



### Affiliations

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<sup>a</sup>Department of Speech-Language pathology, All India Institute of Speech and Hearing, Mysore, India.

<sup>b</sup>Department of Clinical psychology, All India Institute of Speech and Hearing, Mysore, India.

### Corresponding Author

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Goswami, S. P.  
Department of Speech-Language Pathology, All India Institute of Speech and Hearing, Mysore-06  
Email: goswami16@gmail.com

### Key Words

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### Abstract

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*Reducing the channels of access provides a chance at catering better services to the stakeholders. A person with disability (PWD) can approach a single professional for his treatment and post treatment care. Allied health care professionals under the Rehabilitation Council of India (RCI) are trained to identify, assess and effectively treat the temporary or permanent conditions faced by PWD. The authority to issue a certificate of disability for the benefit of the stakeholders is rightfully theirs in par with medical professionals who base this certification on an allied health professionals' report. The idea of streamlined efficient health services will be affirmed by the certification authority endowed on the allied health professional. It will in turn secure the resources of stakeholders in a cost-effective manner.*

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### Introduction

Certification and certificate are two terms that stakeholders stumble upon in their everyday lives. Certification of disability as a public service activity is imperative. The process of certification of disability carries two indications. First, that the service provider has a certain demonstrated standard of knowledge, credentials and competence, such as, a completed program of study or supervised fieldwork to undertake the act of giving official seal or recognition about the status of the service recipient. Second, it also implies that the service recipient has genuinely fulfilled the set criteria or eligibility conditions in order to be granted that certificate for whatever purposes or however long as one is entitled for. The credentials of the provider as well as the recipient are both legally protected and ethically circumscribed under the ambit of circumstances wherein they are chosen to be operated. Certification of disability having become essential for the individual to function as one in the society, professionals issuing these certificates are undoubtedly in great demand.

Every one requires certification of their skills/services from higher authorities to prove their identity or credentials or to avail remuneration for their services. According to the ideas and changes induced by the present government, the process

of getting our own documents certified from a gazetted officer is now simplified to great extent. This decision has brought relief to the public as certification/attestation by the gazetted officer or notary is one of the common hassles faced by the stakeholder. This change has eased the documentation process and fast forwarded it, making it easier, henceforth, saving much time, energy and money for millions of Indians. This view has to be taken up further by the professionals working in the area of disability. Professionals issuing the certificate need to understand the agony faced by Persons with Disability (PWD) and their caregivers in acquiring a certificate of disability.

Persons with disability (PWD) having speech-language and hearing disorders are evaluated for their level of functioning and skills, such as hearing, language, speech, reading, writing, pragmatics etc. by Speech-Language Pathologists and Audiologists. However, based on their findings, medical professionals such as ENT surgeons or member of the medical board are authorized to issue certificate for hearing disability, autism, mental retardation, learning disability etc. This is a peculiar situation wherein a professional using his/her clinical, academic, and research expertise evaluates and makes the clinical decision about whether or not a person has a disability, but eventually has no role in issuing of the certificate that is based upon

the same test findings and results of the professional. This situation also holds good for Clinical Psychologists, Physiotherapists and occupational therapists. In this article, the term Medical Professionals refers to the medical doctors who treat the disease and provide pharmaceutical and surgical line of treatment to improve the medical conditions. Other healthcare professionals refers to Speech-Language Pathologist, Audiologist, Clinical Psychologist, Physiotherapist and Occupational Therapist, who hold a degree in their respective discipline and are either registered to Rehabilitation Council of India or any state councils for physical and occupational therapists. These other professionals assess and provide appropriate rehabilitation for persons with disability.

### What the Act says?

As per the Persons with Disability (PWD) Act (1995) and the guidelines illustrated at the website of the office of the Chief Commissioner for PWD, New Delhi [www.ccdisabilities.nic.in/page.php?s=reg&t=pb&p=guide\\_others](http://www.ccdisabilities.nic.in/page.php?s=reg&t=pb&p=guide_others) retrieved on 13.09.2014, disability certificates are to be issued by a medical authority. Further, it states that, "medical authority" means any hospital or institution specified for the purposes of this Act by notification from the appropriate Government. In pursuance of this, State Governments/UT administrations are required to notify the medical authorities to issue a certificate of disability. The same term 'competent authority' at present has not been illustrated under the revised Right based Disability Act (2011).

The Persons with Disability Act (1995) was based on the American with Disability Act (ADA; 1990) while the revised Right based Disability Act (2011) is based on the guidelines of United Nations Conventions for the Rights of Persons with Disabilities (UNCRPD), to which Government of India is a signatory body. If the basis of these Acts is closely studied, it is obvious that these Acts are based on the social model rather than the medical model. More importantly, the International Classification of Functioning, Disability and Health, ICF (2001) provides strong basis to the UNCRPD. As per the ICF (2001) more emphasis is given on the social factors rather than the medical basis of disability. The question raised here is on the appropriateness of the disability certification issued by the medical professional, when the assessment of speech, language, hearing, physical, and psychological status of the PWD do not fall under their expertise. The medical professionals based on the tests administered and reports issued by the Speech Language Pathologist, Audiologist, Clinical Psychologist, Physiotherapist and other health care professionals, certify Speech-Language, Hearing, Psychological, Physical and other health conditions lead-

ing to disability. It is natural to doubt if this is a double standard followed by the medical professionals or if it is a double standard used by the authorities while framing these Acts. The present situation greatly necessitates the understanding and acceptance of the pivotal role played by other health professionals in the detection, evaluation, diagnosis and rehabilitation of disabilities. Speech-Language Pathologists and Audiologists, Physiotherapists and Clinical Psychologists are clinically and academically competent to diagnose and treat various conditions which falls under their purview as stated in the PWD Act (1995) and revised Right based Act (2011). All these professionals are adequately trained and competent enough to differentially diagnose and know the status of conditions that cause/lead to disability.

The need or purpose of certification, although ubiquitous, has been a sensitive issue at least in the context of persons with disabilities. It assumes a relative sense of finality through a diagnostic label about the person's physical or health condition. Historically, medical certificates testifying transient or relatively long lasting illnesses or diseases in a given individual have been requested or issued by medical practitioners. Going by the same medical model or disease/illness leading to disability model, physicians or specialty medical doctors continue to be swarmed in for such official certification. And, moved by the same noble tradition, the medical men in ones, twos or as a team continue to retain their authority of issuing disability certificates to anyone whom they deem eligible.

Further, history is also witness to the medical model of recruiting paramedics to primarily assist the medical specialists. A biochemist, for example, produces a lab report profiling the urine, blood or stool specimens of the patient before leaving the diagnostic decision making to the specialist medical practitioner. Likewise, diagnostic psychiatry has always waited for psychometric tools to be the look alike of pathology tests in order to aid in their screening, identification, or decision making about the disease condition of their patient (Venkatesan, 2010). Their decisions could be to prescribe the right course of treatment or to enable them to certify their mental condition. The same expectation is seen in ENT specialists' pending decisions till the arrival of an audiogram, or the orthopedic surgeon for a CAT scan.

Albeit this may seem appropriate within the precincts of the medical model, with the growing abandonment of this approach in the disability-impairment-handicap sector, it would be worthwhile to revisit the phenomenon of disability certification itself. The ongoing rights-based disability social model of person-in-environment summarily rejects the notion of disability as a consequence of disease or illness. The International Classification

of Diseases (ICD) as well as the Diagnostic Statistical Manual (DSM) is being increasingly replaced by the more positivistic International Classification of Functioning, Disability and Health (2001). There is more talk or discussion on what the affected individual can do rather than dwelling upon what s/he cannot do.

In the changing scenario, and with the growing abandonment of the medical approach to disability management, it is meaningful to call attention to the growing roles of certified or licensed rehabilitation professionals in the process of disability certification within the country. The magnitude and spread of the disability affected population matches poorly with the availability of specialist grade medical professionals. For example, it is estimated that there are about 4000 psychiatrists and 500 clinical psychologists available to serve an affected population of 50 million persons in the country (WHO, 2011). Compare the availability of one clinical psychologist for every 100 affected persons in Australia, to the dismal figure of one such professional for 343,000 persons in India. These figures do not vary greatly for other disabilities and their related professionals. Under these demanding circumstances, as well as human resource constraints, the argument favors rehabilitation professionals joining hands with the available medical professionals in the fight to reaching out to greater numbers of persons with disabilities and impairments.

It is also seen that the earlier Persons with Disabilities Act (1995), formulated on the basis of the equally archaic medical model, covered only a handful of five to six visible disabilities. The new rights based disability act seeks to cover three times the number of disabilities. With this, carrying the sole responsibility to certify a PWD will be burdening for any professional. This also indicates a greater burden on the PWD and their caregivers are the ones who move from pillar to post to get the certificate of disability. Such a scenario would only be suggestive that an upper hand to the professionals with the competence and knowledge-base would not just benefit the entire team of professionals involved in the certification process, but the service recipient at large.

After the advent of Rehabilitation Council of India Act (1992), professionalism in the disability sector is no less than what one can presume is available for medical courses under the Medical Council of India Act (1956) being amended from time to time. The training institutions are clearly earmarked, university or institution affiliated programs are demarcated, syllabus content, practical training inputs, campus infrastructure and amenities, examination patterns, in-service programs, quality maintenance checks and controls, periodic black listing of defaulters, certification, licensing and updating

national registry of rehabilitation professionals are all few of the remarkable endeavours that are in all in place to inject professionalism. Thus, with this background some issues related to certification of disabilities are discussed and deliberated

## Certificate of Disability

This article is not aimed to question the competency of any medical professionals, but to address a common issue and concern. Persons with speech-language, hearing, locomotor, and psychological disabilities are assessed for their functional skills rather than the medical issues. The certificate of disability is issued keeping in mind various factors like functional status, activity, participation, general and specific issues stated by PWD and his/her family, and observations made by professionals. Most of these are based on the motor/functional condition/skills rather than the medical aspect. At the end of the day, the disability certificate claims to recognise the physical/functional condition of the PWD that “disables” him and cannot be medically treated, not the “medical” aspect that could be treated or managed by medical professionals. The various medical conditions lead to one time impairment (such as locomotor, hearing, speech-language etc.) which in most cases cannot be reversed. However, the functional outcome of these conditions secondary to various medical issues can be improved. This improvement in physical, psychological, speech-language and hearing skills helps in improving the overall growth and independence of the PWD in the society. This is one of the reasons for the certificate of disability to state whether the disability is of temporary or permanent nature. Also, for the same reason, the certificate of disability has to be renewed either annually or once in five years. Over the years, Speech-language pathologists, Audiologists, Clinical Psychologists, Physiotherapists and other rehabilitation professionals have been working endlessly and putting their heart and soul to provide services for improving the skills of PWD. It is difficult to understand that when these health professionals can independently assess and treat the conditions, what makes them less competent to issue the certificate?

The field of medicine is a noble profession, saving lives of several thousands of people. The skills of medical professionals are to save lives and to provide quality medical services to the needy. Moreover, they deal with critical and life threatening medical conditions. Meanwhile, PWD and their family have to wait for hours or at times, days or weeks to avail the certificate. It is better to maximally utilize the services of medical professionals for their expertise in providing medical intervention and some of their burden can be shared by other health professionals.

## Authority or Service

There are instances where the issue of certificate of disability is considered as an 'authority' rather than a service. The assumption that medical professionals are more competent than the other health care professional is a myth and clearly reflects the authority rather than the intention of service. The medical professionals issuing certificate of disability are not registered under the Central Rehabilitation Register of Rehabilitation Council of India (RCI). This again points to the work done without license for PWD. Furthermore, in all the developed countries it is mandatory for the professional issuing the certificate to undergo formal training for certifying the disability. They can be either medical or any other health care professionals. In India, health care professionals working in the area of disability are trained at graduate and post graduate levels to understand, assess, treat, and calculate the severity of disability and also advocates for the rights of persons with disabilities.

Therefore, it will be ideal if the disability certificate is issued by the concerned health care professional wherever applicable. Health care professionals registered with Rehabilitation council of India (such as Speech-Language Pathologists, Audiologists, Clinical Psychologists) are independent professionals; they complement the medical professional in improving the quality of life for persons with various disabilities whose activity and participation has been restricted due to any form of impairment. Further, giving the right to issue certificate of disability will make these health professionals more responsible for the work done and the blame game can be avoided to a great extent. PWD and their caregivers need not move around from one table to the other. There are certain conditions which can be certified by one professional, while other can be certified by a team of health care professional and or medical professionals. It is important to recognize the competence of the health care professionals working in the area of disability and to provide them a free hand for issuing disability certificate. This will pave the way for easy access to certification and inclusiveness of both the medical and other health care professional as well as to the needy persons with disability and their family members.

## Health Care Professionals

National institutes, dedicated towards working for persons with hearing, visual, locomotor or multiple disabilities, have their regional centres in different parts of the country. Reputed institutes such as the All India Institute of Speech and Hearing, All India Institute of Physical Medicine and Rehabilitation under Ministry of Health and Family Welfare

aim at providing quality services to the public and training for professionals. In such organizations a team of health care professionals are available under one roof. The services of these professionals are more accessible to the stakeholders with any form of disability. Additionally, medical professionals only serve as consultant specialists for specified days and duration at these organizations. Thus, it becomes even more difficult for the stakeholders to obtain reports and certificates. The movement of stakeholder from one organization to the other causes unnecessary travel, time loss, financial loss, and physical and mobility burden on the stakeholders. As more than one professional may be required to certify a condition and because these professionals are located at different places, it leads to misuse of the stakeholders by the unnecessary touts resulting in collection of bribe and other favors from the family members or stakeholders. Apart from the disability that the individual has to cope with, the present system further creates a mental, physical and economic barrier. In summary, lesser bureaucratic hurdles and procedures can lead to better accessibility for the stakeholders.

Most of the professionals working in government, private or non-governmental organisations, and who run professional courses in health care services, are trained in pioneer institutes, and have undeniably proven their excellence in every sector of their field. Therefore the quality of education in the certification of disability is never compromised. Thus, considering the fact that neither stakeholders nor the professionals are having any benefit, it will be ideal if the certification of disability is entrusted to the respective health care professionals, who deal directly with the person with disability. Further the conditions which are totally medical in nature should be overseen by the medical professionals. Conditions leading to disability and affecting the quality of life may be certified by other health care professionals or team of professionals who are registered with the RCI. Table 1-5 illustrates the scope of disability certification specifying the proposed duration of validity of the certificate and the authorized professionals for disability certification.

The duration of validity of certificate proposed in the above Tables (1-5) are based upon the nature of the condition. There are conditions such as hard of hearing, mental illness, low vision, Specific Learning Disability, Muscular Dystrophy and Multiple Sclerosis that show a varied nature wherein the condition can worsen over time or may show improvement with appropriate rehabilitation. However, other conditions where the validity is stated for five years may not improve at the same pace as the other conditions whose certification validity has been stated as one year. Hence, it will be appropriate that the duration of validity of certification

Table 1: Proposed certification disabilities by Speech language Pathologist and or Audiologist

Sl No	Type of disability	Domain of disability to be assessed	Validity of certificate
1.	Hearing Impairment	Hearing acuity	Once in five years
2.	Hard of Hearing	Hearing acuity	Once in a year
3.	Speech impairment	Speech, articulation, voice, fluency, or the impairment of language comprehension and/oral expression or the impairment of the use of a spoken or other symbol system	Varies from one year to once in five years

Table 2: Proposed certification of disabilities by Clinical Psychologist

Sl No	Type of disability	Domain of disability to be assessed	Validity of certificate
1.	Intellectual Disability	Intellectual skills	Validity for five years

Table 3: Proposed certification of disabilities by Medical Professionals

Sl No	Type of disability	Domain of disability to be assessed	Professional for certification	Validity of certificate
1.	Blindness	Vision	Ophthalmologist	Once in five years
2.	Low Vision	Vision	Ophthalmologist	Once in an year
3.	Hemophilia	Clotting ability of blood	Paediatrician or Physician (Any one of them depending on the age of the person)	Once in five years
4.	Thalassemia	Reduced or absent amounts of haemoglobin		Once in five years

for these conditions be five years.

Thus, despite the growing professionalism in the disability rehabilitation sectors of the country, one wonders why there is reluctance to give up the authority for disability certification exclusively held by the few members of the medical fraternity. It must also be noted that the Indian Disability Acts, either old or new, are mimics of the American Disability Act and/or Australian Disability Acts. While the foreign counterparts are progressively moving away from the medical models to empower licensed or certified 'Certified Disability Management Professionals' (CDMP) to handle all such matters of certification and/or medico-legal implications, the Indian scene is still rigid, regimented, orthodox and laggard. Most international mandates, such as, Declaration on the rights of Mentally Retarded Persons (1971), Biwako Millennium Framework (2002), United Nations Conventions for the Rights of Persons with Disabilities (UNCRPD), and others outline standards, opera-

tional guidelines and proactive measures to ensure safety and speedy redress for persons affected with disabilities. Although a signatory to these lofty instruments, the country has a long way to march, beginning with the first step of easing procurement of a disability certificate.

It requires no great empirical study to understand the travails of securing a disability certificate for themselves or by the parents and caregivers for or on behalf of their affected wards. To begin with, the ground situation is such that, more than half of the affected population is unaware about the availability of such certificates, and/or where or how to procure them. Given the provision that the said certificate/s can be only drawn from a team of at least three specialist doctors in government service itself becomes a deterrent for every prospective aspirant. The bureaucracy, time lines, need for repeated visits, inaccessible infrastructure, procedures and payments, and even the absence of enquiry or known contacts for availing informa-

Table 4: Proposed certification of disabilities Jointly by Medical and Other Health Care Professionals

Sl No	Type of disability	Domain of disability to be assessed	Professional for joint certification	Validity of certificate
1.	Chronic neurological conditions	Neurological status Mobility ? Motor movement Intellectual Communication	Any three professionals Neurologist Physiotherapist Clinical Psychologist Speech language Pathologist and or Audiologist	Once in five years. However Neurologist signature is mandatory along with any other two
2.	Deaf blindness	Vision and Hearing	Ophthalmologist and Speech language Pathologist and or Audiologist	Once in five years
3.	Leprosy cured	Mobility	Physiotherapist and Orthopaedic surgeon	Once in five years
4.	Locomotor Disability	Mobility	Physiotherapist and Orthopaedic surgeon	Once in five years
5.	Mental illness	mood, thought, perception, orientation or memory	Psychiatrist and Clinical Psychologist	Once in an year
6.	Muscular Dystrophy	Mobility and strength of muscles	Any two i.e Neurologist and Physiotherapist and or Orthopaedic surgeon	Once in a year, however in later stages once in five years even permanent certificate can be issued
7.	Multiple Sclerosis	Mobility and muscular skills		

Table 5: Proposed certification of disabilities jointly by other Health Care Professionals

Sl No	Type of disability	Domain of disability to be assessed	Professional for joint certification	Schedule for renewal of the certificate
1.	Autism Spectrum Conditions / Autism Spectrum Disorders	Communication- Both receptive and expressive Social skills Intellectual skills and any abnormal behaviours	Speech language Pathologist and or Audiologist and Clinical Psychologist	Once in five years
2.	Multiple Disabilities	Other than deaf blindness any combination of more than two disabilities such as Speech Language, Hearing, Motor, Intellectual	Any three professionals Physiotherapist Clinical Psychologist Speech language Pathologist and or Audiologist	Once in five years
3.	Specific Learning Disabilities	Academic, communication and intellectual skills Clinical Psychologist	Speech language Pathologist and or Audiologist	Once in a year.

tion can discourage even the most ardent applicant. Many times, it is coupled with burden of moving and transporting a non-ambulatory, home or wheel chair bound person with disability. It may also invoke the discouragement or disparagement of kith and kin, thus resigning them to a destiny of failure or futility in all matters related to the person with disability. It may not be out of place to cite the distinctions between impairment, disability and handicap. It is possible that a person is structurally

or organically impaired, as in the case of one with loss of a little finger. Yet, the person may suffer no disability since s/he maybe in a occupation requiring little or no use of the finger. Further, handicap is viewed as having a social origin. Thus, individuals without any visible impairment and functional disability, such as a left-handed person, may have a handicap in a predominantly right dominated community. Such conditions maybe temporary or relatively permanent, or it may be from birth or ac-

quired later in life. A disability certificate indicating a percentage must necessarily take into account the nature, degree, or extent of these parameters too.

## Conclusions

The process of certification is indispensable for the stakeholder and it is suggested that the professionals holding a post-graduation in their respective profession should issue the certificate. Also, it should be made mandatory that the professional be registered with the Rehabilitation Council of India. With the effect of such regulations, it can be hoped that medical and other health care professionals will have equal role and responsibility in issuing the disability certificate. Each professional is competent and qualified to issue certificate in their respective domain. The system needs to provide opportunity and build the self-confidence of professionals, helping them to serve better and become more responsible towards their services. Moreover, this will be in support to the idea of Government of India to reduce the channels, thereby granting easy access to service for persons with disability and to their family members/caretakers.

## References

- American Disability Act (ADA). Retrieved from [http://en.wikipedia.org/wiki/Americans\\_with\\_Disabilities\\_Act\\_of\\_1990](http://en.wikipedia.org/wiki/Americans_with_Disabilities_Act_of_1990).
- Office of the Chief Commissioner for Persons with Disabilities, Ministry of Social Justice and Empowerment (1995). The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act (PWD Act). Retrieved from [www.ccdisabilities.nic.in/page.php?s=reg&t=pb&p=guide\\_others](http://www.ccdisabilities.nic.in/page.php?s=reg&t=pb&p=guide_others)
- Ito, N. (2010). Convention on the Rights of Persons with Disabilities and Perspectives of Development Assistance: A Case Study of Thai Disability Policy. *Asia Pacific Disability Rehabilitation Journal*, 21, 1. Retrieved from [http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol21\\_1/04\\_Convention.html](http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol21_1/04_Convention.html)
- International Disability Management Standards Council (2003). Certified Disability Management Professionals (CDMP). Retrieved from <http://www.nidmar.ca/certification/CertificationProcess.PDF?tk=profile.certification.title>
- Rehabilitation Council of India (RCI). Retrieved from <http://www.rehabcouncil.nic.in/>
- Revised Right based Disability Act (2011). Retrieved from <http://socialjustice.nic.in/pdf/report-pwd.pdf>
- United Nations Conventions for the Rights of Persons with Disabilities (1971). Declaration on the rights of Mentally Retarded Persons. Retrieved from <http://www.un.org/disabilities/convention/conventionfull.shtml>
- United Nations Economic and Social Commission for Asia and the Pacific (2002). Biwako Millennium Framework for Action: towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific [official document]. Retrieved from [http://www.unescap.org/resources/biwako-millennium-framework-action-towards-inclusive-barrier-free-and-rights-based-societyUnitedNations\(2003-04\)](http://www.unescap.org/resources/biwako-millennium-framework-action-towards-inclusive-barrier-free-and-rights-based-societyUnitedNations(2003-04)).
- Developmental and Psychiatric Disabilities. Retrieved from <http://www.un.org/esa/socdev/enable/disdevelopmental.htm>
- Venkatesan, S. (2010). Indian scales and inventories. *Indian Journal of Psychiatry*, 52(3), 378-85.
- World Health Organisation (2001). International Classification Functioning, Disability and Health (ICF). Retrieved from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442471759>