money but whether to issue a driving licence or not is decided based on fulfilment of certain statutory requirement as notified by the Transport Department. **One has to have certain minimum abilities to be declared ‘fit’ to drive.** Will this be considered discrimination or justified in the interest of safety of that individual and others?

One must not lose sight of the fact that medical education programmes are different from several other training programmes, including on grounds such as the nature of knowledge and skills required, involvement in life-threatening situations and need to respond, resuscitate or initiate appropriate steps in very short duration/immediately, etc.

It is learnt that the Medical Council of India (MCI) had some time ago submitted to the Delhi High Court that regulations for postgraduate (PG) medical education have been amended and people with over 80 percent disability will no longer be barred outright. They will now be considered on a **case-by-case basis** and evaluated for functional competency while using assistive devices.

AIIMS, being a sensitive and responsible premier Medical Institution in India, is making efforts in providing accessibility to its programs and services for individuals with disabilities as far as feasible. It is a work in progress.

A few observations, comments and suggestions:

The Department of Empowerment of Persons with Disabilities (*Divyangjan*), Ministry of Social Justice & Empowerment, Govt. of India may consider revising a few of its recommendations such as

- a) **Benchmark disability of 40% and above** does not have the same meaning and experience among persons with different types of specified disabilities as included in the Schedule of Rights of Persons with Disabilities Act, 2016. For example, 40% disability in a person with blindness is not the same as in a person with poliomyelitis, amputation, dwarfism, acid attack victim, deafness, blood disorders, chronic neurologic disorders, or multiple disability etc.
- b) **Assessment of disability and its certification in relation to a part/segment of body, as in many locomotor disabilities needs reconsideration.** A person with disability is a whole person. Many of the developed nations, as well as the World Health Organization consider and practice disability in relation to the whole person even though the injury or disease causing disability may be limited to a single limb or region of the body.
- c) Guidelines for disability assessment need revision in the light of newer developments such as the bio-psycho-social model of disability (International Classification of Functioning, Disability and Health model of WHO, **ICF**), **impact of assistive technology** in reducing the disability experience etc. In case of persons with visual impairment, the terms used while assessing disability include after best correction, so in locomotor disability also, disability may be assessed with mobility aid such as prosthesis or orthosis etc.
- d) **Cerebral palsy** is an important disabling condition and it is placed under locomotor disability as per the Schedule of the Rights of Persons with Disabilities Act, 2016, perhaps because locomotor deficit of movement control, posture and/or muscle tone is invariably present and often the most dominant deficit. But a sizable proportion of persons with this condition may have other deficits also such as visual, hearing, speech-language, higher mental function, epilepsy etc.
- e) Under the category of **locomotor disability**, leprosy cured person, cerebral palsy, dwarfism, muscular dystrophy, acid attack victims are included. But there are several other locomotor disorders far more prevalent in society, namely amputation, poliomyelitis, arthritis, spinal cord injuries, kyphosis/scoliosis etc. and it would have

been better if these were also included in the Schedule part of the Act. However, it is to be appreciated that these are included in the Guidelines for Assessment and Certification of Disabilities notified as a Gazette of India in January 2018.

- f) Under the category of **chronic neurologic disorders**, only multiple sclerosis and Parkinson's disease are mentioned, perhaps as indicative conditions only, and not comprehensive list. But there are several other chronic neurologic disorders prevalent in society. Some neurological diseases like epilepsy, if uncontrolled/intractable, may be hazardous from the perspective of safety of patients who may undergo interventions or operative procedures performed by such candidates. Some of the neurological conditions are nonprogressive in nature but many are progressive, meaning thereby that current ability of the person may change over a period of time to even a stage of total disability. Parkinson's Disease is a gradually progressive chronic neurological disease whereas Multiple Sclerosis may have acute/subacute disability episodes which may gradually culminate into accumulated deficits due to incomplete improvement everytime. Would there be a six-monthly evaluation and can such candidates be removed from the ongoing course after reaching a certain level of disability? Some neurological diseases have peculiar phenotypes which may interfere in working to a significant extent whereas other phenotypes may not trouble the person much. Also, there is a need for having satisfactory, objective, valid scales of assessment of disability due to these chronic neurological conditions including Parkinson's disease or multiple sclerosis where these do not exist or need revision.
- g) **Omission of persons with disabilities due to cardiac or pulmonary conditions** is strange, since these were including earlier in the disability assessment and certification guidelines;
- h) **Chronic kidney diseases, chronic liver diseases, and certain cancers are also often disabling**, but find no mention in the guidelines/Gazette notification;
- i) There is an urgent need to develop a satisfactory **scale or method of assessing abilities of a person with disability**. This will greatly help in deciding issues such as suitability of a person with disability to pursue a particular educational programme or job etc.
- j) There is a **need to revise the guidelines** for assessment of certain disabilities which were earlier notified through a Gazette of Govt of India a few years ago, in January 2018, in the light of newer information, experience gained in India, and practices in different parts of the world.

Table 1: The Rights of Persons with Disabilities Act, 2016 includes the following disabilities:

S. No.		Disability	
1	Physical Disability		
		A. Locomotor disability including	
			a. Leprosy cured person
			b. Cerebral palsy
			c. Dwarfism
			d. Muscular dystrophy
			e. Acid attack victims
		B. Visual impairment	
			a. Blindness
			b. Low-vision
		C. Hearing impairment	
			a. Deaf
			b. Hard of hearing
		D. Speech and language disability	
2	Intellectual disability including		
		a) Specific learning disabilities	
		b) Autism spectrum disorders	
3	Mental behaviour	Mental illness	
4	Disability caused due to		
		Chronic neurological conditions such as	
			Multiple sclerosis
			Parkinson's disease
		Blood disorders	
			i) Haemophilia
			ii) Thalassemia
			iii) Sickle cell disease
5	Multiple disabilities		

It is important to note that disabling conditions such as Amputation, Post Polio Residual Paralysis, Spinal Cord Injury, Kyphoscoliosis of spine, Arthritis etc. are also traditionally considered under the umbrella of Locomotor disability.

It is a common observation and experience that the candidates with locomotor disabilities form **the largest group** among all the applicants with benchmark disabilities.

A medical doctor is expected to fulfil all the requirements, duties and responsibilities with adequate skill and competence as expected professionally and specified by regulatory bodies. The same criteria would, in general, hold for Post-graduate courses as well as the basic principles apply to pursuing a PG course and becoming qualified and trained to provide higher specialised care in the concerned discipline while retaining all the basic requirements for medical care expected of MBBBS degree. In a nutshell a general alignment with Statutory Bodies like National Medical Commission (NMC) laid criteria for MBBS should apply for PG courses and the same may be considered by AIIMS for MBBS and PG courses.

Though not considered a disability, squint may lead to abnormalities of stereopsis or diplopia. One eyed persons are considered to have a visual disability at a level of 30% which is less than the benchmark of 40%. They may have some level of stereopsis by adaptation using monocular clues. In both cases, some difficulty may be faced with surgical disciplines especially when use of binocular surgical microscopes is involved. Such candidates should be advised and counselled in this regard, and perhaps discouraged from taking up surgical disciplines or specialities where binocular microscopes are used to avoid frustrations or failure in practice in future.

Although persons with Red-Green colour deficiency is not considered a disability, such persons may sometimes face subjective difficulty in particular tasks such as counting of acid-fast bacilli on a Ziehl-Neelsen stained slide or counting of retinal haemorrhages on a fundus photograph.

Candidates desirous of pursuing MS/MCh programmes, in view of the nature of the courses, are expected to have normal cognition, vision, hearing, and both the upper limbs. Similarly, this holds true for all those PG courses that involve regular interventions (diagnostic, and/or therapeutic), even though imparting MD degrees, such as Anaesthesiology, Emergency Medicine, Geriatric Medicine, Medicine, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Physical Medicine & Rehabilitation, Radiodiagnosis, etc.

Some people may have an erroneous notion that Psychiatry is a speciality where candidates with some limitations in physical abilities such as those who are hard of hearing, or have low vision etc. may be considered, but this is not true, since psychiatry interview and assessment is completely based on listening to the patient and family members and also observation of emotions and behaviour of the patients.

Table 2: The proposed discipline wise suitability of various disabilities as per the Rights of Persons with Disabilities Act, 2016.

S. No.	Discipline/Subject	Suitable for candidates with
Doctor of Medicine (MD)		
1.	Anaesthesiology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Blood disorders
2.	Anatomy	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Low vision, Mild Chronic neurological conditions, Blood disorders
3.	Biochemistry	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Low vision, Mild Chronic neurological conditions, Blood disorders
4.	Biophysics	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Low vision, Mild Chronic neurological conditions, Blood disorders
5.	Community Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis etc, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Low vision, Mild Chronic neurological conditions, Blood disorders

6.	Dermatology & Venereology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis etc, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders
7.	Emergency Medicine	Limited locomotor disability such as leprosy cured person, Mild and limited acid attack sparing hands and eyes, Blood disorders
8.	Forensic Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis etc, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders
9.	Geriatric Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders
10.	Hospital Administration	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders
11.	Laboratory Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders

12.	Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Blood disorders
13.	Microbiology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis etc, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders
14.	Nuclear Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Hard of hearing, Blood disorders
15.	Obstetrics and Gynaecology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Mild and limited acid attack sparing hands and eyes, Blood disorders
16.	Ophthalmology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis etc, Mild and limited acid attack sparing hands and eyes, Blood disorders
17.	Paediatrics	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Blood disorders
18.	Palliative Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders

19.	Pathology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Blood disorders
20.	Pharmacology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Low vision, Mild Chronic neurological conditions, Blood disorders
21.	Physical Medicine& Rehabilitation	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders
22.	Physiology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Low vision, Mild Chronic neurological conditions, Blood disorders
23.	Psychiatry	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Mild Chronic neurological conditions, Blood disorders
24.	Radio diagnosis	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Blood disorders

25.	Radiotherapy	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Blood disorders
26.	Transfusion Medicine	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, mild paraparesis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Hard of hearing, Blood disorders
Master of Surgery (MS)		
27.	Orthopaedics	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
28.	Otorhinolaryngology	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
29.	Surgery	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
Master of Dental Surgery (MDS)		
30.	Conservative Dentistry and Endodontics	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
31.	Oral and Maxillofacial Surgery	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders

32.	Orthodontics	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
33.	Pedodontics and Preventive Dentistry	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
34.	Prosthodontics	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
MCh (Direct 6 year Course)		
35.	Neurosurgery	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
36.	Paediatric Surgery	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Mild and limited acid attack sparing hands and eyes, Blood disorders
DM (Direct 6 year Course)		
37.	Infectious Diseases	Limited locomotor disability such as single lower limb involvement due to polio/amputation/arthritis, scoliosis, Leprosy cured person, Dwarfism, Mild and limited acid attack sparing hands and eyes, Blood disorders

The table above is indicative only.

This Report may also be used as a reference if and when new post-graduate/super-specialty medical education courses are introduced in future.

The Final decision should be based on detailed assessment and fitness on a **case-to-case basis**, involving the experts from the concerned specialty also.

Table 3: The Specified Disabilities as per the Rights of Persons with Disabilities Act, 2016 and definitions of each:

S. No.		Disability		Definition
1	Physical Disability			
		A. Locomotor disability including		
			a. Leprosy cured person	a person who has been cured of leprosy but is suffering from (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity; (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall be construed accordingly
			b. Cerebral palsy	a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth
			c. Dwarfism	a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less

			d. Muscular dystrophy	a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue
			e. Acid attack victims	a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.
		B. Visual impairment		
			a. Blindness	a condition where a person has any of the following conditions, after best correction (i) total absence of sight; or (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or (iii) limitation of the field of vision subtending an angle of less than 10 degree
			b. Low-vision	a condition where a person has any of the following conditions, namely: (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or (ii) limitation of the field

				of vision subtending an angle of less than 40 degree up to 10 degree
		C. Hearing impairment		
			a. Deaf	persons having 70 DB hearing loss in speech frequencies in both ears
			b. Hard of hearing	person having 60 DB to 70 DB hearing loss in speech frequencies in both ears
		D. Speech and language disability		a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes
2	Intellectual disability including			a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including
		a. Specific learning disabilities		a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia
		b. Autism spectrum disorders		a neuro-developmental condition typically appearing in the first three years of life that significantly affects a

				person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours
3	Mental behaviour	Mental illness		a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence
4	Disability caused due to			
		Chronic neurological conditions such as		
			Multiple sclerosis	an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other
			Parkinson's disease	a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and

				elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine
		Blood disorders		
			i) Haemophilia	an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor injury would/ may result in fatal bleeding
			ii) Thalassemia	a group of inherited disorders characterised by reduced or absent amounts of haemoglobin
			iii) Sickle cell disease	a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated tissue and organ damage; “hemolytic” refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin
5	Multiple disabilities			(more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems

Special Note:

Persons with the following types and extent of disabilities are likely to face greater challenges than many other persons with disabilities and may very often be unable to complete the postgraduate medical education programme satisfactorily, in general, and hence may be considered 'not suitable' for certain postgraduate medical courses, and fitness criteria may need to be more stringent for clinical specialties (medical or surgical, including dental sciences):

- i) **Blindness;**
- ii) **Deafness;**
- iii) Persons with severe **mental illness;**
- iv) Persons with significant **Intellectual disability;**
- v) Persons with **high support needs;**
- vi) Persons with significant **loss of sensations** in hands;
- vii) Persons with disability involving **both upper limbs** due to amputation, paralysis, or other conditions, and if unilateral, then if involving the **dominant upper limb** to a significant extent;
- viii) Persons with significant involvement due to Cerebral Palsy;
- ix) Persons with severe and extensive involvement due to Acid Attack;
- x) Persons with severe and progressive muscular dystrophy;
- xi) Persons with significant involvement due to chronic neurologic disorders;
- xii) **Multiple Disabilities** such as Deaf-Blindness, Deafness with any other disability, Blindness with any other disability;
- xiii) Any other kind and severity of disability as considered appropriate...

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