

POSITION STATEMENT

Supporting doctors and medical students with disability

2023

Introduction

The Australian Medical Association is committed to advancing equity and inclusion for doctors and medical students with disability. Disability is as an essential component of diversity and increasing the number of health professionals with disability is a goal for government.¹ Inclusion in medicine is important for many reasons, including creating a better health system for people with disability by embedding those with lived experience in it and ensuring the medical workforce mirrors the population they serve.²

While there is no single definition of disability³, this position statement uses the World Health Organization definition which defines disability as:

“the outcome of the interaction between individuals with a health condition (e.g., cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g., negative attitudes, inaccessible transportation and public buildings and limited social supports)” which influences how disability is experienced by an individual,^{4,5} and acknowledges that disability may be permanent or temporary, may exist from birth or be acquired later in life, and may be imputed to a person.⁶

One in six Australians have a disability⁷, and while Australian data on the number of doctors and medical students with disability is limited, reports suggest the representation of doctors with disability remains low compared to the prevalence of disability in society.²

Evidence from international studies indicates there are several enduring barriers for people with a disability to pursue a career in medicine that begin with entry into medical school and persist throughout medical training to fellowship and into employment.^{8,9} These include lack of reasonable adjustments, a lack of experience in providing accommodations and a lack of knowledge of both what is legally required and what is possible. A lack of individualised supports and planning, inflexible curricula and work arrangements, lack of culturally responsive teaching and work environments, attitudinal barriers and workforce capability issues also prevent programs from creating access.¹⁰

In the United States, reports suggest the interpretation and application of technical standards to study medicine for university courses and vocational training programs vary between institutions, pose barriers to applicants with disabilities and are no longer relevant, imposing standards upon completion of training that any medical student or doctor might have difficulty meeting.^{11,12}

Other barriers remain in the training system post-graduation, for example in internship and entry into specialist training programs, with varying approaches to the application of college selection into training criteria for doctors with disability reported.

Challenges for fellows who acquire a disability following the completion of their relevant training to remain engaged with the health system have also been highlighted.¹³ The Medical Board of Australia supports an inclusive and supportive approach to the registration of practitioners with an impairment whilst managing risks to the public.¹⁴

In Australia, the Medical Deans Australia New Zealand released a document in 2023 providing guidance for medical students and applicants with a disability replacing a previous document based on inherent requirements.¹⁵ The Australian Medical Council (AMC) Review of Accreditation Standards for Primary Medical

Programs (medical schools) have also moved away from specific skills (e.g., performing CPR) to be more inclusive.¹⁶

The new AMC National standards for prevocational (PGY1 and PGY2) training programs and terms¹⁷ makes explicit reference to training providers needing to ensure 'flexible training arrangements', "...which may cover a range of circumstances such as prevocational doctors with parental responsibilities, or with a medical condition or disability".

Several medical colleges have also developed policy and /or processes to provide a pathway for doctors with disability to enter into and complete training and practice medicine (e.g., Australasian College for Emergency Medicine,¹⁸ Royal Australian and New Zealand College of Radiologists, Australian College Rural and Remote Medicine).

While work has been done in a variety of areas there is more to do to embrace inclusivity, reduce discrimination and ensure policy and process has a practical and tangible impact to support people with disability pursue a career in medicine.

This background has informed the AMAs position on four areas of action to create inclusive training and work environments that support participation and a career in medicine for people with disability:

- inclusion, fair selection and support
- organisational support
- flexibility and reasonable adjustments
- research.

AMA position

Inclusion, fair selection and support

1. Pathways to careers in medicine should adopt a strengths-based approach, focussing on abilities, knowledge and capacities rather than deficits, to provide opportunities for people with disability to study and practise medicine.
2. Organisations can support this by making a clear statement outlining their commitment to providing an open and inclusive environment. This includes how they will support individuals with disability to apply for and progress through medical training, fellowship and into secure employment.
3. Boards are now legally responsible for the health and wellbeing of staff in a growing number of states, inclusive of doctors with disability. This should include a legal obligation to ensure appropriate adjustments and support for doctors with disability, in addition to compliance with anti-discrimination and equal employment opportunity laws.
4. Early, open and constructive engagement at an individual and organisational level is critical to create a positive culture and process to help people with disability make career choices, enter into and progress through training and into employment post fellowship, supported by reasonable adjustments.
5. Individual assessments of physical or other capacity to practise should be made case-by-case to ensure individual needs are met. Once organisations understand the abilities of a person, they can assess what reasonable adjustments could be made, what is available and next steps to achieve that.
6. Pathways for assessment of eligibility to study medicine and for entry into speciality training should be inclusive of disability. This includes ensuring entry requirements are flexible, transparent and can be reasonably adjusted for individuals with disability, eliminating admission and selection bias and assuring equitable selection.¹⁹
7. An emphasis on universal design learning principles is a positive step towards creating a more inclusive medical curriculum and learning environment.²⁰ A review of the technical requirements to study and practise medicine should include consideration of alternate means/abilities to demonstrate essential capabilities such as through functional standards.²¹
8. Accreditation standards must require medical training providers and employers to demonstrate they have processes in place to support inclusivity and accommodate doctors and medical students with a disability, make reasonable adjustments and support progression through training and return to work, including accreditation of training positions.

9. Improving the level of literacy, understanding and support provided to medical training providers and employers (i.e., financial, professional) will enable them to understand their obligations to provide an inclusive environment for doctors and medical students with disability, make reasonable adjustments, and address the barriers to supporting doctors and medical students with disability progress and thrive in their careers.
10. This includes improving individual and organisational awareness about the range of existing legislation, standards, and policy already in place to support individuals with disability, and the practical steps that can be taken to support doctors and medical students with disability to participate in work and training.
11. An evaluation and reporting framework should be developed, implemented and evaluated to monitor commitment to the full and equitable inclusion of people with disability in medical school, specialty training and employment.
12. Individuals must have access to transparent appeals processes if they disagree with a decision about access to training or employment, or any other complaints or reports that may be made against them. In cases where internal processes have failed, institutions should participate in conflict-resolution processes with public human rights bodies.
13. Continuing and contributing to the public conversation is essential to normalise inclusion of doctors and medical students with disability within the medical profession and healthcare systems, transform culture, policy and practice to support individuals to study and practice medicine, and reduce stigmatisation for doctors and medical students with disability.²² Public education should be part of a wider campaign to promote inclusivity in the workplace.

Organisational support

1. Clear and accessible policy and guidance that has a practical impact should be developed by organisations to support doctors and medical students at key transition points, such as entry into medical school, selection into and progression through training and into fellowship, changing jobs or retiring. This can influence ongoing participation in training and employment and can have an impact on other areas and stages of life for people with disability. The use of inclusive language and a statement that welcomes and values diverse applicants is also encouraged.
2. Guidance must be developed by employers and medical training providers on the steps to take to accommodate individuals with disability into a training program or work environment. Acknowledging and leveraging the range of guidance and standards already in place will help organisations and training providers understand how this can be achieved to support more individuals with disability to undertake a medical career.
3. Improving organisational support for doctors and medical students with disability can be achieved by including doctors with disability in a range of decision-making bodies from local through to national levels, creating disability champions at senior levels, employing a qualified disability support worker/agency and providing avenues for wellbeing, peer support and networking.
4. Building an environment where there is trust that disclosure of a disability will be treated with respect and from a strengths-based perspective is essential. Providing readily accessible information and resources demystifying mandatory reporting and other processes can prevent individuals with disability being discouraged from accessing support due to fear of repercussions, being discriminated against, restricted from practice or reported.
5. Education and improved awareness of disability including hidden disability and fluctuating conditions is important to improve management and support functions for individuals with disability, including training key staff about what is possible for a person with disability, developing organisational policy and guidance on steps to take to support doctors and medical students with a disability progress into and through training and into employment, and what resources and services exist to support applicants/students/doctors with a disability to apply for/undertake training/gain employment/continue working. State and territory governments, health services and disability support organisations and support services are among the entities who can play a role in providing this support.

6. Providing pragmatic and practical advice on career pathways will support informed decisions about specialties and roles that are suitable for people with disability and their unique circumstances. Guidance for doctors at different stages of their careers including those who become disabled or acquire long term health conditions will provide doctors with advice and support to continue with their careers. This should be part of the career portal being developed as part of the National medical workforce strategy with support from medical schools, medical colleges, health services and state and territory AMAs to provide career guidance.

Flexibility and reasonable adjustments

1. Access to flexible work and training should be considered a routine adjustment for doctors and medical students with disability and it is important to normalise access to flexible work arrangements more broadly. This should include flexibility around assessment and exams with provision of alternatives to demonstrate essential capabilities.
2. Flexible work options are particularly important to support doctors who acquire a disability post-fellowship to allow them to remain engaged with their profession. Historically, pathways for these doctors may have led them away from direct patient care, for instance into research or teaching, and options that support direct clinical practice should be considered, such as the provision of virtual care services.
3. It is important to acknowledge that relevant adjustments due to a disability will be highly variable according to individual circumstances and speciality and will require one on one discussions with individuals. This in turn can influence decisions to pursue further training in a particular speciality (or within a speciality).
4. A better understanding of the types of accommodation and supports that are required and available from both an organisation and individual perspective will help define what is feasible and what can be requested, recommended and implemented. Organisations in turn will need to receive necessary support to make any adjustments required including funding.
5. Return to work processes and supports for doctors and medical students should include improving handling of sickness and disability related absence and access to paid disability leave.
6. Improving the level of understanding amongst managers about workplace law relating to disability, how to make reasonable adjustments and the practicalities of being a medical practitioner will support organisations to make reasonable adjustments to support doctors and medical students with disability work and train. This improved understanding should be targeted to medical administrators, human resource departments, training providers and supervisors.

Research²³

1. The AMA supports funding for Australian research to investigate:
 - a. the nature and prevalence of disabilities among doctors, medical students, and other health professionals
 - b. the primary barriers to work that doctors and medical students with disability experience
 - c. the supports currently available during training or at their place of employment
 - d. the effectiveness of those supports.
2. It is also important to fund Australian research that systematically captures:
 - a. the life cycle of:
 - i. doctors who had disabilities before beginning practice
 - ii. doctors whose disabilities occurred during the course of their medical practice careers
 - b. and the perspectives of:
 - i. doctors drawn from among those two groups
 - ii. patients of doctors with disabilities.

Other Resources

AMA Queensland [Doctors with Disabilities Position Statement](#) and [Guidance Document](#) 2020

American Medical Association 1) [Physician Responsibilities to Colleagues with Illness, Disability or Impairment](#) 2) [Addressing barriers to medical education for trainees with disabilities](#)

Australian Medical Students' Association [Policy Document. Medical Students with Disabilities](#) 2022

British Medical Association [Disability in the medical profession report](#) 2022

Medical Deans Australia New Zealand [Inclusive medical education: Guidance on medical program applicants and students with a disability](#)

University of Michigan Medical School UMMS [Commitment to Support Students with Disabilities](#)

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¹ NSW Government. NSW Disability Inclusion Plan 2021-2025. <https://dcj.nsw.gov.au/documents/community-inclusion/disability-inclusion/nsw-disability-inclusion-plan/nsw-disability-inclusion-plan.pdf>

² Mogensen, L, Hu, W. 2019. "A doctor who really knows ...": A survey of community perspectives on medical students and practitioners with disability. *BMC Medical Education*. DO - 10.1186/s12909-019-1715-7

³ Australian Institute of Health and Welfare (2022). People with disability in Australia. Australian Government. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/about>

⁴ World Health Organisation. (2021) Policy on Disability. <https://www.who.int/publications/i/item/9789240020627> [accessed 24/02/23]

⁵ Snashall D. (2009) Doctors with disabilities: licensed to practise? *Clin Med* DOI: <https://doi.org/10.7861/clinmedicine.9-4-315>

⁶ Australian Government. Disability Discrimination Act 1992. Canberra, ACT: Federal Register of Legislation; 2016 [accessed 17 June 2021]. Available from: <https://www.legislation.gov.au/Details/C2016C00763>

⁷ AIHW <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/summary>

⁸ AMSA media release 6 July 2022

⁹ Urbis, *2015 Review of the Disability Standards for Education 2005* (Final Report, 17 July 2015) 21 [2015 Review of the Disability Standards for Education 2005](https://disability.royalcommission.gov.au/publications/education) from <https://disability.royalcommission.gov.au/publications/education>

¹⁰ McClure Poffenberger, C, Coates, W, Backster A, Rotoli J. 2022. Making emergency medicine accessible for all: The what, why, and how of providing accommodations for learners and physicians with disabilities. *AEM Educ Train*. 2022;6(Suppl. 1):S71–S76. DOI: 10.1002/aet2.10752

¹¹ Technical Standards from Newly Established Medical Schools: A Review of Disability Inclusive Practices <https://journals.sagepub.com/doi/full/10.1177/23821205211072763>

¹² <https://journalofethics.ama-assn.org/article/learning-physicians-disabilities-and-their-patients/2016-10>

¹³ Personal communication. June 2023.

¹⁴ Formal communication with Medical Board of Australia. 2023.

¹⁵ 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*. 2023 May 12;136(1575):65-71. PMID: 37167942.

¹⁶ Australian Medical Council (2022). Proposed Graduate Outcome Statements: Draft for consultation August 2022. <https://www.amc.org.au/wp-content/uploads/2022/09/ATTACHMENT-A-Proposed-Graduate-Outcome-Statements-Draft-for-consultation-August-2022.pdf>

¹⁷ National standards for prevocational (PGY1 and PGY2) training programs and terms <https://www.amc.org.au/wp-content/uploads/2022/12/Section-2-National-standards-for-prevocational-PGY1-and-PGY2-training-programs-and-terms.pdf>

¹⁸ Australasian College for Emergency Medicine Position Statement. Doctors with a disability and the ACEM training programs. <https://acem.org.au/getmedia/2375a4fb-76e1-43ce-91de-ca9357c36af2/S860-Doctors-with-a-disability-and-the-ACEM-training-programs>

¹⁹ Nelson, F. (2019) The vexed question of access for the disabled to study medicine. *Medical Republic*. <https://www.medicalrepublic.com.au/vexed-question-access-disabled-study-medicine/19253>

²⁰ Luke, K. (2021). Twelve tips for designing an inclusive curriculum in medical education using Universal Design for Learning (UDL) principles. *MedEdPublish*, 10(1):118. Doi:10.15694/mep.2021.000118.1

²¹ Kezar LB, Kirschner KL, Clinchot DM, Laird-Metke E, Zazove P, Curry RH. Leading Practices and Future Directions for Technical Standards in Medical Education. *Acad Med*. 2019 Apr;94(4):520-527. doi: 10.1097/ACM.0000000000002517. PMID: 30398992.

²² "A doctor who really knows..." : a survey of community perspectives on medical students and practitioners with disability Mogensen, L. L., & Hu, W. (2019). *Bmc Medical Education*, 19. <https://doi.org/10.1186/s12909-019-1715-7>

²³ Inclusive of longitudinal studies.