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Dear Ms Tebbutt

Thank you for inviting the AMA to comment on the *Medical Deans Inherent Requirements for Studying Medicine in Australia and New Zealand*. This response has been informed by the AMA Council of Doctors in Training, and the Australian Medical Students' Association, with feedback from AMA members who have contacted the AMA to discuss the Requirements.

We appreciate the document has been developed to provide national consistency and greater clarity in relation to the inherent requirements for studying medicine. Certainly there is some value in providing individuals with an opportunity to reflect on requirements that might be challenging, rather than seek to exclude those who would manage perfectly well, albeit within perhaps a specific scope of practice. The this end the AMA has concerns about the potentially discriminatory nature of the current document in respect of physical ability and questions the need for such a document in light of existing legislation and guidelines in this area.

Although the document seeks to provide “the greatest access for students with a disability (to study medicine) while ensuring quality patient care”, the actual requirements and language used in the document appear to contradict this objective and may well be seen as discriminatory for those with a physical disability.

Doctors become good doctors because of their ability to synthesise knowledge from information. This document contains a number of very specific requirements based on physical ability which are assumed as self-evident in determining the ability of a doctor to practice medicine. However there is no evidence to substantiate that these are associated with becoming a better or safer doctor. While different requirements may be necessary in different fields, certain tasks may be managed by utilising skill mix in staffing and choosing appropriate terms for compulsory training, and career paths.

We are concerned that the document lists 'inherent requirements' that are of a higher standard than some medical students and practicing doctors currently might meet, and could be used to exclude students with disabilities who have been shown to be capable of completing a medical degree and working as a doctor with reasonable adjustments. This would contradict efforts to improve diversity in the medical workforce.

We believe that medical students should be considered capable to practise medicine until proven otherwise. Where there are concerns about the physical ability of a medical student or doctor, the same rules that apply to other individuals should apply to medicine, and reasonable adjustments

should be made to support the person with the disability. To this end there may be more value in developing a document that provides guidance on the process of reasonable adjustment as opposed to inherent requirements.

An assessment of physical capacity to practice should be done on a case by case basis. If and when physical ability becomes a limiting factor for progression in training, then the individual should have access to appeal if they disagree with that judgement.

Our members have also questioned the reference to a requirement for full time continuous study in the document. Currently, exceptions to the general full time nature of a medical degree are made by medical schools for people with special circumstances, e.g. athletes, and they are able to progress through their course without issue. 'Continuous' study is not defined in the document, and a requirement for continuous study would be counter intuitive to efforts to support flexible work and training environments, and encourage diversity in the workplace.

More specific suggestions on the wording of the current document are attached. We would also encourage the MDANZ to consult with the Human Rights and Equal Opportunities Commission about the proposed document to address any problems HREOC might have with it as well as ensure that it takes the right approach to supporting medical students with a disability.

I would be happy to discuss our response with you further.

Yours sincerely

A handwritten signature in black ink, appearing to read 'JZ', written in a cursive style.

Dr John Zorbas

Chair, AMA Council of Doctors in Training

3 June 2016

jz:sc

More specific suggestions on the wording of the current document

p 8. Non-verbal communication

- Suggest the first line in this section be amended to include 'culturally appropriate':

“Effective non-verbal communication is fundamental to medicine and needs to be respectful, clear, attentive, empathetic, honest, non-judgemental and culturally appropriate.”

p 13 Sustainable performance

- Suggest include a statement to the effect that:

“Reasonable adjustments will be made for students with special requirements where appropriate”.

p 17 Ethical behaviour

- Point 1 should read:

“Adhere to applicable Legislation, Regulations, Codes, Guidelines and Policies...”

- The last sentence under 'At entry' regarding 'previous misdemeanours' suggest add at the end 'within risk management guidelines' to reflect that there is procedural fairness around the process.