Position Statement on Health Workforce Education and Training to Support People with Intellectual Disability: Background and Evidence

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National Centre of Excellence in Intellectual Disability Health

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About us

The National Centre of Excellence in Intellectual Disability Health (the 'Centre') was established in response to the significant health disadvantage experienced by people with intellectual disability. The Centre supports the delivery of the Australian Government's *National Roadmap for Improving the Health of People with Intellectual Disability* (2021)[1] and is funded by the Australian Government Department of Health, Disability and Ageing.

The Centre brings together a consortium of 9 leading organisations committed to improving health outcomes for people with intellectual disability, including:

- Centre for Disability Studies (affiliate of the University of Sydney)
- Council for Intellectual Disability
- Down Syndrome Australia
- First Peoples Disability Network
- Queensland Centre of Excellence in Intellectual Disability and Autism Health
- Queenslanders with Disability Network
- The Kids Research Institute Australia
- The University of Melbourne
- The University of New South Wales

The Centre is also supported by a network of over 50 partner and collaborator organisations spanning health, disability, advocacy and research sectors.

Our vision is that every person with intellectual disability in Australia gets high-quality health care.

Our mission is to work together with people with intellectual disability to make their health as good as it can be.

Purpose

The purpose of this background and evidence paper (referred to throughout this document as the Supplementary Paper) is to detail the evidence and methods that were used to develop the Centre's Position Statement on Health Workforce Education and Training to Support People with Intellectual Disability (the Position Statement). This Supplementary Paper provides further guidance on the key recommendations outlined in the Position Statement. It will also be used to support the Centre's advocacy efforts.

Language used

The Position Statement and the Supplementary Paper follow current best practices for communicating about people with intellectual disability, including the use of person-first language. We acknowledge that language preferences may vary among individuals. We also use general terms that are commonly used within the education and accreditation sector. However, we recognise that term usage may vary across disciplines.

Scope

The Position Statement and the Supplementary Paper address the education and training needs of health professionals in delivering quality health care to people with intellectual disability.

When referring to health professionals, we mean those working in professions that are:

- regulated by the Australian Health Practitioner Regulation Agency (Ahpra),
- members of the National Alliance of Self Regulating Health Professions (including qualifying and provisional members), or
- other self-regulating health professions.

These professions include nursing, dentistry, medicine, paramedicine, allied health and other health professions.

We acknowledge that other staff, such as support workers, health managers and administrative personnel, may also play a direct or indirect role in supporting the health of people with intellectual disability. We acknowledge that these staff have

their own education and training needs which are outside the scope of the Position Statement and this Supplementary Paper.

Co-development of the Position Statement

Key points

- The Position Statement was co-designed with people with intellectual disability and their support networks, peak health professional bodies, academics, advocates and health and disability service providers, with consideration of the available evidence.
- Key messages and recommendations were shaped collaboratively, using lived and professional expertise.

The Position Statement was developed through a co-design and engagement process, bringing together diverse lived and professional expertise from across Australia.

The Position Statement was developed over four phases:

1. Review of relevant research and policy documents
2. Professional and lived experience engagement
3. Drafting
4. Feedback and finalisation

Phase 1: Review of relevant literature and policy documents

A review of existing research and policies was carried out to identify current training practices, needs and strategies to prepare the health workforce to support people with intellectual disability. Key findings from the review are summarised in the Background section of this Supplementary paper. The key findings helped to inform the development of our engagement approach and were later triangulated with insights from our engagements with stakeholders to develop the key recommendations in the Position Statement.

Phase 2: Professional and lived experience engagement

The engagement approach was co-developed with a team member with intellectual disability and in collaboration with the Centre's Learn and Lead Group. The Learn and Lead Group is a group of people with intellectual disability who directly inform the work of the Centre by providing advice on strategy, projects, events and resources.

Using the co-developed approach, the Centre conducted a series of engagements with:

- people with intellectual disability and their support networks,
- peak health professional bodies (both Ahpra-regulated and self-regulated professions), and
- academics, advocates, and health and disability service providers.

The National Boards of all Ahpra-regulated health professionals were also invited to contribute, however no responses were received during the engagement period.

A total of 48 people took part in the engagement process (see Table 1).

Table 1: Stakeholder groups and engagement approaches

Stakeholder group*	**Approach**	**Number of individual contributors**
People with intellectual disability	Focus groups	9 (including Learn and Lead Group members)
	Interviews	6
Family, carers and supporters of people with intellectual disability	Interviews	4
	Written statements	1
Peak health professional bodies	Focus groups	2
	Interviews	12 (from 10 professional bodies)
	Written statements	1
Academics, advocates, and health and disability service providers	Focus groups	5
	Interviews	8

* Table 1 categorises each participant under the primary role through which they provided input. Some contributors belonged to more than one stakeholder group.

Engagement approaches

Contributors were invited to share their insights on health workforce training needs and solutions and provide suggestions for the content, format and key messages of the Position Statement. Contributors participated in focus groups or semi-structured interviews to provide their insights, and written statements were also accepted from those who preferred this format.

Easy Read information was provided to people with intellectual disability to facilitate understanding of the purpose of the engagement. Interviews and focus groups involving people with intellectual disability were adapted to support inclusive participation, including the use of visual aids, flexible questioning, breaks and participant input into how discussions were conducted. For the Learn and Lead group, a survey was provided prior to the meeting to support preparation for discussion and align with the group's ways of working. The survey included the consultation questions and allowed group members to choose from response options if they were unsure of the kinds of suggestions to provide.

The questions asked in focus groups and interviews were determined together with people with intellectual disability during the development of the engagement approach. The topics discussed in the interviews and focus groups are listed below. While the questions varied slightly depending on the stakeholder group, contributors were asked about:

- whether they think healthcare professionals learn enough about intellectual disability
- their awareness of the training and/or resources that are currently available to upskill the workforce to meet the health needs of people with intellectual disability
- the training and education they believed healthcare professionals need to provide quality health care to people with intellectual disability
- how intellectual disability training could be made feasible for healthcare professionals
- how people with intellectual disability and their families and carers could be included in training healthcare professionals
- their thoughts on implementing mandatory training in intellectual disability for healthcare professionals
- whether they were aware of any plans within their organisation to improve health workforce capacity around intellectual disability
- what the Position Statement should include for it to be impactful and useful to a broad audience
- how the voices of people with intellectual disability could be best included in the Position Statement
- how the Position Statement could be presented so that it is easier to understand for all people
- any exemplar training about intellectual disability that could be highlighted in the Position Statement.

Findings from the engagement process

A thematic approach was used to analyse the engagement findings. Transcripts and notes from focus groups and interviews were reviewed, and common ideas, concerns and suggestions were identified.

The findings identified strong support for foundational training in intellectual disability for all healthcare professionals, focusing on communication, consent, collaboration and adapting practice. Generally, there was widespread support on mandating intellectual disability content in tertiary entry-level health curricula, with suggested content largely aligned to the Intellectual Disability Health Capability Framework. However, views were mixed on whether training should be mandatory for the existing health workforce. There was support for mandating training for large workforces, such as those who are government-employed with additional specialised training recommended depending on a professional's role and how often they work with people with intellectual disability.

Improving awareness of available training and reducing barriers to accessing training was viewed as essential. Involving people with intellectual disability in the design and delivery of training was also frequently suggested as critical to ensuring the relevance and impact of training.

Phase 3: Drafting

The Position Statement and its recommendations were informed by the experiences, concerns and recommendations shared during the engagement process. Suggestions from the engagements were combined with available evidence to shape the Position Statement. Key messages were co-developed, using these findings, by a team including a person with intellectual disability, advocates, health professionals and researchers. Consideration was given to balancing feasibility, applicability across settings and the potential impact on health outcomes when shaping the key messages.

Phase 4: Feedback and finalisation

The draft Position Statement and Supplementary Paper were refined through an internal review process prior to broader consultation. This included feedback from members of the Centre's Health Services Development team, including team

members with intellectual disability, and collaboration with the Centre's Driving Change team to strengthen alignment with policy priorities.

Following internal refinement, the revised drafts were circulated for high-level feedback from Centre-affiliated committees, advisory groups and consortium organisations, many of which included people with intellectual disability. Feedback was collected using a mixed-methods approach, including a survey and a focus group conducted during a Centre Council meeting. In addition, some reviewers chose to provide feedback via email.

The survey asked reviewers whether they agreed with the key sections of the Position Statement (Our Position, The Problem, The Solution, Our Recommendations) and whether the document was clear and easy to read. The same questions were used to guide discussion in the focus group with the Centre Council. Reviewers who indicated uncertainty or disagreement were invited to provide feedback outlining their concerns and/or suggest alternative approaches. All reviewers provided feedback on the Position Statement, but review of this Supplementary Paper was optional. In total, 27 reviewers contributed feedback during this phase (see Table 2).

Table 2: Stakeholder groups and feedback methods

Stakeholder group	**Feedback method(s)**	**Number of reviewers**
Centre Council	Focus group	8
Centre Consortium Leads	Survey, email	5
Centre First Nations Strategy Team	Survey	3
Learn and Lead Group	Survey	7
Centre's National Advisory Committee	Survey, email	4

Overall, feedback reflected broad agreement with the Position Statement and its key messages. Feedback informed refinements to the language and clarity of both documents, and to the framing and applicability of some recommendations in the Position Statement. Once finalised, the Position Statement was adapted into additional formats, including an Easy read document and a video. These versions were developed to improve accessibility, based on suggestions received during the engagement process.

Background

This section summarises research and policies relating to health care for people with intellectual disability and health workforce education and training in this area.

The health status of people with intellectual disability

Key points

- People with intellectual disability have much poorer health than the general population.
- Individuals die significantly younger, face more potentially avoidable deaths and live with more physical and mental health issues.

Approximately 1 in 50 Australians have an intellectual disability.[2, 3] People with intellectual disability experience some of the poorest health outcomes of any group in Australia.[4] Compared to the general population, people with intellectual disability:

- Have a median age at death that is, on average, 27 years less[5]
- Are twice as likely to die from potentially avoidable causes[5]
- Face death rates that are up to 4 times higher[5]
- Are more than twice as likely to experience mental illness[6, 7]
- Experience more physical health conditions such as epilepsy, cerebral palsy, diabetes, asthma, osteoporosis, gum disease, sensory disorders and metabolic and nutritional disorders[8-13]
- Experience higher rates of modifiable risk factors for chronic disease, such as obesity.[10, 14]

Barriers to health care

Key points

- Many of the poor health outcomes for people with intellectual disability are avoidable and result from unfair barriers to health care access and delivery.
- Barriers include poor communication, lack of reasonable adjustments, negatives attitudes and poor coordination between services.
- These barriers reflect a health workforce that is unprepared to meet the health needs of people with intellectual disability.

The World Health Organisation acknowledges that "many of the differences in health outcomes between persons with and without disabilities cannot be explained by the underlying health condition or impairment. These differences are associated with unjust or unfair factors and are avoidable".[15] For people with intellectual disability, failings in health care access and delivery lead to missed opportunities for preventative care, early intervention and ongoing support, significantly contributing to the poor health outcomes of this population.[16, 17]

People with intellectual disability face significant barriers to accessing timely and effective health care that meets their needs.[18] Many of these barriers point to a health workforce that is underprepared to appropriately service this population. Common barriers described by people with intellectual disability and their support networks include:

- **Communication difficulties between the person and the health professional.**[17, 19-25]
  Communication difficulties lead to misunderstandings, inappropriate treatment, limited involvement of the person in decision-making about their own care and increased stress and discomfort during health care interactions.[24, 25]
- **Failure to provide reasonable adjustments in clinical practice.**[18, 24, 26]
  Reasonable adjustments are changes made in the delivery of health care to ensure a person can fully participate in a service and receive the full benefit of that service.[27] Failure to provide reasonable adjustments prevents people with intellectual disability from meaningfully taking part in their own health care.
- **Negative assumptions and attitudes towards people with intellectual disability.**[17, 22, 26, 28]
  Direct and indirect discrimination against people with disability occurs at many levels of society.[29, 30] In health care, common biases toward people with intellectual disability include assumptions about quality of life and their capacity to consent or participate in health decisions.[31] These assumptions can influence decisions about whether a person is worthy of treatment and lead to diagnostic overshadowing.[17] Diagnostic overshadowing is when a person's symptoms or behaviours are incorrectly attributed to their disability rather than to a health or mental health problem.[32]
- **Poor coordination of care between health and disability services.**[21-23, 33]
  Poor coordination can result in disrupted care continuity and inappropriate discharge arrangements.

Health care safety and quality issues for people with intellectual disability

Key points

- People with intellectual disability face unacceptable safety and quality issues in health care, including missed diagnoses and treatment without appropriate consent.
- Some health care experiences are not just ineffective but can be traumatic or harmful.
- These issues reflect a health system and workforce that fails to meet the complex needs of this population.

The barriers faced by people with intellectual disability when accessing health care result in many concerning safety and quality issues, including:

- **Missed or delayed diagnoses and/or treatment**[17, 34]
- **Potentially preventable hospitalisations** which have been shown to be up to 8 times higher for acute conditions and 3 times higher for vaccine-preventable conditions, compared to the general population[35]
- **Frequent repeat presentations to the emergency department** after discharge[36]
- **Difficulty accessing preventive health programs**, such as lower rates of vaccination and cancer screening,[37-40] due to lack of reasonable adjustments
- **Greater exposure to restrictive practices**, including the over-prescription and misuse of psychotropic medication.[23, 41, 42] The *National Disability Insurance Scheme Act 2013 (Cth)* defines a restrictive practice as "any practice or intervention that has the effect of restricting the rights or freedoms of movement of a person with disability".[43]
- **Involuntary treatment without appropriate consent**.[23] For people with intellectual disability, effective participation in health care decisions often relies on the provision of reasonable adjustments, accessible information and supported decision-making. These supports are often inconsistently applied, leading to unnecessary reliance on substitute decision-makers and increasing the risk that treatment proceeds without the person's own preferences being considered or upheld.[31]

These issues reflect not only ineffective health care but, in some cases, harmful care. People with intellectual disability and/or their supporters have described their interactions with the health system as negative and, at times, traumatic.[20, 26, 44]

These safety and quality issues are unacceptable and point to the need for health professionals across a range of disciplines to better manage the complex health needs of people with intellectual disability. Widespread systemic change is also needed to address health care safety and quality issues and prevent harm.

The right to the highest attainable standard of care

Key points

- Australia has agreed to protect the rights of people with disability under international and national laws.
- The United Nations Convention on the Rights of Persons with Disabilities requires the Australian government to ensure health professionals are trained to respect the rights, dignity, autonomy and needs of people with disabilities.

The inequalities faced by people with intellectually disability are misaligned with Australia's commitments under the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD) and its Optional Protocol.[4] Article 25 of the UNCRPD affirms that people with disabilities have "the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability".[45] It requires governments to ensure that people with disability receive the same quality of health care as others (Article 25(a)) and to ensure that health professionals are trained to provide care that respects the rights, dignity, autonomy and needs of people with disabilities (Article 25(d)).

These obligations are reinforced by Australian laws including the *Disability Discrimination Act 1992 (Cth)**, which makes it unlawful to discriminate against a person based on disability when providing services, including health care.[46] This includes a duty to make reasonable adjustments.[47]

*At the time of writing, the *Disability Discrimination Act 1992 (Cth)* is under review.

Lack of skills, knowledge and confidence of the health workforce

Key points

- Many Australian health professionals report feeling unprepared to care for people with intellectual disability due to limited training.

A capable health workforce is essential to ensure that the health needs of people with intellectual disability are met. However, research shows that Australian healthcare professionals have limited knowledge, skills and confidence to meet the health needs of people with intellectual disability and would like further education.[28, 48-50]

Surveys of Australian clinicians across various health disciplines highlight the scale of the issue:

- 38% of general practitioners said they would not be confident to treat people with intellectual disability[51]
- 60% of general practitioners felt that their training was inadequate across all areas of intellectual disability health care[49]
- More than half of registered nurses believed their overall education did not prepare them at all to address the health care needs of people with intellectual disability and/or autism spectrum disorder[52]
- 60% of nurses were not familiar with the concept of reasonable adjustments[52]
- Only 51% of psychologists felt adequately trained to assess and diagnose mental illness in adults with intellectual disability, and 86% wanted further training[53]
- Just 11% of psychologists believed that four-year trained psychologists were skilled in mental health assessment and diagnosis for adults with intellectual disability[53]
- Only 20% of mental health professionals felt their professional development in intellectual disability was sufficient[48]

Health professionals have expressed the need to develop skills in many areas such as communicating effectively with people with intellectual disability,[49, 54-57] coordinating care across health and disability services,[49, 52] and managing challenging behaviours.[52, 55, 58] This is echoed by feedback from people with intellectual disability and their support networks who have highlighted that many care problems are related to clinicians having little or no understanding of working with people with intellectual disability.[21]

Intellectual disability content in university curricula

Key points

- Australian universities offer limited and inconsistent education on intellectual disability, leaving health students underprepared to care for this population upon graduation.
- A national framework (the Intellectual Disability Health Capability Framework) now provides guidance to improve training, but its use by universities is not mandated.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) concluded that the education and training available to health professionals in Australia falls short of what is needed to improve the poor health of this group.[50] Australian universities are generally not required to deliver education about intellectual disability to meet accreditation requirements, and there is no consistent approach to how intellectual disability content is taught.[50]

Systematic audits of health curricula across Australian universities confirm that intellectual disability receives little attention within core programs. These audits found that the amount and methods of teaching varied greatly between universities, and that the presence of intellectual disability content often depended on passionate staff 'champions' rather than on systematic inclusion.[59-62] In medical programs, a median of less than 3 hours of compulsory intellectual disability content was identified across 12 universities, with little progress made since similar gaps were documented 20 years earlier in 1995.[61, 62] Nursing education was similar, with an average of under 4 hours of compulsory intellectual disability content among 15 universities and over half providing no content at all.[59] Few nursing programs included direct clinical contact with people with intellectual disability.[60] Further, a recent review of 450 entry-level programs across 13 health disciplines found that only 21% offered at least one unit that included, or was likely to include, content on intellectual disability.[63]

Together, these findings indicate that health students are likely to enter professional practice with minimal preparation to provide safe and appropriate care to people with intellectual disability. Such limited preparation is not sufficient to address the recognised lack of clinician confidence in this area, nor assist Australia meet its human rights and anti-discrimination requirements.[61]

The Intellectual Disability Health Capability Framework

In response to these shortcomings, and as part of the *National Roadmap for Improving the Health of People with Intellectual Disability* (the National Roadmap), the Australian Government released the *Intellectual Disability Health Capability Framework* (the framework) in 2024.[64] The framework defines the core capabilities required of health graduates to provide quality health care to people with intellectual disability. It provides tailored guidance for accreditation authorities and self-regulating health professions on embedding intellectual disability into standards, and practical tools for universities to integrate this content into curricula.[64]

Intellectual disability in regulatory standards

The framework provides a shared reference point for professional regulatory authorities and education providers; however, it does not impose requirements for curriculum content. References to intellectual disability and related terms vary across the regulatory documents for Ahpra-regulated professions, with most referring only to general expectations of person-centred practice rather than to intellectual disability specifically.

As of January 2026, few accreditation standards for Ahpra-regulated professions include reference to intellectual disability or its related terms. The only occurrences are references to cognitive disability (an umbrella term that encompasses intellectual disability) within guidance on work-integrated learning in the accreditation standards for Aboriginal and Torres Strait Islander health practitioners,[65] Chinese medicine practitioners,[66] medical radiation practitioners,[67] podiatrists[68] and podiatric surgeons.[69]

Similarly, competency standards (sometimes also referred to as professional capabilities or standard for practice) seldom mention intellectual disability or its related terms. Exceptions include the standards for chiropractors,[70] dental practitioners[71] and registered nurses[72] which mention intellectual disability, and the competencies for psychologists, which reference developmental disability.[73]

Training for the existing health workforce

Key points

- There is no formal requirement for qualified health professionals in Australia to undertake training in intellectual disability.
- Uptake of voluntary training programs has been low. Barriers such as time constraints and financial costs make it difficult for both clinicians and employers to engage in or offer this education.

In Australia, there is currently no formal requirement for qualified healthcare professionals to undertake training in intellectual disability. It is up to individual professionals to seek out training, or individual employers to offer it to their staff. By comparison, in England, mandatory training on learning disability (called intellectual disability in Australia) is a statutory requirement for health and social care staff, with service providers accountable for compliance.[74, 75]

While many health professionals would like to engage with intellectual disability training to improve their practice,[51, 53, 55] uptake of training initiatives has been poor. For example, the Primary Care Enhancement Program (PCEP), which provides training on intellectual disability for primary care clinicians, reported limited uptake by general practitioners, despite varied attempts at engagement.[76] Similarly, a survey of health professionals in NSW public health services showed that many staff (46.7%) had never received any formal training in working with people with intellectual disability.[55]

Health professionals face a range of barriers to undertaking disability or intellectual disability training, including time constraints, competing professional development priorities, limited incentives, lack of awareness of available training, financial barriers, and the optional nature of available programs.[76, 77] For those providing services under the National Disability Insurance Scheme (NDIS), the pressure to prioritise billable activities further limits time and capacity to engage in professional development.[77] Research also highlights a shortage of high-quality, accessible training opportunities available to health professionals across Australia.[50, 78] Employers encounter additional challenges in supporting staff to undertake training, such as financial costs and workforce shortages, making it difficult to allocate time for professional development.[79]

Specialist and advanced training pathways

Key points

- Australia lacks specialist and advanced training pathways in health care for people with intellectual disability, leaving health professionals with limited options to build expertise in this area.

Specialist or advanced training pathways in intellectual disability are limited in Australia. This leaves clinicians with few options to build deeper expertise and may contribute to workforce shortages in specialised intellectual disability health roles and services.[54] While psychiatry of intellectual and developmental disability is recognised by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) as an area of practice,[80] there is no formal advanced training certificate or accredited subspecialty pathway.[81, 82] Similarly, there are no recognised intellectual disability specialist pathways for Australian nurses,[54] with training options generally limited to short courses. This contrasts with the United Kingdom where psychiatry of intellectual disability and learning disability nursing are established and regulated specialist fields with recognised qualifications.[83, 84] Research highlights support for the development of intellectual disability specialty and subspecialty training pathways in Australia, particularly within nursing and medicine, to strengthen workforce capacity in this area.[4, 54, 81, 85]

Effectiveness of education and training

Key points

- Training health professionals to better support people with intellectual disability is critical to improve the quality of health care they receive.
- Education and training can improve health workers' knowledge, confidence and attitudes, especially when people with intellectual disability are included in developing or delivering the training.

Enhancing clinician education and training in intellectual disability has been frequently documented as a necessary approach to improve the quality of health care provided to this population.[50, 54, 56, 61, 63, 85, 86] Australia's Disability Strategy for 2021-2031 prioritises building the capability of health service providers to meet the needs of people with disability.[87]

International evidence, mainly from Australia, the United Kingdom, USA and Canada, shows that training for both health students and qualified health

professionals can reduce stigma, enhance their understanding of the complex needs of people with intellectual disability, and improve their confidence and competence to deliver person-centred care.[76, 78, 88-91] Education and training that involves people with intellectual disability has been shown to be particularly favourable and effective, especially in fostering positive attitudes.[52, 63, 85, 90, 92-95] This aligns with the views of many people with intellectual disability, who have advocated for meaningful involvement in shaping the education of those who support them.[96] Clinical placements and experiential learning opportunities are also particularly effective, as they allow health professionals to gain real-world experience in adapting their communication and making reasonable adjustments.[52, 63, 97]

While the effectiveness of education and training about how to improve health care for people with intellectual disability is well supported, the evidence provides less clarity on how training should be optimally delivered, particularly for practising professionals. Recent systematic reviews highlight uncertainty regarding the most effective training modalities, minimum dose of education necessary to improve outcomes, how often refresher training is required and the extent to which improvements are maintained over time.[78, 91]

Recommendations

This section provides additional guidance to the recommendations outlined in the Position Statement.

1. Education about intellectual disability should be a compulsory part of tertiary courses for all future health professionals.

All students studying courses that lead to qualification as a health professional should receive compulsory foundational education on intellectual disability as part of their core training. Compulsory education should apply to all health professions regulated by Ahpra and to all self-regulated health professions.

Compulsory foundational education at the tertiary-level should include, at a minimum:[64]

- **Intellectual disability awareness**, including understanding the health challenges faced by people with intellectual disability and considering how attitudes, biases and beliefs can shape care provision
- **Communication**, including adapting approaches and recognising behaviour as a form of communication
- **Providing evidence-informed health care**, including applying evidence relevant to the health needs of people with intellectual disability to guide clinical reasoning, reasonable adjustments and person-centred care
- **Working collaboratively** with people with intellectual disability, their support networks and other professionals to provide **coordinated care** across services, sectors and transitions
- **Decision-making and consent**, including assessing capacity to consent and facilitating supported decision-making
- **Practising in a responsible, safe and ethical manner**, including understanding the health care rights of people with disability

Why this is important

People with intellectual disability access mainstream health services often.[4] All health professionals are therefore likely to encounter people with intellectual disability in their professional practice and require a foundational understanding of how to recognise and support their needs. Compulsory education will ensure that all future doctors, dentists, nurses, allied health professionals and other health

professionals gain the baseline knowledge and skills they need to provide quality health care to this population. Evidence suggests that starting education early in a health professional's career is best to shape their knowledge, skills and attitudes.[98]

What this means for accreditation authorities and self-regulating health professions

Reflecting Recommendation 6.27 of the Disability Royal Commission's Final Report,[99] we call on accreditation authorities (for Ahpra-regulated health professions) and peak professional bodies (for self-regulating health professions) to:

- Require tertiary education providers to include intellectual disability content in the core curricula of all degrees and certifications that lead to qualification as a healthcare professional. Intellectual disability health education does not need to be stand-alone. Content that focuses specifically on intellectual disability can be integrated with existing content areas such as inclusive health care, person-centred care, communication and legal and ethical issues.
- Mandate this requirement through appropriate mechanisms, such as updating accreditation and practice/competency standards, or other regulatory standards and codes. Including competencies relating to the provision of health care to people with intellectual disability in registration and practice standards is a short-term action under part C of the National Roadmap.
- Draw on examples of professions that have recently included intellectual disability (and related terms) in their competency/practice standards and accreditation standards.
- Refer to the **Intellectual Disability Health Capability Framework** and supporting resources for guidance on curriculum design, learning outcomes and professional competencies related to intellectual disability.[64]

What this means for tertiary educators

We call on university and Technical and Further Education (TAFE) deans, curriculum leaders and educators to:

- Empower future health professionals to deliver safe and effective health care by embedding intellectual disability in the core curricula of all degrees and courses that lead to qualification as a healthcare professional.
- Review current curricula to help inform where intellectual disability content can be integrated. Refer to the **Intellectual Disability Health Capability Framework** and supporting resources for guidance.[64]
- Integrate clinical case studies that focus on adapting practice for people with intellectual disability across coursework, per the National Roadmap.[1]

2. Health students should have more opportunities for clinical and non-clinical placements or other practical learning experiences that allow direct contact with people with intellectual disability.

Why this is important

Clinical placements provide important opportunities for healthcare students to interact with people with intellectual disability. These interactions can improve students' confidence and can positively impact their attitudes towards people with intellectual disability.[52, 97, 100] They allow students to practise adapting their communication and make reasonable adjustments, with the guidance of experienced clinicians. Currently, there are limited opportunities for health students to undertake intellectual disability-focused placements,[50, 52] largely due to a lack of specialised clinical services in the area.[101] Non-clinical placements within, or visits to, disability service providers, disability organisations and schools that provide specialist support for students with disability, can also offer valuable learning experiences. These settings expose students to the broader context of support for people with intellectual disability, alongside the diversity of their needs and lived experiences.[50, 102] Exploring options for student placements in disability settings is a medium-term goal under Part C of the National Roadmap.[1]

Despite the value of clinical and non-clinical placements, current funding models present a significant barrier. Financial support for student supervision and learning in community settings is lacking, especially in aged care, disability services and community health.[50] Since the rollout of the NDIS, disability-related clinical placements for allied health students have become more difficult to facilitate, mainly because supervision time is not billable under the scheme.[77, 103] Better

funding to support both clinical and non-clinical placement opportunities will help to build a more capable health workforce.

What this means for the Australian Government and state and territory governments

We call on the Australian Government Department of Health, Disability and Ageing and state and territory governments (where relevant) to:

- Provide increased financial support for healthcare student placements and supervision in health services, disability services and community settings (such as specialist schools) in line with Recommendation 6.28 of the Disability Royal Commission's Final Report.[99]

What this means for tertiary educators

We call on university and TAFE deans, curriculum leaders and educators to:

- Engage with intellectual disability health services, disability services and schools to explore options for clinical and non-clinical placements, in line with the National Roadmap[1] and Recommendation 9 of the Disability Royal Commission's Public Hearing 10.[50] Refer to the **Intellectual Disability Health Capability Framework resources** for guidance on connecting with the disability sector and a list of organisations that may be able to support placements.[101, 104]

What this means for disability service providers, disability organisations and specialist schools for students with disability

We call on disability service providers, disability organisations and specialist schools to:

- Collaborate with universities to offer quality placement and learning opportunities for students.

3. People with intellectual disability and their support networks should be actively involved in the design, development and delivery of intellectual disability-related education and training.

Why this is important

People with intellectual disability are the experts in their own lives and needs. Involving them and their families, carers and supporters in the education and training of health professionals makes learning authentic, relevant and inclusive. Connecting with and hearing about the lived experience of people with intellectual disability can help students develop positive attitudes, reduce negative misconceptions about capacity and quality of life, and improve their confidence to provide appropriate care to people with intellectual disability.[93, 105, 106] Education and training that is delivered together with people with intellectual disability is favoured by health professionals[88] and leads to better learning outcomes than those delivered without their involvement.[94] Training that excludes the meaningful input of people with intellectual disability and their support networks can lack credibility and fail to adequately reflect the needs of those it is intended to support. Reflecting this, the Disability Royal Commission recommended that education providers adopt teaching practices that involve people with cognitive disability (which includes intellectual disability), wherever possible.[50, 99] Similarly, the *National Safety and Quality Health Service Standards User Guide for the Health Care of People with Intellectual Disability* (NSQHS Standards User Guide) suggests involving people with intellectual disability in workforce training.[27]

What this means for accreditation authorities and self-regulating professions

We call on accreditation authorities (for Ahpra-regulated professions) and peak professional bodies (for self-regulated professions) to:

- Encourage education providers to adopt inclusive teaching practices that involve people with intellectual disability, in line with Recommendation 6.27b of the Disability Royal Commission's Final Report.[99]

What this means for university educators and training providers

We call on university educators and training providers to:

- Include people with intellectual disability in the design, development and delivery of education and training. Payment to a lived experience educator should be the same as payment to any other presenter or expert delivering the education or training.
- Refer to the **Intellectual Disability Health Capability Framework co-education toolkit** for guidance on including people with intellectual disability and their supporters in education and training.[107]

What this means for people with intellectual disability and their support networks

For people with intellectual disability and their support networks, this will mean being:

- Recognised as experts in the health needs of people with intellectual disability.
- Meaningfully involved in shaping the education and training of health professionals in a way that reflects lived experience.

4. Intellectual disability training should be compulsory for all health professionals who work in public hospitals, public outpatient services and public emergency services.

All health professionals working in patient/client-facing roles in the public sector should be required to undertake foundational training in intellectual disability as part of their employment. This compulsory training should apply across all public hospitals, outpatient services, and emergency services, including community health, mental health and justice health services. At a minimum, the training should cover the same foundational content outlined for tertiary education in the guidance for Recommendation 1.

Why this is important

Public health services are where many people with intellectual disability go to for health care. Yet, many staff are not trained to meet the needs of this population.[55] While the inclusion of intellectual disability in tertiary education is essential, it does not reach those already working or trained overseas. Compulsory intellectual disability training for qualified health professionals working in the public sector is a necessary step to ensure all staff provide safe and effective care to people with intellectual disability.

Implementing measures to make public hospital and community health services accessible, trusted and safe for people with intellectual disability is a key short-term action in Part C of the National Roadmap.[1] Compulsory training will support state and territory health departments to work towards this action and to meet the training recommendations set out in the NSQHS Standards User Guide.[27] The NSQHS Standards User Guide recommends that workplace training include intellectual disability awareness, supported decision-making and informed consent, understanding safety and quality risks experienced by people with intellectual disability, applying reasonable adjustments, communicating effectively with people with intellectual disability, critically reflecting on personal attitudes and behaviours towards disability and partnering with people with intellectual disability and their supporters in care.

What this means for state and territory public health departments

We call on state and territory public health departments to:

- Implement compulsory foundational intellectual disability training for all health professional staff employed in public hospitals, public outpatient services and public emergency services.
- Ensure that intellectual disability training meets the ongoing needs of health professionals across varied settings and roles. Training should be designed, developed and delivered in partnership with people with intellectual disability, wherever possible.
- In the immediate term, draw on existing intellectual disability training packages and resources to begin building workforce capacity. See **Appendix 1** for a list of available training.

5. Peak health professional bodies, specialist medical colleges and government-funded health services should provide and promote intellectual disability training and continued professional development (CPD) opportunities among their members and/or staff.

Why this is important

Despite the availability of some intellectual disability training programs, uptake among health professionals has been low.[76] Limited awareness of existing training opportunities presents a key barrier. By providing and promoting training opportunities, peak health professional bodies, specialist medical colleges and government-funded health services can help increase visibility and encourage uptake. Organisational endorsement of training signals its importance and will help to champion the need for competency in providing health care to people with intellectual disability. This is particularly important for professions that are more likely to provide clinical services to people with intellectual disability including:

- Aboriginal and Torres Strait Islander health practitioners and workers
- audiologists
- dentists
- dieticians
- doctors
- exercise physiologists
- genetic counsellors
- nurses
- occupational therapists
- optometrists
- paramedics
- psychologists
- pharmacists
- physiotherapists
- social workers
- speech pathologists

What this means for peak health professional bodies and specialist medical colleges

We call on peak health professional bodies and medical specialist colleges to:

- Raise awareness of available intellectual disability CPD opportunities among their members, reflecting Recommendation 6.29b of the Disability Royal Commission's Final Report.[99] This could include sharing CPD opportunities through member newsletters, magazines, conferences and CPD libraries. See **Appendix 1** for a list of currently available training.

- Support the integration of intellectual disability content and case studies into mainstream CPD activities, to normalise disability-responsive care within routine clinical practice.
- Promote available micro-credentialled courses in intellectual disability among their members. This could include sharing information about micro-credentialled courses through member newsletters, magazines, conferences and training/course lists.

What this means for government-funded health service providers

We call on government-funded health service providers to:

- Provide and promote intellectual disability training and CPD opportunities for their staff, such as through orientation programs, compulsory training, in-service education, supervision and staff training portals.
- Support staff to access external intellectual disability training and micro-credentialled courses.

What this means for health professionals

We encourage all health professionals to:

- Undertake CPD in intellectual disability to assist with providing safe, respectful and quality health care to people with intellectual disability. See **Appendix 1** for a list of currently available training.
- Advocate within your workplace or professional bodies for improved access to intellectual disability training and advise on suggested content and delivery methods that would meet your professional needs.

6. Where specialty training is available for a health profession, intellectual disability should be included in the core curriculum of that specialty training program.

Why this is important

The Disability Royal Commission identified that core capabilities in the provision of health care for people with intellectual disability are not systematically covered in

the training programs of many specialist medical colleges.[50] People with intellectual disability access a wide range of health specialties. Across professions, specialist clinicians would benefit from intellectual disability training that is tailored to their scope of practice. This is particularly important for specialties that have more frequent contact with people with intellectual disability, such as general practice, paediatrics, psychiatry, emergency medicine and rehabilitation.

The Disability Royal Commission, under recommendation 6.29 of its Final Report, recommended that cognitive disability (which includes intellectual disability) be included in the core curricula of several medical specialty training programs.[99] Similarly, embedding intellectual disability training within all specialist medical training programs is identified as a key medium-term action under Part C of the National Roadmap.[1] Extending this approach to specialty training pathways across other health professions reflects the multidisciplinary nature of health care and supports a consistent, system-wide approach to specialist capability development.

What this means for specialist medical colleges and specialty training providers

We call on specialist medical colleges and specialty training providers to:

- Integrate tailored intellectual disability content into specialist training curricula.

7. More high-quality training about intellectual disability should be made available to the health workforce. This should include continued professional development opportunities and pathways for advanced or specialty training for health professionals who wish to specialise in the care of people with intellectual disability.

Why this is important

Intellectual disability CPD opportunities are limited, especially those that incorporate elements tailored to the unique needs of individual health disciplines.[50, 78] Where investment in training has occurred, access is often restricted to staff within specific organisations or health districts, limiting broader reach and impact.

Our engagement process revealed that many health professionals want training that is practical, convenient and discipline specific. To encourage uptake, training should be CPD-accredited and low-cost or free, reducing financial barriers for clinicians and employers who fund or cover staff for training.

Advanced or specialty/sub-specialty intellectual disability training pathways are extremely limited in Australia, leaving clinicians with few opportunities to build deep expertise in supporting this population.[54] The Disability Royal Commission found that better career pathways are needed for aspiring disability specialists.[108] Generalist health services often struggle to meet the complex needs of people with intellectual disability.[109] As in other complex areas of health care, it may be beneficial to facilitate access to clinicians with specialist expertise in intellectual disability.[4, 54, 81, 85, 109] Integrating specialist clinicians into mainstream and specialist settings can help to build workforce capacity and ensure that expertise can be more easily accessed when needed.[109]

What this means for the Australian government and state and territory governments

We call on the Australian Government Department of Health, Disability and Ageing and state and territory governments (where relevant) to:

- Fund the development of high-quality intellectual disability training for the health workforce that is responsive to the needs of health professionals, people with intellectual disability and their support networks. Training should have components that are tailored to different disciplines and be CPD-accredited. Offering training in a range of formats, such as online modules, in-person courses, blended-delivery or short videos, would help meet diverse schedules, locations and learning preferences.
- Fund CPD scholarships or paid training opportunities to offset indirect training costs such as lost income, backfill requirements and unpaid training time.
- Ensure that intellectual disability CPD training is provided free or at a low cost to remove direct financial barriers and incentivise uptake.
- Partner with the National Centre of Excellence in Intellectual Disability Health and disability organisations to draw on their expertise in designing and delivering training.
- Explore pathways for advanced or specialty/sub-specialty training in intellectual disability for health professionals who would like to advance

their skills. This could include opportunities for micro-credentialled courses, post-graduate certifications or structured programs delivered by medical colleges and peak health professional bodies.

What this means for peak health professional bodies and specialist medical colleges

We call on peak health professional bodies and medical specialist colleges to:

- Support and facilitate the accreditation of high-quality intellectual disability training to ensure it qualifies for CPD points or hours to incentivise uptake among members.
- Monitor and respond to member feedback on intellectual disability training needs and preferences.
- Explore and develop programs or pathways for advanced or specialty/sub-specialty training in intellectual disability for health professionals who would like to advance their skills.
- Work together with education providers to develop and provide micro-credentialled courses and/or post-graduate certifications for health professionals who would like to advance their skills in intellectual disability.

8. Health professionals should be given the support they need to put their training into practice. This includes giving health professionals the time and resources they need, such as fair payment for longer consultations and access to specialised teams to support their understanding and practice.

Why this is important

Training alone is not enough to shift health professionals' practice. Health professionals require time, resources and ongoing support to apply what they learn in real-world settings. Evidence shows that the skills gained through professional development are more likely to be sustained when reinforced by supportive workplace cultures and leadership.[110]

Beyond a lack of training, health professionals often face many constraints that limit their ability to provide quality care to people with intellectual disability,

including time pressures and limited access to resources to facilitate reasonable adjustments.[16, 111] Current health care funding models do not adequately support tailored care for the complex needs of this population, which often involves additional time, coordination and adjustments. Without organisational and funding support, training may have limited impact on improving health outcomes for people with intellectual disability. The National Centre of Excellence in Intellectual Disability Health is actively advocating for system-level changes to ensure training is supported and translated into practice.

Access to specialised intellectual disability clinicians and/or teams can also play an important role in supporting health professionals' ongoing understanding and practice. Specialised clinicians or teams may provide joint consultations, case conferences and expert advice to mainstream health professionals, helping them manage complex health needs and develop practical skills in areas where they may feel ill-equipped.[112, 113] The Disability Royal Commission, under recommendation 6.33 of its Final Report, calls on state and territory governments to establish and fund specialised health services for people with cognitive disability, with a role in providing training and support to health professionals.

What this means for the Australian government

We call on the Australian Government Department of Health, Disability and Ageing to:

- Ensure Medicare, the National Disability Insurance Scheme (NDIS) and other funding schemes provide fair payment to clinicians for the additional time and costs associated with providing high-quality health care to people with intellectual disability. This includes monetary support for longer consultations, additional planning and follow-up time, travel for community-based services, multi-disciplinary case conferences, and resource costs required to support reasonable adjustments, including communication supports and software.
- Work with pricing authorities to ensure that hospital pricing frameworks enable the implementation of reasonable adjustments and best-practice models of care for people with intellectual disability.

What this means for state and territory public health departments

We call on state and territory public health departments to:

- Sustainably fund specialised intellectual disability clinical roles and services that provide education, consultation and support to health professionals.

What this means for health service providers

We call on health service providers to:

- Embed inclusive practices into organisational culture.
- Allocate sufficient time and resources for staff to deliver person-centred care to people with intellectual disability.

The Centre's commitment

The Centre is committed to driving meaningful change to ensure that people with intellectual disability receive high-quality health care. We will continue to lobby and advocate for the recommendations outlined in the Position Statement, working together with the government, professional bodies, education providers and people with intellectual disability to ensure that the recommendations are implemented.

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Appendix 1. Training resources for the existing health workforce

The following lists training opportunities for health professionals that were available at the time of publication. The list is not exhaustive, and offerings may change over time. Readers are encouraged to check provider websites for the latest information.

Title and link: Just Include Me

Health profession: All

Type: Online learning

Topics: Inclusion, communication, behaviour as communication, reasonable adjustments, consent and decision-making, virtual care

Duration: 2.5 hours

Author/Provider: Council for Intellectual Disability

Cost: Free

CPD accreditation: Royal Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACRRM)

Title and link: ID Health Education by 3DN

Health profession: All

Type: Online learning

Topics: Multiple courses available – introduction to intellectual disability, adapting healthy lifestyle interventions, communication, consent and decision-making, assessment and management of mental disorders, challenging behaviour, emergency mental health care, cardiometabolic health, dementia, responsible prescribing, supporting carers

Duration: Variable

Author/Provider: 3DN, UNSW

Cost: Variable depending on course ($0-$90)

Title and link: Every Nurse's Business

Health profession: Nurses

Type: Online learning

Topics: Care imperatives, communication, environments of care, supporting positive behaviour, introduction to the NDIS

Duration: 1-4 hours depending on level (foundation, intermediate, advanced)

Author/Provider: Professional Association of Nurses in Developmental Disability Australia (PANDDA)

Cost: Free

Title and link: UQx: Through My Eyes – Intellectual Disability Healthcare around the World

Health profession: All

Type: Online learning

Topics: Daily life of people with intellectual disability, barriers in health care, health care needs and promoting good health

Duration: 4-8 hours

Author/Provider: The University of Queensland

Cost: Free temporary access

Title and link: UQx: Able-Minded – Mental Health and People with Intellectual Disability

Health profession: All

Type: Online learning

Topics: mental health issues and disorders, mental health assessments and screenings, challenging behaviours, treatments, legal and ethical issues

Duration: 5-10 hours

Author/Provider: The University of Queensland

Cost: Free temporary access

Title and link: UQx: Well and Able – Improving the Physical Health of People with Intellectual Disability

Health profession: All

Type: Online learning

Topics: Common health conditions, syndrome-specific health issues, health assessments and health promotion, oral health, complex care associated with ageing, epilepsy and spasticity

Duration: 5-10 hours

Author/Provider: The University of Queensland

Cost: Free temporary access

Title and link: Down Syndrome: The Essentials

Health profession: All

Type: Online learning

Topics: Down syndrome – communication, genetics, prenatal screening, diagnoses, health screening, co-occurring health concerns, inclusion

Duration: 6 hours

Author/Provider: Down Syndrome Australia

Cost: Free

CPD accreditation: Royal Australian College of General Practitioners (RACGP)

Title and link: Psychological and cognitive vulnerabilities of individuals with intellectual disabilities and the criminal justice system

Health profession: Psychologists

Type: Online learning (recorded webinar)

Topics: Psychological and cognitive vulnerabilities of adults with intellectual disability, especially when in contact with the criminal justice system

Duration: 1.5 hours

Author/Provider: Australian Psychological Society

Cost: $30-90

CPD accreditation: Australian Psychological Society

Title and link: Treatment for adults with an intellectual disability or cognitive impairment with challenging/offending behaviours

Health profession: Psychologists

Type: Online learning (recorded webinar)

Topics: Psychological therapies for people with intellectual disabilities

Duration: 1.5 hours

Author/Provider: Australian Psychological Society

Cost: $30-90

CPD accreditation: Australian Psychological Society

Title and link: RANZCP Foundation Masterclass: Intellectual Disability and Psychiatry

Health profession: Psychiatrists

Type: On-demand recorded masterclass

Topics: Role of psychiatrists in working with people with intellectual disability, assessing and managing mental health, assessing and managing behaviours of concern

Duration: 3 hours

Author/Provider: Royal Australian and New Zealand College of Psychiatrists (RANZCP) and National Centre of Excellence in Intellectual Disability Health

Cost: $100-215, depending on member type

CPD accreditation: RANZCP

Title and link: Intellectual disability training videos

Health profession: All

Type: Video series

Topics: Mental health, hospitalisation, respiratory health, diagnosing health problems, common health problems, continuity of care

Duration: Variable (8-17 minutes)

Author/Provider: Agency for Clinical Innovation (NSW Health)

Cost: Free

Title and link: Quality Hospital Care for People with Intellectual Disabilities

Health profession: Hospital staff

Type: Online learning

Topics: Hospital care

Duration: Self-paced

Author/Provider: Living with Disability Research Centre (La Trobe University)

Cost: Free

Title and link: Adult Intellectual Disability Mental Health ECHO

Health profession: All

Type: Online learning (live)

Topics: Assessment of intellectual disability in adults, mental health, psychotropic medication, physical comorbidity, sexuality and sexual behaviours of concern, safeguards, ageing, criminal justice system

Duration: 1.5 hours per week for 9 weeks (several series per year)

Author/Provider: Sydney Local Health District and Project ECHO

Cost: Free

Title and link: Tailor your communication skills learning module

Health profession: Credentialled Diabetes Educators

Type: Online learning

Topics: Diabetes management, communication

Duration: Self-paced

Author/Provider: National Diabetes Services Scheme

Cost: Free

CPD accreditation: Australian Diabetes Educators Association

Title and link: About Me, With Me

Health profession: All

Type: Online learning

Topics: Implementing the National Safety and Quality Health Service (NSQHS) Standards for people with intellectual disability

Duration: Self-paced

Author/Provider: My Lived ID (Monash Health)

Cost: Free

Title and link: Down Syndrome Australia Health Ambassadors

Health profession: All

Type: Live presentations at workplaces or education facilities

Topics: Communication

Duration: Variable

Author/Provider: Down Syndrome Australia

Cost: Enquire for quote

Title and link: Preventative Healthcare for People with Intellectual Disability

Health profession:

Type: Online learning

Topics: Preventative healthcare

Duration: Self-paced

Author/Provider: My Lived ID (Monash Health)

Cost: Free