

**SUBMISSION TO**

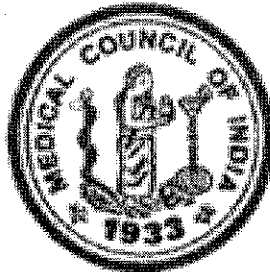
**PRESIDENT MEDICAL COUNCIL OF INDIA**

**OF THE COMPREHENSIVE REPORT REGARDING**

**GUIDELINES FOR ADMISSION OF PERSON WITH**

**SPECIFIED DISABILITIES**

**THE MEDICAL COUNCIL OF INDIA**



**IN PURSUANCE OF THE COMMUNICATION FROM**

**MINISTRY OF HEALTH AND FAMILY WELFARE**

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## I. PROLOGUE OF THE REPORT

The issue of pursuance of Medical Education by physically challenged persons is a herculean endeavor as it entails balancing the conflicting interest between the right of physically challenged persons to pursue education of his choice and the societal pressure that such person may face along with the strenuous requirement of the medical profession. After a long debate, the Council in 2009 decided to incorporate a provision in its Graduate and Postgraduate Medical Education Regulations reserving 3% of the sanctioned annual intake capacity to be filled by persons with locomotor disability of lower limb within the prescribed limits.

Subsequently, in response to an order from the Court of Chief Commissioner of Disabilities, Ministry of Social Justice & Empowerment, Govt. of India the Council had constituted a Committee comprising Chairperson: Dr. Ved Prakash Mishra, Chairman, Academic Committee; Members Dr. Arun Aggarwal, Professor of ENT, Maulana Azad Medical College, New Delhi; Dr. Radhika Tandon, Professor of Ophthalmology, AIIMS, New Delhi; and Dr. P.P. Kotwal, Professor of Orthopaedics, AIIMS, New Delhi. This Committee after extensive deliberations keeping in view the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and the requirement of medical education formulated certain proposals. The proposal formulated by the above Committee was granted approval by the General Body of Council in its meeting held on 1<sup>st</sup> October, 2015. Accordingly, amendments to the existing regulation were formulated and sent for prior approval to the Ministry of Health and Family Welfare (MOHFW), Govt. of India. These proposals in nutshell pertain to auditory and visual disabilities were considered. Professionally a MBBS graduate should be in a position to dispense competencies expected out of her/him; especially the core undergraduate competencies and the competencies under supervision in rotatory internship that are clearly stipulated in Graduate Medical Education Regulation, 1997 (GMER-1997). The ability of a Physically Challenged person to accomplish each of these competencies was worked out on the basis of which a conclusion was drawn and that conclusion was recommended for incorporation in the regulation. The recommendations worked out were as follows:

*Taking into consideration the relevant details, analogy and observations that have been brought out by the Learned Expert Members on the issue at end the Committee is pleased to recommend as under:-*

**A. Upper Limb Disability:** *In view of the listed competencies that can be either not completely acquired or partially acquired by a person with upper limb disability a provision be incorporated in the Graduate Medical Education Regulations 1997 that persons with upper limb disability are not entitled to pursue Graduate Medical Education.*

**B. Lower Limb Disability:** *Although a person with lower limb disability cannot acquire 4 out of 6 specific objectives of internship, however, as he is able to acquire discipline-wise competencies, hence a person with disability of lower limb can pursue medical education. However, the existing provision in Graduate Medical Education Regulation, 1997 is appropriate and does not require any revision. As such, as the determination of disability under the PWD Act is organic hence the reduction of disability with prosthetics cannot be considered to be a ground for persons with disability above 70% to be eligible to pursue Graduate Medical Education.*

**C. Auditory Disability:** *In view of the competencies that cannot be completely or partially acquired by a person with auditory disability a provision be incorporated in the Graduate Medical Education Regulations 1997 that persons with auditory disability are not entitled to pursue Graduate Medical Education.*

**D. Visual Disability:** *By a suitable provision, it be incorporated in the Graduate Medical Education to the effect that a person with category I visual disability shall not be eligible to pursue Graduate Medical Education.*

The proposals so forwarded to the MOHFW have till date not been approved by the competent authorities of Govt. of India.

Meanwhile, the Govt. of India had in order to give effect to "the United Nations Convention on the Rights of Persons with Disabilities and for matters connected therewith or incidental thereto" enacted "The Rights of Persons with Disabilities Act, 2016". This Act was notified in the official Gazette on 28.12.2016 and it is understood that the Act has come in force from April, 2017. This Act has been made by the Parliament for the empowerment of persons with disabilities and is based upon the following principles:

"....

- (a) *respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;*
- (b) *non-discrimination;*
- (c) *full and effective participation and inclusion in society;*
- (d) *respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;*
- (e) *equality of opportunity;*
- (f) *accessibility;*
- (g) *equality between men and women;*
- (h) *respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities;*

....."

Meanwhile, the Hon'ble Supreme Court in its judgment dated 23.03.2017 in the case of *Pranay Kumar Podder vs. State of Tripura and others* directed the MCI to constitute a Committee of Experts to examine the issue regarding pursuance of medical education by persons affected with color blindness. Accordingly, the Council constituted a Committee comprising Chairperson: DrVed Prakash Mishra, Chairman, Academic Committee; Members : Dr. RadhikaTandon, Professor, Dept. of Ophthalmology, AIIMS, New Delhi; Dr. Nilesh Parekh, Prof. & HOD: Dept. of Ophthalmology, Govt. Medical College, Bhavnagar, Gujarat; Dr. AshutoshHalder, Prof.& HOD, Dept. of Reproductive Biology, AIIMS, New Delhi; Dr. AvinashSupe, Director (ME & MH), Municipal Corp. of Greater Mumbai & Prof. of G I Surgery & Medical Education : Seth GS Medical College KEM Hosp., Mumbai; Dr. SubhoChakrabarti, Professor, Dept. of Psychiatry, Post Graduate Institute of Medical Sciences, Chandigarh; Mr. K. V. Vishwanathan, Amicus Curiae, Senior Advocate, Supreme Court of India & Former Addl. Solicitor General of India; Dr.Rajendra Wabale, Joint Secretary, MCI; Mr. Shoeb Alam, Advocate on Record, Supreme Court of India & Mr. ShikharRanjan, Law Officer, MCI. Thus, the competent authorities of the Council were required to take a decision on the report of the Committee on Color blindness and permissibility of persons with color blindness to pursue medical education. The Committee after extensive deliberations finalized its report and recommended as follows:

*"By a suitable provision, it be incorporated in the Graduate Medical Education to the effect that a person with visual disability of category I and above shall not be eligible to pursue Graduate Medical Education. In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted."*

The report with above recommendation was placed before the Hon'ble Supreme Court.

The Council had in view of the Rights of Persons with Disabilities Act, 2016 coming into force and the communication received from MOHFW decided to constitute a Committee comprising Chairperson: Dr. Ved Prakash Mishra, Convener, Chairperson Academic Committee; Members: Dr. Sanjay Wadhwa, Professor of Physical Medicine & Rehabilitation, AIIMS, New Delhi; Dr. Radhika Tandon, Professor of Ophthalmology, AIIMS, New Delhi and Dr. Achal Gulati, Professor of ENT and Principal of Dr. BabaSaheb Ambedkar Medical College & Hospital, New Delhi. This committee had held deliberations and in its preliminary report had made certain recommendations regarding pursuance of medical education by persons with auditory disability; visual disability; locomotor disability.

The Committee in its final meeting on 06.09.2017 was apprised of certain orders passed by the Hon'ble Supreme Court in Writ Petition(s)(Civil) No(s). 620/2017 Sruichi Rathore versus Union of India and Others dated 11.08.2017 wherein the Hon'ble Supreme Court had inter-alia observed as under:

*"... We are disposed to think so because the 2016 Act, as we perceive, is a legislation of great welfare measures and it is the duty of everyone to see that the provisions are carried out with quite promptitude."*

Further, the Committee was also apprised about two other cases relating to the admission in MBBS on the basis of the Rights of Persons with Disabilities Act, 2016, namely – W.P. No. (C) 6970/2017 – *Devrrat Purang vs. Union of India & Ors.* and W.P. (C) No. 7505/2017 – *Digant Jain Vs. Guru Gobind Singh Indraprastha University & Ors.* pending before the Hon'ble High Court of Delhi.

Therefore, the Committee in view of legislative developments and judicial pronouncement deemed it appropriate to revisit its Comprehensive Report and Recommendations thereof. It recommended that the scope of the report has to be made in consonance with the statutory mandate and has accordingly proposed for incorporation of appropriate amendment in Graduate and Postgraduate Medical Education Regulations to give effect to admissions for the persons with benchmark disabilities specified under The Rights of Persons with Disabilities Act, 2016.

The recommendation of the Disability Committee along with comprehensive report was placed before the Competent Authorities of the Council for further consideration. The report was placed before the Executive Committee on 25.10.2017. The Executive Committee decided as follows:

*"The Executive Committee of the Council approved the report of the Sub-Committee, the operative part of which reads as under:- ....*

*"Conclusion: In the effort of making an enabling provision, Locomotor Disabilities which was absolutely a standalone mechanism became a Locomotor Disabilities basket with lower limb, upper limb and spine, suggestive of a right direction adopted*

by the Committee. In case of lower limb we considered the functionality point of view and therefore while prescribing, we have taken an advanced stage of upto 80% disability for permissibility with an inbuilt segregation within the prescribed range of 40-80% for the purpose of priority in admission. In case of spine and upper limb we have reduced and narrowed down the range from the point of view of dexterity and functionality, therefore a range of 40-60% is prescribed in case of both, with a priority in reservation to those between 51-60% and in case seat remain vacant, the benefit gets extended to those with disability of 40-50%, likewise for lower limb." The Executive Committee directed to place the report before the General Body of the Council."

Thereafter the matter was sent to General body of the Council in the meeting dated 31.10.2017. The General Body decided as follows:

*The Council approved the following recommendation of the Executive Committee:*

*"The Executive Committee of the Council approved the report of the Sub-Committee, the operative part of which reads as under:-*

*...."Conclusion*

*Taking into consideration the above court orders and the statutory mandate of the Right for Persons with Disabilities Act, 2016, the Committee is of considered view that whatever is stipulated in the 2016 Act has to be converted into our recommendations to be incorporated in the regulations pertaining to the admissions to disability quota. The Committee has for incorporation of the various facets related to disability already prepared its report. However keeping in view the judicial pronouncements the scope of the said report has to be made in consonance with the statutory mandate.*

*Amendment Proposed in*

*A) REGULATIONS ON GRADUATE MEDICAL EDUCATION, 1997*

- 1) In order to be eligible, the upper age limit for candidates appearing for National Eligibility Entrance Test and seeking admission to MBBS programme shall be 25 years on or before 31st December of year of examination with a relaxation of 5 years for candidates belonging to SC/ST/OBC category and persons with benchmark disabilities entitled for reservation under the Rights of Persons with Disabilities Act, 2016.*
- 2) In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks in qualifying examination in Physics, Chemistry and Biology (or Botany and Zoology)/Biotechnology taken together in qualifying examination shall be 45% instead of 50%.*
- 3) In order to be eligible for admission to MBBS course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the 'National Eligibility-cum-Entrance Test to MBBS course' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Schedules Tribes, and Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile.*

- 4) 5% seats of the annual sanctioned intake capacity shall be filled up by candidates with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016, based on the merit list of 'National Eligibility-cum-Entrance Test'.

**B) POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000**

- 1) In order to be eligible for admission to Postgraduate Course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the 'National Eligibility-Cum-Entrance Test for Postgraduate Courses' held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, and Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile.
- 2) 5% seats of the annual sanctioned intake capacity shall be filled up by persons with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016, based on the merit list of 'National EligibilityCum-Entrance Test' for admission to Postgraduate Medical Courses.

The amendment so approved in Graduate Medical Education Regulation, 1997 and Postgraduate Medical Education Regulation, 2000 were sent to Ministry of Health & Family Welfare. Accordingly, amendment have been made in the Graduate Medical Education Regulation, 1997 on 23.01.2018 and Postgraduate Medical Education Regulation, 2000 on 05.04.2018

The Council has now received a letter dated 2<sup>nd</sup> May 2018 of the Ministry of Health and Family Welfare requesting the council to send its recommendation related to upper percentage limit for all 21 categories of persons with Disability.

The matter was placed before the Chairman of the Disability Committee who recommended co-opting Experts from the fields related to the specified disabilities for which recommendation are sought for. Thus three experts as follows have been co-opted for expanding the present disability committee.

1. Intellectual Disability and Mental Disorders – Expert Psychiatrist.
2. Disability caused due to Chronic Neurological Conditions – Expert Neurologist.
3. Disability due to Blood disorders – Expert Clinical Haematologist

The suggested names of the Experts for Disability Committee are as under:

1. In Neurology : Dr.Achal Kumar Srivastava (Professor, AIIMS)
2. In Clinical Hematology :Dr.Tulika Seth (Professor, AIIMS)
3. In Psychiatry :Dr. Rajesh Sagar (Professor, AIIMS)

Above names were approved by the President, Medical Council of India. The Expanded Committee on Disability comprised of the following members.

S.No	Designation	Name and Address
1.	Convener	Dr.Ved Prakash Mishra, Chairman, Academic Committee, Medical Council of India, New Delhi.
2.	Member – Expert	Dr. Sanjay Wadhwa, Professor, Dept. of Physical

	Physical Medicine & Rehabilitation	Medicine and Rehabilitation, All India Institute of Medical Sciences, Ansari Nagar, New Delhi.
3.	Member – Expert Otorhinolaryngology	Dr.Achal Gulati, Dean, Dr.BabasahebAmbedkar Medical College, Rohini, Delhi.
4.	Member - Expert Ophthalmology	Dr.RadhikaTandon, Professor, Dept. of Ophthalmology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi.
5.	Member – Expert Psychiatry	Dr. Rajesh Sagar, Prof., Dept. of Pyschiatry, All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110029.
6.	Member – Expert Neurology	Dr.Achal Kumar Srivastava, Prof., Dept. of Neurology, All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110029.
7.	Member – Expert Clinical Hematology	Dr.Tulika Seth, Prof., Dept. of Hematology All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110029.
8.	Member secretary	Dr.Rajendra Wabale, Joint Secretary, Medical Council of India, New Delhi.

Expanded Committee on Disability had thus undertaken a task of crystallization of recommendations regarding specified disabilities contained in the schedule appended to the RPWD Act 2016. The primary endeavor of the Committee shall be to elaborate on the permissible range of the disability for the purposes of reservation contemplated at Section 32(1) and Section 32(2). In order to implement the RPWD act 2016 in letter and spirit, the operational guideline for in principle execution and actualization of the provision of the act needs to put in place.



## II. RECOMMENDATION OF EXPERT PHYSICAL MEDICINE & REHABILITATION ON LOCOMOTOR AND RELATED DISABILITIES

For admission to Medical Courses, the candidate should have benchmark disability (40%) as certified by a valid duly constituted Medical Board.

Although % of disability as certified by a duly constituted Medical Board is a very important criteria, it is equally important to consider whether the candidate has sufficient ability to pursue and complete the various Sections of the Medical course satisfactorily and without any significant risk to the candidate or the patient(s). This ability may be assessed with the appropriate assistive device such as an artificial limb (prosthesis) already being used by the candidate.

Disability may be of a single category such as locomotor disability (including Leprosy cured person, Cerebral Palsy, Dwarfism, Muscular Dystrophy, Acid Attack Victims) or multiple, as per the Schedule of RPwD Act 2016.

Presence of significant Locomotor Disability with or without any other significant disability such as Visual or hearing-speech or learning etc. which will make it very difficult for the candidate to pursue and complete the course satisfactorily and may significantly increase the risk to the candidate or the patient(s) – may be declared NOT ELIGIBLE for admission.

If single category disability, such as Locomotor Disability (including Cerebral Palsy, Leprosy Cured, Dwarfism, Acid Attack Victims, Muscular Dystrophy), candidates having extent of disability 40% to 80% only may be ELIGIBLE for consideration of admission.

Candidates having more than 80% disability may be declared NOT ELIGIBLE for admission to Medical Courses.

Candidates having locomotor disability in relation to lower limb(s) may be considered ELIGIBLE.

Candidates having locomotor disability in relation to spine may be considered ELIGIBLE.

There will be NO BLANKET BAN on consideration of Candidates having locomotor disability in relation to upper limbs, but only those candidates having involvement of upper limbs in such a manner that

- i) the Non-Dominant upper limb is involved with mild weakness, shortening, deformity etc., but the hand is structurally intact, mobile (not stiff) and functional, sensations are preserved, condition is painless, and non-progressive in nature may be considered as ELIGIBLE;
- ii) the dominant upper limb is NOT INVOLVED and is structurally intact, mobile (not stiff) as well as normally functional may be considered as ELIGIBLE.

- iii) a candidate with loss of a digit or stiffness/deformity in non-dominant upper extremity but intact, mobile and functional thumb with preserved sensations may be considered as ELIGIBLE.

Candidates with following locomotor disability are NOT ELIGIBLE for consideration for admission to Medical Courses when there is:

- i) Involvement of whole body;
- ii) Involvement of three limbs in any combination (both lower limbs + one lower limb OR one lower limb + both upper limbs);
- iii) Involvement of both upper limbs;
- iv) Extent of locomotor disability more than 80%;
- v) Involvement of both lower limbs of such an extent that the candidate is unable to sit, stand, walk, and/or bend due to significant pain, stiffness, weakness, deformity etc..
- vi) Involvement of a single upper limb which is the DOMINANT UPPER LIMB (which is right upper limb in a majority of persons) to an extent that the candidate has loss of thumb, cannot hold an object satisfactorily, has significant weakness/ deformity/ stiffness of joints, or the limb is lacking normal sensations.
- vii) Involvement of SPINE with weakness and/or deformity to such an extent that the candidate is unable to sit steadily for long duration, and/or has significant pain, and/or cardio-respiratory compromise etc.

In case of Leprosy cured persons as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of involvement of Eyes, and extent of involvement of Hands.

In case of Cerebral Palsy affected persons as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of involvement as per GMFCS and as per MACS. Also it is very important to consider presence and extent of associated problems such as vision, IQ, speech-language involvement etc.

In case of persons with Dwarfism as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of shortening, and presence of associated restriction of movements of joints of limb(s) and/or spine.

In case of persons with Muscular Dystrophy as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of weakness, and presence as well as severity of spinal deformity (scoliosis), contracture, cardiac involvement etc. Generally, muscular dystrophy is a condition with progressive weakness of muscles.



In case of Acid Attack Victims as candidates, important consideration will be extent of involvement as per Guidelines notified by Govt. of India, especially extent of involvement of Eyes, Eye-lids, Hands, Wrist, mouth etc.

General recommendations regarding the above mentioned specified disabilities (Leprosy cured person, Cerebral Palsy, Dwarfism, Muscular Dystrophy, Acid Attack Victims) included in the Locomotor Disability are the same as mentioned above.

**What is the permissible disability for the purpose of reservation under physically challenged quota?**

For reservation under physically challenged quota:

Candidates with locomotor disability of 40-80% may be considered eligible, and

- Candidates with more than 80% disability – NOT ELIGIBLE for reservation;
- Candidates with a disability in the range of 71-80% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 61-70% disabilities.
- Candidates with a disability in the range of 61-70% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 51-60% disabilities.
- Candidates with a disability in the range of 51-60% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 40-50% disabilities.

Candidates with less than 40% disability – NOT ELIGIBLE for reservation.



### III. RECOMMENDATION OF EXPERT OPHTHALMOLOGIST ON VISUAL IMPAIRMENT

As requested the Comprehensive Recommendation is transposed in compliance with the new nomenclature introduced in Gazette Notification of Rules dated January 5, 2018 pertaining to Person with Disabilities Act 2016

#### Visual Disability

A person with visual disability of 40% or more (category III or greater) shall not be eligible to pursue Graduate Medical Education. Persons with visual disability of less than 40% , namely 10% (Category 0), 20% (Category I) and 30% (category II) are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of visual impairment is less than the benchmark definition of Low Vision.

In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted.

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#### References

1. Previous recommendation (Comprehensive Recommendation, MCI)

#### **B. Visual Disability**

By a suitable provision, it be incorporated in the Graduate Medical Education to the effect that a person with category I visual disability shall not be eligible to pursue Graduate Medical Education.

In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted.

2. Nomenclature or definition or classification system for visual impairment/blindness/low vision has been redefined and changed in new Disabilities act by Gazette notification. Category I is now Categorized as IIIb. Keeping the context and technical recommendation unchanged, only the current revised nomenclature has been substituted with clear mention of percentage for cut offs as requested

Scan 1 is old system

Scan 2 is new system

**Justification and Reasoning** remains unchanged as per the MCI recommendation namely the person with visual disability equal to or higher than the benchmark visual disability will not be able to satisfactorily acquire the skills and knowledge required in pursuit of Graduate Medical Education and will not be able to fulfill the necessary basic essential duties of a doctor in various domains as prescribed by MCI.

**SCAN 1 – BASIS FOR OLD RECOMMENDATIONS**

**VISUAL IMPAIRMENT DISABILITY CATEGORIES BASED ON ITS SEVERITY AND PROPOSED DISABILITY PERCENTAGE AS PER GOVERNMENT OF INDIA NORMS**  
(Website reference) : www.socialjustice.nic.in, pbhealth.gov.in

Category	Best Corrected Better eye R.L.	Visual Acuity Worse eye R.L.	Percentage Impairment
Cat. I	6/9 - 6/18	6/36 to 6/30	20%
Cat. I	6/18-6/36	6/60 to Nil	40%
Cat. II	6/60-4/60	3/60 to Nil	75%
or			
Field of Vision			
10° - 20°			
Cat. III	3/60 to 1/60		
or			
Field of Vision			
<10°			
Cat. IV	E.C. at I.R. to Nil	E.C. at I.R. to Nil	100%
or			
Field of Vision			
<10°			
One eyed persons	6/6	E.C. at I.R. to Nil	30%

**SCAN 2 – BASIS FOR NEW RECOMMENDATIONS**

**19.1. Definition - Visual Impairment**  
 The "blindness" means a condition where a person having any of the following conditions, and best correction—  
 (a) total absence of sight, or  
 (b) visual acuity less than 3/60 or less than 10/360 (whichever is less) in the better eye with best possible correction, or  
 (c) limitation of the field of vision subtending an angle of less than 30 degrees;  
 The "low vision" means a condition where a person has any of the following conditions, namely:  
 (a) visual acuity not exceeding 6/18 or less than 20/60 upto 20/60 or upto 10/20 in a smaller, in the better eye with best possible correction, or  
 (b) limitation of the field of vision subtending an angle of less than 30 degrees up to 10 degrees.

**19.2. Nature of Certificate:**  
 The medical authority will decide whether disability certificate should be temporary or permanent. The disability shall be permanent to be certified. The certificate can be temporary if condition is likely to worsen and also for specific purposes such as for pursuing education. The need of re-assessment, if required, should be clearly mentioned in the certificate with time frame. In certain cases such as keratoconus, developmental defects, operated congenital cataract with corneal decompensation, operated congenital glaucoma with high intra-ocular pressure, etc., the patient especially can be issued a temporary certificate.

**19.3. Visual Impairment - Certification Criteria and Gradation**  
 The assessment should be done after best possible correction (medical, surgical or optical corrected spectacle). The ophthalmologist shall circle the vision status and the Percentage Impairment and mark the Disability category accordingly as under:

Better eye Best Corrected	Worse Eye Best Corrected	Percent Impairment	Disability category
6/9 to 6/18	6/6 to 6/18 6/24 to 6/60	10% 10%	I
	Less than 6/60 to 3/60 Less than 3/60 No Light Perception	20% 30%	I
6/24 to 6/60	6/24 to 6/60	40%	II (below vision)
	Less than 6/60 to 3/60 Less than 3/60 to No Light Perception	50% 60%	II (below vision)
6/60 to 3/60	Less than 6/60 to 3/60	70%	III (below vision)
	Less than 3/60 to No Light Perception	80%	III (below vision)
Less than 3/60 to 1/60	Less than 3/60 to No Light Perception	90%	IV (blindness)
or Visual field less than 10 degrees around centre of I.R. to 4			
Only FMRF Only Light Perception, No Light Perception	Only FMRF Only Light Perception, No Light Perception	100%	IV (blindness)

For visual acuity the line should be read completely, in case of partial line read one line below that line should be taken for visual acuity.

**19.4. Medical Authority:**  
 The medical authority shall comprise of one ophthalmologist and certificate of disability shall be countersigned by Medical Superintendent or Chief Medical Officer or Civil Surgeon or any other competent authority as notified by the Government.

However, it is pertinent to note that inclusion in Scan 2 are in vogue as of now.

**Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016**



Source: The Gazette of India, Extraordinary, No. 61, Part II - Section 3  
 Sub-section (1), Power January 5, 2018 / PAFSHA 15, 1999

Ministry of Health and Family Welfare  
 New Delhi, India

**VISUAL IMPAIRMENT**

Left Eye Vision (Best Corrected Visual Acuity (BCVA))

	6/6 to 6/18	6/24	6/36	6/60	3/60	2/60	1/60	HMCF to PL
6/6 to 6/18	0%	10%	10%	10%	20%	30%	30%	30%
6/24	10%	40%	40%	40%	50%	60%	60%	60%
6/36	10%	40%	40%	40%	50%	60%	60%	60%
6/60	10%	40%	40%	40%	50%	60%	60%	60%
3/60	20%	50%	50%	50%	70%	80%	80%	80%
2/60	30%	60%	60%	60%	80%	90%	90%	90%
1/60	30%	60%	60%	60%	80%	90%	90%	90%
HMCF to PL	30%	60%	60%	60%	80%	90%	90%	100%

- Yellow- Right eye is Better eye - Brown- Left eye is better eye
- Percent disability is marked inside the box corresponding to the visual acuity for both eyes

Field of Vision around centre of fixation

Left Eye

	<40° to 20°	<20° to 10°	<10°
<40° to 20°	40%	50%	60%
<20° to 10°	50%	70%	80%
<10°	60%	80%	100%

- Yellow- Right eye is Better eye - Brown- Left eye is better eye (only better eye Fields to be taken in to account for determining the G)

Dr. DD Centre for Ophthalmic Sciences

#### IV. RECOMMENDATION OF EXPERT ON IMPAIRMENT OF HEARING & SPEECH

##### **Auditory Disability**

In view of the competencies that cannot be completely or partially acquired by a person with auditory disability, a provision be incorporated in the Graduate Medical Education Regulations that persons with auditory disability greater than the set bench mark of 40% are not entitled to pursue Graduate Medical Education.

Persons with hearing disability of less than 40%, are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of hearing impairment is less than the benchmark definition of hearing impaired.

**Justification and Reasoning** remains unchanged as per the MCI recommendation, namely the person with hearing disability equal to or higher than the benchmark hearing disability will not be able to satisfactorily acquire the skills and knowledge required in pursuit of Graduate Medical Education and will not be able to fulfill the necessary basic essential duties of a doctor in various domains as prescribed by MCI.

**A table to calculate the percentage loss of hearing...as published in the:**

##### **THE GAZETTE OF INDIA : EXTRAORDINARY**

**EXTRAORDINARY PART II—Section 3—Sub-section (ii) PUBLISHED BY  
AUTHORITY- 61**

**NEW DELHI, FRIDAY, JANUARY 5, 2018/PAUSHA 15, 1939**

**Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)**

##### **Computation of Percentage of Hearing Disability:**

(a) Monaural Percentage of Hearing Disability

(i) Calculate Pure tone average of ACT for 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz for Right Ear and Left ear separately (whenever there is no response at any frequency ACT is to be considered as 95dB).

(ii) Monaural percentage of hearing disability is to be calculated as per the ready reckoner given below separately for Right Ear and Left Ear.

Monoaural Pure Tone Audiometry in dB	% of disability	Monoaural Pure Tone Audiometry in dB	% of disability
0-25	0	61	41.71
26	1	62	43.42

27	1	63	45.13
28	1	64	46.84
29	1	65	48.55
30	1	66	50.26
31	1	67	51.97
32	1	68	53.68
33	1	69	55.39
34	2	70	57.1
35	3	71	58.81
36	4	72	60.52
37	5	73	62.23
38	6	74	63.94
39	7	75	65.65
40	8	76	67.36
41	9	77	69.07
42	10	78	70.78
43	11	79	72.49
44	12	80	74.2
45	13	81	75.91
46	14	82	77.62
47	15	83	79.33
48	16	84	81.04
49	17	85	82.75
50	18	86	84.46
51	19	87	86.17
52	20	88	87.88
53	21	89	89.59
54	22	90	91.3
55	23	91	93.01
56	24	92	94.72
57	25	93	96.43
58	26	94	98.14
59	27	95	100
60	40		

**Percentage of Hearing Disability =**

**(Better ear % of hearing disability X 5) + (Poorer ear % of hearing disability)**

6



## V. RECOMMENDATION OF EXPERT PSYCHIATRIST ON INTELLECTUAL DISABILITY AND MENTAL BEHAVIOUR

### Introduction

Knowledge, skills, abilities and attitudes are required for Bachelor of Medicine and Bachelor of Surgery (MBBS). In other words, higher mental process is necessary to adjust and succeed in medical courses. Individual with Specific learning disabilities (SLD), Autism spectrum disorders (ASD) and Mental illness are different from individuals who have Physical disability (e.g. locomotor disability, visual impairment, hearing impairment and speech and language disorders). These individuals may have problem with intelligence, information processing ability, cognitive functions, social behavior, communication and psychological ability and skills.

On the other hand, Institute/universities encourage applications from candidates with SLD, ASD and mental illness. All applications are considered according to the RPWD Equal Opportunities Policy. The Medical institute endeavor to make reasonable adjustments for candidates with a disability (SLD, ASD and mental illness). However, it must ensure that all candidates are able to meet the core learning outcomes and competencies of the course, and are able to practice as a doctor on completion of the course (same guideline followed by **University of Leicester, School of Medicine, UK**).

### COMPLEXITIES AND CHALLENGES IN MENTAL HEALTH DISABILITY

There are few situations or important points that should be considered before considering admission of a candidate with SLD, ASD and mental illness

- 1. Lack of objective criteria:** There is lack of objective criteria for mental and behavior disorders unlike other disease and benchmark disabilities, hence assessing disability in these disorders becomes very challenging. These mental and behavior disorders have variability in symptoms and manifestation and are spread over mild to severe conditions. Disability is more obvious and disabling in presence of co morbidities such as intellectual disability, personality disorders or other severe mental disorders.
- 2. Lack of quantification scales/test:** For few mental disorders and ASD, scales to quantify disability are available such as IDEAS (Schizophrenia, OCD, Bipolar disorders and dementia) and ISAA (ASD). However, tests or scales to quantify disability in SLD are not available till date that makes certification highly difficult. The use of the certificate for deserving students is righteous but subjective quantification of disability is a big issue.
- 3. Lack of Appropriateness of available scales:** The approved scale for assessment of disability for mental illness by the Government of India is Indian Disability Evaluation Assessment Scale (IDEAS) which is primarily used for certification of disability. It was not validated or used for the purpose of admission in medical college. Hence, the appropriateness of this available scale for admission purpose is doubtful. Moreover, it is mentioned that the disability is valid for 5 years for person below 18 years.

4. **Abuse of certificate:** It has been demonstrated that there is no definitive method of ruling out the willful production of symptoms of mental illness (Bass & Halligan, 2014). A clinical interview remains the current gold standard for diagnosis of mental illnesses. This method lends itself to both subjective variation on the part of the psychiatrist, as well as the lack of an ability to verify whatever information is being presented by the patient. This then predisposes this category of disability to be misused by those with an unscrupulous intent of obtaining admission by unfair means.

For getting benefits of disability certificates, sometime family members play foul with the symptoms of mental and behavior disorders especially in SLD and ASD. Gradually, demands for SLD and ASD certificate has increased out of proportion. Parents and teachers both want to avail advantages of the SLD and ASD certificates, irrespective of the child's level of disability. Some parents demand for SLD or ASD certificate even when the child has dull average intelligence. Many cases were reported in clinical settings where child and his/her parents complained about false symptoms of SLD and ASD, so that they can get certificates and can send the child to professional courses by using quota. Additionally, some teachers and schools also mislead parents and over diagnose cases with SLD and ASD to project their schools' good results and cut down their burden as well. Therefore, these situations pose an ethical dilemma for the mental health professionals about which student deserves the certificate? In this situation, accuracy of certificate and disability percentage (>40%) are required to be checked again.

5. **Psychiatric diagnosis and variability in disability:** within same diagnosis of psychiatric condition there may be wide variety of heterogeneity in terms of existing disability. Moreover, the associated disability may be dynamic, ie. Changing over period of time.

### Eligibility of Different Psychiatric Conditions

#### **Specific Learning disability**

At present, there is no method of quantifying the extent of disability in Learning Disability (LD), and the best information which can be produced is regarding the presence and absence of the disorder, and the type of learning disability. As is the policy of several institutions in India, a scribe or helper may be provided to the person with LD during his/her exam. In addition to this, the recommendations are:

Eligible for medical course, not eligible for PH quota: Any person with LD deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method/quantification of disability to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better and uniform methods of disability assessment.

Not eligible for medical course: Cases of severe LD or serious dysfunction or disabling co-morbidity where reading and writing are impaired to such an extent as to hinder theoretical learning during the MBBS course or decided by Expert panel

## Autism Spectrum Disorders

Eligible for medical course, not eligible for PH quota: absence or Mild Disability, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course: > 60% disability or presence of cognitive/intellectual disability and/or if the person is deemed unfit for perusing MBBS course by an expert panel.

### **Mental illness:**

Eligible for medical course, not eligible for PH quota: Absence or mild Disability <40% (under IDEAS)

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. . However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course: >40% disability or if the person is deemed unfit to perform his/her duties. Standards may be drafted for the definition of “fitness to practice medicine”, as are used by several institutions of countries other than India. One example of such a set of guidelines can be found on the website of the University of Cork, Ireland (“Fitness to Practise | University College Cork, Ireland,” n.d.). Another example can be observed in the “American Psychiatric Association’s Resource Document on Guidelines for Psychiatric Fitness-for-Duty Evaluations of Physicians” (Anfang, Faulkner, Fromson, & Gendel, 2005).

### **Procedure for admission**

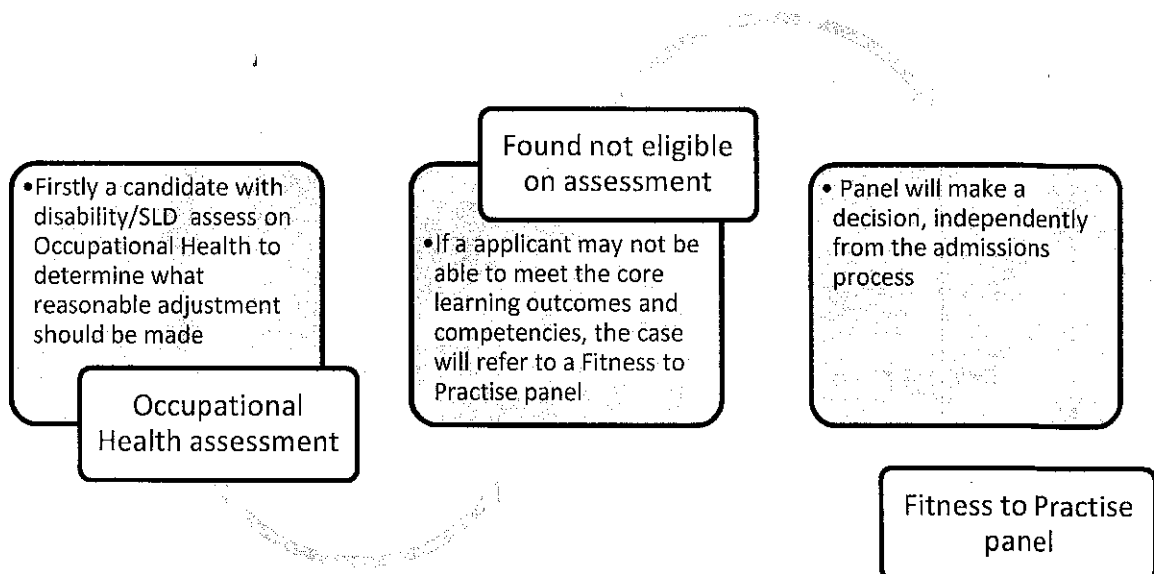


Figure 1: Admission process followed by University of Leicester School of Medicine, UK

## **Maintain confidentiality, non-discrimination and provision of reasonable accommodations**

- Individuals with mental and behavior disorders seems to have many other associated problems in personal, social and family life, difficulty in concentration, poor motivation to learn, lack of self-confidence, and low self-esteem. Thus to prevent these individual from bully and discomfort situation, there is need to maintain the confidentiality of candidate's disability from other.
- There is need to accommodate these students after the admission in MBBS. Medical schools should ensure that all their programs, services, activities, and resources are supportive to students with SLD, ASD and mental illness. for these students may include increased teacher supports/monitoring, increased time for tests (e.g. for a student with SLD), behavior support plans, mental health or behavioral health services, and use of Assistive technology devices. Additionally, create a disability-friendly education and workplace environment.
- **At present such provisions are not available in medical colleges of India, therefore it is utmost important to develop guidelines and mandatory provision of appropriate facilities for students with disability. It is envisaged that more and more students will get admission in medical colleges with increasing awareness of RPWD Act**
- **Also, the medical council of developed countries (like USA, UK) have specific documents to highlight mental health needs and appropriate guidelines for medical students. This is high time that MCI need to develop such guidelines in India specifically to address mental health issues of medical students.**

## **Fitness to practice/expert panel**

- Fitness to practice/admission in medical college may be included in admission guidelines. Student fitness to practice covers the behavior and health of students and the processes by which medical schools manage and monitor such behavior and health to assess a students' fitness to practice as a doctor (General Medical Council, 2013). Medical schools should also have a more formal fitness to practice procedure, where a student's actions and behavior are investigated and a panel may be set up to consider the case and make a decision on the student's future and admission in medical course.
- Though, candidate has disability certificate, however there is need to assess candidate's attitude and skills in details. The candidate must be invited to the meeting to discuss his or her postsecondary goals and the transition services required to achieve them. If that is not possible, the child's interests must be considered. Most importantly, board should have a right to opt a flexible criterion for the admission of candidates according to their understanding and conclusion.

## Periodic Revaluation of the Guideline

- Guideline should be revaluated within a set time period for the relevant modification. Most importantly, after the development of scales/tests for more objectivity and to quantify the disability, committee can make appropriate changes in eligibility criteria as well as under the PH quota.

## Recommendations

- Students' up to mild disability may be eligible for admission in medical colleges, but, severe disability or with intellectual/ cognitive impairment will not be eligible. Due to complexities and complicated nature of disability with regard to mental or behavior illness, the decision about the eligibility/non-eligibility and Fitness to practice will be made by the Expert Panel
- Efforts will be made to develop and strengthen the needs and provisions for medical students with regard to reasonable accommodations. There will be minimum standards of provisions and disability friendly environment for medical students with disability by the medical colleges. In this regard appropriate Guidelines/SOP will be made for medical colleges.
- The guidelines/criteria need to be periodically evaluated with regard to eligibility/ quota and to provide the best possible benefits to the medical students with disability as per national/international norms.

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## **VI. RECOMMENDATION OF EXPERT NEUROLOGIST ON CHRONIC NEUROLOGICAL CONDITIONS**

These two are two different types of diseases with different patterns of progression. PD is a gradually progressive degenerative disease of older adult age group. It is highly unlikely that a student would come with this disease for admission to medical school. MS may occur in this age group however it has different types two of them being relapsing remitting and primary progressive varieties.

PD has established disease severity scales like UPDRS part III (unified Parkinson's disease Rating Scale) and Hoehn and Yahr staging for deciding the disability. Similarly MS has EDSS a very good scale for deciding the stage and disability. These scales are very frequently used for drug trials world over. We do not have an equivalents of percent disability with these scales. However we do have Indian guide lines published in the 'The Gazette of India' (Published on 5 Jan 2018) on the Chronic Neurological Disorders including PD and MS. Following are the excerpts taken from that....

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### **SECTION E:**

#### **10. Guidelines for Evaluation of Locomotor Disability due to chronic Neurological conditions.**

##### **Basic Guidelines:**

- 10.1.** Assessment in neurological conditions is not the assessment of disease but the assessment of its effects, i.e. clinical manifestations.
- 10.2.** These guidelines shall only be used for central and upper motor neuron lesions.
- 10.3.** For assessment of lower motor neuron lesions, muscular disorders and other locomotor conditions, methods of evaluation as mentioned above will be used.
- 10.4.** Normally any neurological assessment for the purpose of certification has to be done six months after the onset of disease; however, exact time period is to be decided by the Medical Doctor who is evaluating the case and has to recommend the review of certificate as given in the standard format of certificate.
- 10.5.** Total percentage of physical impairment in any neurological condition shall not exceed 100%.
- 10.6.** In mixed cases the highest score will be taken into consideration. The lower score will be added to it by the help of combining formula:  
$$a + b(90-a) / 90$$
- 10.7.** Additional rating of 10% will be given for involvement of dominant upper extremity.
- 10.8.** Additional weightage up to 10% can be given for loss of sensation in each extremity but the total physical impairment should not exceed 100%.

## **12. Other Neurological Disability**

### **12.1. Extent of Sensory Deficit Physical Impairment**

Anaesthesia Up to 10% for each limb

Hypoaesthesia depending upon % of loss of sensation

Paresthesia Up to 30% depending upon loss of sensation

Hands/feet sensory loss depending upon % of loss sensation

### **12.2. Bladder disability due to neurogenic Involvement**

#### **Bladder Involvement Physical Impairment**

Mild (Hesitancy/Frequency) 25%

Moderate (precipitancy) 50%

Severe (occasional but recurrent Incontinence) 75%

Very Severe (Retention/Total Incontinence) 100%

### **12.3. Ataxia (Sensory or Cerebellar)**

#### **Severity of Ataxia % of Permanent Physical Impairment**

Mild (Detected on examination) Less than 40%

Moderate 40 to 60%

Severe More than 60%

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An individual with PD and MS is a constellation of above symptoms in various combinations. MS also includes visual impairment. For MS the main symptoms are – visual impairment, motor weakness, sensory impairment, ataxia and bladder bowel involvement. For PD the main symptoms are tremor, rigidity, postural instability and later dyskinesia, cognitive impairment and autonomic dysfunctions. In my opinion a committee may be formed to work on this and generate equivalents of these widely used scales (UPDRS, H&Y and EDSS) into percentages. In absence of government guidelines on the disability of specific diseases like MS and PD to decide exact percentages we may use above general guidelines published in the Gazette to come to an aggregate disability percentage based on symptom and signs in an individual.

An individual with less than 40% may be considered eligible for the medical course and more than 80% disability should not be considered eligible for medical course. Person within the range of 40% - 80% may be given benefit of reservation under 5% quota under RPWD act 2016, with inbuilt segregation into two groups. The segregation of the above into two groups; candidate with disability in the range of 61% - 80% will be given priority in admission under the said quota and incase seat remains vacant the candidates with 40% - 60% shall be admitted.



## VII. RECOMMENDATION OF EXPERT ON CHRONIC BLOOD DISORDERS

### 1. Hemophilia

- Hemophilia is an X-linked congenital bleeding disorder caused by a deficiency of coagulation factor VIII (FVIII) (in hemophilia A) or factor IX (FIX) (in hemophilia B).

The deficiency is the result of mutations of the respective clotting factor genes. Hemophilia has an estimated frequency of approximately one in 10 000 births.

- Severe Hemophilia patients have a clotting factor level of less than 1%. Severe results in severe and spontaneous bleeding if clotting factors not provided, recurrent bleeding into joints can lead to arthropathy and permanent joint deformity, resulting in disability.
- The disability scoring will be done as per the recent notification in Gazette of India, this may be modified from time to time with inputs from experts and patient groups. The diagnosis of severe Hemophilia A or B is considered a bench mark disability and will be graded as 40%.
- The scoring for disability grading for severe Hemophilia as per the current GOI guidelines is given in table 1a.

**Table 1 a Grading of Disability in persons with Hemophilia A or B**

Disability score	Percentage of normal factor in blood	Clinical
10-20%	>5%	Asymptomatic but family history is positive and limitation of physical contact sport advised and abnormal aPTT
21-39%	1-5%	Above plus occasional spontaneous bleed
40-49%	<1%	Above plus symptomatic with 2 bleeds in joints with limitation of full movement-need to be assessed by orthopaedic surgeon/physiatrist
50-59%	<1%	Above plus bleeds at least 3 times in last 5 months and contracture in one joint
60-79%	<1%	Above plus intracranial bleed once or limitation/contracture in two joints
80-85%	<1%	Neurological sequelae, or with compartmental syndrome with Limb weakness

(Further details are given in Gazette of India notification January 2018).

The meeting in the Medical council of India to update the eligibility requirements, reservation and provision of benefits and ineligibility cutoffs were decided after evaluation of the needs and rigorous requirements of the MBBS syllabus and internship period.

Persons with severe Hemophilia would be eligible for the course as long as their permanent disability did not severely compromise their Dominant upper arm (same as categorization given in PHYSICAL disability section), or their disability grade was not 80% or more as per table 1a. These would render the candidate ineligible.



Persons Hemophilia and disability grade 60-79% would be eligible for the course and be provided benefits of reservation etc. under PH Quota as provided by the disability act. Persons with Hemophilia and disability grade 40-59% would be eligible for the medical course, though not entitled to reservation, unless the seats remained vacant with no eligible PH quota candidates. These criteria are summarized in table 1 b.

**Table 1 b: Criteria for Eligibility and ineligibility criteria for MBBS students with Hemophilia**

<u>ELIGIBLE FOR MEDICAL COURSE</u> [but not considered under disability act]	ELIGIBLE FOR MEDICAL COURSE [Not considered under PH quota unless seats remain unfilled by disability category 61-80%]	ELIGIBLE FOR MEDICAL COURSE & PH QUOTA [ELIGIBLE FOR PH QUOTA]	NOT ELIGIBLE FOR MEDICAL COURSE
Less than 40%	40-60%	61- 80%	More than 80% (Neurological sequelae, or with compartmental syndrome with Limb weakness )

Additional ineligibility criteria as per Physical disability criteria of permanent disability of dominant upper limb. (*please put same percentage as per DrWadhwa note for upper limb deformity*)

## 2. Hemoglobinopathies

Hemoglobinopathies are inherited blood disorders, some are mild but two categories Sickle cell diseases and Beta thalassemia major have been included in the new list of disabilities.

**Thalassemias:** Thalassemia Major, and Thalassemia Intermedia are the major disorders that require lifelong management and are to be considered for prevention. Untreated Thalassemia Major is invariably fatal by 2 to 5 years of age. Commonly Thalassemia Major (TM) is managed by regular blood transfusions (Packed Red Blood Cells) and iron chelation therapy. Availability of leuko-depleted packed red blood cells (pRBC) and iron chelators are to be ensured for adequate management along with facilities for regular monitoring. Adequately treated patients can live a fulfilling life.

The diagnosis of Thalassemia major/intermedia must be confirmed by appropriate clinical examination and laboratory tests as specified in the Gazette of India notification. With progressive pallor with Hemoglobin persistently lower than <7g% ,have failure to thrive and require regular blood transfusion to maintain Hb above 10 g% should be entry point for disability eligibility and with passage of time, as and when new complications develop disability should be reassessed as mentioned above and higher score should be awarded.

**Scoring system for assessment of disability, as given in current Gazette of India (January,2018)**

- (a) Mild anemia refractory to iron supplementation, and microcytic hypochromic with hepatosplenomegaly and confirmed by Hb electrophoresis but asymptomatic and no BT# requirement.

- (b) Thalassemia Major with monthly BT# requirement but Haemoglobin maintained at 10 – should receive some benefit like time out, special leave, social security and free treatment-TRANFUSION DEPENDANT and exertional dyspnoea on walking few yards more than class 2 as per NYHA and AHA.
- (c) Above plus Thal-major with monthly BT# with signs of bone marrow hyperplasia and osteoporosis decided by bone DEXA scan.
- (d) Note at this stage should be seen by multi-disability board and should be seen by orthopedician.
- (e) above plus Iron chelator requirement osteoporosis and Serum ferritin less than 1000 ng/ml
- (f) Thal major as in level 4 plus with Bimonthly BT# requirement and all the above.
- (g) Thal major > than bimonthly BT requirement with features of hyper-splenism and more than 250 ml packed cell transfusion/Kg per year plus features of level 5.
- (h) Thal major with splenectomy with infection and plus features as in level 6.
- (i) Thal major with features as above at level 7 plus hemosiderosis and serum ferritin level > 1000ng/ml and with multi organ failure decided by Echocardiogram, LFT and GTT.
- (j) Thalassemia major with features at level 8 plus with BT associated infections like HBV, CMIV, HIV, HBC etc.

**Table 2a. Grading of Disability in Thalassemia**

At level 1	<40%
At level 2	40-50%
At level 3	51-60%
At level 4	61-65%
At level 5	66-70%
At level 6	71-75%
At level 7	76-79%
At level 8	80-85%
At level 9	>85%

*[As given in current (January 2018) Gazette of India notification by GOI].*

Persons with thalassemia major/intermedia would be eligible for the course as long as their permanent disability grade was not 80% or more as per table 2a. These would render the candidate ineligible.

Persons thalassemia and disability grade 60-79% would be eligible for the course and be provided benefits of reservation etc. under PH Quota as provided by the disability act. Persons with and Thalassemia major/intermedia with disability grade 40-59% would be eligible for the medical course, though not entitled to reservation, unless the seats remained vacant with no eligible PH quota candidates. These criteria are summarized in table 2 b.



**Table 2 b Criteria for Eligibility and ineligibility criteria for MBBS students with thalassemia major/intermedia**

<u>ELIGIBLE FOR MEDICAL COURSE</u> [NOT ELIGIBLE FOR PH QUOTA]	<u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%]	<u>ELIGIBLE FOR MEDICAL COURSE &amp; [ELIGIBLE FOR PH QUOTA]</u>	NOT ELIGIBLE FOR MEDICAL COURSE
Less than 40%	40- 60%	61-80%	More than 80%

### 3. Sickle Cell Anemia Disability

Alteration in the structure of hemoglobin by point mutations affecting one base pair coding for amino acid of the globin chain leads alterations of the h structure, on such variant is called hemoglobin S (sickle cell). In HbS the point mutation is caused by the substitution of valine for glutamic acid in position 6 of  $\beta$  globin chain.

The term "sickle cell disease" (SCD) encompasses both homozygous and the compound heterozygous states that lead to the symptomatic disease as a result of formation of sickle cell red cell, due to presence of Hb S. The main clinical disability arises from repeated episodes of vaso- occlusive events (called painful crisis), organ dysfunction, anemia, bone disease, pulmonary complications, skin ulcerations, gall bladder stones etc.

Severity scoring from the Gazette of India notification January 2018:

**Severity Score 0-** homozygous sickle cell disease but asymptomatic-but has got mild pallor (HCT 30) and spleno-hepatomegaly and diagnosis confirmed by Hb electrophoresis

1. Sickle cell anemia such as (HbSS), compound heterozygous (HbS/ $\beta^0$ ) thalassemia, HbSD, and HbO<sup>arab</sup>, anaemia that is severe and chronic, with persistent hemocrit of 26% or less, and symptomatic, requiring blood transfusions to maintain the HbS level  $\leq$  30% and transfusion dependent and symptomatic as per New York Heart Association (NYHA) more than class 2
2. Above plus Painful crisis due to blood clots in blood vessels at least three times in the past five months (vaso- occlusive crisis or thrombotic crisis).
3. Above plus Hospitalization beyond that of emergency care at least three times in the past 12 months (could be due to aplastic episodes, haemolytic crisis, strokes, heart problems, kidney failure or pneumonia)
4. \*4. Above plus Functional impairment caused by sickle cells that meet another disability listing due to avascular necrosis, osteomyelitis, and bone infarction of multiple joints, stroke and transient Ischemic Attack (TIA), leg ulcers. –should be referred to multi-disability board
5. Above plus Permanent Loss of spleen function or chronic hypersplenism with recurrent infections (more than 3 in last 6 months)

6. Above plus Complications like impaired neuropsychological function with abnormal cerebral MRI scan, sickle nephropathy, sickle cell lung disease, bilateral proliferative retinopathy leading to loss of vision and chronic liver disease.
7. Above plus- Impaired cardiac function due to end organ damage measured by functional ECHO Cardiography
8. Above plus Sickle cell anaemia with BT associated complications due to infections like HBV, CMIV, HIV, HBC etc.

**Table 3a Grading of Disability in Sickle cell disease**

At level	Disability should be
0, 1	< 40%
2	40-50%
3	51-60%
4	61-65%
5	66-70%
6	71-75%
7	76-80%

Persons with sickle cell disease would be eligible for the course as long as their permanent disability grade was not 80% or more as per table 2a. These would render the candidate ineligible.

Persons sickle cell disease and disability grade 60-79% would be eligible for the course and be provided benefits of reservation etc. under PH Quota as provided by the disability act. Persons with and sickle cell disease with disability grade 40-59% would be eligible for the medical course, though not entitled to reservation, unless the seats remained vacant with no eligible PH quota candidates. These criteria are summarized in table 3b.

**Table 3 b Criteria for Eligibility and ineligibility criteria for MBBS students with Sickle cell disease**

<u>ELIGIBLE FOR MEDICAL COURSE</u> [NOT ELIGIBLE FOR PH QUOTA]	<u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%]	<u>ELIGIBLE FOR MEDICAL COURSE &amp; [ELIGIBLE FOR PH QUOTA]</u>	NOT ELIGIBLE FOR MEDICAL COURSE
Less than 40%	40-60%	61- 80%	More than 80%

For multiple disabilities, the formula as recommended for calculation of multiple disability to be used



## VIII. RECOMMENDATION OF EXPERT ON MULTIPLE DISABILITIES.

**Report regarding Multiple Disabilities submitted by Dr Sanjay Wadhwa, Professor, Dept. Of Physical Medicine and Rehabilitation, AIIMS, New Delhi to the Expanded Committee on Disability constituted under Medical Council of India:**

According to the Schedule pertaining to Specified Disability under the Rights of Persons with Disabilities Act 2016, Multiple Disabilities {more than one of the specified disabilities, namely 1. Physical Disability (A. Locomotor disability including (a) leprosy cured person, (b) cerebral palsy, (c) dwarfism, (d) muscular dystrophy and (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, and 4. Disability caused due to (a) chronic neurological conditions such as (i) multiple sclerosis, (ii) Parkinson's disease, (b) Blood disorders (i) haemophilia, (ii) thalassemia, (iii) sickle cell disease)}, 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.

Guidelines for estimation of each of these specified disabilities as stated above have been framed and notified by the Govt.

There is a combining formula 
$$\frac{a + b(90-a)}{90}$$

(where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities)

recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.



## **IX. OPERATIONAL RECOMMENDATIONS**

### **I. RECOMMENDATION OF EXPERT ON LOCOMOTOR AND RELATED DISABILITIES**

For reservation under physically challenged quota:

Candidates with locomotor disability of 40-80% may be considered eligible, and

- Candidates with more than 80% disability – NOT ELIGIBLE for reservation;
- Candidates with a disability in the range of 71-80% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 61-70% disabilities.
- Candidates with a disability in the range of 61-70% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 51-60% disabilities.
- Candidates with a disability in the range of 51-60% – ELIGIBLE for reservation;
- In the event of unavailability of such candidates in sufficient numbers, then reservation of seats for admission for candidates between 40-50% disabilities.

Candidates with less than 40% disability – NOT ELIGIBLE for reservation.

### **II. RECOMMENDATION OF EXPERT ON VISUAL IMPAIRMENT**

#### **Visual Disability**

A person with visual disability of 40% or more (category III or greater) shall not be eligible to pursue Graduate Medical Education. Persons with visual disability of less than 40% , namely 10% (Category 0), 20% (Category I) and 30% (category II) are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of visual impairment is less than the benchmark definition of Low Vision.

In the same vein, testing of Colour Vision Deficiency by Ishihara test be compulsorily incorporated in the format of General Physical Examination of the Student, so that all medical students with suspect colour vision should be aware of severity of their deficiency before entering the medical course, and the kind of problems it may pose in the career they have opted.

### **III. RECOMMENDATION OF EXPERT ON IMPAIRMENT OF HEARING & SPEECH**

#### **Auditory Disability**

In view of the competencies that cannot be completely or partially acquired by a person with auditory disability, a provision be incorporated in the Graduate Medical Education Regulations that persons with auditory disability greater than the set bench mark of 40% are not entitled to pursue Graduate Medical Education.



Persons with hearing disability of less than 40%, are eligible to pursue Graduate Medical Education, but do not qualify for reservation as the extent of hearing impairment is less than the benchmark definition of hearing impaired.

#### IV. RECOMMENDATION OF EXPERT ON INTELLECTUAL DISABILITY AND MENTAL BEHAVIOUR

##### **ELIGIBILITY OF DIFFERENT PSYCHIATRIC CONDITIONS**

###### **Specific Learning disability**

At present, there is no method of quantifying the extent of disability in Learning Disability (LD), and the best information which can be produced is regarding the presence and absence of the disorder, and the type of learning disability. As is the policy of several institutions in India, a scribe or helper may be provided to the person with LD during his/her exam. In addition to this, the recommendations are:

Eligible for medical course, not eligible for PH quota: Any person with LD deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method/quantification of disability to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better and uniform methods of disability assessment.

Not eligible for medical course: Cases of severe LD or serious dysfunction or disabling co-morbidity where reading and writing are impaired to such an extent as to hinder theoretical learning during the MBBS course or decided by Expert panel

###### **Autism Spectrum Disorders**

Eligible for medical course, not eligible for PH quota: absence or Mild Disability, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for MBBS course by an expert panel

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course:> 60% disability or presence of cognitive/intellectual disability and/or if the person is deemed unfit for perusing MBBS course by an expert panel.

###### **Mental illness:**

Eligible for medical course, not eligible for PH quota: Absence or mild Disability <40% (under IDEAS)

Eligible for medical course, eligible for PH quota: Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. . However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.

Not eligible for medical course: >40% disability or if the person is deemed unfit to perform his/her duties. Standards may be drafted for the definition of “fitness to practice medicine”, as are used by several institutions of countries other than India. One example of such a set of guidelines can be found on the website of the University of Cork, Ireland (“Fitness to Practise | University College Cork, Ireland,” n.d.). Another example can be observed in the “American Psychiatric Association’s Resource Document on Guidelines for Psychiatric Fitness-for-Duty Evaluations of Physicians” (Anfang, Faulkner, Fromson, & Gendel, 2005).

### **Recommendations For The Medical Colleges/MCI**

#### **Maintain confidentiality, non-discrimination and provision of reasonable accommodations**

- Individuals with mental and behaviour disorders seems to have many other associated problems in personal, social and family life, difficulty in concentration, poor motivation to learn, lack of self-confidence, and low self-esteem. Thus to prevent these individual from bully and discomfort situation, there is need to maintain the confidentiality of candidate’s disability from other.
- There is need to accommodate these students after the admission in MBBS. Medical schools should ensure that all their programs, services, activities, and resources are supportive to students with SLD, ASD and mental illness. Accommodations for these students may include increased teacher supports/monitoring, increased time for tests (e.g. for a student with SLD), behaviour support plans, mental health or behavioral health services, and use of Assistive technology devices. Additionally, create a disability-friendly education and workplace environment.
- **At present such provisions are not available in medical colleges of India, therefore it is utmost important to develop guidelines and mandatory provision of appropriate facilities for students with disability. It is envisaged that more and more students will get admission in medical colleges with increasing awareness of RPWD Act**
- **Also, the medical council of developed countries (like USA, UK) have specific documents to highlight mental health needs and appropriate guidelines for medical students. This is high time that MCI need to develop such guidelines in India specifically to address mental health issues of medical students.**

#### **Fitness to practice/expert panel**

- Fitness to practice/admission in medical college may be included in admission guidelines. Student fitness to practice covers the behavior and health of students and the processes by which medical schools manage and monitor such behavior and health to assess a students’ fitness to practice as a doctor (General Medical Council, 2013). Medical schools should also have a more formal fitness to practice procedure, where a student’s actions and behavior



are investigated and a panel may be set up to consider the case and make a decision on the student's future and admission in medical course.

- Though, candidate has disability certificate, however there is need to assess candidate's attitude and skills in details. The candidate must be invited to the meeting to discuss his or her postsecondary goals and the transition services required to achieve them. If that is not possible, the child's interests must be considered. Most importantly, board should have a right to opt a flexible criterion for the admission of candidates according to their understanding and conclusion.

#### **Periodic Revaluation of the Guideline**

- Guideline should be revaluated within a set time period for the relevant modification. Most importantly, after the development of scales/tests for more objectivity and to quantify the disability, committee can make appropriate changes in eligibility criteria as well as under the PH quota.

#### **Recommendations**

- Students' up to mild disability may be eligible for admission in medical colleges, but, severe disability or with intellectual/ cognitive impairment will not be eligible. Due to complexities and complicated nature of disability with regard to mental or behavior illness, the decision about the eligibility/non-eligibility and Fitness to practice will be made by the Expert Panel
- Efforts will be made to develop and strengthen the needs and provisions for medical students with regard to reasonable accommodations. There will be minimum standards of provisions and disability friendly environment for medical students with disability by the medical colleges. In this regard appropriate Guidelines/SOP will be made for medical colleges.

The guidelines/criteria need to be periodically evaluated with regard to eligibility/ quota and to provide the best possible benefits to the medical students with disability as per national/international norms.

### **V. RECOMMENDATION OF EXPERT ON CHRONIC NEUROLOGICAL CONDITIONS**

Parkinson's Disease(PD) and Multiple Sclerosis(MS) two are two different types of diseases with different patterns of progression. PD is a gradually progressive degenerative disease of older adult age group. It is highly unlikely that a student would come with this disease for admission to medical school. MS may occur in this age group however it has different types two of them being relapsing remitting and primary progressive varieties.

PD has established disease severity scales like UPDRS part III (unified Parkinson's disease Rating Scale) and Hoehn and Yahr staging for deciding the disability. Similarly MS has EDSS a very good scale for deciding the stage and disability. These scales are very frequently used for drug trials world over. We do not have equivalents of percent disability with these scales. However we do have Indian guide lines published in the 'The Gazette of India'



(Published on 5 Jan 2018) on the Chronic Neurological Disorders including PD and MS

An individual with PD and MS is a constellation of symptoms in various combinations. MS also includes visual impairment. For MS the main symptoms are – visual impairment, motor weakness, sensory impairment, ataxia and bladder bowel involvement. For PD the main symptoms are tremor, rigidity, postural instability and later dyskinesia, cognitive impairment and autonomic dysfunctions. In my opinion a committee may be formed to work on this and generate equivalents of these widely used scales (UPDRS, H&Y and EDSS) into percentages. In absence of government guidelines on the disability of specific diseases like MS and PD to decide exact percentages we may use above general guidelines published in the Gazette to come to an aggregate disability percentage based on symptom and signs in an individual.

An individual with less than 40% may be considered eligible for the medical course and more than 80% disability should not be considered eligible for medical course. Person within the range of 40% - 80% may be given benefit of reservation under 5% quota under RPWD act 2016, with inbuilt segregation into two groups. The segregation of the above into two groups; candidate with disability in the range of 61% - 80% will be given priority in admission under the said quota and incase seat remains vacant the candidates with 40% - 60% shall be admitted.

## VI. RECOMMENDATION OF EXPERT ON CHRONIC BLOOD DISORDERS

### 1. Hemophilia

**Table 1 b: Criteria for Eligibility and ineligibility criteria for MBBS students with Hemophilia**

<u>ELIGIBLE FOR MEDICAL COURSE</u> [but not considered under disability act]	<u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%]	<u>ELIGIBLE FOR MEDICAL COURSE &amp; [ELIGIBLE FOR PH QUOTA]</u>	<u>NOT ELIGIBLE FOR MEDICAL COURSE</u>
Less than 40%	40-60%	61- 80%	More than 80% (Neurological sequelae, or with compartmental syndrome with Limb weakness )

Additional ineligibility criteria as per Physical disability criteria of permanent disability of dominant upper limb.

### 2. Hemoglobinopathies

**Table 2 b Criteria for Eligibility and ineligibility criteria for MBBS students with thalassemia major/intermedia**

<u>ELIGIBLE FOR MEDICAL COURSE</u>	<u>ELIGIBLE FOR MEDICAL COURSE</u>	<u>ELIGIBLE FOR MEDICAL COURSE</u>	<u>NOT ELIGIBLE FOR MEDICAL COURSE</u>

<u>COURSE</u> [NOT ELIGIBLE FOR PH QUOTA]	[Not considered under PH quota unless seats remain unfilled by disability category 61-80%]	<u>&amp;[ELIGIBLE FOR PH QUOTA]</u>	COURSE
Less than 40%	40-60%	61- 80%	More than 80%

### 3. Sickle Cell Anemia Disability

**Table 3 b Criteria for Eligibility and ineligibility criteria for MBBS students with Sickle cell disease**

<u>ELIGIBLE FOR MEDICAL COURSE</u> [NOT ELIGIBLE FOR PH QUOTA]	<u>ELIGIBLE FOR MEDICAL COURSE</u> [Not considered under PH quota unless seats remain unfilled by disability category 61-80%]	<u>ELIGIBLE FOR MEDICAL COURSE &amp;[ELIGIBLE FOR PH QUOTA]</u>	NOT ELIGIBLE FOR MEDICAL COURSE
Less than 40%	40-60%	61- 80%	More than 80%

For multiple disabilities, the formula as recommended for calculation of multiple disability to be used

## VII. RECOMMENDATION OF EXPERT ON MULTIPLE DISABILITIES.

According to the Schedule pertaining to Specified Disability under the Rights of Persons with Disabilities Act 2016, Multiple Disabilities {more than one of the specified disabilities, namely 1. Physical Disability (A. Locomotor disability including (a) leprosy cured person, (b) cerebral palsy, (c) dwarfism, (d) muscular dystrophy and (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, and 4. Disability caused due to (a) chronic neurological conditions such as (i) multiple sclerosis, (ii) Parkinson’s disease,(b) Blood disorders (i) haemophilia, (ii) thalassemia, (iii) sickle cell disease)}, 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.

Guidelines for estimation of each of these specified disabilities as stated above have been framed and notified by the Govt.

There is a combining formula 
$$\frac{a + b(90-a)}{90}$$

(where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities)

recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.

## XI. CONCLUSIVE REMARKS OF THE COMMITTEE

This demarcation that we have proposed is primarily for the purpose of reservation. RPWD Act 2016 section 32(1)&(2) whereby, 5 % seats in an academic institute will be reserved for those who will be getting the benefit of the disability for the purpose of admission. What we worked out is how those 5% seats which are to be earmarked will be filled in from amongst the eligible in the Disability Category.

The measurable criteria for determining permissibility level of Locomotor Diseases to be accommodated in the quota for disabled are fairly structured and well entrenched. The measurable criteria for percentage fixation in case of visual and auditory impairment is easy, handy and standardized. The difficulty in case of Specific Learning Disorders, Autism Spectrum Disorder and Mental illness is non-availability of standard criteria for determining the permissibility level for reservation in the said quota. Whatever scales are available are with respect to mild nature of afflictions, so anything which is mild by whatever permissible scales alone turns out to be the eligibility point in case of Learning Disorders, Autism Spectrum Disorder and Mental illness. This instead of being put across as percentage should be in terms of certification by Expert panel for the purpose of eligibility for admission. Demarcating point is difficult to decipher especially for those with considerable affliction. The affliction of considerable level where the criteria are of blurred nature should be open for review in a timely manner.

Thus in case of all these conditions wherever measurements are not available for computation, it is blind non-eligibility for the purpose of admission. Wherever standardized scales are in vogue eligibility has been recommended for the purpose of admission. Therefore it is in terms of demarcation of Mild for these diseases as 'YES', under certification by the available scale through an expert panel could be the required modality. The conditions where objective criteria and quantification is blurred needs review from time to time taking into consideration the contemporary development in the arena.

Further the committee deems it necessary to recommend that it would be necessary to ensure fulfillment of facilitatory requirements at the learning place conducive to the disabled students admitted for medical education in terms of the prescribed guidelines. This would entail the prescription of the said requirements in the regulations governing Minimum Standard Requirements as against the permissible annual intake capacity of 50, 100, 150, 200 and 2050 respectively.

The Committee would like to note of the candid observations made by Dr. Radhika Tandon, Ophthalmic Expert to that effect that "some checks and measures to safeguard against the problem of malingering or willful attempt on part of person to gain higher percentage or lower percentage to gain reservation or become eligible as applicable needs to be evolved and put in place".



The Committee noted that Chapter X of the Rights of Persons with Disability Act, 2016 provides the mechanism for certification of specified disabilities. Section 56 requires the Central Government to notify guidelines for the purpose of assessing extent of specified disability in a person. Sections 57 and 58 provide for designation of certifying authority and procedure for certification. The Act also provides for Constitution of Central and State Advisory Board on Disability and District level Committee. It is important to note that the Chairperson of Medical Council of Indian is an ex-officio Member of the Central Advisory Board under section 65 (2) (g).

Section 65 of the Act provides as under as regards the "Constitution of Advisory Board on Disability" as under:

"65. (1) Subject to the provisions of this Act, the Central Advisory Board on disability shall be the national-level consultative and advisory body on disability matters, and shall facilitate the continuous evolution of a comprehensive policy for the empowerment of persons with disabilities and the full enjoyment of rights.

(2) In particular and without prejudice to the generality of the foregoing provisions, the Central Advisory Board on disability shall perform the following functions, namely:—

(a) advise the Central Government and the State Governments on policies, programmes, legislation and projects with respect to disability;

(b) develop a national policy to address issues concerning persons with disabilities;

(c) review and coordinate the activities of all Departments of the Government and other Governmental and non-Governmental Organisations which are dealing with matters relating to persons with disabilities;

(d) take up the cause of persons with disabilities with the concerned authorities and the international organisations with a view to provide for schemes and projects for the persons with disabilities in the national plans;

(e) recommend steps to ensure accessibility, reasonable accommodation, nondiscrimination for persons with disabilities vis-à-vis information, services and the built environment and their participation in social life;

(f) monitor and evaluate the impact of laws, policies and programmes to achieve full participation of persons with disabilities; and

(g) such other functions as may be assigned from time to time by the Central Government.

On perusal of the RPWD Act it is apparent that it is the Central Govt. that is entrusted with responsibility to implement the Act. Within the apparatus of Central Government, it is Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment that is vested with the requisite authority for implementation of the RPWD Act. Accordingly, it may not be juridically permissible for the Council to venture into the field demarcated by legislation Accordingly, the task that has been dispensed with by this Committee ought to be assimilated by the Ministry of Social Justice and Empowerment so that the objectives of the RPWD Act are attained and equality of opportunity for persons with bench mark disability is operationally translated into reality.

**Report Submitted to the President, Medical Council of India for the Needful**

Sd/-  
Dr. Sanjay Wadhwa  
Expert Physical Medicine &  
Rehabilitation


Sd/-  
Dr. Achal Gulati,  
Expert Otolaryngologist

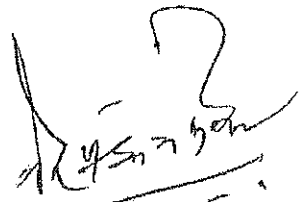
Sd/-  
Dr. Radhika Tandon  
Expert Ophthalmologist

Sd/-  
Dr. Tulika Seth  
Expert Clinical Hematologist

Sd/-  
Dr. Rajesh Sagar  
Expert Psychiatrist

Sd/-  
Dr. Achal Kumar Srivastava  
Expert Neurologist

  
Dr. Rajendra Wabale  
Member Secretary

  
Dr. Ved Prakash Mishra  
Expert - Medical Education, and Convener

Place: New Delhi

Dated: 05 June 2018

**Annexure**

1. A cumulative charge and catalogued recommendations pertaining to 22 specified conditions (**Annexure I**)

Sno	Disability Type	Benchmark Disabilities	Dealing Expert	Specified Disability	Eligible for Medical Course, Not Eligible for PH Quota	Eligible for Medical Course, Eligible for PH Quota	Not Eligible for Medical Course
1	Physical Disabilities	A. Locomotor Disability including conditions a-e	Dr. Sanjay Wadhwa	a. Leprosy cured person	Less than 40% disability	1. Lower Limb: Priority in Admission candidates with 61-80% disability; Later to 40-60% disabled. 2. Non-dominant Upper Limb with structurally intact, sensate and functional thumb: Priority in Admission to candidates with 51-60% disability; Later to 40-50% disabled. 3. Spine: Priority in Admission to candidates with 51-60% disability; Later to 40-50% disabled. 4. Limbs & / Spine: Priority in Admission to candidates with 61-80% disability; Later to 40-60% disabled.	More than 80% for Lower Limb Involvement of both Upper Limbs Involvement of dominant Upper Limb More than 60% for non-dominant Upper Limb More than 60% for Spine More than 80% for Combined of Limbs and spine
				b. Cerebral Palsy			
				c. Dwarfism			
				d. Muscular Dystrophy			
				e. Acid attack victims			
	B. Visual Impairment	Dr. Radhika Tandon	a. Blindness	Less than 40% disability (i.e. Category '0'(10%), 'I'(20%) & 'II'(30%)	—	Equal to or More than 40% Disability Category III and above	
			b. Low vision				
C. Hearing impairment	Dr. Achal Gulati	a. Deaf	Less than 40% Disability	—	Equal to or more than 40% Disability		
		b. Hard of hearing					
D. Speech & language disability	Dr. Achal Gulati	a. Organic/neurological causes					
2	Intellectual disability		Dr. Rajesh Sagar	a. Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)	Any person with LD deemed fit for MBBS course by an expert panel	Currently not recommended due to the above-mentioned lack of objective method/quantification of disability to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better and uniform methods of disability assessment.	Cases of severe LD or serious dysfunction or disabling co-morbidity where reading and writing are impaired to such an extent as to hinder theoretical learning during the MBBS course or decided by Expert panel

Sno	Disability Type	Benchmark Disabilities	Dealing Expert	Specified Disability	Eligible for Medical Course, Not Eligible for PH Quota	Eligible for Medical Course, Eligible for PH Quota	Not Eligible for Medical Course
				b. Autism spectrum disorders	Absence or Mild Disability, Asperger syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for MBBS course by an expert panel	Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	Equal to or more than 60% disability or presence of cognitive/intellectual disability and/or if the person is deemed unfit for perusing MBBS course by an expert panel.
3	Mental behaviour		Dr. Rajesh Sagar	a. Mental illness	Absence or mild Disability: less than 40% (under IDEAS)	Currently not recommended due to the above-mentioned lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	Equal to or more than 40% disability or if the person is deemed unfit to perform his/her duties. Standards may be drafted for the definition of "fitness to practice medicine", as are used by several institutions of countries other than India.
4	Disability caused due to	Disability due to Chronic Neurological Conditions	Dr. Anchal Srivastav	a. Multiple Sclerosis	<40% Disability	40-80% Priority in Admission to candidates with 61-80% disability; and later to 40-60% disabled.	More than 80%
		b. Parkinsonism					
		Disability due to Blood disorders	Dr. Tulika Seth	a. Haemophilia	<40% Disability	40-80% Priority in Admission to candidates with 61-80% disability; and later to 40-60% disabled.	More than 80%
b. Thalassemia							
				c. Sickle cell disease			
5	Multiple disabilities including deaf blindness			a. Combination of above	Combining Formula as notified by the Govt. $\frac{a + b (90-a)}{90}$ (where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual		