

Policy Document

Disability Entry Pathways (2025)

Executive Summary

Disability is a critical component of diversity in the medical workforce. Doctors and medical students with disabilities strengthen the healthcare system by promoting trust, meeting patient needs and contributing unique perspectives. They are not only valued by the community, but also equally capable of meeting the demands of medical training as their peers. However, students with disabilities remain significantly underrepresented in Medicine. It can be stipulated that medical students with disabilities experience higher attrition rates than the average student. The Australian Indigenous Doctors' Association has stated that First Nations students experience the highest attrition rates of all demographic groups in medicine; if this study was replicated to focus on medical students with disabilities, it is likely that similar results would be yielded, reflecting their longstanding underrepresentation and unmet needs in medical education. However, there is no research to date exploring these concerns.

Current medical school admissions processes are inequitable and present unjust barriers for students with disabilities. These include a lack of consistent criteria, limited reasonable adjustments, and implicit bias in admissions. AMSA believes that there is a deplorable lack of support, equity, and access for students of disability in Medicine. Hence, this policy thus calls for the implementation of a Disability Entry Pathway (DEP) into Medicine to ensure medical school entry processes are equitable, inclusive, and responsive for students with disabilities.

AMSA calls upon the Federal Governments, State Governments, and medical universities to advance with urgency the implementation of the DEP. This policy specifically supports prospective and current medical students with disabilities and urges the lowering of structural barriers that disadvantage them. The policy applies nationally, across all Australian medical universities. Its most significant impact will be seen in tertiary admissions, student services, and national higher education policy. It also has broad implications for the diversity and equity of Australia's future healthcare workforce.

The recent increase in Disability Support Fund (DSF) allocations presents a timely opportunity to advance inclusion in medical education. Establishing a DEP, supported by Commonwealth Supported Places and guided by equitable admissions policies, would be essential to supporting upcoming cohorts. The DEP encompasses accessible admissions information, open discussions regarding eligibility and a supportive selection process.



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Policy Points

AMSA calls upon:

1. The Federal Commonwealth Government to:

- a. Fund and support the development and implementation of a Disability Entry Pathway (DEP) into medicine, with a defined proportion of Commonwealth Supported Places reserved for students with disabilities or proportion of the DSF at full fee paying universities;
- b. Commission a research and consultation process that will investigate and openly report:
 - i. barriers in medical admissions for students with disabilities;
 - ii. necessary modifications to current admissions processes and entry assessments;
 - iii. long-term outcomes of the DEP through a tracer study; and
- c. Ensure that the Disability Support Fund can be transparently and effectively used to:
 - i. support prospective and current medical students with disabilities; and
 - ii. encourage applications from students with disabilities to competitive fields such as medicine.

2. Australian Medical Schools and Specialist Medical Colleges to:

- a. Evaluate the efficacy of disability service provisions at each medical school, prior to establishing a Disability Entry Pathway;
- b. Audit current admissions processes using the MDANZ Disability Inclusion Self-Assessment Tool and develop action plans to address discriminatory barriers;
- c. Institute a Disability Entry Pathway into medicine, alongside consultation with AMSA Disability. This would include:
 - i. Publishing clear and accessible information on admissions processes for students with disabilities, and providing proactive outreach and support for prospective applicants;
 - ii. Ensuring that staff serving as points of contact during the admissions process are culturally competent and equipped to engage respectfully with students; and
 - iii. Having early and open discussions about eligibility, taking a strengths-based approach, where the focus is on whether applicants can demonstrate the necessary capabilities when supported by reasonable adjustments:
 1. Students with underrepresented disabilities within Medicine, such as sensory, neurological and physical disabilities will be the focus of this pathway;
 2. Eligibility can be determined using the following frameworks as a guide:

- a. NDIS Lists A and B; and
 - b. MDANZ inclusive medical education guide: Annexe 1: Reflective questions about studying medicine;
- iv. Evaluating the needs of students on an individual basis and offering appropriate reasonable adjustments such as the option of alternative formats or supplementary tools for interviews;
- v. Ensuring timely and equitable access to reasonable adjustments for standardised selection tests (e.g., UCAT, GAMSAT) through engagement with external examination providers, and supporting prospective students in securing inclusive testing environments;
- vi. Promptly connecting admitted students with disability services to arrange accommodations and facilitate flexible learning arrangements; and
- d. Allocate DSF funding to support end-to-end accommodations for students admitted through the DEP.

3. Medical Student Councils and Medical Societies to:

- a. Ensure that they offer at least one student disability officer position, whose role will involve:
 - i. Providing guidance, peer support, and mentorship to students with disability;
 - ii. Raising awareness of disability-related issues within the student body;
 - iii. Liaising with faculty to identify and address accessibility barriers; and
 - iv. Promoting inclusive policies and practices.
- b. Prioritise candidates with lived experience for this role, where AMSA defines lived experience as:
 - i. living or having lived with a disability, or being a carer for an individual with a disability.
- c. Value the unique perspectives and strengths of students with lived experience; acknowledge, more broadly, that advocacy should be led by people with lived experience where possible;
- d. Support students with disabilities to hold leadership positions, including identifying and addressing barriers such as discrimination, inaccessibility, and exclusion; and
- e. Provide peer support, mentorship, and advocacy channels for students with disabilities navigating medical admissions and education.

Background

THE NEED FOR REPRESENTATION

Despite people with disability making up 21.4% of the Australian population, they remain significantly underrepresented in medical education.(1) In 2015, less than 2% of Australian medical students reported having a disability (2), well below the 8.8% seen in UK medical schools during the same year.(3) While the proportion of students with disabilities in Australian undergraduate programs has risen from 6.2% in 2015 to 12.7% in 2023, it is unclear whether this progress is reflected within medicine programs.(4) Recent policy initiatives, such as the quadrupling of the Disability Support Fund, represent a substantial investment in improving access and participation for students with disabilities in higher education, including medicine (5). However, the impact of these measures on medical school enrolments remains to be fully realised.

Medical students with disabilities are equally likely to complete their medical education and attain a primary medical qualification as their peers.(3) Moreover, there is growing recognition that the lived experiences of doctors with disabilities enhance healthcare delivery, prompting calls for a more equitable and strengths-based approach to determining eligibility for Medicine programs. Approximately 81% of Australians believe that doctors with disabilities or chronic conditions are important to enhancing the provision of healthcare and 75% agree that individuals with disabilities or chronic conditions should be encouraged to pursue medical education.(6) The widespread receptivity towards doctors with disabilities demands the same from the medical community, where medical school admissions remains a key barrier to entry. Globally, there are no dedicated entry pathways for students with disabilities, leaving limited frameworks to build upon. Establishing such a pathway would be a critical step towards inclusion, one in which Australia has the opportunity to lead the way.

BARRIERS IN ADMISSIONS

The Australian Medical Association (AMA)'s 2023 position statement recommends the use of a strengths-based approach to facilitate the pursuit of medical education and careers by people with disabilities.(7) It advocates for the implementation of flexible and transparent entry requirements that can be adjusted on an individual basis in order to make pathways into medicine more equitable. The Medical Deans of Australia and New Zealand (MDANZ) also introduced the Inclusive Medical Education Guide in 2021 and an accompanying self-assessment tool for universities to use in evaluating how inclusive their admissions processes are to students with disabilities (8). However, medical universities across Australia have yet to establish consistent policies or frameworks to bring these recommendations into effect.

Poor Accessibility of Information.

Key information on disability disclosure processes, availability of reasonable adjustments, eligibility criteria, and relevant support contacts is often difficult to find,

unclear, or entirely absent from university webpages. Without centralised, easily navigable, and disability-specific guidance, prospective applicants may be deterred from requesting the adjustments they need, lose confidence in the inclusivity of medical programs, and miss opportunities for early engagement with support services. Therefore, we recommend that medical schools prioritise transparency and accessibility in disability support information as a foundational step toward inclusive admissions, which would be best achieved through a standardised pathway.

Inflexibility of Selection Processes.

The current structure and format of medical school admission exams are inherently discriminatory against people with disabilities. Exams such as the Graduate Medical School Admissions Test (GAMSAT) for postgraduate studies, are lengthy, handwritten tests ostensibly measuring cognitive abilities in a rigorous manner.⁽⁹⁾ Even with the provision 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.⁽¹⁰⁾ In addition, the use of “inherent requirements” within medical school admissions creates further exclusion. These requirements are often rigidly applied without sufficient transparency, and with little scope for individualised adjustments, effectively acting as gatekeepers that disproportionately disadvantage students with disabilities. They often reflect assumptions about what constitutes the “normal” student and do not account for alternative, equally valid ways of demonstrating competence, precluding capable students with disabilities from even being considered, regardless of their ability to meet the academic and professional standards of medicine with reasonable accommodations ^(11, 12).

Recognising this, the MDANZ undertook a thorough review of its 2017 Inherent Requirements and, in 2021, replaced them with the Inclusive Medical Education guidance ⁽¹³⁾. This new approach shifts the focus from rigid standards toward a strengths-based framework, emphasizing open dialogue, early disclosure, and tailored accommodations, but is unfortunately underutilised. Furthermore, interviewers may hold unconscious bias against applicants with a disability. Consequently, many applicants are reluctant to disclose their disabilities, which leads to them not receiving the accommodations they are entitled to ⁽³⁾. This further raises the barrier of entry into medical school for students with disabilities and highlights the need for universities to more actively support students with disabilities during the selection process in obtaining the accommodations they need.

Inadequate Admissions Support.

Inadequate support during the admissions process remains a significant barrier for students with disabilities. Many prospective applicants are unsure who to approach for guidance, with information about disability contacts and support services often unclear or buried within broader admissions materials. This discourages early, open discussions about eligibility, reasonable adjustments, and disclosure policies. Even

when contact points exist, staff may lack the training to engage in culturally competent and respectful communication, amplifying the hesitation around disability disclosure, as students may fear stigma, misunderstanding, or that revealing their disability could negatively affect their eligibility (14).

Students are thus left without the confidence to advocate for their needs and may be deterred from applying to medicine programs altogether. This makes it important to ensure comprehensive and respectful admissions support that ensures students with disabilities feel welcome in the Medicine program.

BARRIERS WITHIN MEDICAL EDUCATION

Students with disabilities continue to face both intentional and unintentional discrimination and barriers to education. This may include the inaccessibility of learning activities, discriminatory attitudes from peers and educators, and unequal treatment on the basis of disability. For example, some students face difficulties accessing laboratories as wheelchair users and are excluded from additional learning activities when their accessibility needs are perceived as too complex to accommodate. In addition, students with disabilities sometimes face extra administrative requirements, such as additional approvals or training that are not expected of their peers. These experiences highlight that, while legislative protections and university policies are in place, the ground realities are vastly different. As a result, many students with disabilities are compelled to advocate for their needs to secure adjustments and participate fully in their studies.

IMPORTANCE OF LIVED EXPERIENCE-LED ADVOCACY

Students with lived experience of disability bring unique insights into the barriers they face. Without their perspectives, policies and support systems risk being based on assumptions, overlooking practical obstacles, and unintentionally reinforcing ableist norms (15). By incorporating lived experience into formal initiatives and leadership roles, medical schools can transform both the culture of medical education and the practical supports available, creating a more inclusive environment where both medical students with disabilities can thrive.

The importance of lived-experience can be seen in the initiatives of various national organizations and student-led groups. The British Medical Association (BMA) has actively involved disabled doctors and medical students in shaping national policies and guidance. Through initiatives such as the “Welcomed and Valued” project, the BMA, in collaboration with the General Medical Council, collects and incorporates feedback directly from disabled medical professionals and students to improve policies on reasonable adjustments, accessibility, and inclusion practices (16). Additionally, medical student-led groups show how powerful shared lived experience can be in driving change. The Medical Students with Disabilities and Chronic Illnesses (MSDCI) organisation in the U.S. brings together students across different medical schools. Through peer networks, mentorship, and chapter-based advocacy, MSDCI provides a space where disabled students can openly share experiences, support one another, and collectively push for improvements in medical education.

Their work goes beyond individual support; it raises the visibility of disabled students within medicine, challenges stigma, and advocates for systemic changes to make medical training more accessible and equitable (17). These examples highlight the need for a student disability officer in medical universities to ensure that advocacy and support is grounded in real challenges and genuinely address the needs of students with disabilities, rather than being merely symbolic.



For More Information

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