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Global commitments to disability inclusion in health professions

See **Online** for appendix

Recognition of the need for equitable health care for people with disabilities and the need to appropriately educate the health-care workforce has emerged over the past few decades.[1–3] Although people with disabilities experience the same general health-care needs as other people, they are more likely to experience health-care inequities due to the inadequate skills and knowledge of health-care providers and inaccessible health-care facilities.[4] In 2009, an art of medicine essay in *The Lancet* by Tom Shakespeare and colleagues[5] posited that "perhaps the most dramatic learning can come when it is a peer who is disabled, rather than a patient". Medical schools are beginning to consider students with disabilities as a constituent part of their diversity, equity, and inclusion agenda, and several organisations and academic leaders from around the world are now offering formal guidance to medical schools, with the goal of fully realising the value that people with disabilities bring to medical education.[6–9]

We share *The Lancet*'s commitment to promoting diversity in medicine[10,11] and concerns about the structural biases that negatively impact patient care. Health-care disparities for patients with disabilities are universal, and while efforts towards inclusion of more health-care providers with disabilities have been made, there is a global under-representation of clinicians with disabilities (appendix). The barriers to health care for people with disabilities are ingrained. The *United Nations 2018 Flagship Report on Disability and Development* maintains that "attitudinal barriers have compromised access to health services for persons with disabilities, as health professionals often have little experience interacting with or providing services to persons with severe and/or complex disabilities, or have negative, stigmatizing attitudes towards these patients".[12] This segregation of patient and provider, healthy and disabled, has adverse impacts on the wellbeing of people with disabilities and constitutes a barrier to health-care services and education.

The inclusion of more health-care providers with disabilities offers one way to improve understanding about the needs of patients with disabilities.[13]

Further progress will require attention to several different dimensions of disability inclusion. Health professions programmes could reassess the criteria by which they evaluate applicants for admission to focus on the core skills and perspectives that are vital for competent care.[14,15] Medical schools and their affiliated clinical institutions must be able to determine and provide, with appropriate support, the optimal reasonable accommodations or adjustments for equal access to the curriculum, while ensuring competence for health professions practice. Changes to institutional culture are needed to ensure that all students and health-care providers are able to practise in inclusive environments.[16,17] Some organisations have addressed the need to improve inclusion and have translated

	Year	Guidance
Association of American Medical Colleges	2018	Accessibility, inclusion, and action in medical education: lived experiences of learners and physicians with disabilities[7]
General Medical Council of the UK	2018	Welcomed and valued: supporting disabled learners in medical education and training[6]
Australian Medical Council; Medical Deans Australia and New Zealand Inc	2017	Inherent requirements for studying medicine in Australia and New Zealand[18]

Table: **International organisations' guidance on inclusion of learners with disabilities**

this into actionable guidance (table).[6,18] What is now needed is an international voice, combining guidance from individual countries, to create an international benchmark for disability inclusion that will provide a roadmap for countries seeking to create accessible health professions programmes and practice.

Several global developments are underway for 2020 to address the inequities in health science education and develop international benchmarks for inclusion, including the formation of an International Council on Disability Inclusion in Medical Education, which will hold its first meeting at the London offices of the General Medical Council in the UK, on Sept 11, 2020, and the Inaugural Meeting of the International Congress on Disability Health and Inclusion, which will be hosted by the Department of Family Medicine, University of Michigan Medical School, in Ann Arbor, MI, USA, on Oct 9–10, 2020. The International Council will aim to develop shared principles regarding the support of qualified individuals with disabilities in the medical profession that will serve as a benchmark for countries where guidelines on inclusion do not exist. The International Congress will bring together delegates from across the globe to envision and create a more inclusive environment for students, providers, and patients.

Inequity and lack of diversity in educational programmes come at a high cost to patient outcomes and a loss of potential medical innovation. The health professions need to represent the population they serve. Under this wider principle, the inclusion of physicians, nurses, therapists, and other health-care providers with disabilities could help promote the care of patients with disabilities and their nuanced needs. It is our hope that the next decade will include further international cooperation and initiatives towards an accessible and inclusion environment for students, providers, and our patients.

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*Lisa M Meeks, Ioanna Maraki, Satendra Singh, Raymond H Curry
meeksli@med.umich.edu

Department of Family Medicine, University of Michigan Medical School, Ann Arbor, MI 48104, USA (LMM); General Medical Council, London, UK (IM); University College of Medical Sciences (University of Delhi) and GTB Hospital, Delhi, India (SS); and University of Illinois College of Medicine, Chicago, IL, USA (RHC)

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