

# Disability Inclusion: Self-Assessment Tool

***Medical Deans (MDANZ) endorses this Disability Inclusion Self-Assessment tool as a valuable next step to help schools with implementing the Inclusive Medical Education guide (released in 2021).***

Medical schools work to foster a culture of inclusivity and the provision of equivalent opportunities to access medical programs for people who have the capabilities to become good doctors, but who have been historically disadvantaged or under-represented. Increasing the number of health professionals with a disability may also contribute to removing barriers to best practice healthcare for patients with disability<sup>1</sup>.

This tool has been prepared by the MDANZ Disability Support Special Interest Group, to accompany the [MDANZ Inclusive Medical Education](#) guidelines. These guidelines are 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 may be needed for them to commence or continue in a medical program.

This self-assessment tool draws from the questions posed in the guidelines, as well as relevant literature and expert advice, to provide a series of questions for medical schools to consider as they reflect on their progress towards Inclusive Education. Schools may use these questions, and the responses generated, as suits their local context. Their responses may inform updates of policy and practice, as well as internal or external accreditation requirements. There is no requirement to report back to MDANZ or any other group regarding the outcomes of this self-review, however it is hoped that the review tool will assist schools to identify both areas of strength and opportunities to develop and thereby will contribute to removing barriers to effective inclusion of students with disabilities.

We have structured this document in line with diagram 3 from the [MDANZ Inclusive Medical Education](#) guidelines; *Key areas to promote an inclusive culture and support students with a disability (see Figure 1)*

**Notes on language:** Please note that references throughout this document to “students with a disability” refer to both applicants and current medical students who have a disability as defined in Australia by the Disability Discrimination Act 1992 or in New Zealand by the Human Rights Act 1993. Please also note that we have used person-first language in this document (e.g., student with a disability), however it should be recognised that some individuals and groups prefer identity-first language (e.g., disabled student, autistic student).



**Figure 1.** Key areas to promote an inclusive culture and support students with a disability

## Promoting Inclusiveness

Review Questions	AMC	Explanatory notes or suggested evidence	Self-Evaluation	What has been achieved to date? Describe what you want to do in the future.
<p>Is a culture of inclusivity and respect (across all dimensions of diversity) valued and actively supported in the school, by all members of the school community?</p>	<p>4.1.4 4.2.1 5.3.2 5.3.4 5.4.1</p>	<p>Fostering a culture of inclusion includes 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. Culture can influence whether or not applicants consider applying to a particular school, whether students with a disability feel supported in talking about their circumstances and needs, and whether students will seek support within the university environment<sup>2-6</sup>.</p> <ul style="list-style-type: none"> <li>• Audit of all policies and procedures (including recruitment, admissions, assessment, progression and student support) for appropriate content relating to equity and inclusion, and specifically disability.</li> <li>• Evidence of relevant, up to date, co-created codes of conduct for staff and students, which contain specific reference to disability as a valued aspect of diversity and expectations for disability inclusion.</li> <li>• Audit of training programs, teaching and instruction on disability, diversity and inclusion for staff and students to examine how disability is represented, that support faculty development, and are tailored to the staff member's role</li> <li>• Audit of relevant policies and pathways for reporting and responding to incidents of harm, mistreatment or discrimination to ensure they have adequately taken into account disability.</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	

<p>Does the school or program’s public facing information, images and messages and the language used (including websites, open days, webinars) promote disability inclusion?</p>	<p>1.4.6 4.1.2 4.1.4 4.1.5</p>	<p>Schools should consider whether the information they provide is effectively promoting the school’s position on inclusivity and diversity. Medical schools should make it clear that students with a disability are valued by the school and that this is reflected in teaching practices, and that individualised reasonable adjustments are implemented when required. Review of published information should include non-written information that is used, such as images and pictures of students and groups and the medical school environment.</p> <ul style="list-style-type: none"> <li>• Audit of websites, marketing collateral, promotional material and presentations.</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
<p>Does the school ensure that teaching practices and the taught curriculum are inclusive, with appropriate language and audiovisual material?</p>	<p>2.3.1 4.1.4 4.2.1 4.2.2 4.2.3 4.2.5 4.2.7</p>	<p>What language and images are used to demonstrate visible and invisible disabilities? How do staff <a href="#">communicate with and about people with a disability</a>, including in cases used for teaching? How do the school’s teaching materials support its policies on <a href="#">inclusivity</a> and <a href="#">accessibility</a>? Does the school community recognise that some students who do not identify as disabled may still require additional support? Effective support for students often goes beyond provision of formal adjustments. <a href="#">Universal Design for Learning</a> may lessen the need for individual students to request adjustments.</p> <ul style="list-style-type: none"> <li>• Audit of requirements for teaching qualifications and professional development, including <a href="#">understanding disability</a> and principles of inclusion for staff</li> <li>• Evidence of <a href="#">inclusive practices guidelines</a> provided to educators and other staff</li> <li>• Evidence of regular curriculum review and development to meet and update inclusive guidelines, with feedback and input from students</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	

<p>Is there a focus on health and wellbeing in the school, including proactive processes and links to professional expectations of self-care?</p>	<p>4.1.4 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6 4.2.7</p>	<p>What proactive processes are in place to prompt students to reflect on their own health, attitudes, and abilities? Does the school follow a best-practice framework such as <a href="#">Every Doctor, Every Setting</a>, and the <a href="#">MDANZ guide on preventing bullying and harassment</a>? Do discussions around self-care acknowledge that whilst individuals should be empowered to seek help where needed, there are also broader systemic factors which influence health and wellbeing?</p> <ul style="list-style-type: none"> <li>• Evidence of review of curriculum and student support processes, including <a href="#">transition programs</a></li> <li>• Evidence of relevant staff training</li> <li>• Evidence of support systems and incident management protocols</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
<p>Are staff connected to other medical schools, other areas of the tertiary education sector and external resources, to share best practice and resources?</p>	<p>5.3.2 5.5.2</p>	<p>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 (to join, contact <a href="mailto:admin@medicaldeans.org.au">admin@medicaldeans.org.au</a>). A range of programs and services external to the medical school or university may also be available to students who are eligible, including targeted, government-funded initiatives (e.g. the National Disability Insurance Scheme in Australia, local councils or community organisations). Disability Services within each University often provide helpful resources and training for staff. In addition, organisations such as <a href="#">ADCET</a>, <a href="#">DCA and Docs with Disabilities</a> provide extensive relevant resources.</p>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	

<p>Are there mechanisms for ongoing data collection to track numbers of students reporting a disability on admission, or accessing disability services?</p>	<p>6.2.1 6.2.2 6.2.3 6.2.4</p>	<p>Universities commonly track self-reported student disability at the point of enrolment, and this data may be available at the course level. However, it is well recognised that the proportion of medical students who confidentially report a disability is higher than the number who formally disclose for the purpose of seeking adjustments<sup>3</sup>, in part reflecting cultural and structural barriers to inclusion. To gain a clearer picture of the student cohort and their support needs, schools are encouraged to explore additional sources of data which are not contingent on student disclosure, including tracking of students seeking support outside formal adjustments pathways (for example, number of students accessing support services, retention, completion and satisfaction of students with a disability compared to those without).</p>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
---	--	---	---	--

## Early engagement

Review Questions	AMC	Explanatory notes or suggested evidence	Self-Evaluation	What has been achieved to date? Describe what you want to do in the future.
Is information on the requirements of the course clearly accessible and described in a manner appropriate for applicants unfamiliar with medical training?	1.4.6 4.1.2 4.1.4 4.1.5	<p>Potential applicants require information in accessible formats regarding the learning environment, learning and assessment activities and clinical placements in order to make informed decisions prior to application. However, this information can be difficult to locate on school websites, or described in language that is opaque to applicants without a healthcare background.</p> <ul style="list-style-type: none"> <li>Audit of course website and pre-application information</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
Does the information provided include or draw from the MDANZ guidelines or a similar resource?	1.4.6	<p>Is the <a href="#">MDANZ Inclusive Medical Education</a> document (or excerpts) available for applicants? Are applicants guided on how to engage with this document, for example providing the Annexe as a set of reflective questions for consideration? Are staff familiar with this document and the way that it relates to their area of work and influence?</p>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	

Where Inherent Requirements are in place, is there consideration from the University to move towards the use of MDANZ guidelines or similar frameworks?	1.4.6	The extensive review process undertaken by the MDANZ Disability Inclusion working group concluded that it was appropriate to take an updated view of disability inclusion, and recommended the use of the updated <a href="#">MDANZ Inclusive Medical Education</a> guidance document in place of Inherent Requirements where possible <sup>7</sup> . However, it is recognised that many schools continue to maintain Inherent Requirements for their courses. Schools can consider working with their University to explore whether these continue to be appropriate in their local context.	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>  Advanced progress <input type="checkbox"/>	
Where Inherent Requirements are in place, are they clearly framed as participation requirements with scope for reasonable adjustments, rather than graduate capabilities?	1.4.6	Schools who continue to use Inherent Requirements are encouraged to review the content and application of these documents in light of current research and best practice <sup>8</sup> . In particular, Inherent Requirements should acknowledge the role of reasonable adjustments.	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>  Advanced progress <input type="checkbox"/>	
Is information regarding possible adjustments and support structures clearly accessible prior to application?	1.4.6 4.1.5 4.2.2 4.2.3	All Universities are required to provide reasonable adjustments to course requirements in order to support students with a disability. Is information about embedded inclusive practices, possible accommodations and support structures clearly accessible prior to application? <ul style="list-style-type: none"> <li>Audit of course website and pre-application information</li> </ul>	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>  Advanced progress <input type="checkbox"/>	
Are applicants with disability encouraged and provided with clear pathways (including contact details) to access further	1.4.6 4.1.2 4.1.4 4.1.5	The information provided by medical schools should encourage potential applicants with a disability (or other personal circumstances of relevance) 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. This should	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>	

<p>information and initiate discussions regarding application processes and course requirements?</p>		<p>include easily accessible contact details for appropriate staff members who have received training on disability inclusion in their course context. Are applicants provided with information on the benefits of disclosure and assured that their application will not be disadvantaged?</p> <ul style="list-style-type: none"> <li>• Audit of course website and pre-application information</li> </ul>	<p><input type="checkbox"/></p> <p>Advanced progress</p> <p><input type="checkbox"/></p>	
<p>Is it clear to potential applicants that discussions regarding potential pathways and supports are confidential, constructive, and clearly separated from selection processes?</p>	<p>1.4.6 4.1.2 4.1.4 4.1.5</p>	<p>Applicants should be able to explore the requirements of the course and the capability of the University to support their participation, free of concerns that this may influence the likelihood of admission. Staff involved in such discussions should not be involved in admissions decisions regarding the applicant.</p> <ul style="list-style-type: none"> <li>• Audit of course website and pre-application information</li> </ul>	<p>Not yet commenced</p> <p><input type="checkbox"/></p> <p>In progress</p> <p><input type="checkbox"/></p> <p>Advanced progress</p> <p><input type="checkbox"/></p>	



<p>Is it clear to applicants whether disclosure is a requirement of application or enrolment, or when and why they may choose to disclose?</p>	<p>1.4.6 4.1.2 4.1.4 4.1.5</p>	<p>Disclosure may facilitate gathering additional information regarding course requirements or the availability of reasonable adjustments. However, it remains the right of the applicant or student to determine when or if they choose to disclose. It is the responsibility of the school to clarify whether disclosure is a requirement under any circumstances, and what the outcomes of disclosure might be.</p> <ul style="list-style-type: none"> <li>• Audit of course website and pre-application information, in particular with regards to relevant legislation regarding disclosure (e.g. Section 4.2: Enrolment Standards, <a href="#">Disability Standards for Education 2005</a>)</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
<p>Are application processes and selection procedures transparent and non-discriminatory?</p>	<p>1.4.6 4.1.2 4.1.4 4.1.5</p>	<p>Is there a clear process for applicants with a disability to request adjustments in selection processes (for example the GAMSAT or selection interviews). Is the content and process of selection processes (e.g. interview or situational judgement test scenarios) inclusive and non-discriminatory?</p> <ul style="list-style-type: none"> <li>• Evidence of review of selection processes for potential bias and discrimination, including content and delivery of processes and training of assessors and associated staff (e.g. unconscious bias training)</li> <li>• Audit of process for applicants to request adjustments during selection</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	

# Open and constructive discussions

Review Questions	AMC	Explanatory notes or suggested evidence	Self-Evaluation	What has been achieved to date? Describe what you want to do in the future.
When required or requested, are structured and constructive discussions regarding course requirements and potential professional pathways (including registration) held with applicants with disability?	1.4.6 4.1.4 4.1.5 4.2.3 4.2.4 4.2.5 4.2.6	<p>These discussions allow 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. These discussions should take a person-centred and strength-based approach.</p> <p>It is important for all involved to recognise that the medical school does not determine a student's eligibility for registration as a medical practitioner after graduation, nor can they restrict enrolment into a course on the basis of presumed future employment<sup>9</sup>. However, staff could reasonably discuss possible future working environments or tasks in order to inform potential applicants' decision making.</p> <ul style="list-style-type: none"> <li>Evidence of staff training and engagement with appropriate resources and policies</li> </ul>	<p>Not yet commenced</p> <input type="checkbox"/> <p>In progress</p> <input type="checkbox"/> <p>Advanced progress</p> <input type="checkbox"/>	
Are these discussions informed by the questions in the MDANZ guidelines, or equivalent, as well as an understanding of the relevant legislation and support opportunities?	1.4.6 4.1.4 4.1.5 4.2.3 4.2.4 4.2.5 4.2.6	<p>Is the Annexe to the <a href="#">MDANZ guidelines</a> or a similar framework used to guide the discussion and explore with the potential applicant the range of learning activities required in the program? Do staff with the appropriate breadth of knowledge of both University policy, practicalities of clinical training, and course requirements participate as required?</p> <ul style="list-style-type: none"> <li>Evidence of structured planning for discussions, including staff attendance</li> </ul>	<p>Not yet commenced</p> <input type="checkbox"/> <p>In progress</p> <input type="checkbox"/> <p>Advanced progress</p> <input type="checkbox"/>	

Are processes in place to support the applicant during and after the discussion?	4.2.4	<p>Are the access and communication preferences of the applicant considered in organising a discussion? Is there provision to enable a support person to attend where desired?</p> <ul style="list-style-type: none"> <li>Evidence of pathways for applicants to request adjustments or supports for discussions about access and course requirements</li> <li>Evidence of opportunities for applicants to ask further questions following the discussion</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
--	-------	--	---	--

## Available supports and services

Review Questions	AMC	Explanatory notes or suggested evidence	Self-Evaluation	What has been achieved to date? Describe what you want to do in the future.
Is appropriate disclosure and support-seeking encouraged?	4.1.4 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6 4.2.7	<p>Medical schools should actively create an environment where students feel confident to raise questions or concerns about a disability that exists, has arisen, or changed during their time in the program. However schools must also recognise the <a href="#">potential barriers to disclosure and the right for students to not disclose</a>. Some students may also not identify as disabled but may benefit from a <a href="#">Universal Design for Learning</a> approach.</p> <ul style="list-style-type: none"> <li>Evidence of where support seeking and the potential for reasonable adjustments are discussed and promoted in teaching activities and course information</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
Are support services, health programs, and disability resources clearly and regularly signposted throughout the student journey?	4.1.4 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6 4.2.7	<p>Current students should be made aware of how and to whom disclosure should be made, how the information will be managed, and how students can update or remove this information (as required by the Health Records Act). For example: by having clear and prominent information on the university's website and in information webinars; during</p>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p>	

		<p>the admissions and enrolment processes; and regularly during the course itself and on course websites.</p> <ul style="list-style-type: none"> <li>Evidence of where support seeking and the potential for reasonable adjustments are discussed and promoted in teaching activities and course information</li> </ul>	<p>Advanced progress</p> <input type="checkbox"/>	
<p>Are measures in place to ensure that the process of disclosure, seeking and implementing support or adjustments is safe, effective and inclusive?</p>	<p>4.1.4 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6 4.2.7</p>	<p>It should be made clear that declaration of a disability is treated with confidentiality and respect within Universities, and should not adversely affect a student's progression in the medical program. This should be reinforced in policy, procedure and the culture of the program.</p> <ul style="list-style-type: none"> <li>Evidence of policy and procedure around confidential disclosure and effective implementation of adjustments and support</li> </ul>	<p>Not yet commenced</p> <input type="checkbox"/>  <p>In progress</p> <input type="checkbox"/>  <p>Advanced progress</p> <input type="checkbox"/>	

Do students have an active role in the process of determining appropriate adjustments or supports?	2.2.7	<p>Discussions are a collaborative effort to come to an informed decision about whether there are reasonable adjustments and services available to a student that would support them through a medical program. Students should be recognised as experts in their own capabilities and needs, and should be <a href="#">empowered to advocate for themselves</a> as students and future health professionals, without concerns regarding judgement or stigma.</p> <ul style="list-style-type: none"> <li>Evidence of policy and procedure around confidential disclosure and effective implementation of adjustments and support</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
Is the school able to identify and address any gaps in the central support and adjustments processes?	4.1.4 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6 4.2.7	<p>Effective support for students often goes beyond provision of formal adjustments. Schools may need to consider broader strategies to support student needs. For example, does the school provide supports specific to medicine, such as mentoring programs or other activities which may need local school management?</p> <ul style="list-style-type: none"> <li>Evidence of opportunities for students with a disability to feed back to the school regarding their experiences and needs</li> <li>Evidence of school-led activities which address gaps in central processes or contextualise support to medicine</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	

## Reasonable adjustments

Review Questions	AMC	Explanatory notes or suggested evidence	Self-Evaluation	What has been achieved to date? Describe what you want to do in the future.
Is there a clear link between the university disability services and the school (as well as any relevant clinical partners) to ensure the support or adjustments provided are appropriate for the course context?	3.1.1 3.3.1 4.1.4 4.2.1 4.2.2 4.2.3 4.2.4 4.2.5 4.2.6	Provision of <a href="#">appropriate and effective supports</a> may require collaboration between disability resource professionals, academic, clinical and professional staff. Regular feedback and opportunity for discussion of appropriate adjustments may be required. <ul style="list-style-type: none"> <li>Evidence of policy and procedure around confidential disclosure, adjustment decision-making discussions, and effective implementation of adjustments and support</li> </ul>	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>  Advanced progress <input type="checkbox"/>	
Are varying settings and learning contexts considered in the process of determining reasonable adjustments?	4.2.2 4.2.3 4.2.4	Involvement of stakeholders from on-campus and clinical learning environments may be required to ensure local contextualisation of adjustments. Can clinical educators learn from health services and other employers what practices best support health care employees with a disability? <ul style="list-style-type: none"> <li>Evidence of policy and procedure around teaching staff liaison with disability resource staff to facilitate appropriate design and implementation of adjustments</li> </ul>	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>  Advanced progress <input type="checkbox"/>	

<p>Is there regular review and adjustments of support and adjustments in response to changing student needs or differing learning environments?</p>	<p>4.2.2 4.2.3 4.2.4</p>	<p>Adjustments should be reviewed periodically, and particularly when preparing for key transition points during the medical program, or when students' circumstances change, to decide whether they are still meeting student needs. Are students empowered to advocate for their own (changing) needs?</p> <ul style="list-style-type: none"> <li>Evidence in policy and procedure regarding confidential disclosure and effective implementation of adjustments and support</li> </ul>	<p>Not yet commenced <input type="checkbox"/></p> <p>In progress <input type="checkbox"/></p> <p>Advanced progress <input type="checkbox"/></p>	
---	----------------------------------	---	---	--

# Student support networks

Review Questions	AMC	Explanatory notes or suggested evidence	Self-Evaluation	What has been achieved to date? Describe what you want to do in the future.
Do students with a disability have support networks within the student community?	4.2.1 4.2.2	Schools can encourage and support students to establish support networks and foster a culture of respect and inclusion. Schools can work with student representative groups to facilitate effective, stable, and formally recognised support programs.	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>  Advanced progress <input type="checkbox"/>	
Are students with a disability connected to external networks or mentoring programs?	4.2.1 4.2.2	Schools can develop partnerships with student representative groups, external networks and mentoring programs, and facilitate student connections.	Not yet commenced <input type="checkbox"/>  In progress <input type="checkbox"/>  Advanced progress <input type="checkbox"/>	



# References

1. Iezzoni, L. I. Why Increasing Numbers of Physicians with Disability Could Improve Care for Patients with Disability. *AMA Journal of Ethics* **18**, 1041–1049 (2016).
2. Tal Jarus *et al.* Negotiating legitimacy and belonging: Disabled students' and practitioners' experience. *Medical Education* (2023) doi:10.1111/medu.15002.
3. Meeks, L. M., Case, B., Stergiopoulos, E., Evans, B. K. & Petersen, K. H. Structural Barriers to Student Disability Disclosure in US-Allopathic Medical Schools. *Journal of Medical Education and Curricular Development* **8**, 23821205211018696 (2021).
4. Meeks, L. M. & Bullock, J. L. Transforming medical education: Implementing 'disruptors' to break the cycle of ableism. *Medical Education* **n/a**, (2024).
5. Shrewsbury, D., Mogensen, L. & Hu, W. Problematizing medical students with disabilities: A critical policy analysis. *MedEdPublish* **7**, (2018).
6. Jain, N. R. Legibility: knowing disability in medical education inclusion. *Adv in Health Sci Educ* (2023) doi:10.1007/s10459-023-10268-1.
7. Issakhany, D. & Crampton, P. Inclusive medical education for students with disabilities: a new guidance document from Medical Deans Australia and New Zealand. *N Z Med J* **136**, 65–71 (2023).
8. Curry, R. H., Meeks, L. M. & Iezzoni, L. I. Beyond Technical Standards: A Competency-Based Framework for Access and Inclusion in Medical Education. *Academic Medicine* **95**, S109 (2020).
9. Brett, M., Harvey, A., Funston, A., Spicer, R. & Wood, A. The Role of Inherent Requirement Statements in Australian Universities. (2016).

# Contributors

This document was written and edited by members of the MDANZ Disability Support Special Interest Group.  
*(This document represents the views of the authors and not their institutions.)*

Laura Gray (Deakin University)

Lise Mogensen (Western Sydney University)

Jo Bishop (Bond University)

Gisselle Gallego (The University of Notre Dame, Australia )

Neera Jain (Waipapa Taumata Rau – The University of Auckland)

## **Reviewed by:**

Bec Muir (Coordinator, Disability Inclusion, Diversity, Equity and Inclusion, Deakin University)

Steven Morgan (Senior Coordinator, Access and Inclusion, Deakin University)

# Feedback and edits

Please provide any commentary, feedback or suggestions for amendment to Laura Gray ([L.gray@deakin.edu.au](mailto:L.gray@deakin.edu.au))