Medical Deans
AUSTRALIA AND NEW ZEALAND

Inclusive Medical Education:

Guidance on medical program applicants and students with a disability

April 2021

Inclusive Medical Education:

Guidance on medical program applicants and students with a disability

1. Introduction

Medical Deans Australia and New Zealand (Medical Deans) works to support medical schools in their mission to graduate medical students who have the ability and motivation to become the highly capable, safe to practice, patient-focused, and socially-accountable doctors that our communities need.

Medical schools work to foster a culture of inclusivity and the provision of equivalent opportunities to access medical programs for people who have the capabilities to become good doctors, but who have been historically disadvantaged or under-represented[1]. As highlighted in the Medical Deans Selections Policy Statement[2], there are clear benefits to the community of broad representation in the medical workforce of diverse population groups, including of those with a disability.

This guidance document is designed to assist medical schools in their approach to and discussions with prospective and current students with a disability,[3] to identify and consider the adjustments or supports that may be needed for them to commence or continue in a medical program. Please note that references throughout this document to "students with a disability" refer to both applicants and current medical students who have a disability as defined in Australia by the *Disability Discrimination Act 1992*[4] or in New Zealand by the *Human Rights Act 1993*[5].

The document is centred around the importance of early discussions between the student, the medical school, university student support services, any relevant external support services, and where appropriate the student's key support person. A clear and shared understanding of what supports could be available within the university and externally, and the extent to which these could assist them in undertaking the medical program and achieving the required graduate outcomes, is essential to inform the resulting decisions of the student and the medical school.

It is important for all students to be aware of the requirements of the medical program and the responsibilities of the medical school, which are distinct from those of the regulatory authorities in their countries and from those of their potential future employers. Enabling effective inclusion requires a concerted effort by all those involved, to identify likely barriers to participation and seek practical and feasible ways that these could be addressed. One significant barrier to inclusion is a mindset, or culture, that impedes active exploration of solutions to support students with a disability. Each person and their situation are unique, and their needs and potential can only be considered on an individual basis.

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[1] Tertiary Education and Quality Standards Agency (2017) Guidance note: Diversity and equity.
[2] Medical Deans Australia and New Zealand (2016) Selection Policy Statement
[3] We recognise that there are differing views within the disability community about how people with a disability prefer to be acknowledged. We have chosen to refer to "students with a disability" as it is reflective of the United National Convention on Rights of Persons with Disabilities, which both Australia and New Zealand have ratified. We have consulted widely in our considerations of language used and acknowledge this language may not be consistent with preferences among some stakeholders in the disability sector.
[4] Australian Government, Disability Discrimination Act 1992
[5] New Zealand Government, Human Rights Act 1993

2. Role of medical schools and medical education

An essential part of medical training is selecting and supporting individuals who are likely to make good doctors in the career path they choose, who are motivated to serve and respond to the community's needs. The education and training experienced by medical students during medical school lays the foundation for their future career pathways into a variety of medical disciplines and medicine-related professions, as demonstrated in **Diagram 1** below.

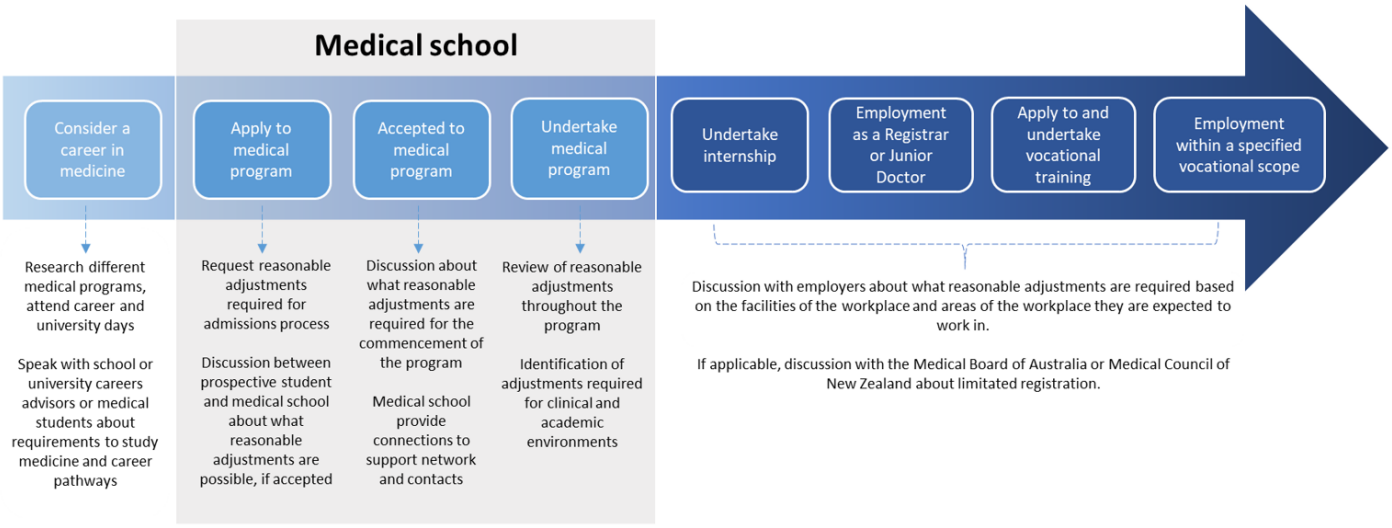
Medical school accreditation standards specify that medical schools have a responsibility to produce graduates who meet the Australian Medical Council's (AMC's) Graduate Outcome Statements, are competent to practise safely and effectively under supervision as interns, and who have an appropriate foundation for lifelong learning and for further training in any branch of medicine.

This guidance document has been developed based on the requirements of the AMC's Graduate Outcome Statements and should be considered within the context of Commonwealth and jurisdictional legislation, university and medical school regulatory requirements, and individual university policies.

Medical education sits at the centre of a set of intersecting factors: those of determining and designing educational content, regulatory parameters for the medical programs, the university's legal obligations, and the expectations of governments and health employers particularly the preparedness of medical graduates for clinical practice. At times, the different expectations held by different stakeholders can create tension and complexity for both medical schools and students. While this document cannot resolve these tensions, we recognise that this is the context in which this document will be read, and we emphasise the importance of considering each student's situation on an individual basis.

It is important for all involved to recognise that the medical school does not determine a student's eligibility for registration as a medical practitioner after graduation – this decision is made by the Medical Board of Australia or the Medical Council of New Zealand, based on their respective regulatory requirements. However, the study of medicine requires a significant commitment of time, effort and cost and it is important for students to have a clear understanding at the commencement of the medical program of the challenges and possible future constraints associated with their specific circumstances. We strongly recommend that medical schools initiate early discussions with students whose disabilities may limit their ability to be registered after graduation and also provide appropriate counsel about possible limitations or challenges to internship or employment. Note that this document does not provide specific guidance on postgraduate medical training following the completion of a medical program.

***Diagram 1**: The journey from considering a career in medicine to becoming a medical practitioner*



3. Studying medicine

Students develop a range of skills and knowledge over the course of the medical program to build the foundation for medical practice. A wide range of capabilities and attributes are required of doctors; some of which are inherent in the person, and some developed and learnt during medical training and lifelong learning as a medical practitioner. These capabilities cannot always be considered as a hierarchy, and there is value – to the medical school and to future patients – in supporting those who demonstrate strengths across a range of capabilities.

***Diagram 2**: Seven key areas included in the study of medicine that indicate what is expected of students throughout the program.*

Diagram 2 above sets out seven key areas that are central to the study of medicine. **Annexe 1** to this document provides some guiding questions on each of these seven areas for medical schools and students with a disability, to support discussion, exploration of options, and subsequent decisions.

As mentioned above, some of the capabilities required within the seven areas will be developed through the course of the medical program while others will be inherent to students. The focus is on exploring with the student whether they will be able to undertake the required learning and be able to demonstrate their capabilities in these areas by the end of the program.

In cases where a student's ability to learn or subsequently complete a set task might be compromised due to a disability, discussion and agreement is needed between the student, the medical school and often the university's disability services on what alternative means would enable the student to undertake the program's components and demonstrate their achievements in these key areas.

It should be recognised that there may be cases where students with a disability will not be able to meet the requirements of the program, even with reasonable adjustments. Steps should then be taken by university staff to provide guidance on other study options available.

4. Medical schools supporting students with a disability to study medicine

The study of medicine is challenging and demanding. Entry into medical programs is highly competitive, with a significantly greater number of applicants than places available. Medical schools take into account a range of factors when considering whether students are likely to achieve graduation from their program.

It is recognised that people with a disability might not consider medical school as a possible option for their future or know that reasonable adjustments might enable them to undertake and complete a medical program.

As shown in **Diagram 3**, this guidance document proposes seven elements for medical schools to consider in their work to engage with and potentially support students with a disability to study medicine.

The culture of the medical school and university is fundamental to this undertaking. Culture can directly influence whether the school and university fosters and encourages early, open, and constructive conversations with a student, and explorations of possible options. Culture can influence whether or not applicants consider applying to a particular school, how open students with a disability are in talking about their disability and its impact, and whether students will seek support within the university environment. Fostering a culture of inclusion includes considering the values and attitudes of the medical program and how they are embedded in the day-to-day activities and processes of the medical school. This includes the type of disability-related policies and processes at the medical school and university, how easily available these are, and the type of language used in such policies and documents[6].

[6] Meeks, L.M & Jain, N.R. (2018) Accessibility, Inclusion, and Action in Medical Education, Association of American Colleges.

***Diagram 3**: Key areas to promote an inclusive culture and support students with a disability*

a. Promoting inclusiveness

Medical schools widely promote information about the attractions and benefits of studying medicine at that university and the requirements for admission to their program – through both broad online promotions and targeted communication with high schools, local communities, and overseas entities. In the context of the increasing focus on equity of access to medical education, schools should consider whether the information they provide is effectively promoting the university's position on inclusivity and diversity.

Medical schools have a responsibility to ensure their selection processes and policies actively address barriers to access the medical program. Proactive promotion of inclusivity is also an approach – for example, assessing the accessibility of learning environments against universal design principles.

Medical schools should make it clear that students with a disability are valued by the university and that a range of adjustments are available to enable them to study medicine. Simultaneously, communications should recognise that there may be instances where adjustments cannot be made. Review of published information should include non-written information that is used, such as images and pictures of students and groups and the medical school environment.

For consideration by medical schools

- *How does the university make its position on inclusivity and diversity clear to the public?*
- *How is this promoted? Is it visible, and easily found in accessible formats?*
- *Do the existing application processes and policies of the medical school recognise and actively address barriers to participation?*
- *What language and examples are used to demonstrate visible and invisible disabilities?*

- *How do faculty staff communicate with and about people with a disability? Does this recognise that many disabilities are 'invisible'?*
- *How do the images used within the medical school's communications support its policies on inclusivity? How do you make visual cues noticeable to students with a disability, to show they would be welcomed and supported to study there?*
- *How do you make it clear to all students who they should contact and how, should they acquire or develop a disability? Do you think they would feel encouraged and supported to do so?*
- *What training is provided to staff about how to support students living with a disability?*

b. Early engagement

The information provided by medical schools should strongly encourage potential applicants with a disability to engage with the medical school at an early stage if they have questions or concerns about their capability to undertake and complete a medical program. Preferably, this will be prior to applying and will include information about the types of reasonable adjustments the school is aware of, or an opportunity for further research on whether reasonable adjustments not previously provided are possible. These early discussions allow potential applicants to gain a better understanding of the application and selection process, the demands of the program, and their suitability or likelihood of succeeding, not just in the selection process but throughout the program. Early engagement supports the prospective student in making an informed decision about whether to invest in the process of applying, and provides an opportunity for the medical school to acknowledge the value of having students with disabilities as part of the student cohort.

The same principle of early engagement applies for current students. Medical schools should actively encourage any student to raise questions or concerns about a disability that has occurred, arisen, or changed during their time in the program. It should be made clear that declaration of a disability is treated with confidentiality and respect within universities, and should not adversely affect a student's progression in the medical program. Current students should be made aware of how and to whom disclosure should be made, and how the information will be managed.

Whilst medical schools can provide active encouragement for students with a disability to seek support, the success of this process is reliant on a mutual commitment from the student and the medical school to engage early and openly in the process.

For consideration by medical schools

- *Would a prospective or current student with a disability know who to contact at the university to start these early discussions?*
- *How does the school take a proactive approach to reaching out to students with a disability to engage in early discussions of what reasonable adjustments are possible?*

- *What processes and procedures are in place to promote and enable early discussions between the medical school, university student support services and students? For example, this could be:*
    - *by having clear and prominent information on the university's website and in information webinars, open days, links to guidelines and testimonials within documents;*
    - *during the admissions process;*
    - *at pre-arrival or pre-enrolment, with additional information about expectations and contact information provided for further clarification; and*
    - *on arrival, where welcome information includes early signposting to services available, which is easily visible and clear, both online and on campus.*

- *What proactive processes are in place to prompt students to reflect on their own health, attitudes, and abilities? For example, a health check questionnaire prior to or on arrival, and during the program.*

- *Would an existing student who developed or acquired a disability know who to contact to discuss their situation, and how? Is it clear how this disclosure would be managed?*

- *Does the university have a disability champion or mentor who can be assigned to students with a disability to provide confidential advice or guidance outside the formal disclosure process?*

c. Open and constructive discussions

Consideration of the student's situation and needs may require input from a range of different stakeholders. From the perspective of the medical school, discussions will involve: the student; medical school representatives who can outline the requirements of the program; representatives from central university student support services; and, where relevant, representatives from local support services. Medical schools should also encourage and be open for the student to have a support person present for these discussions, such as a partner or family member. This is especially important when discussing future study and career options.

Discussions are a collaborative effort to come to an informed decision about whether there are reasonable adjustments and services available to a student that would support them through a medical program. The process should include the provision of information on envisaged career pathways and possible limitations, and the requirements and expectations of the medical program. If appropriate, these discussions might also include consideration of other study options.

For consideration by medical schools

- *Has the medical school had an open discussion with a student if they have a disability that may significantly impact or limit their registrability? Is there a clear and shared understanding of the expectations and risks associated with progressing through the medical program.*

- *Who else may need to be part of these initial discussions to support the medical school's decisions? For example, Associate Deans/Deans of student services or central services.*

- *Who else may need to be part of these discussions to support the student? For example, a partner, family member or close friend.*
- *How can students with a disability be involved in exploring what could be done differently or in designing services they need? Have we asked the student what they may need?*

d. Available supports and services

Medical schools have access to a range of resources within their university and faculty, and through external services and networks, which could be used to support students with a disability.

Medical Deans facilitates a community of practice for medical schools through which staff have access to others' experiences, insights, and initiatives on a range of relevant matters. This may include information about different types of reasonable adjustments, how to address challenges in academic and clinical environments, differing forms of assessment, and other supports that might be appropriate.

A range of programs and services external to the medical school or university may also be available to students who are eligible, including targeted, government-funded initiatives. For example, the National Disability Insurance Scheme in Australia may be one source of advice or funding, as might services from a local council or community organisation.

For consideration by medical schools

- *How have you made all students aware of the support and services available within the medical school or university?*
- *Is there a disabilities support/wellbeing officer who is connected into university policies, guidance documents, and appropriate disability support services?*
- *Are staff aware of university policies, supports and services?*
- *How are university supports and services promoted? Are they visible and accessible to students with a disability?*
- *Are you using the connections with other medical schools to access helpful information about their experiences and insights on students requiring adjustments or extra support?*
- *Are there local community networks or organisations that could provide support or services to the student or medical school?*
- *Are there any relevant government schemes in your jurisdiction focused on supporting equity of access for students in higher education? How can you leverage external programs for advice or funding to enable equitable access to experiences, for example resources to support rural placements?*

e. Reasonable adjustments

Some students with a disability may have difficulty demonstrating their capabilities in the different teaching and learning environments and types of assessments. Medical schools have a responsibility to explore and, where feasible, implement reasonable adjustments for students who are otherwise qualified and have a disability. Exploring supports that are or could be available needs to consider the different academic and clinical learning environments that comprise a medical program. Medical schools should provide information about who to contact about the student's reasonable adjustments and any issues that arise.

It should also be recognised that disabilities which require reasonable adjustments may or may not be visible. Where a disability is not visible, there is a risk the student might not disclose that they have a disability and require reasonable adjustments for a range of reasons. This reinforces the significance of fostering an inclusive culture that encourage students to feel safe to disclose that they have a disability, and feel supported to seek reasonable adjustments. It also highlights the importance of the university's broader efforts to anticipate and proactively address barriers that limit accessibility to learning environments such as the installation of assistive listening systems like hearing loops in lecture theatres.

In some instances, the adjustments necessary to enable a student to commence or continue in the program may not be feasible or authentic to clinical practice, that is, they may not be what could be reasonably expected to be provided in a clinical environment[7]. In these circumstances there should be an open discussion between the medical school, the student and any other relevant people required to come to a decision about options available to the student.

The Disability Standards for Education 2005[8] set out the factors to consider when assessing if a particular adjustment is reasonable in the Australian context. What is considered reasonable is dependent on each individual situation and is likely to differ between students and medical schools; it requires a balancing of interests of all parties. The International Classification of Functioning, Disability and Health (ICF) model discussed in Section 5 of this document is one example of a framework that might be useful in exploring available options and reaching a shared decision.

Adjustments should be reviewed periodically, and particularly when preparing for key transition points during the medical program, to decide whether they are still required, need to be altered, or additional adjustments needed.

For consideration by medical schools

- *Have we asked students if they need adjustments and what these might be? If so, do they have an opportunity to request the type of adjustments they need?*
- *Who is involved in the discussions about reasonable adjustments? For example, is there input from expert external advice (such as an Occupational Therapist) and/or the university's student support or accessibility officer.*

[7]. M Tweed, T Wilkinson. Medical Schools assessment policies and practices related to accommodating student's long-term conditions ANZAHPE 2020 Vision for Learning Cultures Conference, Melbourne, 12-15 July. (Conference Cancelled) [Manuscript in preparation]

[8] Department of Education, Skills and Employment (2005) Disability Standards for Education 2005

- *Does the medical school require more information or examples about possible reasonable adjustments to ensure that all options have been considered? Have they consulted with others to seek ideas and input?*
- *Which hospital or other placement leads need to be consulted on possible reasonable adjustments? For example, if students require adjusted rostering for their clinical placements.*
- *How feasible and authentic to practice are the reasonable adjustments? For example, is a reasonable adjustment considered authentic in terms of what would be reasonably expected in a clinical environment?*
- *To ensure the adjustment does not compromise the safety of others, how would a reasonable adjustment affect other people such as patients and other students?*
- *Which points during the medical program are appropriate to review a student's reasonable adjustments, and what processes are in place to enable this? Have these been communicated to the student?*
- *How are students made aware of who to contact if their prescribed reasonable adjustments are not implemented?*

f. Student support networks

It is important for students with a disability to consider their existing support networks and the role these will play during their time at medical school. Building and using personal and professional networks is an important part of a university education, particularly if students face challenges during the medical program, either related or unrelated to their studies. Students' associations are one example of a network that is positioned to offer academic support and pastoral care in ways that may be more approachable and comfortable for students.

If appropriate, students with a disability may seek to expand their existing networks and possibly connect with other student-led groups, such as university clubs and inter-university networks. If available, a university may also consider offering to match students with a disability with a mentor or "buddy," or with role models who could help them to navigate the medical program and build their support networks.

For consideration by medical schools

- *What is the student's current support network and how do they plan to use their network for support?*
- *What support could internal or external networks provide to the student? For example, how are students connected with their university's Medical Society or other interest groups.*
- *Would a peer support or mentor program assist in supporting students to build their networks?*

5. Framework for decision-making

Using a model, a combination of models, or a structured approach to decision-making can help make the process clear and transparent to all parties involved. Frameworks based on a social model of disability may be useful to guide and support constructive discussions, and help lead to informed and shared decision-making – which is the ultimate goal.

The **International Classification of Functioning, Disability and Health (ICF) model**[9] is one framework that provides an internationally recognised approach to considering admission and progression through medical programs for otherwise qualified students with a disability. The ICF model is based on many of the principles of the social model of disability, whereby a disability arises from interactions of health conditions with environmental and personal factors which have either a positive or negative impact on the extent to which a person is able to function and participate in activities. Environmental factors include the social, physical, and attitudinal environments that affect how people live their lives and can either be a barrier or enabler to participating in society.

At the centre of the ICF model are the activities which must be undertaken. The model supports a structured approach to considering what would enhance or impede the person's ability to undertake these activities.

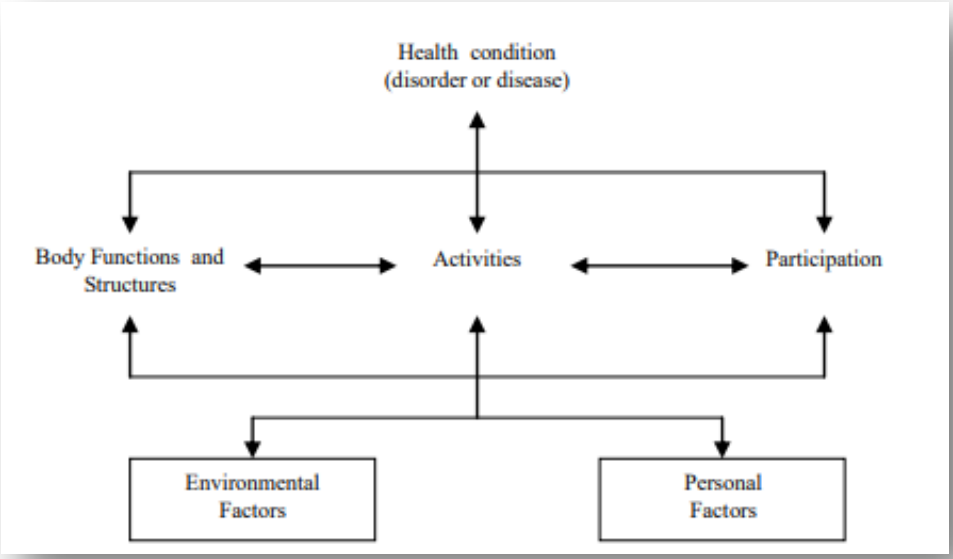


Figure 1. Interaction of the International Classification of Functioning, Disability and Health Model

Applying the ICF model to medical school admissions recognises that there will be personal factors which have allowed the prospective student to succeed already. Some factors, such as resilience and empathy for the patient journey, may enhance the prospective student's ability to successfully navigate an educational program and equip them to be doctors. Early discussions should explore whether support networks and reasonable adjustments to the environment can allow successful participation in all medical school activities, including clinical placements

Another resource to guide discussions is the United Nations Convention on the Rights of Persons with Disabilities.

[9] World Health Organisation (2001) International Classification of Functioning, Disability and Health, page 18.

6. Further information

In addition to the university and medical school's academic policies, a range of other resources may be useful when considering if a student is able to achieve the requirements of a medical program. Links to relevant legislation, regulatory policies and other sources of information are listed below.

Legislation	Regulatory standards
• *Disability Discrimination Act 1992* (Cth) (Australia) • *Disability Standards for Education 2005 (Australia)* • *Equal Opportunity Act 1984 (WA)* • *Equal Opportunity Act 2010 (Vic)* • *Anti-Discrimination Act 1998 (Tas)* • *Equal Opportunity Act 1984 (SA)* • *Anti-Discrimination Act 2019 (Qld)* • *Anti-Discrimination Act 1992 (NT)* • *Anti-Discrimination Act 1977 (NSW)* • *Anti-Discrimination Act 1991 (ACT).* • *Bill of Rights Act 1990 (NZ)* • *Human Rights Act 1993 (NZ)*	• Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012 • National Framework for Medical Internship by the Australian Medical Council • Medical Board of Australia's Registration Standards • Medical Council of New Zealand Registration pathways
Additional resources	
• United Nations Convention on the Rights of Persons with Disabilities • Guidance note: Diversity and Equity (2017), Tertiary Education and Quality Standards Agency • Australian Disability Clearinghouse on Education and Training • National Disability Insurance Scheme • Accessibility, Inclusion, and Action in Medical Education • Kia Ōrite - Code Of Practice, New Zealand Tertiary Education Commission	

7. Review of this document

This document will be reviewed by Medical Deans Australia and New Zealand in five years from the date of publication. Should there be changes that materially impact the context in which medical schools deliver their medical programs or in supporting the participation of students with disabilities prior to the five-year timeframe, an earlier review will be undertaken.

For further information about this document please contact admin@medicaldeans.org.au.

Annexe 1:

Reflective questions about studying medicine

Early discussions about a student's ability to study medicine should occur in the context of reasonable adjustments that are or could be available to support them achieve the outcomes of the medical program. Below is a set of questions that medical schools can use as a guide for discussion for all students, including those with a visible or invisible disability. It may also be useful to consider the questions through the lens of a social model of disability, reflecting on the environmental factors which may pose barriers to participation and whether these can be addressed.

Discussions should also make clear to students the implications of not being able to meet one or more of the areas below and the options available to them, depending on their career aspirations. For example, this may limit their ability to eventually pursue a career in certain medical specialties or it may mean pursuing a different but related career pathway depending on their capabilities and interests, such as in population health, psychology, biomedicine, statistics, or epidemiology.

Areas for exploration
Communication skills – verbal, non-verbal and written *Medical students will be expected to communicate effectively and sensitively with a range of different people to establish rapport, involve patients and carers in decision making, and practise in a culturally safe way to deliver high quality, safe care. This applies to listening, speaking, reading, writing, and the capability to use these different modes to elicit information from people, often under pressure and in difficult situations.*
• Can I communicate clearly in the English language to engage in two-way discussion with a range of different people? *For example, using English language skills to speak to patients, families, and other health professionals clearly and sensitively, and using communication skills to accurately document health information in health records and referral letters.*
• Can I recognise, interpret, and respond appropriately to non-verbal cues and am I aware of the impact of my non-verbal behaviours? *For example, communicating with people in distress or people with a cognitive or a communication impairment.*
• Can I tailor my communication use and style to different people? *For example, finding means of communicating meaningfully with patients who are from a non-English speaking background.*
Professionalism *Medical students will be expected to demonstrate capabilities consistent with those of a medical professional, including a commitment to making the care of patients their priority, and to practise safely and effectively, treat people with dignity and respect, and be aware of the limits of their own knowledge, skills and health. They will also be required to comply with the law, regulations and any other university codes or policies.*
• Do I have a genuine interest in medicine, a commitment to serving the needs of my community, and a desire for lifelong learning? *For example, seeking opportunities to expand my knowledge about medicine and exploring career pathways that meet the health care needs of my community.*

- Do I demonstrate behaviours and values consistent with a future medical professional, including integrity, respect, leadership, concern for others, and treating people with dignity, without discrimination or judgement?

  For example, engaging respectfully with patients, peers or medical practitioners during clinical placements or team-based assessments.

- Do I comply with the law and professional regulations of my jurisdiction including applicable codes, guidelines and policies?

  For example, complying with legal requirements and procedures when managing confidential or sensitive information.

- Do I have an awareness of my own culture and beliefs and am I being respectful of the culture and beliefs of others?

  For example, seeking to understand how my beliefs may influence the assumptions I make and similarly, how the culture and beliefs of patients or team members may influence their decision-making or behaviour, and adapting my communication style or seeking support where necessary to practise in a culturally safe manner.

- Do I consider and weigh up competing ethical principles in difficult situations and make decisions that consider the impact on all persons involved?

  For example, considering whether to report something I see that I believe does not align with the expected behaviours or values of a medical professional.

Insight into their own health and behaviour

Medical students will be expected to demonstrate an ability to recognise when they experience poor health and put in place effective processes to ensure their own health or behaviours do not pose a risk to others.

- Can I engage in honest self-reflection about my own behaviour, capabilities, performance, and the boundaries of my knowledge?

  For example, using feedback effectively to improve my performance and identify areas where I need help.

- Do I demonstrate insight and adapt my behaviour to changing environments, and have the ability to learn to function in the face of uncertainties that arise in clinical practice?

  For example, being open to finding alternatives when group plans change unexpectedly or responding helpfully when patients' treatment goals change.

- Can I effectively handle and manage heavy workloads and function effectively under stress?

  For example, planning ahead so that my functioning in class or in clinical settings is not impaired by tiredness during a demanding rotation or assessment.

- Do I have an awareness of my own physical and mental health, monitor when I might need support, and proactively seek relevant support when required?

  For example, managing my health and well-being through self-awareness and reflection, being open to feedback from others about changes they might notice, and ensuring that I am registered with a regular GP.

Cognition, critical thinking and problem solving skills *Medical students will be expected to have an aptitude for problem solving, based on scientific principles to understand and solve the complex medical needs of patients, whilst also considering the context of the patient's circumstances and the health system they are working in.*
• Do I have the ability to acquire knowledge and use and retain it to draw together all coursework subjects? *For example, drawing knowledge from a variety of sources, acquired at different points in time, integrating and applying it to an assessment task or clinical problem.*
• Do I have the ability to measure, calculate, reason, analyse, integrate, and synthesise information? *For example, taking a history from a patient and gathering information from multiple other sources, integrating this information, and formulating an evidence-based diagnosis, investigation and management strategy.*
• Do I have the cognitive skills for focus, memory, attention to detail, theoretical deliberation, and practical functioning sufficient to meet patient care needs? *For example, sustaining concentration and attention to monitor, detect and react to even small changes in a dynamic clinical scenario, such as new information, changing signs, or non-verbal cues.*
• Do I have the academic ability to effectively locate, interpret, assimilate, and synthesise information, including interpreting causal connections, and make accurate, fact-based conclusions based on available data and information? *For example, sourcing reliable and reputable research and scientific literature, critically evaluate the strength and validity of the information and apply to an evidence-based framework to inform clinical practice.*
• Am I aware of my own thinking, and do I have the skills to reflect, evaluate, adapt, and implement new cognitive strategies for improved learning and patient care? *For example, being aware of my own cognitive biases, being open to constructive feedback and able to incorporate learning from errors and feedback into my future practice.*
• Do I identify possible solutions to problems, evaluating the consequences of each alternative, selecting the best alternative and gathering information needed prior to making a decision? *For example, **f**ormulating a hypothesis, gathering evidence for or against the hypothesis then using the answers to formulate an appropriate intervention or plan.*
• Do I have the numeracy skills to safely and effectively process and reason with numerical concepts and numbers for patient care decisions? *For example, interpreting numerical symbols and data reliably, and accurately and performing calculations in a timely manner, or calculating accurate drug doses based on a patient's weight or interpreting graphs.*
Team work *Medical students will be expected to work willingly and cohesively as part of a team, taking responsibility for their actions as well as recognising and respecting the skills of other professionals.*
• Can I work cohesively as part of a team and take responsibility for my own actions whilst working in a team? *For example, delivering my assigned work tasks on time and to the expected standard, and willingly collaborating with others**.***

- Do I demonstrate empathy and sensitivity to other people's feelings and experiences?

  For example, listening to and supporting a peer who had received difficult news.

- Do I facilitate the exchange of information between two or more team members in the prescribed manner and by using proper terminology?

  For example, using appropriate and accurate terminology, checking with team members I have understood all the information provided before taking action.

- Do I provide leadership through direction, structure, and support for other team members?

  For example, clearly setting goals or priorities, explaining to team members what I would like from them, listening to their concerns, and providing constructive feedback.

Physical and observational capabilities

Medical students will be expected to demonstrate their ability to acquire information, carry out a range of procedures suitable to their level of capability, and understand and carry out their role in assisting during a medical emergency

- Can I analyse a patient's history accurately and acquire relevant health and medical information?

  For example, interpreting written documents, radiological and other graphic images and or digital or analogue representations of physiologic data (e.g. ECGs).

- Can I complete a full and accurate physical examination, including a mental state examination or a problem focused examination as indicated?

  For example, eliciting and interpreting the physical findings of patients.

- Can I assist in the management of medical emergencies?

  For example, recognise, assess, and support the management of a deteriorating and critically unwell patient who requires immediate care, including directing or performing CPR.

Sustainable performance

Medical students will be expected to demonstrate both physical and mental performance at a consistent and sustained level to perform multiple tasks in an assigned period of time that provides safe and effective care without compromise.

- Without distraction and in a time-constrained environment, can I carry out repetitive activities with a level of concentration and sustained physical, cognitive, and psychosocial performance, which focuses on the activity until it is completed appropriately?

  For example, maintaining performance in a series of Objective Structured Clinical Exams (OSCEs) or performing a range of common medical procedural techniques such as cannulation and venepuncture.

- Can I demonstrate a sustainable level of physical and mental performance to complete multiple tasks, often simultaneously or concurrently, in an assigned period of time?

  For example, taking a history from patients whilst noting down key points or managing and delegating tasks during a medical emergency.

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