

Redefining Inherent Requirements: A cornerstone for Inclusive Health Professional Education

A/Professor Lisa Cheshire

Professor Anna Ryan

The University of Melbourne acknowledges the Traditional Owners of the unceded land on which we work, learn and live: the Wurundjeri Woi-wurrung and Bunurong peoples (Burnley, Fishermans Bend, Parkville, Southbank and Werribee campuses), the Yorta Yorta Nation (Dookie and Shepparton campuses), and the Dja Dja Wurrung people (Creswick campus).

The University also acknowledges and is grateful to the Traditional Owners, Elders and Knowledge Holders of all Indigenous nations and clans who have been instrumental in our reconciliation journey.

We recognise the unique place held by Aboriginal and Torres Strait Islander peoples as the original owners and custodians of the lands and waterways across the Australian continent, with histories of continuous connection dating back more than 60,000 years. We also acknowledge their enduring cultural practices of caring for Country.

We pay respect to Elders past, present and future, and acknowledge the importance of Indigenous knowledge in the Academy. As a community of researchers, teachers, professional staff and students we are privileged to work and learn every day with Indigenous colleagues and partners.

In making this Acknowledgment of Country we commit to respectful and responsible conduct towards all others according to the Traditional lores of this land, particularly at times of formal ceremony.

Commitment

- To increasing equity of access
- To building student diversity



DIVERSITY AND INCLUSION STRATEGY 2030

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Empower ensuring

The National Student
higher education pro
all higher education

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Australian Universities Accord

Final Report



2023 - 2030



Current practice

Core participation requirements

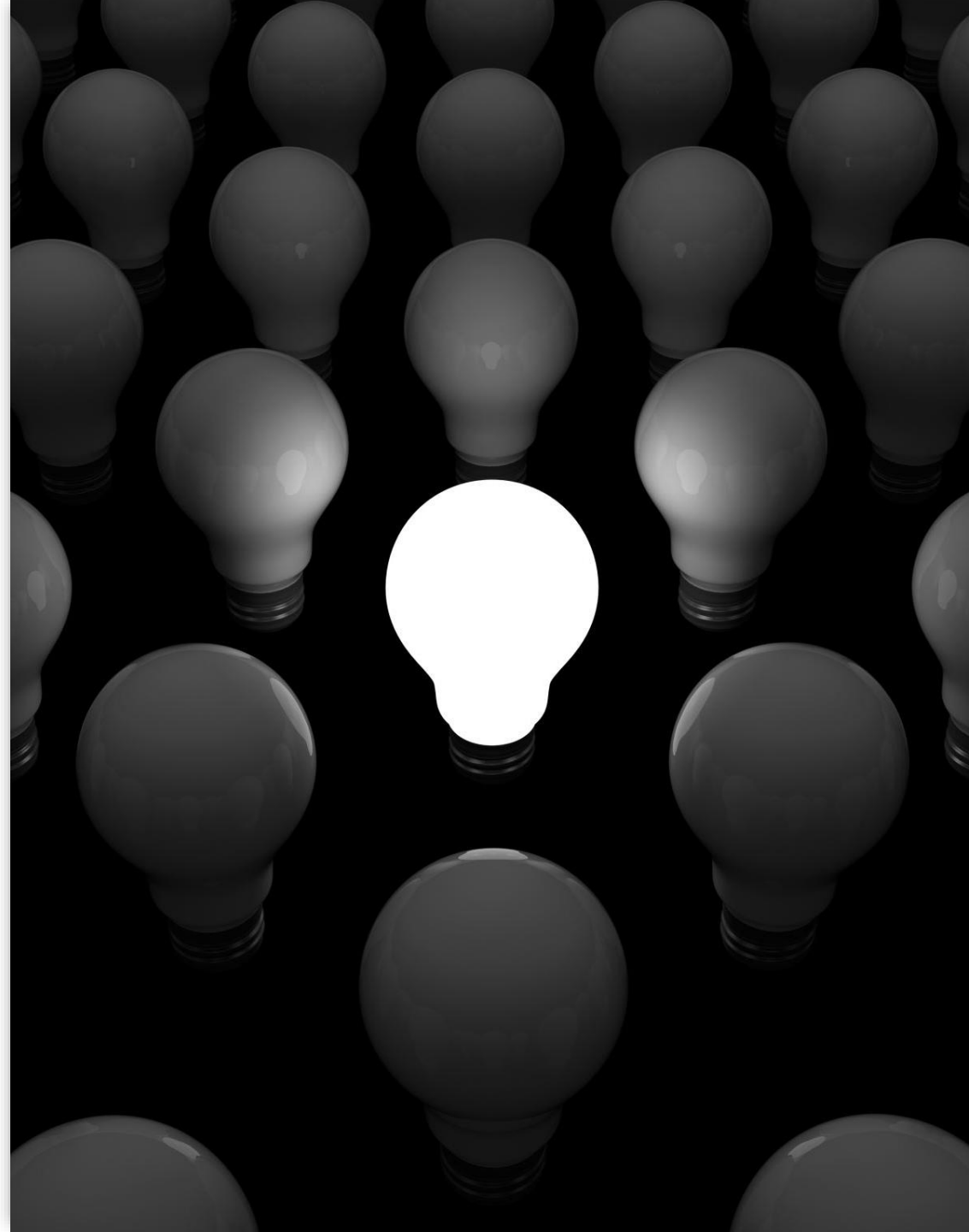
- serve as barriers for students with disabilities, disabling rather than enabling
- are not in line with Advancing Students and Education Strategy: 2023 – 2030
- are not in line with best practice (MDANZ, 2021)
- may provide increased grounds for grievances, reports to the Human Rights Commission and legal action with claims of discrimination, and
- may not be perceived as meeting the Disability Standards for Education under the Disability Discrimination Act

Background on inherent requirements

- Emerged in the context of disability discrimination legislations
- Mechanism to make clearer the reference point against which reasonable adjustments can be determined (Brett, 2016)
- Not as a mechanism for exclusion
- Not a requirement prospective students have to demonstrate they meet in selection unless the selection process transparently assesses for it

Light bulb moment

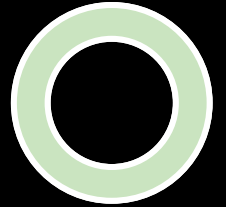
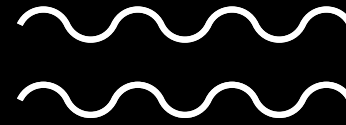
- ✓ An inherent requirement is a statement of the requirements that students must meet to be successful in the course
- ✓ If students cannot meet the IR, with or without reasonable adjustments, they will not successfully progress
- ✓ Look to your assessment and look to University policy
- ✓ If a student can progress whilst not meeting an inherent requirement then your statement is false



IR revision project - aims

To publish inherent requirements that

- Welcome
- Enable
- Are positively framed with strength-based language
- Encourage disclosure and early engagements
- Are free from discrimination
- Acknowledge reasonable adjustments, and
- Acknowledge reasonable adjustments may not be sufficient to enable a student to meet the requirement and successfully progress



Method

Targeted desktop mapping to international and national practices that had recently been revised and published best practice

- Two national – Monash and Macquarie
- One international – Canadian Medical Council
- Two best practice publications (MDANZ and Meeks et al)

Findings – Framing of IRs

- Two institutions reviewed had university-wide, rather than medicine specific, inherent requirements.
- The review confirmed the general findings in the literature that Australia tends to use inherent requirement, Northern America - technical standards and UK competency standards.

'Institution'	Framing	Definition
Canada	Functional technical standards	Functional Ability
Medical Deans	Areas for exploration	Key Area
Monash	Inherent requirements	Domain
Meeks et al	Functional Technical Standard	Category
Macquarie	Inherent Requirements	Category

Number of Statements

- Although there are many examples of institutions with numerous statements meeting an equivalent purpose to inherent requirements, of the institutions more closely reviewed the number of statements ranged between 4 – 7.

	Institution	Number of statements
1	Canada	5
2	MDANZ	7
3	Monash	6
4	Meeks et al	5
5	Macquarie	4

Shared 'domains'



COGNITION



CRITICAL THINKING
PROBLEM SOLVING



COMMUNICATION



PROFESSIONALISM

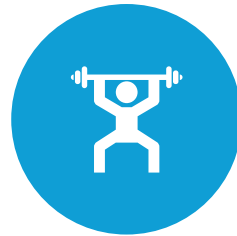
Variance



TEAMWORK



ENGAGEMENT WITH
THE ACTIVITIES OF
THE COURSE



PHYSICAL



SUSTAINED
PERFORMANCE



PATIENT SAFETY AND
QUALITY

Recommendations

Recommendation 1

MMS aim to have between 5 – 7 statements describing the standards required, with or without adjustments, for students to meet to progress successfully in the MD.

Recommendation 2

MMS adopt functional technical standards (policy permitting) to describe the standards. Functional technical standards minimise the risks of discriminatory language and statements being interpreted as barriers

Recommendation 3

Essential categories to include are

- Cognition and clinical reasoning
- Communication
- Professionalism

Recommendations

Recommendation 4

MD specific. The MMS MD needs to consider how to highlight in the standards what are hallmark features of the course and student engagement. The recommendation is to include categories in:

- Patient Safety and Quality
- Engagement in learning and assessment, rather than physical or sustained performance which are potentially barriers and are likely to change with the rapid changes in how we practice and work, and assistive technologies

Both these categories would be consistent with messaging and language used right throughout the course

Recommendation 5

There has been emphasis by some with separate categories on teamwork and insight. There is no definitive recommendation on these. These categories can be included in other categories or separated if the MMS wanted them emphasised in some way.

MMS approved

Functional technical standards built upon the Canadian Medical Council work

Strengths of this approach are:

- The statements explicitly state what the ability is and not how it will be achieved. Terms such as sustained, and physical refer to how and have been removed.
- There is a focus on engaging with our course and assessment, and patient safety and quality which resonate with current communications with students

Framework for IRs



LEARNING AND
ASSESSMENT FOR
LEARNING



KNOWLEDGE
INTEGRATION



COMMUNICATION



PATIENT SAFETY
AND QUALITY



PROFESSIONALISM

Communication

Medical students actively communicate, conveying information effectively and sensitively in person and virtually:

- with peers, administrative staff, multidisciplinary team members, and preceptors to enable learning and effective participation in the program;*
- with patients and their supporters, building rapport and eliciting their perspectives, and collaborating in management; and record elicited information clearly and accurately.*

This applies to listening, speaking, reading, writing, and the capability to use these different modes to elicit information from people in a culturally safe way

Next steps for the MD

After revising the inherent requirements, we will undertake

- Audit and review, mapping to essential information above and strength-based language, of websites, promotional material and presentations for prospective students. Mapping includes images and pictures
- Audit and review of pre-application material information ensuring accessible and in language for applicants unfamiliar with medical training. Best practice example [Macquaire University](#)
- Audit and review course website



Next steps for the Faculty & University

University paper on consistent IRs across programs

Faculty framework for inclusive practices

Essential that we define reasonable adjustments, and mechanisms for current & prospective students to self-assess and be provide with tailored open and constructive advice

- To allow prospective students to make informed decisions on learning
- To allow current students to continuously refer back to the requirements to be successful in their chosen course
- To steer all discussions and information provided to assist students to achieve
- To help understand why they are successful and why they may not be



References

- [2021 Medical Deans Australia and New Zealand. Inclusive Medical Education: Guidance on medical program applicants and students with a disability](#)
- [University of British Columbia Core Competencies](#) The Canadian Medical Council reached consensus on five functional technical standards that each Canadian medical program now must implement.
- [Monash University Inherent Requirements](#)– derived from the Medical Deans work
- [Macquarie University Inherent Requirements](#) – university –wide project
- Meeks, L., & Neal-Boylan, L. (2020). *Disability as diversity: a guidebook for inclusion in medicine, nursing, and the health professions*. Springer.
- [2021 Medical Deans Australia and New Zealand. Inclusive Medical Education: Guidance on medical program applicants and students with a disability](#)
- [Monash University Inherent Requirements](#)– derived from the Medical Deans work
- [Macquarie University Inherent Requirements](#) – university –wide project
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- Corcoran, T., Whitburn, B., & McCandless, T. (2024). Making Inherent Requirements Coherent: Anticipating a Means to Inclusive Education. *Scandinavian Journal of Disability Research*, 26(1), 272. <https://doi.org/10.16993/sjdr.1141>