

Healthworker education for disability inclusion in health

Luthfi Azizatunnisa (International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, London).

Sara Rotenberg (International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, London).

Tom Shakespeare (International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine, London).

Satendra Singh (Director Professor of Physiology, University College of Medical Sciences, University of Delhi, India)

Tracey Smythe (Department of Health and Rehabilitation Sciences, Stellenbosch University, South Africa, and International Centre of Evidence in Disability, London School of Hygiene and Tropical Medicine, London).

1.3 billion people in the world experience significant disability (1). Yet, the competence and understanding of reasonable adjustments among health workers are in many settings inadequate to provide the same level of care to persons with disabilities as to those without disabilities (2,3). Despite the establishment of a Disability, Equity, and Justice Group for the first time ever in the Group of Twenty (G20) in India this year, the global leaders of advanced and emerging economies failed to explicitly address disability in the recommendations (10), despite emphasis that financial investment in a disability-inclusive health sector is an investment with dividends (1).

Inclusive healthcare requires improvements in both accessibility and health-care staff attitudes. Existing evidence shows that there are gaps in disability training for health workers (4), although education in some countries now includes disability, human rights and reasonable adjustment (5), the latter meaning accommodating the physical, social and attitudinal environment to the specific

needs of persons with disabilities which facilitate their accessibility and participation on an equal basis with others.

Examples such as WHO's Disability-inclusive health services toolkit, or the Oliver McGowan compulsory training about learning disability and autism in UK medical education show that some steps have been made in integrating essential disability competencies into medical education. India introduced a competency-based curriculum in 2019 (6). However, this initiative faced criticism from the disability community due to its reliance on outdated approaches to disability. In line with the principle of "nothing about us, without us", a physician with a disability-led disability rights activists, doctors with disabilities, and medical educators to develop 27 disability competencies deemed essential for a medical graduate in India (6). Following judicial advocacy, eight of these competencies have been integrated as a mandatory component into the medical curriculum across all 703 medical schools in India since 2019 (7).

In Uganda, the Ministry of Health and Luuka Local Government, with LSHTM and MRC/UVRI and LSHTM Uganda Research Unit colleagues are conducting pilot training in all 42 health facilities across the 12 sub-counties in Luuka district in 2023 (8). Two to four health workers from each facility, regardless of their cadre, will attend disability training. The participatory training, delivered by a pair of trainers (one with a disability and one health worker), encompasses understanding disability, motivations for becoming a health professional, disability and equitable healthcare, communication with persons with disabilities, referring persons with disabilities, and auditing health facilities for disability accessibility. The training was co-designed with people with disabilities and health workers through a systematic review, interviews with global experts, and a two-day participatory workshop. Program materials for a one-day health worker training program were developed using this data, and pilot-tested twice, and evaluated for feasibility (9). Participants completed pre-and post-training questionnaires on knowledge, confidence, and overall experience, and follow-up interviews will be conducted three months post-training to assess implemented changes. The project aims to train approximately 300 health workers over 2-3 months during 2024.

Nevertheless, challenges persist. The training of health workers on disability faces systemic barriers within health systems. Limited integration of disability-related content into educational

curricula hampers the receipt of appropriate services, as healthcare professionals may not receive comprehensive training to address the diverse needs of disabled persons (12-13). In settings where health professional education lacks mandatory core competence for disability training, sustainability challenges emerge, as it is often initiated on an ad hoc basis by individual teachers due to personal interest (14). This can be exacerbated by a lack of resources, such as lack of teaching staff, and competing interests, so disability content is not a priority (15). Therefore, it is crucial to establish robust policies at higher levels and within health professional councils and organisations to include disability competencies in mandatory curricula, accreditation, and professional licensure (16). Collaboration between researchers in disability and medical education can ensure partnership in education and inclusion, especially in resource-limited settings.

The lack of global standardised protocols and guidelines for accommodating patients with disabilities in healthcare settings further compounds the challenge (17). Additionally, limited resources allocated specifically for disability-focused training programs restricts the opportunities for health workers to enhance their skills in this domain (18). Insufficient emphasis on disability competency in performance evaluations and professional development does not incentivise health workers to prioritise and continually improve their proficiency (19). Staff attitudes pose an additional challenge (20).

All health workers should have some training on disability, yet current approaches are unsystematic and insufficient, as training is often only delivered through one-off interventions in particular geographies, training schools, or for specific cadres of health workers (16). Indeed, this notable gap in training means health workers often report they would like more training on disability, including nearly 98% of family physicians in the United States (21). A common framework for disability training in health education is required, including:

1. laws and policies;
2. disability awareness;
3. inclusive interactions;
4. fundamental practical skills.

In order to be sustainable, disability training should be integrated into all undergraduate and vocational curricula.

Crucially, disability training should be delivered by those with lived experience—people with disabilities—in conjunction with other health workers (5). A promising strategy involves pairing disabled people with health workers to deliver training, to ensure training is both consistent with ‘nothing about us, without us’ and medical standards (22). Further, rigorous evaluation of the training, including long-term outcomes is needed. Changes in persons with disabilities’ healthcare utilisation, and perceptions on quality of care should be evaluated to understand how training can support better health access.

To scale up disability training, health educational institutions and licensing boards need to consider how they would include the topic of disability within continuing professional development activities (CPD), as has been done in Australia for nursing people with intellectual disability (23) and in UK (24). Professional licensing bodies could add disability competencies as part of the licensing requirements, mirroring the approach taken by the National Council on Disability in the US after India’s initiative (25). Such regulatory change would force training schools to incorporate disability into their curricula, while also ensuring those already in practice are reached through CPD programmes.

Finally, training must take a twin-track approach. Health workers must be trained about the specifics of disability through disability-specific sessions, as well as having disability integrated into the rest of the curriculum. This will help ensure that disability is not seen as a ‘special’ topic that is learned for specific courses and forgotten, but rather integrated effectively and evaluated throughout health worker training.

As evidence of the life expectancy, health access, and health care quality gaps for disabled people mounts, it is critical to engage health workers to close these preventable inequities (26). Disability training for health workers should be central to any health system and health worker education in order to close the 10-20 year gap in life expectancy for people with disabilities (27). The theme for this year's International Day of Persons with Disabilities, 'United in action to rescue and achieve the SDGs for, with, and by persons with disabilities,' aligns with these

endeavors. The full realization of this goal remains elusive until disability inclusion is considered as a quality improvement approach (11).

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