



BRITISH ACADEMY OF AUDIOLOGY

Guidance on Reasonable Adjustments for Disabled Audiology Professionals

Produced by the Service Quality Committee of the British
Academy of Audiology

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1. CONTENTS

1.	CONTENTS.....	2
2.	INTRODUCTION.....	3
2.1.	Context of document.....	3
2.2.	Scope of document.....	3
2.3.	Disclaimer.....	3
2.4.	Acknowledgments.....	3
3.	THE LEGAL REQUIREMENT FOR REASONABLE ADJUSTMENTS.....	4
4.	ADJUSTMENTS FOR THOSE EMPLOYED / TRAINING WITHIN AUDIOLOGY SERVICES ..	4
5.	AREAS WHERE REASONABLE ADJUSTMENTS MAY BE CONSIDERED	5
5.1.	Clinical accommodations and equipment	5
5.2.	Clinical procedures.....	5
5.3.	Appointment timings.....	5
5.4.	Changes to work roles	5
5.5.	Flexible and reduced working hours	5
6.	ADJUSTMENTS FOR CANDIDATES AT INTERVIEW STAGE.....	6
7.	REGISTRATION	6
8.	SOURCES OF FURTHER INFORMATION.....	6
8.1.	ACAS.....	6
8.2.	Equality and Human Right Commission.....	6
8.3.	Health and Safety Executive	6
8.4.	Government Services.....	7
8.5.	Other publicly available guidance	7
9.	DISABILITY CHARITY WEBSITES	7
10.	REFERENCES.....	10

2. INTRODUCTION

2.1. Context of document

Guidance has been requested by employers and educators who need further information when deciding how best to support people with disabilities within Audiology. Increasing awareness of this topic may also result in increased identification (and support) of conditions that may impact upon an individual's clinical practice.

2.2. Scope of document

This document is written for BAA members and is intended to provide guidance. It is not a replacement for legal advice and should not be viewed as such. This document applies to practitioners, managers and administrative staff working within Audiology who develop a disability, as well as job applicants, students and potential students on clinical Audiology courses.

2.3. Disclaimer

The BAA Service Quality Committee takes great care to produce the highest quality documents and guidance through consultation and reviewing evidence. Each document is written with consideration of research evidence, clinical practice documentation, expert opinion and clinical consensus from which clinicians and managers can make informed decisions, within the scope of the document. In addition, the documents can help inform allied health professionals, government agencies and the hearing health-care industry about current best practice. The BAA disclaims any liability to any party for the accuracy, completeness, or availability of the documents, or for any damages arising from the use of the documents and the information they contain.

2.4. Acknowledgments

The Service Quality Committee would like to thank all those who provided their opinions on the draft of this document sent out for consultation.

3. THE LEGAL REQUIREMENT FOR REASONABLE ADJUSTMENTS

The Equality Act 2010 defines disability in the UK as: *“A physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal daily activities”*. The act defines substantial as *“more than minor or trivial”* and long-term is defined as having lasted or being likely to last *“at least 12 months or the rest of the person’s life”*.¹

This act protects disabled people from discrimination and / or harassment at their place of work or study. As such, employers and education providers must take positive steps to ensure that disabled people can complete their job role and / or participate in clinical training wherever possible^{1, 2}.

Employers and education providers (including clinical placement teams), therefore, have a duty to make ‘reasonable adjustments’ for disabled employees or students when current facilities or provision put them at a disadvantage. Failure to make such adjustments amounts to unlawful discrimination¹. It should be noted that this can only be possible when the disability has been declared by the employee / student.

4. ADJUSTMENTS FOR THOSE EMPLOYED OR TRAINING WITHIN AUDIOLOGY SERVICES

The duty to make reasonable adjustments is anticipatory: i.e. it is the employer or education provider’s responsibility to ensure that consideration is given to the needs of the individual, rather than the disabled person’s responsibility to request adjustments. While the legal obligation is with the employer, in practice decisions regarding reasonable adjustments are normally made in discussion with the disabled employee. Any adjustments put in place should be regularly reviewed and updated as necessary¹. Although every attempt should be made to ensure that the employee can practice for as long as possible, in some progressive conditions there may come a point when reasonable adjustments have been exhausted and the clinician can no longer perform the role adequately. Where available, the employer’s policy on involving Human Resources and/or Occupational Health should be consulted.

Whether an adjustment is reasonable is determined by the employer or education provider (including the clinical placement teams). The decision is based on a wide range of factors including (but not limited to) the practicality of the adjustments ¹ in terms of:

- cost and funding*
- health and safety requirements
- the impact on other staff, trainees or students
- the impact on patients
- the impact upon the service

(*Cost and funding may be directly related to the size of the organisation, as the amount of funding available will vary between establishments.)

What is considered reasonable depends very much upon the nature of the disability, its severity, the work role of the disabled person, the size of the department they work in and the nature of the organisation that employs them. The following guidance suggests factors to consider when agreeing what is reasonable, *but should in no way be considered prescriptive*. Examples are provided to

demonstrate the principles outlined below, but readers should be aware that these are not all-encompassing, and should not limit or prescribe discussions of what is reasonable in individual cases.

5. AREAS WHERE REASONABLE ADJUSTMENTS MAY BE CONSIDERED

5.1. Clinical accommodations and equipment

The size and nature of the clinical room consultation room may need consideration: for example a larger clinic room may be required to allow for manoeuvring a wheelchair whilst performing routine clinical procedures. Clinical furniture may need altering: for example a special type of chair may be required, or a specific desk height needed. Routine equipment may also need altering: for example modified keyboard or mouse, use of a large computer screen, or provision of additional software (e.g. dictation software) to enable computer use. Clinical equipment may need modification: for example changes to REMs equipment to enable easier manipulation of the probe tube for people with physical disabilities affecting the upper limbs.

5.2. Clinical procedures

Adjustments to routine clinical procedures may be considered in some cases. Modifications should prioritise safety (for patients and staff) and the integrity and reliability of test results. For example, modifications to the BSA recommended procedure for Otoscopy and Impression taking may be considered for people with disabilities affecting their upper limbs such that they are unable to brace in the traditional manner.

5.3. Appointment timings

Additional time may be allowed for each appointment to enable the disabled person to undertake a particular clinic. However, these should be considered carefully with respect to the additional burden placed on the department, the patient and other members of staff. For example, adding an additional 10 minutes to a 45 minute routine adult appointment may be feasible, but doubling the time allocated for a paediatric appointment would usually be considered inappropriate.

5.4. Changes to work roles

In some cases the disabled person may be unable to complete a particular aspect of their role. Consideration should be given to whether they can continue to provide the role with support, or whether their role should change significantly as a result. The impact of potential changes on other staff within the department should be considered when making these decisions. Additional support may include providing a clinical support worker for a particular clinic (e.g. to assist with manoeuvring patients into specific test positions in the vestibular clinic), or admin support (e.g. arranging typing of detailed clinical reports), amongst other options.

5.5. Flexible and reduced working hours

Altering the disabled person's working hours may help them manage their condition: for example, arranging core clinical hours, but having flexible admin time throughout a week may enable them to attend regular medical appointments with minimal impact on clinical care.

6. ADJUSTMENTS FOR CANDIDATES AT INTERVIEW STAGE

Reasonable adjustments should be taken into account at interview, in order to ensure that the candidate has equal ability to attend and participate in the interview. This may mean the candidate requesting a specific time of day for the interview to take place or requesting any interview materials to be provided in alternate formats.

For a disabled candidate, the comparison with a non-disabled candidate on their ability to perform the role should take into account reasonable adjustments, i.e. how well the candidate could perform the role / complete their studies *with* reasonable adjustments in place². Where available, the employer's policy on involving Human Resources and/or Occupational Health should be consulted.

It is important to note that having an impairment that requires reasonable adjustments to be made does not necessarily imply a level of permanent ill health. Likewise, a condition that is improved by medication may not remove the classification of that person as 'disabled'³.

7. REGISTRATION

The Health and Care Professions Council (HCPC) states that in order to become registered, registrants must have the required "skills, knowledge, character and health". However, there is no approved method of assessing how well a candidate meets these standards. As such, registration with HCPC confirms that an individual meets the standards required to be considered 'fit to practice'; however 'fitness to practice' is not the same as 'fitness to work'. Therefore, HCPC would not refuse registration on the basis that employment is unlikely, should an applicant meet the standards required for registration⁴.

In their "Statement on Health and Disability", AHCS endorse the HCPC's position on disability and state that they "concur fully with the HCPC guidance on health, disability and becoming a health and care professional"⁵.

Likewise RCCP require applicants to declare any health issue that may affect registration, both initially and at renewal. Therefore, evidence of registration should not be interpreted as evidence of the clinician's ability to perform all aspects of a given clinical role without the need for reasonable adjustments.

8. SOURCES OF FURTHER INFORMATION

8.1. ACAS

<http://www.acas.org.uk/>

8.2. Equality and Human Right Commission

<https://www.equalityhumanrights.com/en>

8.3. Health and Safety Executive

<http://www.hse.gov.uk/disability/index.htm>

8.4. Government Services

<https://www.gov.uk/browse/disabilities/work>

<https://www.gov.uk/reasonable-adjustments-for-disabled-workers>

(See this website for practical examples)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf

(See this document for full definitions and exclusions)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85011/disability.pdf

(Summary of the law on discrimination)

<https://www.gov.uk/government/publications/equality-act-guidance>

(List of other government guidance relating to the 2010 law)

<https://www.gov.uk/access-to-work>

8.5. Other publicly available guidance

Guidance on making reasonable adjustments for students and staff (2011), Quality Handbook, University of Southampton.

http://www.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/C7A84D03CC6941C9AD1108BE261C1CD0/Guidance%20on%20making%20reasonable%20adjustments%20for%20students%20and%20staff.pdf

A disabled person's guide to becoming a health professional (2007), HCPC.

<http://www.hpcuk.org/assets/documents/1000137FAdisabledperson'sguidetobecomingahealthprofessional.pdf>

'What's Reasonable at Work'. Document can be downloaded from Rethink.org

<https://www.rethink.org/resources/w/whats-reasonable-at-work>

Showing you're disabled under the Equality Act

<https://www.citizensadvice.org.uk/law-and-courts/discrimination/protected-characteristics/showing-you-re-disabled-under-the-equality-act/>

9. DISABILITY CHARITY WEBSITES

Charities associated with particular conditions may have employment case studies and advice available. A list of examples of such charities is provided below and is not exhaustive.

Action on Hearing Loss

<https://www.actiononhearingloss.org.uk/>

Anaphylaxis Campaign

<http://www.anaphylaxis.org.uk/>

Arthritis Care

<https://www.arthritiscare.org.uk/>

British Dyslexia Association

<http://www.bdadyslexia.org.uk/>

British Heart Foundation

<https://www.bhf.org.uk/>

Dementia UK

<https://www.dementiauk.org/>

Diabetes UK

<https://www.diabetes.org.uk/>

Disability Living Foundation

<http://www.dlf.org.uk/>

Eczema Association

<https://nationaleczema.org/>

Epilepsy Action

<https://www.epilepsy.org.uk/>

Epilepsy Society

<https://www.epilepsysociety.org.uk/>

ME Association

<http://www.meassociation.org.uk/>

MENCAP

<https://www.mencap.org.uk/>

Mind

<http://www.mind.org.uk/>

Motor Neurone Disease Society

<http://www.mndassociation.org/>

Multiple Sclerosis Society

<https://www.mssociety.org.uk/>

National Back Care Association

www.backcare.org.uk

Rethink

<https://www.rethink.org/>

RNIB

<https://www.rnib.org.uk/>

Spinal Injury Association

<https://www.spinal.co.uk/>

Stroke Association

<https://www.stroke.org.uk/>

10. REFERENCES

¹ Equality Act 2010, Equality and Human Rights Commission.

² Guidance on making reasonable adjustments for students and staff (2011), Quality Handbook, University of Southampton.

³ Showing you're disabled under the Equality Act. www.citizensadvice.org.uk/

⁴ A disabled person's guide to becoming a health professional (2007), HCPC.

⁵ AHCS Statement on Health and Disability v.0.1 (June 2017)