



# **Position Statement on Health Workforce Education and Training to Support People with Intellectual Disability**

February 2026

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## **Our position**

Every health professional must learn how to provide quality health care to people with intellectual disability because everyone has the right to safe, respectful, effective and inclusive health care.

## **The problem**

People with intellectual disability have some of the poorest health outcomes in Australia. Many of these outcomes can be avoided with better access to high-quality and inclusive health care.

People with intellectual disability are part of every community, and most health professionals will support people with intellectual disability at some point during their careers.

University courses teach very little, if anything, about intellectual disability and health professionals are not required to do training in this area. As a result, much of the Australian health workforce is not yet equipped to provide accessible and high-quality health care to people with intellectual disability. This can and must change.

## **The solution**

Better education and training for health professionals is one of the top requests made by people with intellectual disability in consultations with the Centre and is viewed by other sector experts as a key to improving health care for people with intellectual disability.

The National Centre of Excellence in Intellectual Disability Health calls for a coordinated, national approach to upskill today's and tomorrow's health

workforce. All health professionals must have the knowledge and skills to provide high-quality health care to people with intellectual disability.

Education and training must:

- be grounded in human rights and dignity,
- reflect the diversity and lived experiences of people with intellectual disability and value them as experts in their own lives,
- encourage self-reflection on attitudes and biases, and
- align with best-practice and person-centred care.

Education and training are how we turn good intentions into safer care.

“All health workers need to respect people with intellectual disability and treat them with fairness and don’t discriminate. I think education and training about intellectual disability should be compulsory because health workers need to be able to treat people with intellectual disability with proper health care. I urge the government and health workers and the universities to take health care for people with intellectual disability very seriously”.

*- Lucy, Project Worker with lived experience of intellectual disability*

## **Our recommendations**

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

4. Intellectual disability training should be compulsory for all health professionals who work in public hospitals, public outpatient services and public emergency services.
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.
6. Where specialty training is available for a health profession, intellectual disability should be included in the core curriculum of that specialty training program.
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.
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.

The Centre is working to make these recommendations happen. To find out what actions we are taking on this issue, see [our website](#).

## **How the Position Statement was made**

This Position Statement was created together with people from different groups. It uses current best evidence and insights from people with intellectual disability, their families, carers and supporters, health professionals, educators, researchers and advocates.

## Glossary of hard words

**Clinical placement** means when a student goes to a hospital or clinic to learn by helping and watching health workers.

**Compulsory** means something that must be done. It means that it is not a choice.

**Continued professional development** means extra learning that health workers need to do often to keep their skills up to date.

**Curricula** means the list of things that students must learn in a course.

**Dignity** means being respected and feeling valued.

**Specialist medical colleges** are groups that train doctors in different areas like general practice or surgery.

**Student** means someone who is learning to be a health worker at university or TAFE.

**Non-clinical placement** means when a student goes to learn in places like community centres or disability services.

**Peak health professional bodies** are groups that represent people who have the same type of health job. For example, the peak professional body for doctors is the Australian Medical Association.

**Person-centred care** means health care that focuses on what the person wants, values and needs.

**Public outpatient services** are government health services that provide care to people who are not admitted to hospital and do not stay overnight. Care is provided in clinics, homes and other places in the community.

**Reasonable adjustments** are changes to usual health care that remove barriers for people with disability and help them to be included.

**Recommendations** are things that we think should happen.

**Support networks** are the people in someone's life who help and support them, like family, carers and other supporters.

**Tertiary education** means education after high school, like university or TAFE.

**Workforce** means all the people who work in health care like doctors, nurses, dentists and others.