

Specialist Education Accreditation Committee  
The Australian Medical Council Limited (AMC)  
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20 June 2025

Dear Specialist Education Accreditation Committee

### **Review of the 2023 Standards for Assessment and Accreditation of Specialist Medical Programs: Consultation on scope and direction for change**

We write on behalf of the National Centre of Excellence in Intellectual Disability Health to provide input on the review of the 2023 Standards for Assessment and Accreditation of Specialist Medical Programs (Standards).

In this letter, we provide evidence on the health inequities faced by people with intellectual disability in Australia and we make a recommendation about integrating intellectual disability health capabilities in to the Standards to promote better health outcomes and improved health equity for people with intellectual disability. We draw on evidence-based resources that have already been developed.

### **Executive Summary**

People with intellectual disability face stark health inequalities compared to the general population and multiple barriers to accessing health care that meets their needs. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability ([The DRC](#)) found that 'people with cognitive disability have been and continue to be subject to systemic neglect in the Australian health system'.<sup>1</sup> The DRC mentions 'witnesses proposed further education and training for health professionals

to address the problems identified around communication and preconceptions about people with cognitive disability.<sup>\*2</sup>

The DRC also made a specific recommendation, number 6.27, regarding how accreditation authorities should 'review and amend accreditation standards to address whether cognitive disability health is sufficiently covered. If it is not, they should amend their accreditation standards.'<sup>1</sup>

To prevent further harm to a population group that has experienced significant systemic neglect in health care settings, we encourage the AMC Specialist Education Accreditation Committee to consider our recommendations in the Australian 2025 Standards for Assessment and Accreditation review.

## About us

The National Centre of Excellence in Intellectual Disability Health (["the Centre"](#)) is an important initiative supported by the Australian Government Department of Health and Aged Care. The Centre is a consortium of nine organisations including: Centre for Disability Studies (University of Sydney), Council for Intellectual Disability, Down Syndrome Australia, First Peoples Disability Network, Queensland Centre of Excellence in Autism and Intellectual Disability Health, Queenslanders with Disability Network, The Kids Institute, University of Melbourne and UNSW Sydney.

The Centre also includes another 56 health and disability organisations as partners and collaborators. The vision of the Centre is to ensure that the 500,000 people with intellectual disability in Australia receive the highest attainable level of healthcare.

## Background

In comparison to the general population, health outcomes for people with intellectual disability are characterised by:

- Premature mortality occurring 27 years earlier<sup>3</sup>.
- More than double the proportion of potentially avoidable deaths<sup>3</sup>.
- Four times the rate of potentially preventable hospitalisations<sup>4</sup>.

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<sup>2</sup> We note that the DRC uses the term 'cognitive disability', which is an umbrella term to describe a number of disabilities that may be temporary or permanent. In contrast, throughout this submission we use the term intellectual disability to describe a lifelong condition, which affects a person's intellectual skills, memory, communication and behaviour in different situations.<sup>3</sup>

Compared to people in the general population, health service interactions for people with intellectual disability are:

- Over-represented, with hospitalisations and emergency presentation rates being twice as high.<sup>5</sup>
- Costly, with:
  - Admissions being on average twice as long and twice as expensive.<sup>5</sup>
- Inefficient:
  - With higher rates of representation to emergency departments and inpatient units following discharge from mental health facilities, even for first-ever admission.<sup>6</sup>
  - Even with a clear clinical pathway for epilepsy and seizure admissions, there are significant disparities. Age-standardised admission rates per 100,000 people are 21 times higher, with longer admissions and higher readmission rates within 30 days.<sup>6</sup>

## Recommendations

We make the following recommendations for the Review of the 2023 Standards for Assessment and Accreditation of Specialist Medical Programs:

1. **Acknowledge, endorse and promote the Intellectual Disability Health Capability Framework ([‘The Framework’](#)) in the Standards or guidance notes**  
The Australian Government Department of Health, Disability and Aged Care (DoHDA) has, together with sector stakeholders, developed a National Roadmap for Improving the Health of Intellectual Disability ([‘The Roadmap’](#)). The Roadmap is a comprehensive plan with many goals to address the issues preventing people with intellectual disability from the highest standard of health care<sup>7</sup>. The Government and its sector stakeholders, including us at the Centre, are committed to its implementation. One of the priorities of the Roadmap is Curriculum Development in Intellectual Disability Health. As part of this work, the Intellectual Disability Health Capability Framework was developed.

Curriculum development in intellectual disability health is necessary to:

- Upskill trainees’ knowledge and skills in intellectual disability health, co-occurring health conditions, effective and inclusive communication and identifying trauma among people with intellectual disability.

- Support trainees to build positive, human rights based, respectful and reflective attitudes towards people with intellectual disability and their families and carers and,
- Improve the quality of care provided to people with intellectual disability by building the capacity of future and current health professionals to make reasonable adjustments for people with intellectual disability.<sup>8</sup>

The Framework sets out many clear capabilities, learning outcomes and guides for universities and accreditation authorities to improve education and training for health students. The AMC Specialist Education Accreditation Committee can integrate the concepts from the Framework's six Capability areas to the Standards:

- a) Intellectual Disability Awareness
- b) Communication
- c) Quality Evidence-Informed Health Care
- d) Coordination and Collaboration
- e) Decision-Making and Consent
- f) Responsible, Safe and Ethical Practice.<sup>8</sup>

We recommend the Framework is integrated in the following ways:

- i) *Cultural competence and intersectionality of care*

There are presently no references to intellectual disability in the Standards. However the Standards do reference relevant concepts including mention of 'Cultural competence, partnership with local organisations, encourage training in diverse settings, including health consumers in governance groups, high quality teaching, research, communication, reasonable adjustments, patient safety protected through explicit supervision requirements, preventing discrimination and considering the wellbeing and needs of trainees that may require additional support.'

The Framework outlines the importance of cultural safety and intersectionality of care within the Capability area of Intellectual Disability Awareness. It details health professionals can 'provide culturally safe care and practise in a manner that acknowledges that a lived experience of intellectual disability can intersect with other aspects of a person's identity, creating unique needs, experiences, and barriers and enablers to care.'<sup>8</sup> The Standards require review with a diverse and intersectional lens. The inclusion of priority populations like people with intellectual disability and Aboriginal and Torres Strait Islander people can be woven into the fabric of all of the standards, as opposed to being added on the end separately. AMC could amend the

Standards to specify 'people with intellectual disability' when diverse groups are referenced, as has been done with Aboriginal and Torres Strait Islander peoples, and rightfully so.

*ii) Partnerships and including health consumers*

The Framework encourages education around partnerships in the Capability area of Coordination and Collaboration. AMC could integrate concepts of well-coordinated, interdisciplinary care and interaction with disability organisations. Collaboration with local disability organisations could provide AMC with:

- Ongoing advice when seeking people with lived experience to be involved in the co-design and delivery of curriculum
- Community members or actors for simulation assessments
- Potential placement opportunities that will aid students' understanding of intellectual disability.<sup>8</sup>

It is key that trainees receive exposure to people with intellectual disability as part of their training if we are to improve equity in health outcomes for this population group. We note that the Framework emphasises the importance of early co-design and co-delivery of education with people with intellectual disability and their support networks which are currently absent from the Standards.

*iii) Communication*

The Framework's Capability area of Communication details when medical trainees 'communicate with a person with intellectual disability, it is best practice to, adapt verbal, non-verbal and written communication to the person's preferred method.'<sup>5</sup> It mentions the importance of 'recognising behaviour as a form of communication and potentially the primary mode of communication.'<sup>8</sup> This needs to be built into the Standards to ensure good communication with people with intellectual disability.

*iv) Reasonable adjustments*

The Framework's Capability area of Quality Evidence-Informed Health Care states medical trainees can 'incorporate reasonable adjustments to preventative health care across the lifespan.'<sup>8</sup> Reasonable adjustments in health care are 'policies, processes, systems and communication that adjust for the needs of the person with intellectual disability to prevent direct and indirect discrimination against the person.'<sup>6</sup> Reference needs to be made in the Standards to the importance of reasonable adjustments to people with intellectual disability.

v) *Discrimination, safety and trauma informed care*

The Framework can guide AMC to include information about patient safety, discrimination and trauma informed care in the Standards. In the Capability area of Intellectual disability awareness it is recommended that medical trainees understand the 'discrimination experienced by people with intellectual disability and their support networks when accessing and receiving health care.'<sup>15</sup> In the Capability area of Quality Evidence-Informed Health Care it mentions medical trainees can 'work in a trauma informed way that responds to the larger likelihood that a person with intellectual disability may have experience of trauma.'<sup>18</sup>

vi) *Trainee wellbeing and support*

AMC could integrate information about support for medical trainees who have a lived experience of intellectual disability. Human rights of people with disability are highlighted in the Framework, within the Capability area of Intellectual Disability Awareness. AMC could introduce a new standard to include trainees with intellectual disability. People with intellectual disabilities have a 'human right to participate fully in society, including access to education and training.' This right is protected in international agreements like the United Nations Convention on the Rights of Persons with Disabilities<sup>9</sup> and national legislation such as the Disability Discrimination Act 1992 within Division 22 Education.<sup>10</sup>

Implementing the six Framework Capability areas within the Standards has the capacity to:

- Drive inclusion of content in pre-registration education curricula.
- Equip medical trainees with the right knowledge, skills and attitudes to provide better care and personalised support for people with intellectual disability.
- Lead to improvements in the quality of mental health care for people with intellectual disability.<sup>8</sup>

## Conclusion

The current review of the 2023 Standards for Assessment and Accreditation of Specialist Medical Programs is an opportunity to start to address these inequities in the health care and support of people with intellectual disability in Australia.

If AMC and in turn 'all medical schools in Australia renewed curricula and teaching methods in the area of intellectual disability, medical trainees could develop understanding, capabilities, and confidence in intellectual disability health.'<sup>11</sup> 'Future Australian doctors will then be better prepared to support the health of diverse people with intellectual disability. Such preparation offers the potential to reduce barriers to health care people with intellectual disability regularly face, and in turn improve their health outcomes.'<sup>12</sup>

We appreciate the opportunity to provide comment on the Standards and trust you will find our letter invaluable in strengthening the medical education, training and assessment in Australia.

We would welcome the opportunity to discuss our comments further and should you require further information about this submission, please do not hesitate to contact me at +61 2 8358 5923 or at [sophie@cid.org.au](mailto:sophie@cid.org.au).

Sincerely;



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