Joint Statement:
The importance of disability inclusion within medical education

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Background:

Medical education has increasingly focused on Equity, Diversity, and Inclusion (EDI) initiatives in recent years to create a more diverse physician workforce. For the most part, these EDI initiatives have focused on issues such as race, gender, and ethnic diversity.[1] Largely absent from EDI discussions however is the topic of disability, how it intersects with other identities, and how this too, is part of the diversity and inclusion discussions.[2,6] Improved curriculum/education about disability that is both anti-ableist and anti-oppressive, coupled with the opportunity to learn directly from colleagues with disabilities results in improved patient care, and challenges our pre-existing negative beliefs and stereotypes about disability.[3] The inclusion of people with disabilities in medicine is an effective way to promote health equity, while addressing learner and practitioner retention in the healthcare field.[4]

Current State:

Healthcare disparities for patients with disabilities exist, and physicians are ill-equipped to care for those with disabilities.[7] Within the formal curriculum in medical education in Canada, there is currently minimal discussion of disability occurring as a standalone topic; the discussion that does take place tends to centre around outdated models and stereotypes of disability. Additionally, medical learners with disabilities are grossly underrepresented in the medical education system, and when included, they face significant barriers ranging from structural, cultural, ableist and institutional perspectives.[1,2]

Call to Action:

To truly diversify the health system workforce and improve care disparities for patients with disabilities, disability inclusion must be included in EDI initiatives. The EqHS Lab recommends:

1) The active incorporation of disability when health professions faculties in colleges and universities (such as but not limited to: medicine, dentistry, nursing, pharmacy, rehab sciences, etc.) are addressing EDI issues. Disability is diversity, and the inclusion of this topic is lacking. We suggest adding an "A" to EDI discussions to shift the conversation to "Equity, Diversity, Inclusion, and Accessibility".

2) A standardized national curriculum be created, that teaches the concept of functioning and disability in an actively anti-ableist and anti-oppressive manner. This curriculum can then be operationalized within the specific context of the communities that the health professions faculties are located and serve.

3) Greater representation of learners with disabilities within health professions education programs such that the health system workforce is representative of the patients it serves. This would be applicable to medical learners within medical education, but also all other health professions programs within the health system.

4) That health professions learners with disabilities can belong in their programs. Simply including/admitting students with disabilities is not enough. These students must be set-up to thrive and be supported and included in a way such that they are viewed as an asset, and not a problem. This support should be equitable and include access to designated disability resource professionals outside of faculty, but who have training in health professions education such that they understand the nuances and context that accompany being in health professions programs.

5) That both undergraduate and postgraduate medical education revise their technical standards such that they emphasize abilities, rather than limitations. Additionally, health professions faculties must be willing to engage in creative approaches and policies for learners with respect to inclusion and accommodations in order for these learners to achieve the appropriate and core competencies. This should be done in conjunction with those that have lived experience with various disabilities, both within medicine and outside of medicine.

6) Encourage research and dissemination of innovative approaches to inclusion and accommodation of health professions learners with disabilities. Current gathering of EDI data often neglects disability, therefore, longitudinal data metrics on EDIA demographics, ensuring disability is included, is also needed.

References:

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