

## How the NMC makes reasonable adjustments for people using our services

- 1 The Nursing and Midwifery Council (NMC) is committed to ensuring our policies and guidance documents are inclusive and accessible to everyone. If you would like to receive this guidance in an alternative format, please contact the Equality, Diversity and Inclusion Team at [equality@nmc-uk.org](mailto:equality@nmc-uk.org) or call 020 7637 7181.

### What are reasonable adjustments?

- 2 Reasonable adjustments are changes to the way we offer our services to ensure disabled people<sup>1</sup> and those with temporary or long-term health conditions have a fair and equal chance of accessing our services.

### What does this document do?

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

### Who is this document for?

- 4 This policy applies to everyone who wishes to use our services. This includes (but is not limited to): people making referrals to fitness to practise (FtP),
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witnesses, people going through FtP proceedings, and people applying for registration, revalidation and readmission or restoration to our register.

## **What is a disability?**

- 5 The term 'disability' covers learning disabilities, physical and mental health conditions that have a substantial and long-term effect on the person's ability to carry out normal day-to-day activities. A long-term effect is one that has lasted, or is expected to last, for 12 months or more. The Equality Act 2010 ('the Act') provides protection to people who have, or have had, a disability, to prevent them from being placed at a substantial disadvantage.<sup>1</sup>
- 6 Where possible we have used the terminology 'disabled people' from the social model, which says that people are disabled by barriers they experience in society, not by their impairment. Our approach to reasonable adjustments is rooted in our understanding of this model and we are committed to removing barriers for disabled service users. Our approach sits within the delivery of our Public Sector Equality Duty which includes our commitment to work to eliminate discrimination and promote equality of opportunity.

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<sup>1</sup> The Equality Act 2010 does not apply in Northern Ireland, but there are very similar equality requirements spread across several pieces of legislation. For example, Section 75 of the Northern Ireland Act 1998 also includes consideration of 'political opinion' as a protected characteristic, the Disability Discrimination Act 1995 still applies to employment in Northern Ireland, and the Special Educational Needs and Disability (Northern Ireland) Order 2005 applies in all education settings.

- 7 We are committed to making adjustments for those who need them, and to promoting good practice in this space. As part of that commitment there will also be occasions when we'll consider adjustments for people who may not identify as having, or meet the legal definition of, a disability, but who may still face barriers when using our services.
- 8 HIV, multiple sclerosis and cancer are deemed to be disabilities from the date of diagnosis. People with severe disfigurements are also deemed to be disabled under the Act, as are people who are registered as blind or partially sighted with their local authority or an ophthalmologist.
- 9 In addition to these impairments, the Act's definition of a disability is broad enough to cover people with hearing, visual and speech impairments as well as other impairments such as learning disabilities or difficulties, chronic pain, mental health conditions, diabetes, asthma and back problems. A disability may be visible or non-visible.
- 10 A person with a learning disability may encounter barriers when presented with new or complex information or when acting independently. Certain conditions, such as autism, are lifelong developmental disabilities that affect how people perceive the world and interact with others. Some people with learning disabilities prefer the term 'learning difficulty' to reflect how their learning support needs change over time.
- 11 Learning difficulty is also a term used for different types of specific conditions such as dyslexia,

dyspraxia and attention deficit-hyperactivity disorder (ADHD).

- 12 Mental health conditions are a very broad category covering anxiety, depression, bipolar disorder and panic attacks. In particular, they primarily and significantly affect how a person feels, thinks, behaves, or interacts with others.
- 13 We don't make judgements on whether someone meets the legal definition of disability when delivering our reasonable adjustments duty. If a person tells us that they have a disability, long-term injury or health condition and face barriers in accessing our services, we don't try to decide whether they are covered by the definition of a disability. Instead, we focus on exploring whether a reasonable adjustment would remove the barrier or disadvantage that they are experiencing. We also recognise that people may have temporary, fluctuating and/or multiple impairments and needs.
- 14 Similarly, we don't normally request medical evidence of a person's disability or impairment. We focus on exploring what adjustments would make it easier for them to interact with us effectively. In most cases, we wouldn't require independent medical advice to make an adjustment because we'll accept advice from the person in question regarding their requirements.

### **How can we provide 'reasonable adjustments'?**

- 15 We will always consider requests for adjustments to remove or reduce disadvantages faced as far as

possible, but we are only required to provide adjustments that are reasonable for the NMC to make.

- 16 We will consider providing equipment or other aids which make it easier for disabled people to access our services.
- 17 Some examples of providing equipment or other aids might include:
  - 17.1 Providing an induction loop for a person who uses a hearing aid
  - 17.2 Providing information in an alternative format, such as large print for a person with a visual impairment, an easy read document for a person with a learning disability, coloured paper for a dyslexic person or an electronic format for a person who is blind
  - 17.3 Providing an ergonomic chair for a person with a hip or back impairment
  - 17.4 Providing a British Sign Language (BSL) interpreter and electronic note taker during a hearing for a person who is D/deaf
- 18 We will consider changing any provisions or practices that place disabled people at a disadvantage.
- 19 Some examples of changing provisions or practices might include:

- 19.1 Supporting a person with a visual impairment to make a referral over the telephone rather than in writing
  - 19.2 Providing a transcript or summary of a telephone conversation
  - 19.3 Changing the time of an FtP hearing to help a person manage the effects of anxiety
  - 19.4 Allowing a person to make a paper-based rather than online application for registration, if their disability makes it difficult for them to use the online process
  - 19.5 Publishing easy read versions of key consultation documents and surveys
- 20 We'll consider taking action if the physical features of our premises place disabled people at a disadvantage when accessing our services.
- 21 Some examples of actions relating to physical features of our premises might include:
- 21.1 Making sure that external-facing venues are accessible to people with a variety of impairments
  - 21.2 Changing a venue or meeting room; for instance if a hearing or a meeting is planned to be held on the first floor, moving the location to the ground floor or looking for a more accessible venue
- 22 Under the Act we have an 'anticipatory duty' which means we must think in advance (and on an ongoing

basis) about what disabled people with a range of impairments might reasonably need when accessing our services.

- 23 This duty also applies to organisations that provide services on our behalf.
- 24 If, however, even with the anticipatory adjustment, a disabled person is still disadvantaged when using the service because of their disability, we will consider a further adjustment specifically for that person.
- 25 An example of an anticipatory adjustment and further adjustment might include:
  - 25.1 We have widened walkways and lowered reception counters in anticipation of the needs of wheelchair users. However, a person who is a wheelchair user may still not be able to reach the buzzer at the front entrance because they have limited mobility. A further reasonable adjustment for this customer would be for a colleague to meet them at the front door.
- 26 We expect our staff to be able to recognise the need for and facilitate reasonable adjustments for disabled people using our services. We reflect this in our policies and guidance.
- 27 As there is no set definition of what constitutes ‘a reasonable adjustment’, we’ll take a case-by-case approach to deciding what is reasonable when we consider requests. When deciding whether a particular adjustment is reasonable, we’ll typically consider the following factors based on the [Equality](#)

[and Human Rights Commission's Employment Statutory Code of Practice \(click this link to see code\)](#):

- 27.1 Effectiveness – how well does the adjustment in question remove or at least minimise the disadvantage? We are unlikely to make adjustments that don't remove the disadvantage.
  - 27.2 Practicality – how practical is the adjustment, for example, how long will it take to implement?
  - 27.3 Cost – how much will it cost, considering our financial resources and whether other assistance is available?
  - 27.4 Disruption – how disruptive to the business, to others, and to our regulatory role would it be to make this adjustment?
  - 27.5 Risk – would making the adjustment cause any risk to others?
- 28 There are some things the Act does not require us to make adjustments for. The Act makes it clear that it is not discriminatory to apply competence standards (which include our [Code](#), our [revalidation](#) and our [education standards](#)) to a disabled person. As a professional regulator responsible for protecting the public, it would not be right for us to adjust these standards. However, we can make reasonable adjustments to assist nurses, midwives and nursing associates in meeting our standards.



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

### **Making it easy for people to request adjustments**

- 30 To help us to make any adjustments in time to be able to help, we encourage disabled people to ask for any support as early as possible using the contact options for the process they are engaging with. We also include reminders in our customer-facing materials.
- 31 All reasonable adjustments are individual, so it's difficult to set a timeframe for meeting them. We will make sure to prioritise taking action so that people get the reasonable adjustments they require as soon as possible.
- 32 We also ask people about adjustments when we interact with them. This might include interviewees, nurses, midwives, nursing associates and witnesses involved in the different stages of our processes.

### **Sharing information about a disability**

- 33 We want to make sure that a disabled person is provided with the adjustments they require, whichever part of the NMC they are interacting with. When NMC staff need to share relevant information with colleagues they will not divulge sensitive information about health or disability. Instead, they will focus on the adjustment required rather than the person's medical diagnosis. For example, we'll

record that a person will require regular rest breaks during a hearing rather than recording the disability itself, unless the disability is directly relevant.

- 34 When we collect information about reasonable adjustments we'll be clear about how we'll use that information.

## **Concerns or complaints**

- 35 If you would like to raise a concern or complaint about this policy, please contact our Customer Enquiries and Complaints team. Complete [our online feedback or complaints form \(click this link to see form\)](#) or call us on 020 7681 5830.

## **Reviewing this policy**

- 36 We will formally review this policy in August 2025. However, we will keep this policy under review until then, and we welcome feedback on our approach.

Our Equality, Diversity and Inclusion team is responsible for updating and reviewing this policy. For feedback on the policy email [equality@nmc-uk.org](mailto:equality@nmc-uk.org)