



**AMA Queensland Guidance Document for Medical Schools,
Medical Colleges and Employers
Doctors with Disabilities
(2020)**

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Forward

In the 2007 British Medical Association report titled Disability Equality in the Medical Profession, the human rights champion Sir Bert Massie CBE said that, "by welcoming more disabled medical students, and by retaining more disabled doctors in employment, the profession will improve its outward facing service and better reflect modern society."

As of 2020, Australia has started to take steps to create an inclusive medical profession. These steps include a wide range of initiatives to reconsider policies adversely affecting everyone from medical students to senior doctors with disabilities. Around the world, we have nephrologists with quadriplegia, rehabilitation physicians with visual impairments and neurologists with cerebral palsy. They have shown that it can be done, and done well.

Our nation has just experienced one of the most significant social changes in its history by adopting the National Disability Insurance Scheme (NDIS) and other related disability support schemes. With its large public investment, the NDIS strives to place more of its participants in paid employment. Federal schemes like JobAccess provide funding and support for employers to become inclusive, even taking financial responsibility for workplace modifications. Often, these workplace modifications benefit the entire workplace rather than a single employee. Human rights and employment legislation protects their eponymous rights, including education. Finally, Australia is a signatory to the Convention on the Rights of Persons with Disabilities which again promotes education and employment rights.

We have a strong social, financial and legislative framework in place to make the medical profession an inclusive one. It is not just a legal obligation. It is not merely an economic necessity. It is most importantly a moral imperative. As a society, we have come a long way since the thoughts expressed in Dr. Edward Clark's book Sex in Education to strive for gender equity in medicine. Fortunately, we have had pioneers like Dr. Elizabeth Garrett Anderson. She shows us that it only takes one willing person to change the landscape for many. What if we all stepped forward?

We have strived to take a leadership position in many things affecting society. Our profession is a thought leader. It has the potential to be a shining beacon, if we are willing. Legislation, incentives, and social schemes will only work if we have the will. Equity for people with disability is not just the next step for our profession, but humanity.

Dr Dinesh Palipana OAM

**The Hopkins Centre
Doctors with Disabilities Australia
Physical Disabilities Australia**

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**President
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Executive Summary

People living with a disability are a marginalised group of society, and even more so if you are a medical student or doctor with a disability. This guidance document uses the definition of disability which is stipulated in the *Disability Discrimination Act 1992* (Cth), namely;

disability, in relation to a person, means”

(a) total or partial loss of the person’s bodily or mental functions; or

(b) total or partial loss of a part of the body; or

(c) the presence in the body of organisms causing disease or illness; or

(d) the presence in the body of organisms capable of causing disease or illness; or

(e) the malfunction, malformation or disfigurement of a part of the person’s body; or

(f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or

(g) a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;

and includes a disability that:

(h) presently exists; or

(i) previously existed but no longer exists; or

(j) may exist in the future (including because of a genetic predisposition to that disability); or

(k) is imputed to a person.

To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.”

There are often negative presumptions attached to medical students with a disability and their ability to successfully become a doctor.¹ There are 1 in 5 Australians who have identified themselves as having some form of physical disability, meaning that those Australians can benefit from a doctor who has been in the patient’s shoes.² Medical students and doctors need as much support as possible and this is where medical schools, colleges and employers can help. The marginalisation faced by medical students and doctors living with a disability can only be overcome by the entire medical profession encouraging and supporting them.

AMA Queensland is strongly supportive of equal opportunities³ and believes that medical schools, colleges and employers should be as inclusive of disability as possible. AMA Queensland believes there are many ways in which Queensland and Australia can learn from the more progressive strategies which have been applied in the UK and in the US. Queensland medical schools and colleges should be more actively involved with the student to ensure that they are getting the most out of their degree including ensuring

¹ Doctors with Disabilities (2017). “About Us.” Retrieved from: <http://dwda.org.au/about/>

² Ibid.

³ AMA (2016) <https://ama.com.au/position-statement/equal-opportunity-medical-workforce-2016>

there are sufficient support and advisory services to help students living with a disability. This could include having a dedicated disability support/wellbeing officer to assist students with any concerns or queries they may have about the course.

AMA Queensland is not only calling on medical schools, colleges and employers to improve their policies, but AMA Queensland are also calling on the Medical Deans of Australia and New Zealand (MDANZ) to make adjustments to the MDANZ Inherent Requirements for Studying Medicine in Australia and New Zealand to ensure they promote inclusivity. AMA Queensland is also calling on the MDANZ to provide more guidance to medical schools on how to make reasonable adjustments.⁴

⁴ Australian Medical Students Association. (2019). "Medical Students with Disabilities." Retrieved from <https://www.amsa.org.au/sites/amsa.org.au/files/Medical%20Students%20with%20Disabilities%20%282019%29.pdf>

Introduction

This position statement focuses on how medical schools, colleges and employers can help people living with a disability obtain a successful career as a medical practitioner and how their organisation can support them through an inclusive environment. This position statement examines what the UK and USA are doing in regards to creating a supportive environment for medical students with a disability who want to become doctors (appendices 1 and 2). This begins with medical schools and medical colleges implementing support mechanisms for students with disabilities to make them feel more prepared for the medical profession.

Currently in Australia, the Medical Deans of Australia and New Zealand (MDANZ) Inherent Requirements for Studying Medicine in Australia and New Zealand are a guide which medical schools may choose or choose not to follow. All medical schools in Queensland are represented on the Medical Deans' working group established to undertake the review of the Medical Deans guideline statement, along with members from many other medical schools across Australia and New Zealand, representatives from a number of key stakeholders (including students and regulators), and Dr Dinesh Palipana of Doctors with Disabilities.

Some medical schools, such as Griffith University, have chosen not to use the MDANZ Inherent Requirements for Studying Medicine in Australia and New Zealand as the requirements are generally not viewed as inclusive.⁵ Griffith University have instead decided to adapt them to be more inclusive.

This position statement outlines AMA Queensland's position on doctors with disabilities and admission into medical school.

1. Key points

- 1.1. AMA Queensland is strongly supportive of equal opportunities and believes that medical schools, colleges and medical workplaces should work to enact equal opportunity legislation and policies to eliminate discrimination or harassment on the basis of physical and mental disabilities.⁶
- 1.2. AMA Queensland supports individuals with physical or intellectual disability pursuing a medical career to the extent of their disability, contingent on their ability to offer safe and adequate patient care.
- 1.3. AMA Queensland believes that students require support at all stages to complete medical school and specialty training to achieve any medical career, to the maximum extent that the student's physical ability allows.
- 1.4. AMA Queensland is excited to work with colleges and medical schools to try implement disability friendly policies to make it easier for medical students who want to become doctors and easier for doctors training to become specialists.

⁵ Prof. David Ellwood, personal communication, 02 September 2019.

⁶ Australian Medical Association. (2016). "Equal Opportunity in the Medical Workforce." Retrieved from <https://ama.com.au/position-statement/equal-opportunity-medical-workforce-2016>

- 1.5. AMA Queensland has been unable to quantify how many people living with a disability have not applied to enrol in medical school believing that their disability would be a barrier to them being accepted into course.
- 1.6. The primary recommendation for medical schools in Queensland is to review the approach taken by the UK and US, as demonstrated in figures 1 and 2.
- 1.7. The main approach medical schools in Queensland should take is to form a support group that the student living with a disability can join or to obtain advice from the school about how they can participate in the course to the fullest extent possible.
- 1.8. Specialist Colleges should employ a disabilities support/wellbeing officer who has knowledge of the MDANZ Inherent requirements for studying medicine in Australia and New Zealand and knowledge of appropriate disability support services.⁷
- 1.9. It is important to reassure the doctor living with a disability that their disability will not automatically hinder them from obtaining employment, as there are many specialists living with a disability who have very successful careers.⁸
- 1.10. Competency as a doctor isn't necessarily linked to their physical ability, but is instead linked to their values and behaviours towards patients and treating patients with respect.

2. Policy

2.1 AMA Queensland calls upon medical schools and specialist colleges to:

- i. Adjust their University/college policies to make them more inclusive (in line with the UK and US approaches).
- ii. Work collaboratively with University support staff to make the University a more inclusive environment.⁹
- iii. Follow the US approach by providing staff with more training on how to manage students living with a disability, whether it be mental or physical.
- iv. Adjust the curriculum and assess whether content and language of the course is inclusive.

2.2 AMA Queensland calls on the Medical Deans of Australia and New Zealand to:

- v. Adjust the Inherent Requirements for Studying Medicine in Australia and New Zealand to include more inclusive language.¹⁰
- vi. Review the specificity of the inherent requirements.¹¹
- vii. Consider developing a document to provide guidance to medical schools and colleges regarding reasonable adjustment.¹²

⁷ Australian Medical Students Association. (2019). "Medical Students with Disabilities." Retrieved from <https://www.amsa.org.au/sites/amsa.org.au/files/Medical%20Students%20with%20Disabilities%20%282019%29.pdf>

⁸ General Medical Council, (2008), "Welcome and Valued: Supporting Disabled Learners in Medical Education and Training. Retrieved from: https://www.gmc-uk.org/-/media/documents/welcome-and-valued_pdf-78466923.pdf

⁹ Australian Medical Students Association. (2019). "Medical Students with Disabilities." Retrieved from <https://www.amsa.org.au/sites/amsa.org.au/files/Medical%20Students%20with%20Disabilities%20%282019%29.pdf>

¹⁰ Letter to MDANZ from AMA, 03 June 2016.

¹¹ Ibid.

¹² Ibid.

- viii. AMA Queensland notes that the MDANZ have already started to undertake these recommendations and commends them for their efforts.

2.3 AMA Queensland calls on employers (hospitals and clinics) to:

- ix. Have sufficient support services in place for doctors in training, including hiring a disability support officer¹³
- x. Provide an encouraging and accessible environment for doctors living with a disability
- xi. Ensure patient and doctor safety is not compromised.

3. Overview of the Queensland Approach

AMA Queensland wrote to all Queensland medical schools and medical colleges seeking their feedback on three queries:

- To identify the existing policies and support services which exist in their medical school/college for assisting people living with a disability;
- Whether they have an advisory service for students living with a disability; and
- To identify the main barriers in creating an inclusive environment in the medical school/college for people living with a disability.

Case Study 1: Gold Coast Health

Gold Coast Health has committed to meeting its disability employment obligations as detailed in the Gold Coast Health Diversity and Inclusion Strategy 2017-2022. As indicated in the Gold Coast Diversity and Inclusion Action Plan, Gold Coast Health is looking at supporting this obligation through piloting a Medical Internship Program for Doctors with disability. Gold Coast Health Chair, Ian Langdon, supports the creation of this pilot process by prioritising four positions out of approximately 90 internships for doctors with disability.

Work is underway to understand which medical teams within Gold Coast Health have an inclusive workplace environment to support doctors with disability through their internship. This pilot will require collaboration between the Office of the Chief Medical Officer (Department of Health) and Jeremy Wellwood (Executive Director, Clinical Governance Education and Research, Gold Coast Health). Additionally, there is also work underway to understand how the current special consideration mechanism in the Queensland Health internship process could be used to prioritise these positions for the 2022 cohort.

3.1 Support services and policies

3.1.1 Medical schools

3.1.1.1 Griffith University

- Griffith University have a very comprehensive list of student with disabilities policies (see appendix 3).

¹³ Australian Medical Students Association. (2019). "Medical Students with Disabilities." Retrieved from <https://www.amsa.org.au/sites/amsa.org.au/files/Medical%20Students%20with%20Disabilities%20%282019%29.pdf>

- Griffith University is currently working with Dr Dinesh Palipana to review the MDANZ Inherent Requirements document.
- Griffith University does not use the MDANZ inherent requirements as they prefer to use a more a more inclusive approach to assessing suitability, as indicated in correspondence received from Professor David Ellwood, Head of School, Dean of Medicine at Griffith University.¹⁴
- Currently in the process of developing an ‘Inherent Requirements for studying Medicine at Griffith University’ document.¹⁵
- Extensive support services available to students with a disability and training University staff to be more informed of supporting students living with a disability.¹⁶

3.1.1.2 University of Queensland

- Follows State and Federal Legislation and standards, in addition to having relevant University policies and procedures for supporting students living with a disability.
- The Diversity, Disability and Inclusion team develops plans for academic accommodations with students and discusses accessibility requirements for students with disabilities, medical conditions, mental health conditions, illness or injury.¹⁷
- Has a dedicated Medical Student Support Team and Disability Advisors who provide support and advocacy for medical students with chronic health conditions, mental health conditions, illness and injury.

3.1.1.3 James Cook University

- AccessAbility service available to students who have a short or long term disability, injury, illness or health condition. The AccessAbility service ensures that students have sufficient access to appropriate adjustments so that they can work to their full potential.¹⁸

3.1.1.4 Bond University

- Bond University have stated that they have a disability policy in place as well as a student support policy
- Bond have identified the main barrier as being limited guidance on how and when to implement the MDANZ inherent requirements
- The other identified barrier is that students often choose to keep their disability confidential.

3.1.1.5 Barriers in medical schools

¹⁴ Prof. David Ellwood, personal communication, 02 September 2019.

¹⁵ Ibid.

¹⁶ Griffith University (2019). “Students with Disabilities, Injuries or health Conditions.” Retrieved from: <https://www.griffith.edu.au/student-services/diversity-inclusion/transition-and-disabilities>

¹⁷ University of Queensland (2019). “Diversity, Disability and Inclusion Services.” Retrieved from <https://www.uq.edu.au/student-services/disability>

¹⁸ James Cook University (2019). “AccessAbility Services.” Retrieved from <https://www.jcu.edu.au/student-equity-and-wellbeing/accessability>

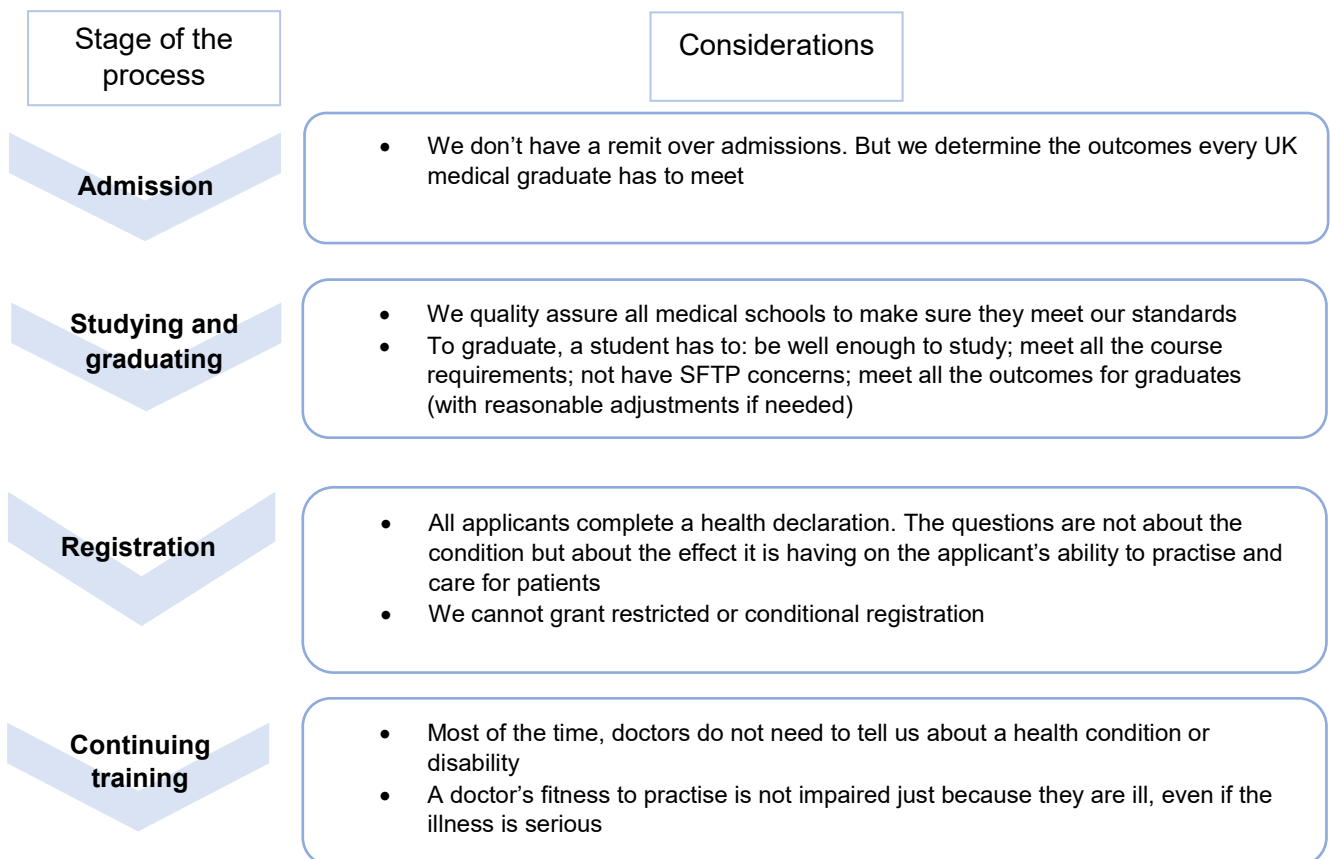
Half the schools identified no barriers in creating an inclusive environment, while the other schools identified the main barrier as students not disclosing their disability until it was necessary to do so. In other words, the medical schools are seeking students to voluntarily disclose their disability so the school can address the students' needs early.

3.2 Specialist Medical Colleges

- Not many specialist medical colleges have specific policies for doctors living with a disability
- Most colleges identified the main barrier for people living with a disability is that their disability may hinder their chance of meeting the requirements for that specialty
- Royal College of Pathologists of Australia (RCPA) have identified very few barriers to creating an inclusive environment for trainees. The RCPA has trained and welcomed several pathologists living with a disability who have moved achieved very successful careers
- The Royal Australasian College of Physicians has identified that there needs to be more done in order to recognise what the barriers are that hinder the creation of a more inclusive environment. The fact that medical colleges are acknowledging this already is a step forward.

Appendix 1: How to support a medical student living with a disability through medical school (UK example)

The General Medical Council (GMC) is an independent regulatory agency for doctors in the UK including setting the development of regulations and standards for doctors.¹⁹ The figure below illustrates the consideration the GMC provides when considering the fitness of a medical student to become a doctor.



1: https://www.gmc-uk.org/-/media/documents/welcomed-and-valued_pdf-78466923.pdf

The UK GMC is firm in their belief that “no health condition or disability by virtue of its diagnosis automatically prohibits an individual from studying or practising medicine.”²⁰ The GMC also believes that a diverse population deserves a diverse workforce to help cater to their needs on a more personalised level.²¹ In the UK, medical schools have shown that there are 3,727 medical student with a disability which equates to 9% of the medical student population in the UK.²² Additionally, 1% of doctors in training have been declared to have a disability.²³ The GMC has advised that medical schools have a duty to make reasonable adjustments to avoid putting a

¹⁹ General Medical Council, (2019), “What we do and why.” Retrieved from: <https://www.gmc-uk.org/about/what-we-do-and-why>

²⁰ General Medical Council, (2008), “Welcome and Valued: Supporting Disabled Learners in Medical Education and Training. Retrieved from: https://www.gmc-uk.org/-/media/documents/welcomed-and-valued_pdf-78466923.pdf

²¹ Ibid.

²² Ibid.

²³ Ibid.

student with a disability at a disadvantage.²⁴ This involves permitted periods of absence for the medical student to attend doctor appointments and ensuring that there is adequate access to lecture theatres and labs with the use of ramps.

The GMC has set out a useful 7 step process for medical schools as a guide to better support undergraduate medical students living with a disability, which will be set out in figure 2. The step by step process will be discussed in more detail. The GMC has also established a similar step by step process for post-graduate study.

Step 1: Form a support group

The group would have a designated person to support students living with a disability. This group would benefit from having representatives from student support services, disability services, occupational health services and a representative who knows of the academic and clinical components of the course. The group would meet with the student to discuss any concerns they may have.

Step 2: Decide on key contacts

This step involves nominating a key person who will communicate with the student for anything relating to their health condition or disability. The GMC recommends the person be from the support group.

Step 3: Develop confidentiality agreements

It is important to keep all information about the student confidential and the student must be provided with how their information will be used. The medical school may find it useful to keep a record of the conversations between the student and support group so that the student can refer to it.

Step 4: Case conference/joint meeting

The support group can organise a meeting between the student and themselves. This meeting would involve discussing with the student how their disability may impact their studies and try to reach a decision about what the best practice is to help this. The support group will discuss with the student different components relating to their study, such as transport and accommodation, academic components, laboratory environments, assessment components and care arrangements.

Step 5: Can the student be supported to meet outcomes?

The support group assesses whether the student can meet the skills and procedures set out in the outcomes for graduates (Australian equivalent being the MDANZ Inherent Requirements). The support group also explores with the student what they might struggle with and what strategies and support can be offered to them. If the school decides that the students can meet the outcomes, then the support group can form an action plan (step 6).

Step 6: Create an action plan

The support group will work with the student to determine what support should be put in place to allow the student to reach their full potential. Similar to step 4, the action plan will set out the support available to the student in each component of the course.

Step 7: Monitoring and review

The medical school may want to appoint someone who is responsible for the action plan implementation. This step will involve the student and the support group meeting regularly and reviewing how the course is going and how well the student is dealing with the course.

2: <https://www.gmc-uk.org/-/media/latest-welcomed-and-valued-full-guidance.pdf>

²⁴ Ibid.

Support for the Medical Student Once They Have Commenced the Course

Once the medical school has gone through the 7 step process, it is time for the student to commence study. Throughout the course, the medical school is encouraged to promote health and wellbeing to their students due to the demands and stress of studying medicine.²⁵ This can be done by running campaigns about student wellbeing and the importance of students looking after their health and wellbeing by eating appropriately, trying to obtain enough sleep and doing things to relax. In addition to running campaigns, medical schools should be aware of a student's evolving needs, especially for those students living with a disability, as their needs may change as they advance through the degree.

This could involve having regular conversations with the student and checking whether there is more that could be done regarding support available to the student. For instance, if the student becomes unwell during the course they may need some time off, this should be discussed at the earliest opportunity with their supervisor and be brought to the attention of the support group. This would involve the support group convening and discussing why the student should take time off, for how long, if the student is able to catch up on missed work and how the school will reintegrate them back into the course. As Medicine involves clinical components, it is recommended that medical schools provide support services at their placement locations and to offer the student a chance to shadow clinical placements before starting the placement, just so they know their way around the environment.

²⁵ General Medical Council, (2008), "Welcome and Valued: Supporting Disabled Learners in Medical Education and Training, 65. Retrieved from: https://www.gmc-uk.org/-/media/documents/welcomed-and-valued_pdf-78466923.pdf.

Appendix 2: How to support a medical student living with a disability through medical school (US example)

The main guideline which exists in relation to medical students living with disabilities in the United States is the *Accessibility, Inclusion and Action in Medical Education*²⁶ from the Association of American Medical Colleges. The guide identifies four considerations to make environments more suitable for students living with a disability.

The four considerations are:

Consideration 1: Fostering an Inclusive Institutional Culture

In this first consideration, there are 9 activities medical schools should follow. These will be discussed in turn.

1. *Provide professional development training*

This would involve faculty staff going through professional development training regarding how to communicate with people about disabilities and integrating appropriate content about disability into the curriculum.

2. *Evaluate curricula and pedagogy*

This action would involve staff assessing language and content of the course and whether it reflects best practice for students living with disabilities and are accessible and respectful.

3. *Conduct awareness training which highlights successful students with disabilities who have moved into the medical profession.*

4. *Work towards full accessibility for clinicians, learners and patients*

This step primarily involves construction of the medical school to make it accessible. This involves developing a universal design approach for construction and physical space across the medical school, with particular attention to access for all users from the start of all new design or renovation projects. This step also involves taking into account student and staff requests.

²⁶Association of American Medical Colleges (2018) *Accessibility, Inclusion and Action in Medical Education* Association of American Medical Colleges Washington DC.

5. *Integrate disability into diversity initiatives, efforts and language*

This step involves ensuring that diversity initiatives, such as training, explicitly include those for people living with a disability. This step also includes identifying or developing scholarships and support programs for medical students living with disabilities.

6. *Include disability competency in the core cultural competency curriculum*

7. *Hire faculty, administrators and clinicians with disabilities*

This may contribute to a better understanding of disability and have a positive impact on the culture towards disability. The staff may also work as mentors for the students.

8. *Designate a disability service provider (DSP) for the medical school*

This involves hiring someone with specialised training in disability services and disability/discrimination law.

9. *Publicise disability service policies and procedures*

Posting clear information about the policy and making it known on the medical school's website is important to ensure that members of the public and students know that disability services are accessible.

Consideration 2: Supporting Disability Service Providers in Medical Education

This consideration involves one action, namely following promising practices. This action involves working with students to identify necessary accommodations in the classroom and clinic and support that implementation in a timely manner.

Consideration 3: Enhancing Points of Contact with Learners

This step primarily involves improving communication between students and specific points of contact. The different points of contact will be discussed below.

Admissions Office Staff:

Admissions staff are a vital point of contact to ensure that students with disabilities are aware of the support services offered, requirements for admission into medical practice and the medical standards. Admissions offices should post information about disability services on their website so

that it is easy to find for students. Additionally, admissions offices should be welcoming and inclusive for students.

Student Affairs Staff and Orientation Planners:

Student affairs staff should be welcoming to students by ensuring that activities and spaces are accessible for students with disabilities and encourage other students to be diverse. Additionally, consideration should be given to whether students with disabilities can access orientation activities. It should be advertised that all rooms and spaces are wheelchair accessible and that students should not hesitate to ask for help if needed. When students attend orientation activities, there is a strong focus on social justice activities. While these activities are important, it is recommended that orientation programs should include introducing disability services as part of the agenda. This includes a statement of the disability services available and how to access those services.

Faculty:

Each faculty should be educated on disability including etiquette and the appropriate use of language. Planning for students with disabilities should also be considered, including planning exams and room bookings for students with disabilities.

Consideration 4: Evaluating technical standards

When drafting technical standards for the medical school, it is important to give careful consideration of what is truly essential. This means “focussing on “the what” (competency) rather than “the how” (how the skill is to be completed), keeping in mind that “the how” may be accommodated.”²⁷ A key component of this consideration is to promote wellness by making sure students are aware of the support services available. Additionally, it is important to normalise seeking help to encourage student to seek mental health services.

²⁷ Association of American Medical Colleges (2018) *Accessibility, Inclusion and Action in Medical Education* Association of American Medical Colleges Washington DC.

Case Study: University of Michigan

The University of Michigan (UME) is a leading example of an American University who has technical standards which are inclusive of medical students with disabilities. UME has amended their technical standards to make them more inclusive of students with disabilities by adding the following phrase to every skill, “where a candidate’s ability to observe or acquire information through these... is compromised, the candidate must demonstrate alternative means and/or abilities to acquire essential observational information”.

For example, for the motor skills section, if a student cannot complete certain tasks due to compromised motor skills, the student will have to demonstrate alternative means and/or abilities to retrieve physical findings. As well as accommodating students with physical disabilities, the UME has also made changes for students with learning disabilities, mental illness and attention deficit hyperactivity disorder by offering extra time on exams or exam conditions with limited distractions. At the UME, there is a specific contact person that students with disabilities can contact for guidance on how to have full access to disability services at the University, including contacting exam coordinators to arrange suitable exam conditions. Additionally, in 2018, Lisa Meeks who is a professor at the UME started a campaign called #DocsWithDisabilities, which highlights and embraces diversity among healthcare professionals. This campaign involved finding at least 20 physicians who wanted to share their stories.

Appendix 3: Example - Griffith University Policy – Students with Disabilities



Students with Disabilities Policy

Approving authority	Academic Committee
Approval date	13 September 2018 (3/2018 Academic Committee meeting)
Advisor	Manager, Student Diversity and Inclusion Student Services gm.obrien@griffith.edu.au (07) 373 55110
Next scheduled review	2023
Document URL	http://policies.griffith.edu.au/pdf/Students with Disabilities Policy.pdf
TRIM document	2019/0000061
Description	This policy states the University's commitment to increasing and enhancing opportunities for people with disabilities to access higher education and graduate employment. It sets out the principles upon which the University's commitment is based.

Related policy documents:

[Disability Discrimination Act 1992 \(Cth\)](#)

[Disability Standards for Education 2005](#)

[Disability Action Plan 20²⁸8-2020](#)

[Undergraduate Programs Admission Policy](#)

[Inability to Complete Required Components of Professional Qualification](#)

[Student Charter](#)

[Student Review and Appeals Policy](#)

1. Introduction

Griffith University is committed to increasing and enhancing opportunities for people with disabilities to access higher education and graduate employment. This commitment is based on a philosophy of equity and inclusion reflected in Griffith's Disability Action Plan which reinforces a contemporary model of disability which addresses barriers that exclude people with disabilities and provides practical and timely support as appropriate.

The University is required to comply with the Anti-Discrimination Act 1991 (Qld), the Disability Discrimination Act 1992 (Cth) and the Disability Standards for Education 2005 (Cth). When fulfilling its obligations to students with disabilities, the University acts in accordance with the principles embodied in and requirements of other relevant legislation, standards and guidelines such as:

[Student Review and Appeals Procedures](#)

[Student Complaints Policy](#)

[Student Complaints Procedures](#)

[Student Misconduct Policy](#)

[Assessment Policy](#)

[Reasonable Adjustments for Assessment – Students with Disabilities](#)

[Work-Integrated Learning Policy](#)

[Privacy Plan](#)

[Griffith University Disclosure Statement](#)

- *Disability (Access to Premises – Buildings) Standards 2010*;
 - *World Wide Web Access: Disability Discrimination Act Advisory Notes* as well as privacy, freedom of information, workplace health and safety legislation and legislation governing professional bodies.
-

2. Definitions

In the context of this policy:

A student with a disability refers to an enrolled student of the University with a **disability** that in relation to a person means:

- total or partial loss of the person's bodily or mental functions; or
- total or partial loss of a part of the body; or
- the presence in the body of organisms causing disease or illness; or
- the presence in the body of organisms capable of causing disease or illness; or
- the malfunction, malformation or disfigurement of a part of the person's body; or
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour; and includes a **disability** that:
- presently exists; or
- previously existed but no longer exists; or
- may exist in the future; or is imputed to a person; resulting in a reduced ability to access educational services provided by the University including assessment tasks and a requirement for reasonable adjustments and/or support services to address these barriers. A student who is pregnant and does not meet the above criteria is not a student with a disability.

An adjustment is a measure or action (or group of measures or actions) taken by the University that has the effect of assisting a student with a disability

- in relation to an admission or enrolment — to apply for the admission or enrolment;
- in relation to a course or program — to participate in the course or program; and
- An adjustment is reasonable in relation to a student with a disability if it balances the interests of all an adjustment is **reasonable** in relation to a student with a disability if it balances the

interests of all parties affected. The process for assessing whether an adjustment is reasonable is outlined in the Disability Standards for Education 2005 subsection 3.4.

Essential Learning Outcomes are the expression of the set of knowledge, skills and the application of the knowledge and skills that it is essential that a person has acquired and is able to demonstrate as a result of learning in a course or program to preserve the academic integrity of the University's qualifications. These are published on the Programs and Courses website in the form of Program Learning Outcomes (PLOs).

Academic Integrity requires that in providing for students with disabilities, the University continues to ensure the integrity of its courses or programs and assessment requirements and processes, so that those upon whom it confers an award are able to present themselves as having the appropriate knowledge, experience and expertise implicit in the holding of that particular award.²⁹

Responsible academic staff member is the Program Director who may act on the recommendation of the professional practice coordinator, or other academic staff member deemed appropriate by the Dean (Learning and Teaching).

3. Principles

The University aims to:

- provide current and future students with disabilities and alumni with the opportunity to realise their potential for physical, social emotional and intellectual development through full participation in the University;
- raise the awareness of its community regarding the requirements and rights of people with disabilities;
- provide an appropriate level of resources for the implementation of this policy;
- respect an individual's rights to privacy and confidentiality when providing support services to current and future students with disabilities.

The University recognises its obligation to provide a safe physical environment in which students with disabilities can undertake their studies.

The University will:

- endeavour to create an inclusive learning environment that maximizes outcomes for students with disabilities by addressing barriers to access and participation;
- consult with students with disabilities to identify reasonable adjustments that may be required to facilitate their access to and participation in programs and courses on the same basis as students without disabilities;
- identify and uphold the essential academic requirements of its programs and courses;
- ensure that students with disabilities can access support services that it provides on the same basis as other students. In addition, the University will provide specialised support services to students with disabilities so that they may negotiate reasonable adjustments;
- ensure the delivery of such support services to students with disabilities on the same basis as students without disabilities and without these students experiencing discrimination.

²⁹ Ibid.

- Current or future students with disabilities who believe that they will require any reasonable adjustments will be required to disclose the nature of their impairment/medical condition and provide appropriate supporting documentation about its impact on them in the context of the learning environment in a timely manner and to the appropriate staff.

4. Outreach, Admission and Enrolment

The University encourages future students with disabilities to disclose the nature of their disabilities and discuss their requirements during its outreach, admission and enrolment procedures.

4.1 Outreach

The University shall provide access for people with disabilities to its outreach activities.

Outreach encompasses all of the University's activities (e.g. school's liaison, brochures, preparatory courses, information on the University's website etc.) which are designed to make people aware of their opportunities to enter higher education, whether directly from high school or after leaving school.

Outreach is one of the keys to accessing higher education. Future students with disabilities are advised to discuss any specific requirements that they may have in undertaking university study while participating in outreach activities.

4.2 Admission

The University is committed to ensuring that prospective students with disabilities are able to seek admission to the University on the same basis as prospective students without a disability and without experiencing discrimination.

Admission may occur via one of the admission pathways or schemes specified in the Undergraduate Programs Admission Policy. In assessing applications from people with disabilities, the University will give due consideration to the fact that such an applicant may have experienced educational disadvantage because of their disability.

Other admission options – postgraduate

For each postgraduate program, the admission criteria shall be specified as part of the program information available on Study and Degree Finder website. Through postgraduate admission, the University seeks to provide access to persons who have experienced educational disadvantage and in assessing applications from people with disabilities, will give due consideration to the fact that such an applicant may have experienced educational disadvantage because of their disability.

4.3 Enrolment

The enrolment process allows for self-disclosure of a disability. While the University undertakes to assist students with disabilities in their studies, it can do so only if students identify and actively engage in a process to negotiate reasonable adjustments.

5. Making Reasonable Adjustments

The University will provide reasonable adjustments to students with disabilities consistent with the Disabilities Standards for Education 2005.

To assist with the identification of appropriate reasonable adjustments, the University requires students with disabilities seeking adjustments to supply supporting documentation about the nature and impact of their disability/medical condition in the learning environment.

The *Student Charter* states that the University expects students to disclose relevant information about circumstances that may impact on their capacity to undertake their studies for the purpose of making reasonable adjustments. Such evidence must be an accurate reflection of the person's current disability/medical condition and may include medical or other professional advice, reports from previous educational institutions and/or government and community agencies.

In some instances, a detailed independent expert assessment may be required in order to determine the nature of adjustments that are appropriate for an individual student enrolled in specific programs/courses.

The purpose of disclosure is not to exclude students from opportunities but to enable access to a safe environment, with appropriate adjustments, minimising their exposure to risk and risk to others. Students need to be clear about the reason for making the disclosure and what they are required to disclose to receive the support they require. Students have the right to disclose only to disability support staff for the purpose of identifying and implementing appropriate education-related adjustments without having to disclose a disability to all relevant teaching staff. Students in exercising their duty of disclosure are to advise staff in a timely manner of their needs in relation to their disability, including assessment related adjustments. If the University is not advised in a timely manner, then it may be unable to provide a student with specialised support.

6. Availability, Accreditation and Adaptation of Academic Programs

The University endeavours to make all of its academic courses and research activities available to future students with disabilities.

Students with disabilities shall have access to all the University's academic courses, unless in the accreditation of a particular program/course the Academic Committee receives appropriate expert advice that the curriculum could not be adapted to provide students with particular disabilities the opportunity to meet the essential learning outcomes of the program/course.

The University will attempt to adjust existing academic courses to accommodate the range of disabilities that students may have, providing such adjustment does not compromise the academic integrity of the qualification and the essential learning outcomes of the program.

The University encourages academic staff to take account of the diversity within the University's student population in planning an academic program and particularly in the selection of teaching and assessment methods.

7. Learning, Teaching and Assessment Practices

The Disabilities Service within Student Services will act as a point of contact for students with disabilities and the University. If necessary/requested, they will liaise with academic staff to negotiate reasonable adjustments for individual students; however, students with disabilities need to engage in the process.

In consultation with the Manager, Student Diversity and Inclusion or the Disabilities Service, the Heads of Schools shall be responsible for -

- academic counselling services for students with disabilities;
- the supervision and review of the progress of students with disabilities;
- the development of teaching and assessment methods appropriate to students with disabilities.

The University supports reasonable adjustments in assessing the outcomes of academic courses undertaken by students with disabilities through the use of alternate strategies, when such students are prevented by their disability from participating in the same manner as other students under standard assessment conditions. Alternative strategies for assessment may include the mode of questioning, mode of response, the use of specific equipment, use of separate examination rooms and allowing extended periods of time for undertaking assessment. Exemptions or exclusions from assessment tasks on the basis of disability is not a reasonable adjustment as the University is entitled to maintain the academic requirements of the course or program, and other requirements or components that are inherent in or essential to its nature.

8. Community Development

To facilitate the full participation of students with disabilities in the University, academic staff, general staff and fellow students will be given the opportunity to acquire the understanding and competencies necessary to meet the education, support, social and employment needs of these students.

These competencies are to be developed via the provision of training activities, continuing education, interactions with students with disabilities and specialist staff.

The University recognises the important role students play in supporting one another, and the need to raise awareness of the specific requirements of students with disabilities.

Mechanisms for raising the consciousness and responsiveness of staff and students to the requirements of students with disabilities may include -

- incorporation of issues related to student with disabilities in staff development activities or student gatherings;
- encouragement of staff research and scholarship in the area of disabilities;
- embedding, where appropriate, content which reflects issues around disability in the curriculum; and
- production of discussion papers and seminars on issues relevant to students with disabilities in higher education.

9. Language

The University discourages the use of discriminatory language in relation to people with disabilities and encourages thoughtful and intentional use of [inclusive language](#).

10. Physical Environment

The University aims to provide an environment which facilitates quality physical, social, emotional and intellectual experiences for students with disabilities.

The University requires that all new buildings are designed for access and use by students with disabilities in accordance with the appropriate Building Code and design standards. In addition, the University shall develop its own design standards for the construction of buildings to improve access and use by students with disabilities.

The University shall endeavour to improve access to older buildings which do not meet these standards.

The University shall endeavour to schedule lectures, workshop sessions and tutorials for courses in which students with disabilities are enrolled in readily accessible places and at times appropriately spaced enabling students with mobility impairment(s) to move at their own pace to the next scheduled activity.

The University provides accommodation on Nathan and Mt Gravatt campuses which is able to be accessed by students with disabilities.

11. Access to work, integrated learning, professional practice placements and employment

The University facilitates access to training and placement opportunities which will enable its students, graduands and graduates with disabilities to develop appropriate work skills. As more programs incorporate professional placements and/or work integrated learning activities, particular attention will need to be paid to ensuring that students with disabilities can participate in these activities on the same basis as students without disabilities.

Future and current students enrolled in programs are informed of any requirements to undertake mandatory work-integrated learning or professional practice components as a program component via the Programs and Course website. Program information is to include details of any special prerequisites for work placements, such as medical checks, registration of the student by a professional body, police checks or immunisations and academic requirements.

Students enrolled in a professional program who in undertaking learning activities display a disability or health condition that impairs their capacity to undertake a placement may be deemed in the opinion of a responsible academic staff member after consultation with the Disabilities Service to be *unfit to practice* at that time. In such cases the responsible academic staff member may restrict the student from undertaking or continuing the required professional practice component. In making such a decision, the responsible staff member in exercising an educational judgement is to have formed the view that it is not possible to make a reasonable adjustment without compromising the academic integrity of the program, the health and safety of the student and the welfare of others, and the duty of care of the University, involved in providing the professional practice. Refer to *Inability to Complete Required Components of Professional Qualification*.

The University provides all students with a Disclosure Statement for the purpose of advising the relevant Program Director and Course Convenors of any risks to their own health and wellbeing and/or risks they may pose to others in undertaking learning activities within a program. Students are encouraged to review the resource [Choosing your Path, Disclosure: It's a personal decision](https://pubsites.uws.edu.au/ndco/disclosure/) pubsites.uws.edu.au/ndco/disclosure/ prior to completion of the Disclosure Statement. When a Disclosure Statement is made, wherever possible, necessary and 'reasonable', adjustments are made to accommodate such students in undertaking learning activities. However, in cases where students require special services or facilities that in the circumstances cannot reasonably be made available and without

which they are unable to continue to participate in the course the outcome is likely to be an administrative withdrawal from the course without academic or financial penalty.

The University shall develop strategies to take full advantage of funding initiatives aimed at providing employment opportunities for its students, graduands and graduates with disabilities.

12. Disability Action Plan

The University has a [Disability Action Plan](#) that outlines strategies to address issues that may impact on the access and participation of people with disabilities in programs at Griffith University.

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