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Registering Applicants with Disabilities

by Richard Steinecke
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Regulators know that they must accommodate applicants with disabilities. Typically this requires procedural accommodations to offer applicants a fair means of demonstrating their abilities (e.g., more time to complete a written examination for those who have a reading disability).

But what is the duty to accommodate an applicant who has a disability that prevents the applicant from meeting a competency for the profession? For example, there are certain things in certain professions that disabled people cannot do even with accommodation (e.g., a blind fire fighter cannot safely enter into a burning building). At what point does a disability prevent the person from entering the profession at all?

One perspective on answering this question is to ask whether a person would be removed from the profession if they developed the disability after being registered. For example, would a fire fighter be removed from the profession if he or she became blind after an accident? The answer is perhaps not, but that the fire fighter would be restricted to performing functions that can be safely done, with accommodation. So, is a blind candidate for fire fighter in the same position? Again the answer is probably no because the existing fire fighter demonstrated all of the core competencies when becoming registered initially, and that is not necessarily true for the candidate fire fighter.

A publication by the Health Professions Council of the United Kingdom offers a useful tool for regulators struggling with this difficult question. The Health Professions Council registers and regulates a number of health professions. Entitled: “A Disabled Person’s Guide to Becoming a Health Professional”, it is in remarkably plain language and is packed with helpful examples and illustrations.

First, the Guide distinguishes between meeting standards and likelihood of being employed:

The difference between registration and employment means that someone who meets all of our standards for their profession may not ever work in some areas of that profession, or may choose not to.

Example

A paramedic has a mobility problem with her legs. She completes her paramedic training and is successfully registered. She then takes employment in research.

The Guide states that the key is whether the applicant can meet the required standards. Disabled applicants can meet the standard through accommodation, but they still must meet the standard. Initial applicants “need to meet all of the standards of proficiency for their profession.” Once registered however,

their scope of practice may change so that they can no longer show that they meet all of the standards of proficiency. This may be because:

– of specialisation in their job;

– of a move into management, education or research;

– of a disability or a health issue; or

– their fitness to practise in certain areas is affected for another reason.

A changing scope of practice is not necessarily a cause for us to take action or a cause for concern.

Some disabilities, however, cannot be accommodated in this way for applicants for registration where the disability prevents the applicant from demonstrating a core competency. Take the example of someone with poor eyesight who wishes to become a chiropodist / podiatrist. The Guide approaches that illustration as follows:

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In particular, [regulatory staff] note that the standards for chiropodists and podiatrists (2b.4) say that people registering must be able to "carry out surgical procedures for skin and nail conditions. They are concerned about the applicant's ability to perform scalpel work, which forms an important part of the course.

They discuss this with the practice placement coordinators, who agree that surgical and scalpel work is such an important part of their work that it is considered to be a professional skill, without which someone is not able to be a chiropodist or podiatrist.

They contact the university disability officer, to discuss the possibility of an assistant helping the applicant with this part of the course. After some discussion about the assistant's role, they reach a decision that this is not a possible way forward. The admissions staff and the disability officer decide that an assistant could not help the student with surgical work because such a system would rely on the assistant's surgical skills, knowledge and experience, and would not use the applicant's skills.

The university decides not to offer her a place. They contact the applicant to discuss with her the other health courses they offer which may be more appropriate for her.

This example illustrates that regulators need to word their core competencies carefully. The Guide gives the example of a paramedic where the competency is not to be able to lift someone safely, but rather to know how to lift someone safely. Thus an applicant paramedic could be registered even with a disability preventing him or her from lifting individuals. Further, regulators need to ensure that their core competencies are not discriminatory. For example, if one can be a paramedic (although perhaps not working in a front line, emergency setting) without actually lifting individuals, then it would be inappropriate to require applicants to be able to lift individuals.

Clearly, one of the major challenges for regulators is to determine which of their competencies must be performable personally by applicants, such that a disability excludes the applicant from the profession and which are not.

The Guide goes on to give assistance to regulatory staff on how to avoid stereotypes and assumptions when dealing with applicants who have a disability. It also discusses effective communication by regulatory bodies (of which the Guide is an excellent example).

The Guide may be found at: http://www.hpc-uk.org/assets/documents/1000137FAdisabledperson%27sguidetobecomingahealthprofessional.pdf

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