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On the issue of the examination of working capacity in Russia in the 20th century

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The authors consider the main milestones in the formation of the Russian social and medical assessment service in the 20th century. The Soviet government's first decrees addressed the issue of workers' social security. A welfare system that addressed all those in need and did not exploit the work of others was set out as the first step. The second stage in the development of the occupational medical assessment service (1918–1929) was associated with the transition to state social security. Later, in the third and fourth stages, a range of individuals entitled to social security in instances of disability was determined, as well as an improved form of management for the expert assessment service. During World War II and in the post-war years – the fourth stage, 1941–1955 – medical commissions were additionally required to determine a connection between front line service and disability cases and issue recommendations on the training and employment of people with disabilities. From 1956–1984, in the fifth stage, medical commissions became permanent organizations. During this period disability causes were defined. Increasing the quality of assessment requirements in the early 1970s required the training and continuing education of medical expert commissions' members. The organizational structures of medical commissions became more complicated and the organizational and methodological leadership of the bodies performing labor medical assessments was improved. The sixth stage, from 1995 to the present day, saw the formation of the social and medical assessment and rehabilitation system in modern Russia. In 1995, a modern concept of disabilities was developed and the institution of social and medical assessment services was formalized in legislation.

Keywords: *disability, assessment services, social security, disability groups*

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The establishment of medical-social evaluation in Russia, as a form of state assistance to the population, was determined by the particularities of the government's development and its socio-economic policies in various historical periods. It can be said that the foundations of social assistance to the needy were laid down in the 10th century, the period when Christianity became the official religion in Kievan Rus. At first social welfare was in the form of charity (it was generally based on feeding the poor). Prince Vladimir the Great's Statute organized the structure and supervision

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of social care.[1] But it was Ivan the Terrible (16th century) who truly began the creation of a state system of public charity (the state's initiatives were strengthened, the forms of assistance were perfected and the scale of state charity increased while preserving and encouraging the church's charitable activities).

During Peter the Great's reign "fondness for poverty" was perceived as one of the reasons for the commonly occurring parasitism (those who were without useful work for no good reason) in the country. The public care system was tasked with distinguishing the needy according to separate categories (the reasons of their neediness, those capable of working, those who were professionally "poor," etc.) and determining the corresponding form of assistance for those who really needed it (new types of institutions appeared – hospices for the orphans, invalid homes).

During Catherine the Great's rule a state public care system for all social classes was written into the legislature and the City Condition Act (published in 1785) legalized the allotment of funds from city revenues to public care facilities. Measures to regulate private charity organizations and public assistance were taken. Care institutions were created and funds were allotted for their development.

During Nicholas I's period invalid homes began to appear.[2] The first documents attesting to the idea of a "work capacity evaluation" in the field of providing medical assistance to the population date to 1827, when the first Russian Insurance Society was organized.

In 1908 in Ekaterinoslavl (currently Dnepropetrovsk, Ukraine), on the initiative of the medical community and with the help of private financing, the first medical-consulting bureau was organized in the country, becoming a prototype of the medical-occupational and medical-social evaluations. In 1910 the level of work capacity loss was determined according to scales that were used to assess work capacity in the Western countries' evaluation practices.[3] However, this assessment had a mechanical character [1].

After the 1917 October Revolution the Soviet government's first decrees, among other things, were concerned with social care for the workers. Thus, the December, 22nd, 1917 Decree "On Insurance in the Event of Sickness" instituted aid to people who were sick, to women giving birth, to people related to a deceased worker and it gave the right to receive various forms of medical assistance at the expense of the employer (first aid, ambulatory treatment, home treatment, full maintenance hospital care, sanatorium and spa treatment). Insurance was given to all hired workers and members of their families. All forms of work capacity loss were also insured. In the first year after the revolution the responsibility for holding work capacity evaluations was given to medical-examining committees, which had been created within the hospital structures and were subordinate to the medical-sanitary departments. After the introduction of the "On Insurance in the Event of Sickness" Decree such committees were organized in the insurance offices.[4]

The RSFSR[5] Council of People's Commissars (CPC) Decree of October 31, 1918 confirmed the Provision on Social Security for Workers, which established the social security system. Requirements for applying for assistance were: the temporary loss of livelihood due to work incapacity, permanent loss of work capacity and unemployment for which the employee is not responsible. The types of social security included medical, drug treatment and other forms of medical aid, obstetrics and preventative (prophylactic) measures. In accordance with the Provision, pensions were assigned in the event of full or partial loss of work capacity, regardless of the reasons (illness, injury, old age, occupational disease, etc.). The amount of the pension depended on the level of work capacity loss.[6] For individuals who lost 15–29% of their work capacity the pension was 1/5 of the full pension, for those who lost 30–44% it was 1/2 of

[1] According to Prince Vladimir's Statute, responsibility for the needy was given to the clergy – the patriarch and his subordinate ecclesiastical structures.

[2] In that period all those who were incapable of working and could not do without assistance were considered invalids.

[3] Basically the four modern levels of body function impairment.

[4] The December 22, 1917 Decree "On Insurance in the Event of Sickness"//Collection of Government Laws and Regulations in 1917–1918, Moscow, 1942, p. 199–206.

[5] The Russian Soviet Federative Socialist Republic.

[6] The assessment of work capacity loss also had a mechanical character.

the full pension and for those who lost 45–60% it was 3/4. Individuals who lost more than 60% of their work capacity received a full pension. With the creation of the Social Security People's Commissariat the medical-occupational committees began to take form. They were the precursors of the modern medical-social evaluation institutions.[7]

The second phase of the establishment of medical-occupational evaluation (1918–1929) was related to the change in the social security structure: from the insurance principles of the workers' social security declared in the first Soviet government decrees to state social security and its estimated financing.

The RSFSR CPC Decree of December 8, 1921 "On Invalid Social Security" determined the type of individuals who could apply for social security after being declared invalids and the six groups of invalids whose status depended on their work capacity:

1) invalids who were not only incapable of working to earn money, but who also needed assistance for satisfying ordinary necessities of life;

2) invalids who were not capable of doing any type of work that provides an income, but who did not need permanent care;

3) invalids who were not only obliged to renounce their profession, but who were also incapable of carrying out any type of regular professional activity and were capable of earning a living with casual, temporary and light work;

4) individuals who were obliged to change to a profession with a lower qualification;

5) individuals who were obliged to renounce their ordinary professions and change to a different profession with the same qualification, if they needed the Social Security People's Commissariat for this change;

6) individuals capable of continuing their former professional activity, but with reduced capacity.[8]

This disability classification[9] (the so-called rational classification) was developed in 1921 by N.A. Vigdorchik on the instructions of N.A. Milyutin,[10] the People's Commissar for Social Security in the RSFSR (The Russian Soviet Federative Socialist Republic). The introduction of this classification in medical-occupational evaluation established the principles for assessing the level of organism function impairment and the authorities began juxtaposing the results with requirements for exercising a professional activity. For the first time illness was linked to social factors and the problem of the possible continuation of professional activity and the necessity to be transferred to another job or full exemption from work was solved.[11] The initial editing of the rational classification of disability took place in 1925 and in 1928 the edition was modified.[12]

In 1924 the RSFSR CPC confirmed the Provision on Medical-Examination Committees, which determined their composition and function. In 1927 the Provision on the Bureau of Medical Evaluation was issued.[13] Later the Bureau of Medical Evaluation was called the Medical Evaluation Committees (MEC). In accordance with the Provision on MEC, the necessity to determine the character and reasons for disability was added and conclusions were made on the restoration of work capacity by means of aftercare and retraining.

The 1929 Central Committee of the Communist Party of the Soviet Union Decree "On Social Insurance" noted ways of improving medical-occupational evaluations and of developing scientific-methodical work in this field. The medical specialist staff was reviewed, an inspection was conducted and the invalids were studied. The decision to establish scientific-

[7] The RSFSR Council of People's Commissars (CPC) Decree of October 31, 1918 "The Provision on Social Security for Workers"// Collection of Government Laws and Regulations in 1917–1918, Moscow, 1942, p. 1249–1259.

[8] The RSFSR CPC Decree of December 8, 1921 "On Invalid Social Security"//Collection of Government Laws and Regulations in 1921, Moscow, 1944, p. 1091–1093.

[9] Disability, or invalidism (from the Latin invalidus – weak, infirm) – permanent loss of work capacity. See [2].

[10] Nikolai Abramovich Vigdorchik (1874–1954) – doctor, writer, ideologist and organizer of social insurance, professional hygiene and medical-occupational evaluation in Russia.

[11] The RSFSR CPC Decree of December 8, 1921 "On Invalid Social Security"//Collection of Government Laws and Regulations in 1921, Moscow, 1944, p. 1091–1093.

[12] The wording of the 3rd-6th disability groups according to their condition in 1923. See [2].

[13] The Provision on the Bureau of Medical Evaluation, 1927.

research institutes was made. A series of Communist Party, Health People's Commissariat and Labor People's Commissariat decrees noted significant methodical shortcomings in the organization of the MECs and the experts' undervaluation of the influence of the environment and social factors on human functioning. They also identified the contradictions that generate social dissatisfaction (union representatives, doctors, patients and invalids).[14]

The USSR began establishing special scientific-research institutions to devise comprehensive solutions for problems related to invalid medical-occupational evaluation and work capacity. In 1930, on the basis of the Babukhin regional hospital in Moscow, the Moscow Regional Health Department Scientific Institute for Evaluating Work Capacity was created. In the autumn of 1933 it was taken over by the All-Soviet Central Council of Labor Unions (ACCLU) and received the status of "central." The year 1932 saw the establishment of the Central Scientific-Research Institute of Invalid Work Capacity in Moscow, the Leningrad Institute of Invalid Labor and the Leningrad Scientific Institute of Medical-Occupational Evaluation. In 1934 scientific-research institutes for work capacity evaluation were founded in Kharkov, Ivanov and Gorky (currently Nizhny Novgorod). In 1935 both Leningrad institutes were united into the Leningrad Scientific-Research Institute of Invalid Work Capacity Evaluation and Organization.

In 1937 the Central Scientific-Research Institute of Invalid Work Capacity Evaluation and Work Organization was established. Its creation was conditioned by the necessity to develop scientific-methodical foundations for evaluating disability to avoid the doctors' subjective assessments and the ungrounded claims advanced by social security representatives, labor unions and sometimes even citizens.

In 1931 the first Provision on Medical-Occupational Evaluation Committees (MOEC) was confirmed. It determined the MOECs' prophylactic activity and noted the necessity of a close connection with health, social security and disabled people work capacity organs. The MECs were reorganized into the MOECs, which acquired the functions of counseling offices, determining – with disability groups – the character of work that invalids could perform and registering labor recommendations.[15]

In 1932 the Soviet Council of Social Security introduced a three-group disability classification that regulated the criteria for establishing each group, taking into account the ability to work in one or another profession. At its foundation was the principle of determining work capacity considering the medical and social factors. Thus, Group I consisted of individuals who had lost their capacity to work and who needed assistance, Group II consisted of individuals who had lost their capacity to perform any type of labor and Group III consisted of people who were incapable of performing systematic work but were capable of using their remaining ability to work. The introduction of this disability classification squeezed out the percentage principle of determining work capacity.

In 1940 the MOECs and the invalid social security systems were fully established. More than 1,200 committees were functioning and a system for invalid employment (professional rehabilitation) was created that included professional counseling, professional training and retraining for invalids.

The fourth phase was medical-occupational evaluation during WWII and the first postwar years (1941–1955). During World War II the invalid composition in the country changed significantly due to the increase in the number of individuals suffering from gunshot and mine wounds and damage of the musculoskeletal system. The number of examinations of individuals who suffered during combat activity increased and the demand for the development of MOECs also grew.

With the purpose of ordering the MOECs' activity, in 1941 with Decree No. 1936 from 05.12.1942 the USSR Council of People's Commissars confirmed the new Provision on the MOECs that determined the organization of the

[14] The Central Committee of the Communist Party of the Soviet Union Decree "On Social Insurance," 1929.

[15] The Central Committee of the Communist Party of the Soviet Union Decree "On the Confirmation of the Provision on Medical-Occupational Evaluation Committees" // Collection of Workers and Peasants' Government Laws and Regulations. Moscow, 1931; 50, p. 371.

MOECs and their composition. It also expanded their functions and authority, determined the MOECs' responsibilities, the manner of examining citizens and the manner in which regional and district (city) military commissariats should examine servicemen who were discharged from hospitals without an MOEC assessment. The MOECs were established in outpatient clinics and polyclinics. They were composed of a head doctor and two medical specialists from the given hospital, a representative of the social security department and a labor union representative. The MOECs' work was directed and supervised by the Social Security People's Commissariats in the union and autonomous republics and the regional (territorial), city and district social security departments.

The MOEC's functions and authority were significantly expanded. They now included:

– assessing the level of loss of capability to work and determining the disability group;

– assessing the reasons for disability (a general disease, an occupational disease, an unfortunate incident at work, disability related to military service, disability related to childhood, etc.);

– determining the necessity of providing special work conditions for invalids and individuals who partially lost their work capacity;

– using medical-counseling committees in hospitals to deal with issues related to transferring individuals to another job with the treating doctor extending sick leave to more than one month but no more than two months upon transference to the new job;[16]

– instructing doctors working in home front hospitals on issues of providing professional training for wounded soldiers, of employment and placement in invalid homes and occupational schools;

– studying work conditions of invalids in enterprises and institutions, inspections to see if invalids were employed correctly and in accordance with the committee's conclusions;

– carrying out examinations in enterprises and institutions to determine the jobs and professions that could be assigned to WWII veterans and labor invalids.

The authorities determined the method of appealing MOEC decisions and of interacting with social security organs, labor unions and factory directors of local committees in enterprises servicing the region. Bookkeeping methods were determined, accounting and reporting forms for MOEC work were introduced (the examination certificate that must contain the patient's information, as well as information on his work and living conditions, the alphabet record card, the MOEC information applications confirmed by the Social Security People's Commissariat), periods for storing MOEC acts were established (specialist cases), as well as forms for MOEC reports on its work to the corresponding social security departments.[17]

In the 1940s-1960s a new field appeared: medical rehabilitation. It was based on the specialization of helping individuals with amputated limb stumps, serious cranial injuries and injuries of the brain, spinal cord and vertebra. Later it all became part of the fields of medical-social rehabilitation of invalids that were determined in the legislative acts concerning the medical-social evaluation and rehabilitation of invalids.

In 1945 the Leningrad Institute for the Perfection of Medical Specialists created the first department of medical-occupational evaluation in the country, which was modeled after the Central Scientific-Research Institute of Invalid Work Capacity Evaluation and Work Organization. In 1948 the 1st All-Union Congress of Medical Specialists summed up the activity of the MOECs during WWII and in the postwar years and gave the head doctors new instructions for determining disability groups and for perfecting the MOECs' organization and activity.

The USSR Council of Ministers' Decree of November 5, 1948 No. 4149 confirmed the new Provision on the MOECs, which expanded the functions and authority of the medical-occupational evaluation committees, including in issues of extending treatment periods during temporary disability, interactivity with PTIs, expansion of

[16] This function was later fully assigned to the medical-counseling committees at the prophylactic treatment institutions (PTI).

[17] The USSR Council of People's Commissars Decree No. 1936 from 05.12.1942 "On the Confirmation of the Provision on Medical-Occupational Evaluation Committees"// Legislative and Administrative-Legal Acts from the War Period. From March 22, 1942 to May 1, 1943. Moscow, 1943, p. 297.

counseling functions and the PTIs' organizational-methodical assistance in work capacity evaluation. This Provision, unlike the preceding one from 1942, determined the individuals who should undergo medical-occupational evaluation. The MOECs began assessing individuals with signs of permanent work capacity loss (disability): workers and officials from enterprises, organizations and institutions, members of commercial cartels, forest industry cooperatives and cooperatives of invalids who had stopped working, as well as former servicemen and family members who had lost their breadwinners, as long as all the above-mentioned individuals had work experience and other conditions that gave them the right to receive a pension. In accordance with the new Provision on MOECs, the "supreme authority" in the structure of the evaluation committees was established: the MOECs created within the Social Security Ministries of the autonomous republics, the regional, territorial and city (cities subordinate to the republics) social security departments. Their task was to examine individuals who had appealed the decisions of the district and city MOECs and to examine individuals in particularly difficult circumstances who were recommended by district and city MOECs. Supervision of the validity of the assessments and organizational-methodical functions was expanded. The order of reviewing appeals was also changed: appeals now went through the social security departments to the supreme MOECs. The decisions on the appeals made at the supreme MOECs were recognized as final.[18]

In the fifth phase (1956–1984) the medical-occupational evaluation service was perfected. Thus, Council of Ministers Decree No. 792 of December 21, 1956 confirmed the new Provision on MOECs, which in particular established that with the determination of the permanent or lengthy loss of work capacity and disability groups the MOECs had to follow the instruction confirmed by the USSR Health Ministry and the VTsSPS (All-Union Central Council of Trade Unions).[19]

In accordance with the perfected instructions, the MOECs gained greater authority to determine the invalids' working conditions, taking into account the body's impaired functions and the possibility to continue working. The possibility to continue working in accordance with an MOEC recommendation for invalids from all groups but in varying conditions was also foreseen. Thus, invalids from the 3rd group could work in ordinary production conditions, but those from the 1st and 2nd groups could only work in special production conditions or from home.[20]

The Provision on MOECs of 1956, in accordance with the USSR Law on State Pensions adopted by the USSR Supreme Soviet on July 14, 1956, determined the wording for disability reasons: general or occupational disease, work injury, disability since childhood or before the beginning of professional activity, wounds (contusion, injury) received while defending the USSR or while carrying out other military duties, disease contracted at the front or a disease or injury (wound, contusion) that is not related to military duty or to being at the front. The MOECs determined the moment the individual had become an invalid, the conditions and nature of work that the invalids' health allowed them to perform, as well as the activities that helped restore the invalids' work capacity (professional training, requalification, restoring treatments, prosthetics and working devices, verifying the need to use a wheelchair, etc.). The MOECs studied invalids' working conditions in enterprises, institutions, organizations and on farms with the aim of defining accessible jobs and professions for the invalids. They also familiarized PTI doctors with the foundations, methods and objectives of the medical-occupational evaluation. In accordance with the Provision on MOECs of 1956, the organization of work was perfected and specialized MOECs were created. Expert committees for evaluating

[18] See: The USSR Council of People's Commissars Decree No. 1936 from 05.12.1942 "On the Confirmation of Provision on Medical-Occupational Evaluation Committees"// Legislative and Administrative-Legal Acts from the War Period. From March 22, 1942 to May 1, 1943. Moscow, 1943, p. 297.

[19] The instruction determining the disability groups was confirmed by the USSR Health Ministry on August 1, 1956, by the VTsSPS on August 2, 1956 and agreed upon by the RSFSR Social Security Ministry on August 2, 1956. Simultaneously, the authorities confirmed a list of diseases with which the MOECs could establish an disability group without indicating the time of re-examination.

[20] In accordance with the Russian Labor Ministry Decree and Russian Health Ministry Decree of January 29, 1997 No. 1/30, this instruction is no longer used on the territory of the Russian Federation.

the work capacity of tuberculosis patients and the mentally ill were organized within special clinics and hospitals.

The MOECs became permanent organizations. They consisted of three medical specialists (a therapist, a surgeon and a neuropathologist), a representative of a social security department and a representative of a labor union. One of the medical specialists was appointed by the committee's chairman.

Instead of the therapist, surgeon and neuropathologist, the staff of the specialized MOECs included two physical therapists, a neuropathologist or two psychiatrists and a therapist. In subsequent years the network of specialized MOECs expanded thanks to the creation of ophthalmologic, oncological, cardiorheumatological and trauma committees.

All the MOEC staffs included a medical receptionist and the committees that worked for five days a week or more had a senior nurse.

The duration of the evaluation committee's workday and the norms of evaluation during the working day were established for the general and specialized MOECs. During their workday (5.5 hours) the district and city expert committees evaluated 15 patients, while the specialized committees evaluated 10 patients.

The republics, territorial, regional and central city MOECs became not only the supreme authority in the MOEC structure, but also the methodological centers for evaluating work capacities. For the chairmen and members of the "supreme" committee their work in the committees was their main occupation.

The tasks of the supreme MOECs included: checking the correctness and reasons of the evaluation decisions of the district, city and specialized MOECs; providing counseling to doctors from city, district and specialized MOECs in difficult cases (evaluations held on-site and according to evaluation material); putting into practice the work of city, district and specialized MOECs, and the scientific principles and methods developed by scientific-research institutes that evaluated work capacity; realizing activities to increase the qualification of regional, city and specialized MOEC doctors (internships, seminars, scientific-practical conferences, etc.); generalizing the work capacity evaluation experience of city, district and specialized MOECs, defining the evaluation mistakes in their work and developing measures that were necessary for correcting the mistakes; assessing individuals who appealed the decisions of city, district and specialized evaluation committees and assessing individuals in particularly difficult cases who were recommended by the district and city MOECs; evaluating invalids who were recommended by social security organs as part of reviewing the correctness of the decisions made by district, city and specialized MOECs; reviewing the assessment acts of city, district and specialized evaluation committees with the aim of checking the correctness of the evaluation decisions; studying the dynamics and reasons of disability and developing corresponding proposals; reviewing various issues related to medical-occupational evaluation on the instructions of social security organs.

The decisions made by the supreme MOECs in appeal cases or during reviews of the correctness of the assessment decisions of district and city evaluation committees were considered final.

The MOECs interacted with the PTIs. The directors of treatment institutions were responsible for the quality of medical examinations and the reasons for recommending patients to the MOECs.

The Provision on MOECs of 1956 established how often the 1st Group invalids (once every two years) and the 2nd and 3rd Groups invalids (once a year) had to be re-examined, as well as the reasons for determining disability without being re-examined [3][21].

In the beginning of the 1970s the development of medical-occupational evaluation services, the

[21] Disability without re-examination was assigned to men above 60 years of age and women above 55, to invalids with irreversible chronic diseases and anatomical defects included in the List of Diseases that was confirmed by the USSR Health Ministry and VTsSPS. See: The USSR Council of Ministers Decree of 05.11.1948 No. 4149 "On the Confirmation of the Provision of Medical-Occupational Evaluation Committees // Collection of Workers and Peasants' Government Laws and Regulations. Moscow, 1949; 1, p. 1; the RSFSR Council of Ministers Decree of 21.12.1956 No. 792 "On the Confirmation of the Provision on Medical-Occupational Evaluation Committees (MOECs);" The Instruction on Determining Disability Groups (confirmed by the USSR Health Ministry on August 1, 1956, confirmed by the VTsSPS on August 2, 1956 and agreed upon by the RSFSR Social Security Ministry on August 2, 1956).

increase in demand of the quality of evaluations and issues of invalid work capacity required the medical staff to be highly prepared and constantly upgrade their qualifications. In 1960 the Institute of Specialization for Medical Specialists was established in Leningrad (currently Saint Petersburg). In accordance with the USSR Council of Ministers Act of December 31, 1970 No. 2730-r, the institute was reorganized into the Leningrad Institute for the Perfection of Medical Specialists.[22] The organization of this institute provided for the creation in Russia of doctor training, re-training and qualification upgrade in the field of medical-occupational evaluation and later in the medical-social evaluation institutions.

In January 1962, with the USSR State Labor Committee and VTsSPS Decree of December 22, 1961, the government issued the Rules for enterprises, institutions and organizations compensating injuries caused to workers and officials, as well as other health problems acquired at work. This decree made the MOECs responsible for determining the level of work capacity loss (in percentage) in workers and officials with the particular injury or health defect. In the 1960s, with the implementation of the RSFSR Council of Ministers and VTsSPS Decree of March 11, 1963 No. 299 "On the Measures for Reducing Disability among Workers and Improving Medical-occupational Evaluation," actions were carried out to further develop and improve medical-occupational evaluation, and the role of the MOECs in studying the reasons for disability among workers and officials and its prevention significantly increased. The decree also improved the MOEC structure, the types of activities and obligations in their interaction with the PTIs, the unions and public organizations and it expanded the circle of individuals that were recommended for medical-occupational evaluation. Thus, the MOECs, along with the unions, controlled the invalids' rational job placement and participated in studies of the reasons for disability in industries and the development of actions to prevent disability.

The medical-occupational committees that were under the supervision of the social security organs were divided into: a) city and inter-district committees that were composed of three medical specialists (a therapist, a surgeon and a neuropathologist), a representative of the social security organ and a representative of a labor union; b) city and inter-district committees for individuals who were infected with tuberculosis (based in anti-tuberculosis clinics); c) city and inter-district committees for individual with mental diseases (based in psychoneurological clinics and hospitals); d) city and inter-district committees for evaluating work capacity in individuals with eye diseases and defects (based in city and inter-district polyclinics); and e) city and inter-district committees for evaluating work capacity in individuals with oncological diseases (based in oncological clinics). Measures were taken to complete the responsibilities of the chairmen of republican, territorial, regional, Moscow and Leningrad central city MOECs by highly qualified doctors who were capable of organizing the activity of the chairmen and seeing that they were carrying out their functions. The chairmen of republican, territorial, regional, Moscow and Leningrad central city evaluation committees were also the chief experts on work capacity evaluation in those autonomous republics, territories, regions, cities of Moscow and Leningrad.

The decisions taken by the republican, territorial, regional, Moscow and Leningrad central city medical-occupational evaluation committees on appeals concerning earlier decisions pronounced by city, inter-district, district and specialized MOECs, as well as the method of examining the correctness of the MOECs' evaluation decisions, were considered final. The RSFSR Social Security Ministerial Administration of Medical-Occupational Evaluation provided methodical and organizational leadership for the medical-occupational evaluation organs [4].

Starting in 1963, along with the function of determining disability, the MOECs were responsible for determining the level of work capacity loss in workers and officials who were injured and whose health was damaged at work in order to establish the size of the compensation that the enterprises, institutions and organizations that caused the damage had to provide.

[22] Since 1996 it has been called the Saint Petersburg Institute for the Perfection of Medical Specialists.

In 1967 the Central Scientific-Research Institute of Invalid Work Capacity Evaluation and Work Organization was confirmed as the principal scientific-research organization. In 1985 the RSFSR Council of Ministers and the VTsSPS confirmed the new Provision on MOECs.[23]

The events of the 1990s (Perestroika, the collapse of the USSR) influenced issues related to the social protection of invalids, the creation of equal opportunities for them and the organization of medical evaluation for disability. A transformation in the perception of disability and the position of invalids in society took place in Russia and in the international community.

In 1975 the World Health Organization (WHO) proposed the "International Classification of Impairments, Disabilities and Handicaps," which for the first time looked at a person's disabilities in the context of being not only unable to work but also to take care of oneself, to move independently, to learn and do other things. This classification and the WHO International Nomenclature of Impairments, Disabilities and Handicaps which was adopted in 1989 served as the foundation of the formation in Russia of new ideas of disability and the criteria for determining it.

The sixth phase (from 1995 to the present): the formation of the medical-social evaluation and rehabilitation system in modern Russia. The modern concept of disability was developed in 1995. It became the foundation of the Federal Law "On the Social Protection of Invalids in the Russian Federation" of 24.11.1995 No. 181-F3. Thus the social institute of medical-social evaluation was established by legislation. In 1997 Russia began to form medical-social evaluation services [4–11].[24]

[23] This provision was in effect until 1996.

[24] See also: The RSFSR Council of Ministers and VTsSPS Decree of March 11, 1963 No. 299 "On the Measures for Reducing Disability among Workers and Improving Medical-Occupational Evaluation"// Collection of decrees and instructions of the RSFSR Government, Moscow, 1963, No. 6, p. 34.

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