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Date of submission: 18 December 2020
Date of acceptance: 19 August 2021
Date of online publication: 20 August 2021

Type of article
Letter

Title
Response to the new draft document created by the Medical Deans Australia and New Zealand titled "Inclusive Medical Education: Guidance on medical program applicants and students with a disability"

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Source of submission
Letter

Summary
This is a response to the new draft document created by the Medical Deans Australia and New Zealand titled "Inclusive Medical Education: Guidance on medical program applicants and students with a disability" urging strategic action to be taken.

Keywords
disability; medical education; inclusion; policy

Number of tables/figures
0

Word count
1446

Dear Editor,

I am writing regarding the draft document by the Medical Deans Australia and New Zealand, the peak body representing professional entry-level medical education, training, and research in Australia and New Zealand, titled "Inclusive medical education: Guidance on medical program applicants and students with a disability [1]". While this document provides a framework to guide medical schools when supporting current students with disabilities, it does not address the discrimination faced by prospective students with physical disabilities. If we endeavour to create an inclusive medical education, we must strive for supportive policies and initiatives for both current and prospective students with disabilities.

People with disabilities are under-represented within the medical profession. This is unacceptable if we wish for our medical workforce to represent the diversity of Australian society. In Australia, 17.7% of citizens self-reported as having a disability [2]. However, less than 2% of medical students report having a disability [3], comparing unfavourably to the 7% representation in other post-graduate university courses [2]. Further, of the few doctors who report having a disability, many first encountered their disability either during medical school or clinical practice, after their decision to pursue medicine [3]. This demonstrates the lack of representation for people with disabilities amongst those striving to and applying for medical school; a key deficiency which is not addressed in the document by the Medical Deans Australia and New Zealand.

There is no evidence that people with disabilities cannot have excellent clinical skills, provided appropriate supportive technology and/or physician assistants are available. Further, the Australian community has a positive opinion of doctors with disabilities [3]. Dr Dinesh Palipana, a prominent doctor and advocate for doctors with disabilities, who experienced a spinal cord injury resulting in quadriplegia, is leading the way for doctors with disabilities in Australia. Despite his disability, Dr Palipana has used technology, alternative methodologies, and assistance from others to become a senior resident emergency physician in a busy emergency department [4-7]. Doctors with Disabilities Australia (DWDA), a body advocating for an inclusive medical profession, has published numerous stories of people with disabilities succeeding in medicine, despite the challenges faced [8].

The document's list of questions titled "Reflective questions about studying medicine" exemplifies the significant discrimination faced by many people with disabilities even before they begin the process of applying for or studying medicine [1]. These questions outline physical requirements which an applicant should be able to meet, such as being able to complete a full physical examination [1]. However, instead of listing such requirements, the document should provide solutions and accommodations universities can implement to increase access for people with disabilities in the medical profession.

Medical schools should be breaking down barriers to participation and actively promoting success stories of students and doctors with disabilities to inspire prospective students. Medical school student societies – responsible for much of the advocacy effort within medical education – should participate in this promotion. When necessary, additional support in the form of specific services or mentorship could be offered to students considering this endeavour. A cross-discipline support team to assist students with disabilities could include occupational therapists to provide access solutions, counsellors to address wellbeing and mental health, and senior medical students to provide mentoring. We should strive for a

future where success stories are commonplace and no longer surprising. This starts with medical schools encouraging people with disabilities to consider a career in medicine.

The document does not address the discrimination against people with disabilities present throughout the medical school application process. Individual medical schools are primarily responsible for the selection of students, with considerable variability in criteria between schools. As is the case for other disadvantaged populations, medical schools should make appropriate changes to the admission process to ensure consideration of the disadvantage posed by a person's disability.

The current structure and format of medical school admission exams are inherently discriminative against people with disabilities. Such exams, namely the Graduate Medical School Admissions Test (GAMSAT) for postgraduate studies, are lengthy, handwritten tests apparently measuring cognitive abilities in a rigorous manner [9]. Even with the provisions of reasonable adjustments – such as dictation of answers, performing tests on a computer, and additional time and rest breaks – considerable discrimination may still exist. For example, it may be too arduous to dictate the answers to a scribe due to the lengthy manipulation of formulas, extensive drawings, and substantial mathematical calculations required. Such components are difficult to undertake mentally and then dictate to the scribe. Additionally, the GAMSAT may be difficult to complete on a computer because of the required problem-solving, involving the manipulation of equations, diagrams, and drawings, heavily required in Sections One and Three, which assess reasoning in humanities, and reasoning in biological and physical sciences, respectively. Speed reading can be difficult for people with disabilities, further impacting the ability to achieve a competitive score.

To adjust for the discrimination present in admission tests, medical schools should assess the merit of an applicant with a disability using alternative methods. For example, more emphasis could be placed on a student's grade point average (GPA) for postgraduate studies. The GPA is a cumulative score over many years of academic performance and does not depend on a student's performance in a single examination, such as the GAMSAT. Additionally, more emphasis could be placed on a portfolio of extra-curricular activities to assess applicants with a disability more holistically. The American University of the Caribbean is currently waiving their requirement on medical entrance exams due to the COVID-19 pandemic and are instead performing "evaluation… on an individual basis and [using] a holistic approach" [9]. If concessions can be made for a pandemic, then universities can employ a similar holistic admissions approach for students with disabilities to alleviate discrimination.

Discrimination within the medical school application process also extends to the interview stage. In its current format, potential unconscious bias may be held by interviewers against applicants with a disability. A study of 630 university students, randomised to one of three disability conditions or a control condition, found that when an interview candidate was visibly wheelchair bound, they were less likely to be hired by the interviewer [11]. However, when candidates were wheelchair bound, but the chair was not visible, there was no difference in hiring rates [11]. Bias could be reduced by providing education sessions, such as imagined contact. Imagined contact involves participants being asked to positively imagine working with people with disabilities, whereby the person with the disability has all the necessary accommodations and is a competent colleague that contributes to the team [12]. This technique has been found to improve attitudes in people without disabilities towards work-related performance in people with disabilities [12]. Training interviewers in techniques

such as these may help ensure applicants are not negatively pre-judged as less capable than their able-bodied counterparts.

The Medical Deans Australia and New Zealand can look to the Association of American Medical Colleges (AAMC) for a more inclusive solution to accessibility in medicine. The AAMC Accessibility, Inclusion, and Action in Medical Education report highlights a variety of evidence-based solutions for people with disabilities accessing medical school [13]. This report particularly acknowledges the efforts of Rush University, who actively recruit students with disabilities for their program and provide extensive supports to facilitate a culture and practice of inclusion [13].

Equity is not the only benefit of increased representation of people with disabilities amongst the medical workforces. Increased representation will also positively impact attitudes of healthcare professionals towards people with disabilities. People with disabilities have considerable interaction with the healthcare system, and unfortunately, often experience significant harm from discrimination during these interactions [6, 13]. Integrating the lived experiences of people with disabilities into the medical workforce is crucial to reverse negative attitudes and provide compassionate, empathic care.

People may oppose such suggestions on the basis that they exemplify reverse discrimination, in that giving special attention to applicants with disabilities is unfair for other applicants. However, it is a necessary step to increase representation of a traditionally marginalised group. Without it, applicants with disabilities will continue to be disadvantaged and the medical workforce will fail to represent the diversity of Australian society.

Medical schools should strive to increase the representation of people with disabilities in their programs by creating inclusive policies and encouraging applications from disabled students. I call upon The Australian Medical Students' Association and medical school student societies from across Australia to add this to their priority agenda.

The Medical Deans Australia and New Zealand are currently seeking feedback on their new draft policy document for students with disability. I encourage the readership of the Australian Medical Students Journal to share their honest feedback and opinions via the email or form on their website.

Kind regards,

Jerusha

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