

## Webinar: Supporting doctors and medical students with disability — Q&A

### Q: What can we do to support doctors with disabilities in sitting their exams?

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.

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).

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.

### Q: Who classifies level of disability which qualifies for the supports. How can we determine what reasonable adjustment are necessary?

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.

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.

The AMA recommends guidance 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.

### Q: How does one find out about/join doctors with disabilities?

The Doctors with Disability Australia (DWDA) website is currently having some difficulties with the domain name. If you'd like to find out more about or would like to join DWDA, please email [scross@ama.com.au](mailto:scross@ama.com.au) and we will forward your details to the appropriate person at DWDA who will be in touch.

### Q How do we define disability or what sort of disability; can we give some examples?

While there is no single definition of disability<sup>1</sup>, 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,<sup>2,3</sup> 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.<sup>4</sup>

### Q. Were there regulatory hurdles like Ahpra for registration?

The Medical Board of Australia is supportive of equity and inclusion where public safety is not compromised, and notes the National Law is flexible and can support equity and inclusion. During the webinar, Dr Palipana noted that his interactions with the Medical Board of Australia and Ahpra had been

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<sup>1</sup> 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>

<sup>2</sup> World Health Organisation. (2021) Policy on Disability. <https://www.who.int/publications/i/item/9789240020627> [accessed 24/02/23]

<sup>3</sup> Snashall D. (2009) Doctors with disabilities: licensed to practise? Clin Med DOI: <https://doi.org/10.7861/clinmedicine.9-4-315>

<sup>4</sup> 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>

one of the easiest aspects of his journey to navigate. "When I graduated from medical school they promptly registered me... there were some conditions [and an] increased level of level of reporting and supervision in my first year. But as time goes by and as I've got more experience I actually don't have any conditions on my registration now and I have general registration," Dr Palipana said.

**Q : How can junior doctors access support including IMGs not in training, noting often personal struggles with work and also with Ahpra?**

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.

If you need to talk to someone, [DRS4DRS provides confidential and qualified advice over the phone. doctor to doctor.](#)

[Ahpra has developed resources to support practitioner health and wellbeing and make mandatory notifications easier to understand.](#)

**Q: Its crazy to think there is no research in Australia and we actually don't know the prevalence of disability in doctors or students. Any thoughts on how we can change that?**

The AMA position statement calls for funding for Australian research to investigate:

1. the nature and prevalence of disabilities among doctors, medical students, and other health professionals
2. the primary barriers to work that doctors and medical students with disability experience
3. the supports currently available during training or at their place of employment
4. the effectiveness of those supports.

It is also important to fund Australian research that systematically captures:

1. the life cycle of:
  - doctors who had disabilities before beginning practice
  - doctors whose disabilities occurred during the course of their medical practice careers
2. and the perspectives of:
  - doctors drawn from among those two groups
  - patients of doctors with disabilities.

**Q: Is it a perception but is a lot of the discourse around acquired and also visible disability. Does this resonate with the research in the States?**

We asked A/Prof Lisa Meeks this one. The research in the US actually has more data and focus on non-apparent disabilities (cognitive, psychological, chronic health) A good place to start for a literature review is [here](#).

**Q: What are the thoughts around Universal Design and the lack of in medical education in Australia?**

The AMA believes an emphasis on universal design learning principles is a positive step towards creating a more inclusive medical curriculum and learning environment. <sup>5</sup> 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.<sup>6</sup>

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.

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

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<sup>5</sup> 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](https://doi.org/10.15694/mep.2021.000118.1)

<sup>6</sup> 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.

requirements.<sup>7</sup> 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.<sup>8</sup>

The new AMC National standards for prevocational (PGY1 and PGY2) training programs and terms<sup>9</sup> 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".

#### **Q What is the name of the podcast Dr Meeks mentioned?**

The podcast is the Docs With Disabilities Initiative Podcast at <https://www.docswithdisabilities.org/docswithpodcast>

#### **Q An issue is that people with disabilities that need adjustments tend to get discriminated against (not overtly) when they try to get jobs back in the hospital system. What can be done about this?**

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.

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 return to work and train. This improved understanding should be targeted to medical administrators, human resource departments, training providers and supervisors.

The AMA believes 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.

The AMA position statement recommends 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.

#### **Q How do we find people who will provide this support, or give us a go?**

We asked Dr Palipana for his advice. He reflected finding people to support you was an organic process of talking to a lot of people, taking every opportunity, and being open. He said he was lucky enough to have people who proactively advocated for him from the beginning and after the accident, through medical school and into hospital placements. When he reached out to people who suggested he contact them later, they did everything they could to support his career.

"A part of it is being open to opportunities. I made a point to say 'yes' to every opportunity. For example, my first research project and paper came out of a corridor conversation with a gynaecologist, who in passing said that they needed some data collected. After completing that piece of work, things snowballed. He has been a supporter for a long time," Dr Palipana said.

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<sup>7</sup> 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.

<sup>8</sup> 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](#)

<sup>9</sup> 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>