



# Australasian College for Emergency Medicine

## Statement on FACEMs and Associates with Disability Working in Emergency Departments

### Document review

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### Revision history

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Version	Date	Pages revised / Brief explanation of revision
V1	Feb-2026	Approved by CAPP

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# 1. Purpose and Scope

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This document is a position statement of the Australasian College for Emergency Medicine (ACEM; the College). The aim of this statement is to promote equity, inclusion and career sustainability of Fellows of ACEM (FACEMs) and Associates with disability, long term or chronic health condition(s), or neurodivergence.

This position statement supports 'Goal 1: Increase equity and inclusion for all FACEMs and Associates' of the *ACEM Equity and Inclusion Strategy 2026-2030*.<sup>1</sup> The position is also informed by the ACEM Core Value of Equity and *ACEM Governance and Leadership Inclusion Plan*.<sup>2</sup>

## 1.1 Related ACEM Policy

The ACEM position statement [S860 Doctors with a Disability and the ACEM Training Program](#) focuses on doctors who are applying for selection into the specialty of emergency medicine and ACEM trainees who acquire or are diagnosed with a disability during training.

# 2. Terminology

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## Disability

The World Health Organization's definition of disability states that disability results from the intersection between individuals with a health condition, and personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support.<sup>3</sup>

Those health conditions may be:

- **physical**, affecting a person's mobility, physical capacity, stamina or dexterity
- **sensory**, affecting a person's vision, hearing, balance, or other senses
- **intellectual or cognitive**, affecting a person's learning, or understanding of new or complex information
- **psychosocial**, affecting a person's thinking, emotional regulation, or behaviour<sup>4</sup>
- visible or invisible to other people<sup>5</sup>
- permanent, fluctuating, episodic, situational, progressive or temporary, and may exist from birth or be acquired later in life.<sup>6</sup>

Anti-discrimination laws in Australia and Aotearoa New Zealand apply a very broad definition of disability, which can include temporary injuries, long term or chronic health conditions, and neurodivergence. For the purposes of this statement, the College has adopted this broad definition of the term when referring to a person with a disability.

## Neurodivergence

Describes differences in brain function from what is considered 'normal' or neurotypical, including autism, attention-deficit/hyperactivity disorder and dyslexia. Many people who are neurodivergent do not self-identify as having disability.<sup>7</sup>

## Long term or chronic health conditions

Long-lasting and persistent health conditions that may contribute to a person experiencing disability. Common long term or chronic conditions include back problems, asthma, diabetes, osteoarthritis, cancer, dementia, and chronic obstructive pulmonary disease. Many people with chronic health conditions may not self-identify as having disability.

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1 Australasian College for Emergency Medicine. *ACEM Equity and Inclusion Strategy 2026-2030*. Melbourne: ACEM. 2025

2 Australasian College for Emergency Medicine. *Governance and Leadership Inclusion Action Plan*. Melbourne: ACEM. Feb 2022.

3 World Health Organization. *Policy on disability*. 2021.

4 World Health Organisation. *Mental disorders*. 2022.

5 Life Without Barriers. *Understanding invisible disabilities*. 2024.

6 Australian Government. *Disability Discrimination Act 1992*.

7 People With Disability Australia. *PWDA Language Guide: A guide to language about disability*. August 2021.

## 3. Background

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### 3.1 Disability Inclusion in ED teams is Important

Developing an inclusive environment for everyone working in an emergency department (ED) through enacting inclusive policies creates a welcoming and compassionate environment for all healthcare staff and patients and makes it easier for people to be open about their disability and to receive the supports they require. Through greater inclusion of people with disability in emergency medicine, the workforce will be more reflective of the society in which it is based and better reflect the communities they serve.<sup>8</sup>

A diverse medical workforce can benefit emergency medicine delivery and patient care by embedding people with lived experience into the ED and thus increase perspectives and empathy with patients. This may help to reduce the health disparities experienced by patients with disability and other non-dominant groups. Greater diversity within emergency medicine can also encourage others in underrepresented groups to consider working in this sector by creating role models and pathways as “you can’t be what you can’t see.”

### 3.2 Disability in Australia and Aotearoa New Zealand

In Australia 1 in 6 people have a disability<sup>9</sup> and in Aotearoa New Zealand 1 in 5 people have a disability.<sup>10</sup> The number of people with disability working in healthcare is unknown in both Australia and Aotearoa New Zealand due to limited data, partly because many medical professionals are reticent to disclose their disability in their workplace.<sup>11</sup>

ACEM’s Membership and Trainee Diversity Survey (2022) found that 2.3 per cent of FACEMs and 7.7 per cent of trainees identify as having disability, and 70 per cent of these people have not shared this information with their employer.<sup>12</sup> With rising incidence of chronic disease and acquired or newly diagnosed disability, there will likely be increasing numbers of people with disability working in EDs in the future.<sup>13</sup>

One of the most significant barriers that people with disability face when working or training in healthcare are the ‘disabling’ attitudes of others that perpetuate stigma and bias based on stereotypes and ‘ableism’. Such attitudes can lead to bullying, discrimination and fear, and a culture within a workplace or training organisation that is unwelcoming for people with disability.<sup>11</sup>

It is estimated that approximately 80 per cent of disabilities are hidden and the impact of these disabilities on the individual’s lives may not be fully understood by workplaces, so they may fail to provide appropriate supports.<sup>5</sup>

Workplaces often train staff to treat everyone ‘equally’, but not necessarily ‘equitably’, and staff often do not have the tools to recognise how a disability shapes the way a person gives, receives or interprets health care.<sup>1</sup> Treating everyone ‘the same’ can in fact be exclusionary if ‘the same’ is defined by the dominant, able-bodied cultural norm.

Whilst employers are legally obliged to make workplace adjustments for people with disability, difficult or unclear systems can make it challenging for people with disability to ask for adjustments and supports. Many health services do not have a clear understanding of what is legally required and lack experience in providing workplace adjustments and knowledge of the assistive technologies available. There are also physical and environmental barriers in workplaces such as a lack of physical space or inaccessible buildings for people with disability, especially for people with physical disabilities.

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8 Australian Medical Association. *Supporting doctors and medical students with disability*. 2023.

9 Australian Bureau of Statistics. *Disability, Ageing and Carers, Australia: Summary of Findings*. 2022.

10 Stats NZ. *Disability statistics*: 2023.

11 British Medical Association. *Disability in the medical profession*. 2020.

12 Australasian College for Emergency Medicine. *Membership and Trainee Diversity Survey*. Melbourne: ACEM. 2022

13 Australian Institute of Health and Welfare. *Chronic conditions and disability*. 2019.

## 4. ACEM Position

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ACEM is committed to improving equity and inclusion for all staff working in EDs. All FACEMs and Associates should have equal opportunity in employment and ACEM recognises that a disability does not automatically compromise a doctor's ability to care for patients or contribute to emergency medicine.<sup>14</sup> Each person experiences disability in different ways and should be given the opportunity to negotiate any workplace adjustments they require (if any) with their workplace to support the continuation of a sustainable career in emergency medicine within their capacity.

ACEM promotes the use of a **strengths-based** rather than a **deficits-based** approach to the inclusion of FACEMs and Associates with disability within the emergency medicine workforce. Although it may not always be possible for a person with disability to work in certain clinical settings in emergency medicine, ACEM encourages workplaces to recognise the expertise and wisdom of FACEMs and Associates, and the many and varied contributions they make in the delivery of safe emergency care (their strengths), rather than focusing solely on what they may not be able to do (their deficits).

ACEM advocates that employers should endeavour to provide workplace adjustments for FACEMs and Associates with disability, so the FACEM or Associate can continue to contribute to the emergency care provided within the department.

## 5. Key Themes and Recommendations

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### 5.1 Legal Framework

Under the State and Federal anti-discrimination legislation and the New Zealand Human Rights Act 1993,<sup>15</sup> employers are legally required to provide workplace adjustments to meet their employees' needs. Employers must also protect employees from direct or indirect disability discrimination, including harassment and victimisation. (See Section 6 Relevant Legislation for links to legislation in different jurisdictions)

Workplace adjustments are the necessary and appropriate modifications that employers need to make so that a person with disability can safely and productively do their job.<sup>6</sup> However, adjustments should not cause unjustifiable hardship to the employer or any other person, and the person with disability must be able to perform the inherent requirements of the work with their adjustments in place.<sup>16</sup>

Workplace adjustments are not necessarily complex or expensive. Governments and non-government organisations provide guidance on workplace adjustments and funding is available for employers and employees for workplace adjustments. (see Section 7 Resources)

#### Recommendations for Workplaces

- Be aware of and follow existing jurisdictional legislation and have local policies and procedures in place to support people with disability employed in the ED.
- Develop and follow a Workplace Adjustments Policy and process where details of previous or existing workplace adjustments can be accessed if the person with disability moves to a new position or higher training, especially if the condition is lifelong and the adjustments required have not changed.
- Be aware of the legal responsibilities regarding confidentiality and disclosure, especially if there are any possible patient safety concerns.

#### Recommendations for FACEMs and Associates with Disability

- Be aware of employee legal rights under anti-discrimination laws and responsibilities regarding disclosing disability within the local jurisdiction. Employees are not generally obligated to volunteer information about their disability, but they can be requested to provide information in certain limited

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<sup>14</sup> General Medical Council. *Health and disability in Medicine*.

<sup>15</sup> Parliament of New Zealand. *Human Rights Act 1993*.

<sup>16</sup> United Nations. *Convention on the Rights of Persons with Disability*. Article 2. 2006.

circumstances. The circumstances vary based on the laws in that jurisdiction, but in general terms, an employer can require an employee to disclose information about a disability if the disability affects their ability to perform the inherent requirements of their role or is relevant to health and safety.

## 5.2 Creating an Inclusive and Supportive Environment

Developing an inclusive environment for everyone working in an ED creates a welcoming and compassionate environment for all health care staff and patients.

It is also worth noting that most people, whether they identify as having a disability or not, are likely to experience difficulties in functioning at some point in their lives, particularly as they age, and require workplace adjustments on a temporary or permanent basis. Therefore, the provision of workplace adjustments should be normalised for all FACEMs, Associates and other members of the ED team, not only those with disability, including access to flexible work and training.

Disability Awareness Training can help an organisation develop an inclusive culture for people with disability and can be beneficial for both employees and patients with disability and help to create a supportive, collaborative team environment in the ED. Doctors with disability, especially those with hidden disabilities, often report that pushback and judgement usually come from other doctors rather than patients as their colleagues may perceive workplace adjustments as ‘special or preferential treatment,’<sup>17</sup> which can lead to resentment.

Government support may be available to assist people with disability to continue in employment. Both the Australian and Aotearoa New Zealand governments have programs to assist with any costs associated with staying in employment if these costs cannot be covered by the workplace. (see Section 7 Resources)

### Recommendations for Workplaces

- Make explicit statements/policies that demonstrate how the organisation is striving to make the workplace an inclusive environment for everyone including people with disability. These policies should be developed in consultation with staff with disability and take a proactive and deliberate approach to workforce recruitment and retention, and the provision of workplace adjustments where required.
- Take action to address any barriers for doctors with disability from working in EDs.
- Foster a culture of respect and trust, where colleagues feel safe sharing their experiences and needs, without judgement and from a strengths-based perspective.
- Promote an inclusive workplace culture that recognises and accommodates the varying needs of ED staff, understanding that adjustments may be necessary for all individuals at different points due to health, family, caring, or other personal circumstances.<sup>8</sup>

## 5.3 Negotiating Workplace Adjustments

If a FACEM or Associate has a disability and requires adjustments to safely undertake their role, they should meet with the Director of Emergency Medicine (DEM) to discuss how the disability may impact their usual duties and identify appropriate workplace adjustments.

All workplaces should have a Workplace Adjustments Policy that outlines the process for requesting, assessing, and implementing reasonable adjustments. This policy should be followed to ensure a consistent, transparent, and supportive approach.

Each person’s experience of disability is unique, and the adjustments required will vary accordingly. Therefore, a ‘one size fits all’ approach is not appropriate. While the process for considering adjustments should be standardised, the specific supports implemented must be tailored to the individual’s needs. Assumptions about what a person requires should never be made; instead, adjustments should be determined collaboratively, with the individual with disability at the centre of all decision-making.

In some circumstances, it may not be feasible for a FACEM or Associate to continue in their usual clinical role after acquiring or being diagnosed with disability. In such cases, the DEM and Human Resources department should work closely with the FACEM or Associate to explore alternative or modified duties that align with their skills, qualifications, and abilities – for example, roles in telehealth, teaching and training,

<sup>17</sup> Royal College of Physicians. *This doctor can: the paraplegic oncologist*. 2020.

research, or leadership. The FACEM or Associate must remain actively involved in all discussions and decisions regarding future work options.

### **Recommendations for Workplaces**

- Follow the Workplace Adjustments Policy that may include a functional assessment incorporating expert review and advice as needed, for example from an occupational medical specialist and/or occupational therapist.
- Arrange a meeting between the FACEM or Associate with disability and management to discuss the impact of the disability on job performance and any workplace adjustments required. A support person can assist in planning for the meeting and may also attend if all parties agree.
- Seek guidance from organisations in Australia and Aotearoa New Zealand that support people with disability and publish guides on conducting conversations about disability and workplace adjustments (see Section 7 Resources).
- Ensure that legal obligations and protections in the appropriate jurisdiction are followed as disclosing personal information without the person's consent could breach privacy or discrimination laws. However, depending on the nature of the disability, there may be accreditation requirements for management or a workplace to report the disability to a regulatory body.

## **6. Relevant Legislation**

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### **Australian Federal**

- [Sex Discrimination Act 1984 \(Cth\)](#)
- [Australian Human Rights Commission Act 1986 \(Cth\)](#)
- [Disability Discrimination Act 1992 \(Cth\)](#)
- [Fair Work Act 2009 \(Cth\)](#)
- [Disability Services and Inclusion Act 2023 \(Cth\)](#)

### **Australian State and Territory**

- [Discrimination Act 1991 \(ACT\)](#)
- [Disability Inclusion Act 2024 \(ACT\)](#)
- [Anti-Discrimination Act 1977 \(NSW\)](#)
- [Anti-Discrimination Act 1992 \(NT\)](#)
- [Anti-Discrimination Act 1991 \(Qld\)](#)
- [Equal Opportunity Act 1984 \(SA\)](#)
- [Anti-Discrimination Act 1998 \(TAS\)](#)
- [Disability Rights, Inclusion and Safeguarding Act 2024 \(TAS\)](#)
- [Equal Opportunity Act 2010 \(VIC\)](#)
- [Equal Opportunity Act 1984 \(WA\)](#)

### **Aotearoa New Zealand**

- [Human Rights Act 2013](#)
- [New Zealand Bill of Rights Act 1990](#)
- [Employment Relations Act 2000](#)

### **United Nations**

- [Convention on the Rights of Persons with Disabilities](#)

## 7. Resources

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This is not an exhaustive list of resources available but can give some guidance of the resources and support available.

### Workplace Adjustment Guides

- Job Access, [Guideline on reasonable adjustments](#)
- Job Access, [Workplace adjustment passport](#)
- Job Access, [Reasonable adjustment policy checklist](#)
- Ombudsman New Zealand, [Removing barriers: A guide for reasonable accommodation of disabled people in Aotearoa](#).
- British Medical Association, [Making reasonable adjustments](#)

### Guidance and Support for Managers and Employees

- British Medical Association, [Discussing disability in the workplace](#)
- Job Access, [Making workplace adjustments easy, effective and equitable – A conversation Guide](#)
- Job Access, [How to support a neurodivergent workforce](#)
- Australian Disability Network, <https://australiandisabilitynetwork.org.au/>
- Employment New Zealand, <https://www.employment.govt.nz/starting-employment/hiring/hiring-disabled-people>

### Guidance and Support Organisations for People with Disability

- Hidden Disabilities, [Hidden Disabilities Sunflower](#)
- Disability Support Services, <https://www.disabilitysupport.govt.nz/disabled-people/support-and-services/education-and-employment/employment-support>
- Disability Gateway, <https://www.disabilitygateway.gov.au/>
- Job Access, Employment guidance: <https://www.jobaccess.gov.au/i-am-a-person-with-disability>

### Financial Support

- Australia: Job Access, [Employment Assistant Fund](#)
- New Zealand: New Zealand Government, [Employment support services](#)
- New Zealand, Work and Income, [Job and training support funds](#)