Medical Deans
AUSTRALIA AND NEW ZEALAND

Inclusive Medical Education:

Guidance on medical program applicants and students with a disability

November 2020

Inclusive medical education:

Guidance on medical program applicants and students with a disability

1. Introduction

Medical Deans Australia and New Zealand (Medical Deans) works to support medical schools in their mission to graduate medical students who have the ability and motivation to become the highly capable, safe to practice, patient-focused, and socially-accountable doctors that our communities need.

Medical schools work to foster a culture of inclusivity and ensure the provision of equivalent opportunities for access to their medical program for people who have the capabilities to become excellent doctors, but have been historically disadvantaged or under-represented[1]. In this context, this guidance document is designed to assist medical schools in their approach to and discussions with prospective and current students with a disability to identify and consider the adjustments or supports that would be needed for them to commence or continue in the medical program. In this document, references to students with a disability include both prospective and current medical students who have a diagnosed disability as defined in Australia by the *Disability Discrimination Act 1992*[2] or in New Zealand by the *Human Rights Act 1993*[3].

Having a disability does not automatically preclude an individual from studying medicine. This guidance document is centred around the importance of early discussions between the applicant or current student, the medical school, the university student support services, and any relevant external support services. A clear and shared understanding of what supports could be available within the university and externally, and the extent to which these could assist the student in undertaking the medical program and achieving the required graduate outcomes, is essential to the resulting decisions of the student and the medical school.

It is important for all applicants and students to be aware of the requirements of the medical program and the responsibilities of the medical school, as distinct from those of the regulatory authorities in their country and for future career pathways.

Enabling effective inclusion requires a concerted effort by all those involved to identify likely barriers to participation and seek practical and feasible ways that these could be addressed. Each person is unique, and their needs and potential can only be considered on an individual, case-by-case basis.

2. Role of medical schools and medical education

A doctor's initial medical education and training sets the foundation for their future career in a range of different medical disciplines and medicine-related professions as demonstrated in **Diagram 1** below. An essential process within medical education is selecting and supporting individuals who are likely to make excellent doctors and are motivated to serve the community's needs.

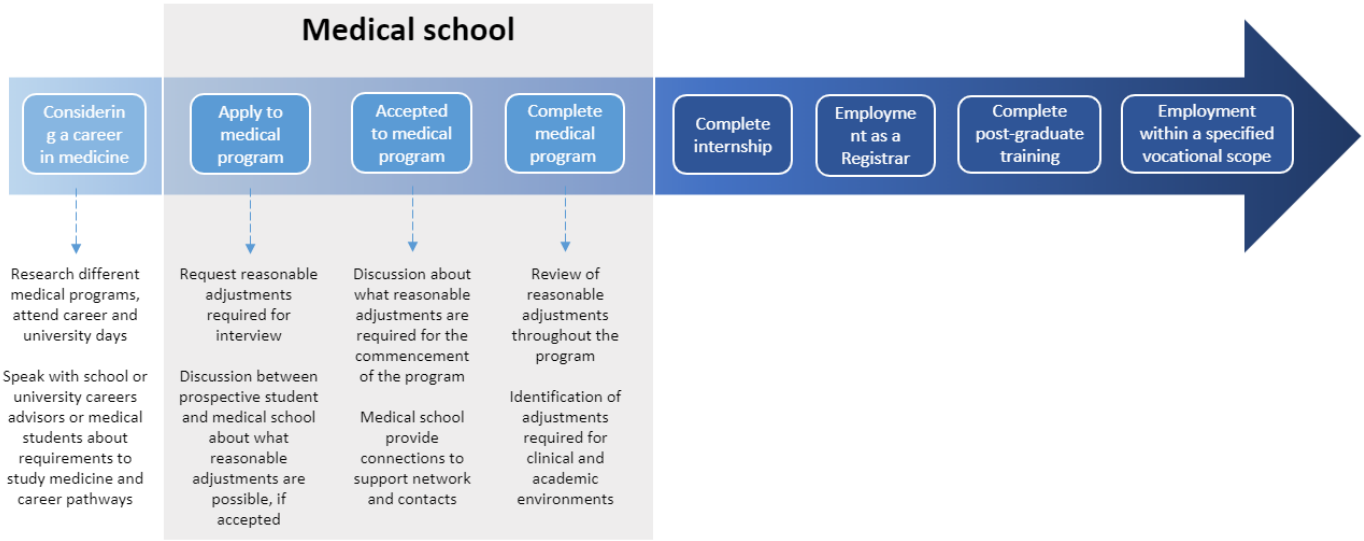
[1] Tertiary Education and Quality Standards Agency (2017) Guidance note: Diversity and equity.
[2] Australian Government, Disability Discrimination Act 1992
[3] New Zealand Government, Human Rights Act 1993

Medical school accreditation standards specify that medical schools have a responsibility to produce graduates who meet the Australian Medical Council's (AMC's) Graduate Outcome Statements, are competent to practise safely and effectively under supervision as interns, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

This guidance has been developed based on the requirements of the AMC's Graduate Outcome Statements and should be considered within the context of Commonwealth and jurisdictional legislation, university and medical school regulatory requirements, and the particular university's existing policies.

It is important for all involved to recognise that medical schools are not responsible for the student's eligibility for registration as a medical practitioner after graduation – these decisions are made by the Medical Board of Australia or the Medical Council of New Zealand based on their respective regulatory requirements. Note also that this guidance document does not relate to postgraduate medical training following the completion of a medical program.

***Diagram 1**: The student journey from considering a career in medicine to becoming a specialist*



3. Studying medicine

Throughout the medical program, students will learn a range of skills, knowledge, and capabilities to progress through the program and build their foundation for medical practice. There is a wide range of capabilities and attributes that are required of doctors, some of which are inherent in a person, and some that are learnt and further developed during their medical training and lifelong learning as a medical practitioner. These capabilities cannot always be considered as a hierarchy, and there is value – to the medical school and to future patients – in supporting those who demonstrate strengths across the range of capabilities.

***Diagram 2**: Seven key areas that comprise the study of medicine and describe what is expected of students throughout the program.*

Diagram 2 above sets out seven key areas that are central to the study of medicine. **Annexe 1** to this document provides medical schools and students with a disability with some guiding questions for each of these seven areas to support the discussion, exploration of options, and subsequent decisions. It is recognised that some of these capabilities are developed throughout the duration of a medical program, such as certain skills, and others will be inherent to students, such as certain attributes. The focus is on exploring with the student whether they will be able to undertake the learning that is required and demonstrate their capabilities in these areas by the end of the program.

In cases where a student's ability to learn or subsequently complete a set task might be compromised due to a disability, there needs to be a discussion and agreement between the student, the medical school and often the university's disability services on what alternative means would enable the student to undertake the program's components and demonstrate their achievements in these key areas.

It needs to be recognised that there will be occasions where students with a disability will not be able to meet the requirements of the program, even with reasonable adjustments. Steps should be taken by university staff to provide guidance on other study options available.

4. Medical schools supporting students with a disability to study medicine

The study of medicine is challenging and demanding. Entry into medical programs is highly competitive, with a significantly greater number of applicants than places available. Medical schools take into account a range of different factors when considering whether students are likely to achieve graduation from their program. It is recognised that many people with a disability might not be aware that medical school may be an option for their future, or that there might be reasonable adjustments that can be made to enable them to undertake and complete the program.

As shown in **Diagram 3**, this guidance document proposes seven elements for medical schools to consider in their work to engage with, and where possible, support students with a disability to study medicine.

Fundamental to this is the culture of the medical school and university. This can directly influence how the school and university fosters and encourages early, open, and constructive conversations and explorations of possible options with a student. The culture of a medical school can influence whether or not applicants consider applying to the school, how open students with a disability are to talking about their disability and its impact, and to seeking support within the university environment. Fostering a culture of inclusion involves considering the values and attitudes of the medical program and how they are embedded in the day-to-day activities and processes of the medical school. This includes the type of disability-related policies and processes the medical school and university have, how easily available these documents are, and the type of language used in policies and documents[4].

***Diagram 3**: Key areas to promote an inclusive culture and support students with a disability*

a. Promoting inclusiveness

Medical schools widely promote information about requirements for admission to the program and the attractions and benefits of studying medicine at that university – both online and via communications with high schools, local communities, and overseas. Equity of access to medical education has increasingly become an area of focus, with greater expectations placed on medical schools to ensure their selection processes and policies actively address barriers to accessing medical education.

Medical schools should consider the information they provide to the public and assess whether it is effectively promoting the university's position on inclusivity and diversity. Medical schools should make it clear that having a disability does not necessarily preclude a person from becoming a medical student and that students with a disability are valued by the university. The communication should recognise that there will be instances where adjustments cannot be made. Review of

[4] Meeks, L.M & Jain, N.R. (2018) Accessibility, Inclusion, and Action in Medical Education, Association of American Colleges.

published information should include non-verbal information that is used, such as images and pictures of students and groups.

For consideration by medical schools

- *Is the university's position on inclusivity and diversity clear to the public?*
- *How is this promoted? Is it visible or easily found?*
- *Do the existing application processes and policies of the medical school recognise and actively address barriers to participation?*
- *What language and examples are used to demonstrate visible and invisible disabilities?*
- *How do faculty staff communicate with and about people with a disability? Does this recognise that many disabilities are 'invisible'?*
- *Are the images used within the medical school communications supportive of this policy? Would a disabled learner see any visual cues that they would be welcomed and supported to study there?*
- *Would a student who acquired or developed a disability know who to contact, and how? Do you think they would feel encouraged and supported to do so?*

b. Early engagement

The information provided by medical schools should strongly encourage potential applicants with a disability to engage with the medical school at an early stage if they have questions or concerns about their capability to undertake and complete a medical program. Preferably this would be prior to applying. This early discussion allows potential applicants to gain a better understanding of the application and selection process, the demands of the program, and their suitability or likelihood of succeeding, not just in the selection process but throughout the program. Early engagement supports the prospective student in making an informed decision about whether to invest in the process of applying.

The same principle of early engagement also applies for current students. Medical schools need to actively encourage any student to raise questions or concerns about a disability that has occurred, arisen, or worsened during their time in the program. Declaration of a disability caused by any range of factors is treated with confidentiality and respect within universities and should not adversely affect a student's progression in the medical program. It needs to be clear to current students how and to whom concerns should be raised and how the information will be managed.

Whilst medical schools can provide active encouragement for students with a disability to seek support, the success of this process is reliant on a mutual commitment from the student and medical school to engage early and openly in the process.

For consideration by medical schools

- *Would a prospective student with a disability know who to contact at the university to start these early discussions?*

- *What processes and procedures are in place to promote and enable early discussions between the medical school, university student support services, and applicants? For example, this could be:*
    - *By having transparent information on the university's website, information webinars, open days, links to guidelines and testimonials*
    - *During the admissions process through psychometric testing or during an interview process*
    - *At pre-arrival or pre-enrolment with additional information about expectations and contact information provided for further clarification*
    - *On arrival where welcome information includes early sign-posting to services available that are easily visible and transparent online and on campus*

- *What proactive processes are in place to prompt students to reflect on their own health? For example, a health check questionnaire prior to or on arrival and during the program.*

- *Would an existing student who developed or acquired a disability know who to contact to discuss their situation, and how? Is it clear how this disclosure would be managed?*

c. Open and constructive discussions

Discussions are a collaborative effort to come to an informed decision about options available to a student. This includes whether these options are within a medical program and where this is not considered achievable, other available study options. The process should include the provision of information and manage expectations about the requirements of the medical program, career pathways and possible limitations envisaged.

Consideration of the student's situation and needs may require input from a range of different stakeholders. From the perspective of the medical school, discussions will involve the student, representatives from the medical school to outline the requirements of the program, representatives from the central university student support services, and where relevant representatives from local support services. Medical schools should provide an option for the student to have a support person present for these discussions as well, such as a partner or family member. This is especially important when discussing future study and career options.

For consideration by medical schools

- *Who else may need to be part of these initial discussions to support the medical school's decisions? For example, Associate deans/Deans of student services or central services.*

- *Who else may need to be part of these discussions to support the student? For example, a partner, family member or close friend.*

- *How can students with a disability be involved in exploring what could be done differently or designing services they need?*

d. Available supports and services

Medical schools have access to a range of resources within their university and faculty, and through external services and networks, that could be utilised to support students with a disability.

Medical Deans facilitates a community of practice for medical schools through which staff have access to others' experiences, insights, and initiatives on a range of relevant matters. This may include information about different types of reasonable adjustments, how to address challenges in the academic and clinical environments, differing forms of assessment, as well as other supports that might be appropriate.

There is a range of programs and services external to the medical school or university that may also be available to students who are eligible, such as targeted, government-funded initiatives. For example, the National Disability Insurance Scheme in Australia may be one source of advice or resource, as might local council or community services.

For consideration by medical schools

- *What support and services are available within the medical school or university?*
- *Are there local community networks or organisations that could provide support or services to the student or medical school?*
- *Are you using the connections with other medical schools to access helpful information about their experiences and insights on students requiring adjustments or extra support?*
- *Are there any relevant Government schemes in my jurisdiction focused on supporting equity of access for students in higher education?*

e. Reasonable adjustments

Some students with a disability may have difficulty demonstrating their capabilities in the different teaching and learning environments and types of assessments. The disability which cause this difficulty may or may not be visible, and may have an impact on whether the student seeks support, and the types of support they will require over the duration of the medical program.

Medical schools have a responsibility to explore and, where feasible, implement reasonable adjustments for students who are otherwise qualified but have a disability. Exploring supports available should consider the different needs of academic and clinical learning environments that comprise a medical program.

The Disability Standards for Education 2005 set out the factors to consider when assessing if a particular adjustment is reasonable in the Australian context[5]. What is considered reasonable will be different for each individual case and medical school, and requires a balancing of interests of all affected parties. The adjustments should be reviewed periodically, and particularly when preparing for key transition points throughout the medical program, to monitor if they continue to be required, need to be altered, or should be removed. The International Classification of Functioning, Disability and Health (ICF) model discussed in Section 5 of this document is one example of a framework that might be useful in exploring options available and coming to a shared decision.

[5] The Disability Standards for Education 2005, Commonwealth of Australia

In some instances, the adjustments necessary to enable a student to commence or continue in the program are not feasible or authentic to clinical practice, that is, what would be reasonably expected in a clinical environment[6]. In these circumstances there should be an open discussion between the medical school, the student and any other relevant people required to come to a decision about options available to the student.

For consideration by medical schools

- *Who should be part of the discussions about reasonable adjustments? For example, expert external advice from an Occupational Therapist, and/or the university's student support or accessibility officer.*
- *Which hospital or other placement leads need to be consulted on possible reasonable adjustments? For example, if students require adjusted rostering for their clinical placements.*
- *How feasible and authentic to practice are the reasonable adjustments? For example, is a reasonable adjustment considered authentic to what would be reasonably expected in a clinical environment?*
- *How would a reasonable adjustment affect other people such as other students and patients, to ensure the adjustment does not compromise the safety of others?*
- *Which points during the medical program are appropriate to review a student's reasonable adjustments and what processes are in place to enable this?*
- *Does the medical school require more information or examples about possible reasonable adjustments? Have they consulted with others to seek ideas and input?*
- *Who should students contact if their prescribed reasonable adjustments are not implemented?*

f. Student support networks

It is important for students with a disability to consider their existing support networks and the role they will play during their time at medical school. Using and building a personal and professional network is a part of university education particularly if students face any difficulties during the medical program, either related or unrelated to their studies.

If appropriate, students with a disability may seek to expand their existing networks and possibly connect with other student-led groups such as university clubs and inter-university networks. If available, a university may also consider offering to match students with a disability with a mentor, "buddy" or role models who could be helpful for them to navigate the medical program and build their support networks.

[6]. M Tweed, T Wilkinson. Medical Schools assessment policies and practices related to accommodating student's long-term conditions ANZAHPE 2020 Vision for Learning Cultures Conference, Melbourne, 12-15 July. (Conference Cancelled) [Manuscript in preparation]

For consideration by medical schools

- *What is the student's current support network and how do they plan to use their network for support?*
- *What support could internal or external networks provide to the student?*
- *Would a peer support or mentor program assist in supporting students to build their network?*

5. Framework for decision making

The **International Classification of Functioning, Disability and Health (ICF) model**[7] is one framework that provides an internationally recognised "fit for purpose" approach to considering admission and progression through medical programs for otherwise qualified students with a disability. The ICF model recognises that disability arises from interactions of health conditions with environment and personal factors which have either a positive or negative impact on the extent to which a person is able function and participate in activities.

At the centre of the ICF model are the activities that are required to be undertaken. The model supports a structured approach to considering what would enhance or impede the person's ability to undertake these activities.

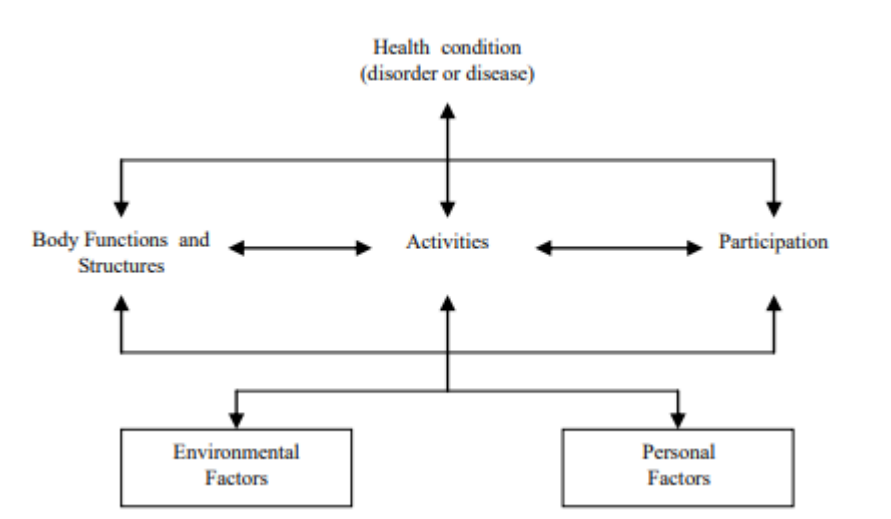


Figure 1. Interaction of the International Classification of Functioning, Disability and Health Model [8]

Applying the ICF model to medical school admissions recognises there will be personal factors which have allowed the prospective student to succeed already. Some factors, such as resilience and empathy for the patient journey may enhance their ability to successfully navigate through an educational program and equip them to be excellent doctors. It is the role of the early discussions to

[7] World Health Organisation (2001) International Classification of Functioning, Disability and Health, page 18.
[8] Ibid. (2001) page 18

determine if support networks and reasonable adjustments to the environment can allow successful participation in all medical school activities including clinical placements.

Using a model or structured approach such as this, can help the process be clear and transparent to all parties involved, guide and support constructive discussions, and help lead to informed and shared decision-making – which is the ultimate goal.

6. Further information

In addition to the university and medical school's academic policies, there is a range of other resources which may be useful when considering if a student is able to achieve the requirements of a medical program. Links to relevant legislation, regulatory policies and other sources of information are listed below.

Legislation	Regulatory standards
• *Disability Discrimination Act 1992* (Cth) (Australia) • *Disability Standards for Education 2005 (Australia)* • *Equal Opportunity Act 1984 (WA)* • *Equal Opportunity Act 2010 (Vic)* • *Anti-Discrimination Act 1998 (Tas)* • *Equal Opportunity Act 1984 (SA)* • *Anti-Discrimination Act 2019 (Qld)* • *Anti-Discrimination Act 1992 (NT)* • *Anti-Discrimination Act 1977 (NSW)* • *Anti-Discrimination Act 1991 (ACT).* • *Bill of Rights Act 1990 (NZ)* • *Human Rights Act 1993 (NZ)*	• Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012 • National Framework for Medical Internship by the Australian Medical Council • Medical Board of Australia's Registration Standards • Medical Council of New Zealand Registration pathways
Additional resources	
• United Nations Convention on the Rights of Persons with Disabilities • Guidance note: Diversity and Equity (2017), Tertiary Education and Quality Standards Agency • Australian Disability Clearinghouse on Education and Training • National Disability Insurance Scheme • Accessibility, Inclusion, and Action in Medical Education	

Annex 1:

Reflective questions about studying medicine

Below is a set of questions that medical schools can use as a guide for discussing a student with a disability's capabilities and reasonable adjustments.

Areas for exploration
Communication skills – verbal, non-verbal and written *Medical students will be expected to communicate effectively and sensitively with a range of different people to establish rapport, involve patients and carers in decision making, and practise in a culturally safe way to deliver high quality, safe care. This applies to listening, speaking, reading, writing and the capability to use these different modes to elicit information from people, often under pressure and in difficult situations.*
• Can I communicate clearly in the English language to engage in two-way discussion with a range of different people? *For example, using English language skills to speak to patients, families and other health professionals clearly and sensitively, and using reading and writing skills to accurately document health information in health records and referral letters.*
• Can I recognise, interpret and respond appropriately to non-verbal cues and am I aware of the impact of my non-verbal behaviours? *For example, communicating with people in distress or people with a cognitive or a communication impairment.*
• Can I tailor my communication use and style to different people? *For example, finding means of communicating meaningfully with patients who are from a non-English speaking background.*
Professionalism *Medical students will be expected to demonstrate capabilities consistent with that of a medical professional including a commitment to making the care of patients their priority and to practise safely and effectively, treat people with dignity and respect and be aware of the limits of their own knowledge, skills and health. They will also be required to comply with the law, regulations and any other university codes or policies.*
• Do I have a genuine interest in medicine and a commitment to lifelong learning? *For example, seeking opportunities to expand my knowledge about medicine, possible career pathways and areas to develop and improve my practice..*
• Do I demonstrate behaviours and values consistent with a future medical professional including honesty, respect, leadership, concern for others, and treating people with dignity, without discrimination or judgement? *For example, engaging respectfully with patients, peers or medical practitioners during clinical placements or team-based assessments.*
• Do I comply with the law and professional regulations of my jurisdiction including applicable codes, guidelines and policies? *For example, complying with legal requirements and procedures when managing confidential or sensitive information.*

- Do I have an awareness of my own culture and beliefs and am I being respectful of the culture and beliefs of others?

  For example, seeking to understand how my beliefs may influence the assumptions I make and similarly, how the culture an beliefs of patients or team members may influence their decision making or behaviour and adapting my communication style or seeking support where necessary to practise in a culturally safe manner.

- Do I consider and weigh up competing ethical principles in difficult situations and make decisions that consider the impact on all persons involved?

  For example, considering whether to report something I see that I believe does not align with the expected behaviours or values of a medical professional.

Insight into their own health and behaviour

Medical students will be expected to demonstrate an ability to recognise when they experience poor health and put in place effective processes to ensure their own health or behaviours do not pose a risk to others.

- Can I engage in honest self-reflection about my own behaviour, capabilities, performance and the boundaries of my knowledge?

  For example, using feedback effectively to improve my performance and identify areas where I need help.

- Do I demonstrate insight and adapt my behaviour to changing environments, and have the ability to learn to function in the face of uncertainties that arise in clinical practice?

  For example, being open to finding alternatives when group plans change unexpectedly or responding helpfully when patients change their minds about treatment goals.

- Can I effectively handle and manage heavy workloads and function effectively under stress?

  For example, planning ahead so that my functioning in class or at work is not impaired by tiredness after a late night.

- Do I have an awareness of my own physical and mental health and monitor when I might need support?

  For example, managing my health and well-being through self-awareness and reflection, being open to feedback from others about changes they might notice, and ensuring that I am registered with a regular GP.

Cognition, critical thinking and problem solving skills

Medical students will be expected to have an aptitude for problem solving based on scientific principles to understand and solve the complex medical needs of patients, whilst considering the context of the patient's circumstances and the health system they are working in.

- Do I have the ability to acquire knowledge, use and retain it to draw together all coursework subjects?

  For example, drawing knowledge from a variety of sources, acquired at different points in time, integrating and applying it to an assessment task or clinical problem.

- Do I have the ability to measure, calculate, reason, analyse, integrate and synthesise information?

  For example, taking a history from a patient and gathering information from multiple other sources, integrating this information and formulating an evidence-based diagnosis, investigation and management strategy.

- Do I have the cognitive skills for focus, memory, attention to detail, theoretical deliberation, and practical functioning sufficient to meet patient care needs?

  For example, sustaining concentration and attention to monitor, detect and react to even small changes in a dynamic clinical scenario such as new information, changing signs or non-verbal cues.

- Do I have the academic ability to effectively locate, interpret, assimilate and synthesise information including interpreting causal connections and make accurate, fact-based conclusions based on available data and information?

  For example, sourcing reliable and reputable research and scientific literature, critically evaluate the strength and validity of the information and apply to an evidence-based framework to inform clinical practice.

- Am I aware of own thinking, and do I have the skills to reflect, evaluate, adapt and implement new cognitive strategies for improved learning and patient care?

  For example, being aware of my own cognitive biases, being open to constructive feedback and able to incorporate learning from errors and feedback into my future practice.

- Do I identify possible solutions to problems, evaluating the consequences of each alternative, selecting the best alternative and gathering information needed prior to making a decision?

  *For example, **f**ormulating a hypothesis, gathering evidence for or against the hypothesis then using the answers to formulate an appropriate intervention or plan.*

- Do I have the numeracy skills to safely and effectively process and reason with numerical concepts and numbers for patient care decisions?

  For example, interpreting numerical symbols and data reliably and accurately and performing calculations in a timely manner or calculating accurate drug doses based on a patient's weight or interpreting graphs.

Team work

Medical students will be expected to work willingly and cohesively as part of a team, taking responsibility for their actions as well as recognising and respecting the skills of other professionals.

- Can I work cohesively as part of a team and take responsibility for my own actions whilst working in a team?

  *For example, delivering my assigned work tasks on time and to the expected standard and willingly engaging in collaborating**.***

- Do I demonstrate empathy and sensitivity to other people's feelings and experiences?

  For example, listening to and supporting a peer who received difficult news.

- Do I facilitate the exchange of information between two or more team members in the prescribed manner and by using proper terminology?

  For example, checking with team members I have understood all the information provided using appropriate and accurate terminology before taking action.

- Do I provide leadership through direction, structure and support for other team members?

  For example, clearly setting goals or priorities, explaining to team members what I would like from them, listening to their concerns and providing constructive feedback.

Physical and observational capabilities *Medical students will be expected to demonstrate their ability to acquire information, carry out a range of procedures suitable to their level of capability and understand their role in assisting during a medical emergency*
• Can I observe a patient accurately and acquire relevant health and medical information? *For example, interpreting written documents, radiological and other graphic images and or digital or analogue representations of physiologic data (e.g. ECGs).*
• Can I complete a full and accurate physical examination, including a mental state examination or a problem focused examination as indicated? *For example, eliciting and interpreting the physical findings of patients.*
• Can I assist in the management of medical emergencies? *For example, recognise, assess and support the management of a deteriorating and critically unwell patient who requires immediate care, including directing or performing CPR.*
Sustainable performance *Medical students will be expected to demonstrate both physical and mental performance at a consistent and sustained level to perform multiple tasks in an assigned period of time that provides safe and effective care without compromise.*
• Can I carry out repetitive activities with a level of concentration and sustained physical, cognitive and psychosocial performance which focuses on the activity until it is completed appropriately without distraction, in a time-constrained environment?**?** *For example, maintaining performance in a series of Objective Structured Clinical Exams (OSCEs) or performing a range of common medical procedural techniques such as cannulation and venepuncture.*
• Can I demonstrate a sustainable level of physical and mental performance to complete multiple tasks, often simultaneously or concurrently, in an assigned period of time that is safe? *For example, taking a history from patients whilst noting down key points or managing and delegating tasks during a medical emergency.*

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