

Vision Australia submission

Inclusive Medical Education: Guidance on medical program applicants and Students with a Disability

Submission to: Medical Deans Australia and New Zealand (MDANZ)

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Submission approved by: Chris Edwards, Manager Government Relations and Advocacy, NDIS and Aged Care, Vision Australia.

# Introduction

Vision Australia is providing the following brief comments to assist the MDANZ consultation on the document titled Inclusive Medical Education: Guidance on medical program applicants and Students with a Disability. While we do not have extensive experience in this area, we have conducted research into the barriers experienced by university students who are blind or have low vision, and we feel that the insights we have gained through this and the regular contact we have with our clients will provide useful input into the consultation.

# Vision Australia’s Research

In 2018 Vision Australia released a report titled Online but Offtrack: Barriers to Online Learning Experienced by University Students who are Blind or have Low Vision. This report provides a summary and detailed analysis of research that we conducted in 2017. Of the 35 current and recent university students who took part in the research, 34 reported that they had experienced significant barriers when attempting to study at university. In some cases these barriers forced them to discontinue their studies, and in all cases they caused significant stress and impacted on the mental well-being of students experiencing them.

Some of the barriers that students who are blind or have low vision experience relate to the failure of the developers of some widely-used online learning platforms to comply with international and well-known accessibility guidelines, resulting in the inaccessibility of these platforms to users of screen-reading and screen-magnification software. Other barriers result from an inconsistent approach and commitment across the university sector to the provision of reasonable adjustments to allow students who are blind or have low vision to study effectively. Still other barriers are caused by perverse lecturers who refuse to make their course content accessible and to change their presentation or assessment style to accommodate students who are blind or have low vision.

In view of the widespread prevalence of these significant barriers for university students who are blind or have low vision we are very supportive of initiatives to develop guidance material aimed at providing more certainty and consistency for universities and students alike, and it is most pleasing that MDANZ has taken a proactive approach in the area of medical education.

# Review of Previous Documents

In preparing our comments we reviewed the 2016 document, of which the present consultation document represents a substantial and very welcome revision. We were concerned about the overall content of that 2016 document, and concluded that, if followed, it would prima facie completely exclude any student who is blind or has low vision from studying medicine. We know of students who are blind or have low vision (including students who are Deafblind) in the US and UK who have not only studied medicine successfully, but gone on to pursue careers in various areas of medicine, and the complete exclusion of Australian students would be a most egregious outcome, very much out of step with the principles of equal access and inclusion, as well as international best practice in the provision of medical tuition.

We do, of course, recognise that certain aspects of medical education and practice are inherently extremely difficult or impossible for a person who is blind or has low vision to undertake, but a blanket exclusion of the kind foreshadowed in the 2016 document is simply not appropriate. We share the AMA’s view that:

“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.”

# Comments on the Current Consultation Document

In general, we feel that, unlike the 2016 document, the current consultation document is a valuable resource that creates expectations and recommends processes that better reflect the principles of inclusive education. It provides a strong foundation for further development as experience increases and medical education evolves.

One of the insights from our 2017 research is that students who are blind or have low vision (or any other disability for that matter) often feel that there is a great power imbalance when they are engaged in discussions with universities about their current or prospective program of study. They are negotiating issues that have a long-lasting and often profound impact on their lives, while the university staff are merely fulfilling professional roles within a large and complex bureaucracy and have no personal stake in whether the student studies or not, or, if they do study, whether they succeed or fail. We envisage that in areas such as the study of medicine, which are inherently challenging, competitive and highly formalised, perceptions and consequences of such a power imbalance are even greater unless medical schools are vigorously proactive. They must start from a baseline or default position that an eligible student with a disability is able to study medicine, and must have the opportunity to do so (possibly with suitable reasonable adjustments), and that it is the duty and obligation of the school to do everything it can to facilitate this study, until or unless unanimous agreement to the contrary is reached after careful and considered discussion between the school, the student with a disability, and other relevant parties. We feel that this point deserves greater emphasis in the current consultation document because the attitudes and behaviour of medical school staff will often be the key to whether a student with a disability succeeds or fails, and whether they retain positive feelings of dignity and self-worth.

Students who are blind or have low vision require information to be available in accessible formats. This includes promotional information about the availability of courses, the assistance that can be provided, and the types of reasonable adjustments that may be offered. So in addition to information being “visible and easily found” (p.6), it must be available in formats that are accessible to students who are blind or have low vision.

Following on from our previous comments, we would like to see an explicit reference to reasonable adjustments in the Early Engagement section of the document. It is not sufficient for early engagement to be about questions and concerns: it must also include the provision of information about the types of reasonable adjustments that the school is aware of, and an opportunity for further research to be undertaken if a student requires reasonable adjustments that the school has not previously provided.

# Conclusion

While it may be outside the scope of the current document, we strongly recommend the development of guidance material about the reasonable adjustments that are appropriate for specific disability groups. Any such material would include clear guidance to lecturers and course developers that they, too, have a duty and obligation to be instrumental of those reasonable adjustments. As our 2017 research clearly showed, reasonable adjustments can be derailed by lecturers and tutors who are disengaged from the principles of inclusive education and do not understand their personal responsibilities to students with a disability.

We are happy to provide any additional information or clarification that would assist MDANZ in understanding and incorporating our suggestions, and we look forward to further opportunities to work with MDANZ in the future.

## About Vision Australia

Vision Australia is the largest national provider of services to people who are blind or have low vision in Australia. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision or have a print disability, and their families.

Vision Australia service delivery areas include:

* Registered provider of specialist supports for the NDIS and My Aged Care Aids and Equipment;
* Assistive/Adaptive Technology training and support;
* Seeing Eye Dogs;
* National library services, early childhood and education services and Feelix Library for 0-7 year olds;
* Employment services;
* Production of alternate formats;
* Vision Australia Radio network including a national partnership with Radio for the Print Handicapped;
* NSW Spectacles Program; and
* Government advocacy and engagement.

We work collaboratively with governments, businesses and the community to eliminate the barriers our clients face in making life choices and including fully exercising their rights as Australian citizens.

Vision Australia has unrivalled knowledge and experience through constant interaction with clients and their families, of whom we provide services to more than 26,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of our organisation.

Vision Australia is well placed to advise governments, business and the community on challenges faced by people who are blind or have low vision as well as they support they require to fully participating in community life.

We have a vibrant Client Reference Group, comprising of people with lived experience who are representing the voice and needs of clients of our organisation to the board and management.

Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.