**RCP Assessment Unit**

**Request for reasonable adjustment form**

Candidates should complete this form if they are seeking a reasonable adjustment in a component of an exam on the grounds of a disability/impairment (whether temporary or permanent) and return the completed form with supporting evidence from suitable professionals (please see the Reasonable Adjustments to Examinations policy for further guidance).

Any request for adjustments must be completed and submitted at the time of applying to sit the examination.

**Completed forms must be submitted no later than 2 weeks prior to the examination date**.

Late submission may mean the Assessment Unit is unable to accommodate the reasonable adjustment request made due to the lack of time to prepare and implement it. The form should be completed and emailed to the email address relating to your exam or by post[[1]](#footnote-1) to the Royal College of Physicians (RCP) Assessment Unit address, together with any supporting evidence.

Diploma of Geriatric Medicine: [DGM@rcplondon.ac.uk](mailto:DGM@rcplondon.ac.uk)   
Diploma of Tropical Medicine and Hygiene: [DTMH@rcplondon.ac.uk](mailto:DTMH@rcplondon.ac.uk)   
PACES: [paces.queries@mrcpuk.org](mailto:paces.queries@mrcpuk.org)

Physician Associates: [paexams@rcplondon.ac.uk](mailto:paexams@rcplondon.ac.uk)

Please put “REASONABLE ADJUSTMENTS” in the subject line.

Personal information on this form will be used by Assessment Unit only for the purpose of providing reasonable adjustments for examinations. There may be limited circumstances where we would share your information with a third party. Please see the confidentiality section of this form for further information. The personal information on this form will only be retained until such time as you have completed all parts of the examination applied for. Once you have completed the examination all personal information related to your request for adjustment will be confidentially destroyed / deleted.

You have a right to access your personal data and rectify any inaccuracies. If you would like to exercise these rights or have any concerns about the way your personal data are being handled please send an email to: [assessmentunit@rcplondon.ac.uk](mailto:assessmentunit@rcplondon.ac.uk)

*Candidates with a specific learning disability, such as dyslexia, will be required to attach a report from a disability assessor/educational/chartered psychologist or a specialist teacher with a practising certificate, reporting on an assessment undertaken in English after the age of 16.*

**Request for Reasonable Adjustment Form**

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| **Name of candidate:** |  |
| **Assessment unit candidate number (if known):** |  |
| **RCP number (if known):** |  |
| **Date of submission:** | |
| **Exam:** | **Written Exam  Clinical Exam** |
| **Date of exam:** | |
| **Nature of disability/impairment**  Please describe here the disability/impairment that you (the candidate) wish the RCP Assessment Unit to take into account in deciding what reasonable adjustment would be appropriate for the examination. Candidates are asked to explain how their ability to perform the examination is affected by their disability/impairment. Any documentary evidence provided by a disability assessor/suitable professional (e.g. a medical disability certificate) should be submitted with this form. Candidates with a specific learning disability, such as dyslexia, will be required to attach a report from a disability assessor/educational/chartered psychologist or a specialist teacher with a practising certificate (PATOSS), reporting on an assessment undertaken in English after the age of 16. | |
|  | |
| **Reasonable adjustments granted for previous examinations**  Please outline any reasonable adjustments that have been granted for examinations you (the candidate) have taken in the past (e.g. during Medical School). Candidates should include as much detail as possible, for example if they were granted additional time, how much additional time was granted, when the adjustment/s were granted and for what type of examination etc. | |
|  | |
| **Reasonable adjustments required for current examination**  Please list in detail the reasonable adjustments to the exam(s) that you would like us to consider. Please state which exam you are referring to. | |
|  | |
| **Consent**  It is possible that the Assessment Unit may need to obtain further information regarding a candidate’s disability/impairment before being able to decide whether or not reasonable adjustments can be made. The Assessment Unit would therefore like your (the candidate’s) consent to contact:   1. The disability assessor or other suitable medical professional who provided the documentary evidence provided to support your (the candidate’s) application if further clarification is needed. 2. By signing this form candidates are giving the Assessment Unit consent to contact the above individuals for the purposes specified. 3. We (the RCP Assessment Unit) will inform you (the candidate) if we are intending to approach any individual who may be able to provide further useful guidance in order to provide you with the necessary support for your examination. | |
| **Confidentiality:**  The RCP is committed to managing and processing personal data, as covered by the General Data Protection Regulation 2016 (GDPR), securely and sensitively and only with consent. This policy sets out the approach the RCP will take. The information provided in this form, and any additional supporting information that you (the candidate) provide, will be held by the RCP Assessment Unit in accordance with this legislation or any equivalent subsequent legislation. It will only be shared with members of a small advisory group if further discussion is required. You can access the RCP privacy policy here: <https://www.rcplondon.ac.uk/privacy-policy>  If reasonable adjustments are granted they will be communicated to the relevant Examinations Board. In relation to the clinical examinations only, it is up to you (the candidate) if you would like the reason for the adjustment (i.e. the underlying disability/impairment) to be communicated to the examiners and role players. Please indicate your (the candidate’s) choices on the following page. | |
| * I (the candidate) **give / do not give** *(delete as appropriate)* my consent for the RCP Assessment Unit to contact my (the candidate’s) disability assessor/suitable professional for the purposes stated above. * I (the candidate) **would like / would not like** *(delete as appropriate)* the relevant Examinations Board to be made aware of the underlying disability/impairment that has given rise to my request for reasonable adjustments. * (In relation Clinical Examinations) I (the candidate) **would like / would not like** *(delete as appropriate)* examiners and role players to be made aware of the underlying disability/impairment that has given rise to my request for reasonable adjustments. | |
| **Signed by candidate** |  |
| **Date received by RCP Assessment Unit** |  |

1. Royal College of Physicians, William Henry Duncan Building, 6 West Derby Street, Liverpool, L7 8TX [↑](#footnote-ref-1)