Introduction
Each Allied Health Profession (AHP) has a unique identity and body of expertise. A percentage of the knowledge base and some core competencies required for practice are common to all (e.g. communication skills, clinical reasoning and application of theory to practice).

All therapists must maintain the core skills acquired during qualifying education. Within each AHP, these develop in particular practice areas leading to the acquisition of specialist skills. Each practitioner must remain up-to-date and fit for practice.

Competence involves a complex combination of knowledge, skills, values, behaviours and attributes, gained through learning and experience. This enables practitioners to work safely, effectively and legally within their particular scope of practice. The process exists within a framework of professionalism, autonomy, self-
HPC registration

Eligibility for registration with the Health Professions Council (HPC) requires students to meet the learning outcomes of qualifying programmes. Disabled students are not exempt from these academic and practice based requirements. Disabled students must demonstrate fulfilment of the HPC Standards of Proficiency (HPC, 2007).

What is a competence standard?

A competence standard is considered to be a proportionate means of achieving a legitimate aim; there is no duty to adjust the standard itself. Under the legislation, in relation to higher education, a competence standard is defined as ‘an academic, medical or other standard applied by, or on behalf of, an HEI for the purpose of determining whether or not a person has a particular level of competence or ability’ (Equality Challenge Unit [ECU] 2010). HEIs must be able to demonstrate that any competence standards used for admissions are appropriate and necessary and that they are applied equally to disabled and non-disabled applicants.

The following would be considered genuine competence standards:

**Example 1**

To qualify as a Physiotherapist, all students must demonstrate knowledge of anatomy to pass the learning outcomes of the anatomy syllabus, to meet the physiotherapy competence standards.

**Example 2**

To qualify as a Podiatrist, all students must demonstrate the ability to conduct neurological, vascular, biomechanical and dermatological assessments relating to the learning outcomes of the assessment module in chiropody and podiatry to meet the podiatry competence standards.

**Example 3**

To qualify as Speech and Language Therapists, all students must be able to communicate in English to the standard equivalent to Level 8 of the International Language Testing System, with no element below 7.5.
There is no requirement to compromise professional standards; rather it is the methods by which those standards are assessed that may require a reasonable adjustment. Similarly, the conditions under which a competence is demonstrated may require adjustment.

Competence standards apply to all parts of the programme, including entry. These set out the academic or other standards applied by, or on behalf of, an education provider to determine whether or not a person will be accepted onto the programme.

Competence standards are, effectively, entry and assessment criteria. They are potentially relevant to all requirements, assessments and standards that are applied to a student’s performance throughout their time at university or college. They must be reviewed from a disability discrimination perspective. Direct discrimination can never be justified under the legislation and this applies equally to competence standards. On rare occasions, however, a competence standard may justify disability-related discrimination if the HEI can prove that the standard is genuine, that it is applied equally to all people, and that its application is proportionate to the aim sought. It is essential therefore, that all identified standards describe relevant and genuine competences that are strictly necessary for programme completion. This ensures that all students can demonstrate their particular competence or ability in a particular area (ECU 2010).

Are your competence standards genuine?
You should identify which competence standards are genuine. For example, a requirement that a student should be able to complete a task within a certain time: this would only constitute a genuine competence standard if speed were an intrinsic part of the task. If time restriction is irrelevant, either to the task itself, or to the fulfilment of the learning outcome, time to perform the task could be adjusted. Custom and practice, and not the intrinsic nature of the task, has resulted in timed assessments. Time extensions for academic and practical examinations are appropriate reasonable adjustments for students whose impairment prevents the completion of such tasks within a standard time frame.

If you find that your competence standards are having an adverse impact on disabled people, you should ask whether they are genuine and necessary. You should make reasonable adjustments to those that are found to be so to enable their requirements to be met. Standards that are not genuine should be abandoned (DRC 2007).

In the practice based setting, a genuine competence standard might be the ability to maintain accurate patient records. To require all students to have legible handwriting would be discriminatory. It would be reasonable to permit a disabled student to use a digital recorder to make verbal notes during a patient assessment. Voice recognition
software on a computer can then be used to convert speech into text which can be subsequently printed out. Alternatively a student who can touch type could enter notes directly into a laptop.

With reference to potential disabled applicants and the different stages of the programme, you should negotiate with individual students the ways in which they will demonstrate competences.

- Has your team reviewed your entry, programme and assessment criteria to ensure that they are not discriminatory and that appropriate anticipatory adjustments are in place?

**Notes for Admissions Staff**

In 2007, Skill and SPA (the Supporting Professionalism in Admissions Programme) noted the following implications for Admissions Staff:

“For an institution to ensure that it is not discriminating against disabled applicants it must ensure that admissions staff understand the competence standards required for entry to courses.

- Entry Profiles, HEI websites, prospectuses etc should therefore reflect the required competence standards for undertaking the course such as the need to undertake a practical test or tests as part the course.
- Entry Profiles, HEI websites, prospectuses etc should therefore state that reasonable adjustments will be made for disabled applicants to enable them to meet the required competence standards. This may increase applicants’ disclosure of disability and enable reasonable adjustments to be made before the start of the course ensuring a better student experience from day one.
- If the applicant has not been made an offer because of failing to meet a competence standard, feedback could be given, on request, as this will help the applicant with future applications.
- Where reasonable adjustments are ineffective in enabling an applicant to meet the requirements to undertake a course and the applicant is rejected, admissions staff may want to refer the applicant to appropriate careers or guidance services, either locally or at the HEI (Skill/SPA 2007 p 2–3)
Issues relating to health standards

Generalised health standards can lead to universities and occupational health services pre-judging disabled people's abilities to practise competently and safely at the application stage and/or entry to programmes. Like all students, disabled people must be given the opportunity to develop the relevant competencies during the programme. Necessary adjustments should be anticipated and must be implemented to enable them to achieve the programme's requirements (DRC 2007).

Reasonable adjustments

The Equality Act does not require universities to adjust competence standards but changes do have to be made to the ways in which those standards are assessed or performed. Disabled students sometimes employ different methods and techniques in order to carry out certain activities and their learning requirements must be considered when anticipating and implementing reasonable adjustments. Adopt a flexible approach when:

a) determining the ways in which disabled students are permitted to demonstrate their knowledge and skills and

b) the assessment methods used to assess them.

General examples of reasonable adjustments include:

- Extra time in assessments
- Separate room
- Assessment materials provided in accessible media
- Use of a reader and/or scribe in an examination
- Use of a computer with assistive software (e.g. screen magnification, speech input)
- Use of other assistive technology such as a closed circuit television

Additional examples might include:

- a hard of hearing student using a lip-speaker in order to interpret patient information
- a person with mobility impairment using a Support Worker
- use of other equipment (e.g. a goniometer with tactile markings or coloured overlays to enhance access to information)

Other examples of reasonable adjustments include:
Example 1

A student who has dyslexia stated that he experienced considerable stress when undertaking handwritten examinations in an examination hall. These difficulties were duly recorded in his study needs assessment. It was recommended that the student should be allowed to answer all written examination papers on a computer with Text Help software and that a separate room, together with an invigilator, should be allocated for this purpose.

Example 2

During assessments of occupational therapy skills in the practice based setting, students were required to give verbal responses to questions from practice educators. A hard of hearing student stated that she was not confident of being able to hear the questions accurately and expressed concern that this might adversely affect her responses and thus jeopardise her grades. It was agreed that a lip speaker could accompany her during her assessments and that extra time would be allowed to accommodate this as necessary.

Grounds for appeal

Grounds for appeal would be justified if you make assumptions – based on lack of knowledge - about a disabled student’s capabilities in relation to meeting a particular competence standard.

Example 1

Academic staff assumed that a registered blind student could not, as a direct consequence of reduced vision, safely operate equipment. Custom and practice provide evidence that blind therapists can, by virtue of having developed particular personal strategies or through the use of a support worker, carry out such activities safely and effectively.

Example 2

Practice based staff assumed that a student who has dyslexia could not complete patient notes in a ‘reasonable’ time. Custom and practice provide evidence that students who have dyslexia can, once familiar with terminology and with reasonable adjustments in place, complete patient notes in an acceptable timeframe (usually speeding up as confidence develops - like all students)
Remember that, whilst the HPC’s Standards highlight the importance of maintaining competence and the need for constant self-monitoring of practice, they endorse the right of all therapists to choose to specialise in a particular field. This principle is significant for disabled practitioners who, both as students and employees, may, for disability-related reasons, elect not to work in certain clinical areas. The right to make this decision would be upheld by the HPC.

On being asked: “What do you think is the most challenging issue in relation to disability and qualifying AHP programmes?” one member of academic staff said: “The expectations of some (clinicians and academics) that we all have to do everything to be an allied health professional”

What would not be considered to be a competence standard?
Under Equality legislation, the following examples are unlikely, in most cases, to be competence standards:

- being able to cope with the demands of a programme, which might be relevant to some students who have anxiety conditions
- having good health and/or fitness (rather than sufficient health)
- specific levels of attendance (although attendance will be linked to learning, particularly with reference to practical skills; students need to show how they can “catch up” on such skills)
- writing clearly

If disabled students are unable to attend parts of a programme, it should be possible for them to take periods of absence without incurring a penalty and to re-attend at the next opportunity. Some universities may set specific attendance levels in order for students to remain on a programme and sometimes in order to be allowed to sit particular assessments. Although this is not a competence standard, you should make students aware of it.

References


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Acknowledgment

The Allied Health Professions Support Service (AHPSS) was launched in 1991 in response to the closure of the Royal National Institute for Blind People’s (RNIB) School of Physiotherapy which catered exclusively for visually impaired students. AHPSS’s remit was to provide support to disabled allied health profession students in mainstream higher education in the UK. It also offered information, advice and specialised disability awareness training to academic and practice-based staff.

In 2002, AHPSS staff were invited by the Chartered Society of Physiotherapy (CSP) to join a team of specialists to produce a training manual specifically designed to provide guidance for practice based staff in supporting disabled students on practice based placements. The document: "Supporting Physiotherapy Students on Clinical Placement", was published in 2004 and received very positive feedback from all stakeholders.

By 2007, it was evident that the document needed updating in response to UK legislative and technological changes and the increasing use of online information. Following discussions with CSP staff, it was agreed that the AHPSS team (Jane Owen Hutchinson, AHPSS Manager and Karen Atkinson, Senior Lecturer and Manager of the RNIB Resource Centre at the University of East London), would take on this project.

Between 2007 and 2010, considerable time was spent in obtaining feedback from a wide range of stakeholders regarding the content and format of the future document. Whist it was unanimously agreed that it should be available in both hard copy and electronically, all staff identified the importance of being able to access some of the specific guidance on disability management from the AHPSS website.

"Into Physiotherapy" was published by the CSP and RNIB in 2010. Thirteen related information sheets were subsequently uploaded onto the AHPSS website (between 2010 and 2013), at which point the AHPSS was decommissioned by NHS London. As a result of the positive feedback these fact sheets received and requests from a number of organisations, Jane Owen Hutchinson and Karen Atkinson have given permission for these materials to continue to be available online.