DARLENE MCLENNAN: So thank you for joining us today. For those who don't know me my name is Darlene McLennan, I am the Manager of the Australian Disability Clearinghouse on Education and Training, ADCET for short. I'm a white woman in my 50s, with grey/brown hair, with glasses and wearing a bright red patterned shirt which my grandson called today it was my pyjamas. I was quite offended. It's a new shirt, but anyway.

This webinar is live captioned. To activate the captions, click on the cc button in the tool bar that is located either at the top or the bottom of your screen. We also have captions available via the browser which we've just put the link into chat now if you would prefer to watch the captions via the browser.

ADCET is hosted on Lutruwita (Tasmanian Aboriginal land). In the spirit of reconciliation, ADCET respectfully acknowledges the Lutruwita nations and also recognises the Aboriginal history and culture of the land. And I want to pay my respects to Elders past and present, and to the many Aboriginal people that did not make elder status. I also want to acknowledge all other countries and lands from participants in this meeting and also acknowledge their elders and ancestors and their legacy to us, and any Aboriginal and Torres Strait Islander People joining the webinar today. I invite you to put into the chat the lands on which you are today, which is a lovely thing we have been doing for a number of years now.

Okay, this webinar, Are inherent requirements a barrier to diversity? Universities often promote the idea of having diverse student bodies, and with the recent Accord as well there is a strong commitment from this government to improve access to equity cohorts and diversify our Universities. But sometimes the current rules and regulations for course entry and enrolments, known as inherent requirements, may unnecessarily prevent diverse individuals from pursuing their studies and careers.

This wonderful study that's taken part has looked at the current state of inherent requirements in accredited nursing and midwifery courses across Australia. It is a hot topic that we often have people emailing us about at ADCET, so really happy to have invited our two speakers to cover this topic today.

The presentation will be given by Dr Joanna Tai, a Senior Research Fellow at the Centre for Research in Assessment and Digital Learning (CRADLE) at Deakin University, and Professor Mollie Dollinger who is the Director of Innovation and the Scholarship of Learning & Teaching (ISOLT) in the Faculty of Health Sciences at Curtin University, and honorary research fellow at the Centre for Research and Assessment in Digital Learning at Deakin University.

Before I hand over to our speakers, just some housekeeping. As I said, the webinar is being live captioned by the fabulous Helen from Bradley Reporting and it will be recorded. The recording will be made available on ADCET website in the coming days. If you have any difficulties during the session, please email us at admin@adcet.edu.au.

Our speakers will present for 45 50 minutes, then at the end we will go over to questions. Throughout the presentation we encourage each of you to chat with each other and us, but remember to choose all panellists and attendees so we can all read what you say. We really enjoy the conversation and thoughts and links and things that you share with us. Please, we encourage the chat, but if you are wanting to have any questions answered by Mollie or Joanna, please put them in the Q&A box rather than the chatbox. It makes it easier for us to grab at the end of the presentation. Okay, that's enough from me. Now I'm going to hand over to Joanna. Thank you so much.

JOANNA TAI: Thanks, Darlene. It's lovely to be here today with everyone. My name is Joanna Tai, but a lot of people call me Jo. I've never actually done the visual description of myself before but I will give it a go now. I'm an Asian looking person with a microphone attached to my head. I'm wearing a hand knitted mustard gold coloured jumper and matching shirt. My colleague, Mollie, has also appeared on the screen. Mollie, I don't know if you want to describe yourself at this point in time or not?

MOLLIE DOLLINGER: Yes, I'm a white American woman that's the accent in case anyone is wondering. I have blonde hair and I'm wearing a black sweater.

JOANNA: Thanks, Mollie. I should mention I have ridiculously thick glasses with clear frames on. I would also like to acknowledge the country that we are on. I live and work on Wurundjeri land and I would like to pay my respects to the Wurundjeri people of the Kulin nations who are the traditional custodians here. And I would also like to acknowledge that education and learning together has been happening here for a long time in very inclusive ways, and hopefully some of what we do today continues that tradition. And I know that Mollie is also on Whadjuk Noongar land over in Perth.

So today Mollie and I are going to go back and forth a little bit. Firstly, we'll talk about the background of inclusion in higher education and specifically healthcare professional education. Then we'll talk about our project, which has multiple parts, some of which have been already published.

As Darlene mentioned, the first bit is about an analysis of inherent requirements across Australian nursing and midwifery courses. And then we will share a little bit about some of the newer things we've recently been doing around participatory design to inform more inclusive healthcare professional courses. And then we will have a little bit of a discussion about how could principles of assessment for learning support inclusion, and maybe some takeaway messages for everyone and ideas to think a little bit more about.

So there's been a lot of conversations around that idea of widening participation in Australia for a number of years now. It can even go back to the 1990s with the Dawkins reforms and categorisation, classification of specific groups of students, but I think in recent years we've been moving towards this idea of inclusion, that expansion of higher education has really reemphasised how important inclusion is for the increasing diversity of students in higher education. So on this theme of inclusion, a lot of studies have been done and they've explored inclusion across topics like assessment, student partnership, learning analytics and much, much more.

Diversity, equity and inclusion is also really important in that health professional context within society. And there are expectations, really, for health professionals to be inclusive; to uphold and enact those principles of diversity, culture, inclusion and cultural safety for all people. So these are kind of our expectations within healthcare settings. Of course, there is legislation that supports this. For instance here, the Disability Discrimination Act and also within education the Disability Standards For Education. So these kinds of ideas about being inclusive exist.

I think we would all agree that we subscribe to them. As part of this, we also think that increasing diversity in the health professions' workforce could also contribute not only to things around workforce shortage so that idea of widening participation in healthcare professions' workforce it might also seek to perhaps help with some of the maldistribution of doctors and nurses, so healthcare professionals across and within countries, so specifically in relation to where people are willing to work. And also, you know, there's that underlying idea that it could make the world a better place.

But now we come to the question, you know, these broad ideas about diversity and inclusion within the health profession workforce and what we do on a day to day basis, does that transfer and does that translate over into what happens in health professional education, in who we welcome into courses, and how they experience the courses?

So there have been lots of arguments made about how that diverse workforce can contribute to improved patient care, and this has actually been demonstrated particularly in the US around racial and ethnic diversity. But it hasn't really happened with respect to disability. So we're not particularly good at including students with disabilities within healthcare professional education and, therefore, within the healthcare workforce.

So part of what we're suggesting and arguing here today is that to support this diverse student population to participate in health professions' education, we really need to start with ensuring that the entry requirements are equitable and accessible. Now I'm going to hand over to Mollie to give you a little bit of an overview on inherent requirements.

MOLLIE: Thanks, Jo. Jo and I were so pleased to see so many register for this session because inherent requirements doesn't normally draw that much attention. I'm going to assume some of you are already familiar with inherent requirements. For those of you that aren't, inherent requirements are sort of like the fine print on students' enrolment paperwork. They're and I say this with quotes they're the core, not my word, abilities that Universities expect students to already possess to then succeed and go through their course of study.

They're very common in health disciplines, as Jo mentioned, and that's because they're often framed in this context that health professions' number one priority should always be around patient care. We're going to get into a little bit later about why that's sort of more complex than what it might seem on first read, but that's sort of how they're justified. But they are also increasingly discussed in teaching and education as well, but there are some disciplines where they are less common because there isn't that same idea of the expectations of what an ideal worker would particularly possess or be like, for example. If I can go to the next slide.

What Jo and I really want to stress today is the varying levels of objectivity that go hand in hand with inherent requirements, and how these, again, "core" abilities or essential tasks are actually quite vague.

So to help show you that, I'm going to now read an example definition from the screen. If you can go back. Yep. So this is from a website: "Inherent requirements are the essential requirements or characteristics (mental, physical and emotional) necessary for successful completion of a course or component that are inherent to the achievement and demonstration of its learning outcomes."

So I'm just going to give everyone a few seconds to reflect on how vague and abstract that is. Okay. Hopefully you had a moment. Jo, if we can go to the next slide. So in our review of nursing education, there were eight categories of inherent requirements, some of which I'm now going to read. And, again, thinking about how vague or abstract these things are. So ethical behaviour is one of them, for example. Emotional stability. I'm not sure I would be found to be emotionally stable; I don't know. Legal, communication, verbal, nonverbal, written, and so on. Cognition, sensory, motor skills and sustainable performance. Okay.

So in work from Johnson back in 2022, I think the team of researchers at that time recognised the vagueness of many of these categories and they recommended that alongside the statement itself that there be other aspects to sort of back up the inherent requirement. Things like a description of the skills or capabilities required; a justification of why those exist in the course; the characteristics of potential adjustment as well as exemplars. However, in our review of University websites on what's available to prospective students, we found very little evidence that any of this is being adopted. So next slide, Jo.

All of this really got our team thinking, and to us we wanted to problematise inherent requirements in two ways. First, we wanted to liken it to a bit of a balancing act where, on the one hand, Universities and the University sector more broadly, are trying to be more inclusive to diverse students. But on the other hand, they are often bound by what is suggested in the accreditation, industry expectations, and workforce contexts. So that balancing of how to be inclusive within the constrained environment of which they are operating in.

But it's also a paradox, in many ways, because inherent requirements did probably arise from good intentions. The idea that they would enhance transparency, that they would help prospective students decide whether this was the right course of study for them or not. But unfortunately, in reality, what often happens now is that they serve as a deterrent for many students and they actually could amplify exclusion where it's not necessary. I'm going to hand back to Jo now to tell you more about our study.

JOANNA: Thanks, Mollie. So I mentioned earlier that we've got about two parts of the study. And the first one was really to dig a little deeper in how those inherent requirements are currently communicated across all of the Australian University accredited nursing and midwifery courses, and to do this we undertook a desktop review of the website documents. We drew a little on discourse analysis to inform how we were looking at the documents, and we were interested not only about that specific list of requirements, but all the information that went around the list to support, you know, what kind of messages were they sharing with prospective students when they were communicating about inherent requirements.

In part 2, we then wanted to think about, well, how actually could health courses be more inclusive? So we ran a series of participatory design workshops with some additional interviews because not everyone could make it to the workshop times, and we invited academics, clinical supervisors and placement staff, and also people who had links to accrediting bodies, to understand how health courses could be more inclusive with a little bit of a focus on those things that were like inherent requirements. So about 20 people, we think, participated in those so far.

So what were our findings in part 1? Mollie kind of already foreshadowed some of the things that we might have expected. And we found that across the 37 Universities, 16 institutions did directly adopt the inherent requirement statements that Johnson et al developed in 2012 that had a bit more of the detail behind it so everyone could understand a little bit about how maybe adjustments could be made so students could actually demonstrate those inherent requirements.

But the other 21 institutions didn't use the same list. And the most frequently modified or omitted categories were really around ethical obligations, legal responsibilities, and that idea of sustainable performance. So not everyone had a requirement about sustainable performance because what exactly does that mean? They also added additional requirements, things like relational skills, reflective skills, things to do with the capabilities around using digital technologies. And one institution also talked about financial literacy as being an inherent requirement for being a nurse or a midwife.

Beyond the specific inherent requirements which were overwhelmingly the same but not entirely the same, there was significant variation in how that information was presented to students in terms of how accessible that information was. Was it just available on the website or did they have to click through multiple links to get to this list of things? And how these institutions talked about the possibility for reasonable adjustments and who they should contact about these things, some of the websites said, "Please talk to someone, the course Director in the school of nursing". Other websites said, "Please go and talk to the accessibility centre, the Disability Resource Centre because someone there will be able to give you a bit more information about how you might be able to meet requirements."

So there was a real difference in who was mentioned and even whether there was a possibility to go to someone and talk about what the inherent requirements are. A lot of the websites, though, did have this overall banner saying something like, "We are inclusive. I want to include everyone." But despite saying those things, there weren't really clear accessible pathways for prospective students to actually discuss these inherent requirements. And of all of the Universities, only five of them actually mentioned that they had any legal obligations under any kind of legislation and, specifically, the Disability Discrimination Act, which might have been a signal to students to say "yes, you do have rights here. It is not just us making a decision about whether or not you can get in".

So if you want to read a little bit more about that part 1 of the research, we have managed to publish this already and there is a screenshot of the front page of the article on the slide, but you should be able to just search for the article which is Are inherent requirements a barrier to diversity an analysis of course entry information. And that was published in the Collegian Journal which is a nursing journal. I'm going to hand back to Mollie to talk about part 2, the participatory design approach.

MOLLIE: For those of you who know my work, you will know that I often love using participatory design, especially with issues of equity and inclusion. So that was the second part of our study.

On the slide here is an image of the activity we conducted for this study, which might be familiar to many of you. It's known as a SWOT analysis. In a SWOT analysis we ask participants to identify the strengths, weaknesses, opportunities and threats to inclusion in healthcare courses. So, Jo, if we can move to the next slide, I will go over a few of our preliminary findings in each of these categories. So first let's talk positives, which is that many participants spoke to the important role that Universities play in preparing students for work. People were overall very positive about the significance of Universities and the scale to which they have been able to offer baseline inclusion, if you will.

So no one is necessarily saying that the inclusion efforts are optimal but they have been able to scale, especially in the context of COVID 19, fairly well in the form of learning access plans. Now, those are called slightly different things at different Universities, but you probably have them at your University.

However, going to weaknesses, many also noted that our current systems rely too heavily on disclosure. And this came up time and time again. It talked about in cultural, in relation to indigenous, and so on, that it's unrealistic and unfair to place the burden of disclosure always on the student, and that students should be able to have an inclusive learning experience free of discrimination and stigma without having to go into detail about their medical history.

Participants also noted that Universities struggle at more complex cases of disability as well as intersecting forms of disability. With opportunities, staff also expressed that they were really interested in more training, but that much of this isn't offered consistently, it doesn't match up with their timetables, it's not on demand or it's perhaps not engaging or specific enough for their needs. And there was also growing desire and recognition for the importance of co design with those with lived experiences of disability and inclusion. And finally, the threats were identified that the health sector, in particular, is quite risk adverse as far as their culture goes. There is many attitudinal barriers from staff, as well as industry supervisors and, as I'm sure many of us know, the workload associated with fostering inclusion is rarely recognised. And, unfortunately, the threat that then continues with that is the administrative burden which goes unrewarded in the University sector.

So to the next slide. With these findings, Jo of course being an assessment researcher, we asked ourselves how could principles of assessment for learning support inclusion? Now I'm going to hand back over to Jo to discuss that.

JOANNA: Thanks, Mollie. So to start us off, let's take a step back to think about those different purposes of assessment. So frequently we think about assessment as being of learning, that certification to ensure that learning outcomes are met, that the people have met who can demonstrate their capabilities, pass through, progress to whatever the next stage is, and to ensure that people who cannot demonstrate those capabilities yet continue to do some learning. However, assessment might also do some other things for the students. Firstly, through the assessment students might actually develop their capabilities because they are asked to engage in particular tasks and activities. Beyond that, there is also the idea that assessment is in itself an opportunity to learn from being an assessee. Here we're thinking about sustainability, to ensure that students can do things in the future without the need for assessment from someone else.

So instead of having a teacher watching them to say, "Well done, you have got that right", they know themselves that they've done that thing correctly. So these additional ideas about assessment is where we wondered if there's something more to be done around inherent requirements rather than just placing them as something at the start of the course. Of course, this is kind of what we're saying here, assessment is really where the rubber hits the road. It's really that point where you actually test capabilities and where you can actually learn something. And because of that pivotal role of assessment having also that certification purpose, that students are required to engage in assessment tasks.

Colleagues have already done work in this space, Catherine Fetherston and Sharyn Batt and there is a screenshot of their article on the page wrote a paper back in I think 2019 about enhancing student understanding of nursing inherent requirements using assessment for learning. And their paper asked students to reflect on the inherent requirements as part of an assignment. But we wondered if there was actually a little bit more of an assessment as learning approach beyond assessment for learning in the sense of reflecting on it. But how could we get students to engage in activities to understand how they do meet inherent requirements?

So here, drawing on those principles of good assessment, we are thinking about how a learning approach might help to meet inherent requirements.

So we've got three principles, the first being assessment supports students' learning and their learning on the process itself. With respect to inherent requirements, it might be that there is a continuous dialogue throughout the course with regular opportunities to demonstrate capability with respect to inherent requirements. One of the things that came through in some of the interviews we did was that inherent requirements were positioned really at the start of the course but never really came back in that format throughout the course. So there was no opportunity for students to say and demonstrate, "Yes, I can actually do these things."

Another principle of good assessment is that it offers opportunities for feedback loops between students and teachers. So it's not just some information is handed over to the students and that's the end of the story. Instead, what might happen with respect to inherent requirements is that there are more immediate feedback loops throughout the course and these might involve other stakeholders, industry and professional accreditation bodies as well, and this might actually be more responsive to, perhaps, the shifting environment of what's happening in healthcare. So the rapid adoption of technology might have changed some of those inherent requirements and having more loops to ensure that capabilities are matching up with expectations for graduates might be helpful.

Finally, one of the principles of good assessment is about the opportunity for personalisation or adaptability according to students' own starting points, their goals and their capabilities. So here for inherent requirements we might be thinking more about how individual students might meet the inherent requirements, and how that might vary according to the context that they are in and what their goals are in their future professional lives, what they imagine that they would do once they graduate from the course.

I wondered then if we could go a little bit further to think about that idea of inherent requirements as part of assessment as learning. And this is really about developing students' own capabilities to judge for themselves if they meet the requirements at any point in time. This might be that idea of developing a validative judgment, it goes well with the idea of patient safety and fitness to practise. This is an authentic example of inclusion or exclusion within the profession where any individual might need to identify for themselves that they're not fit to practise at that point in time.

Now, this idea isn't tied to disability status or disclosure. It's really more about the individual identifying whether they are good to turn up at work and do the job for that particular day. So we think ideas like this which might apply to everyone, and not just students with disability, might be helpful. Furthermore, we might ask also students and supervisors together to consider inherent requirements during placements and to discuss these things, and to actually question them a little bit more to consider what is truly an inherent requirement for that particular context. And this might also be part of that process for students to learn what the core capabilities in a particular profession are. So now back to Mollie to zoom out a little bit further, thinking broader, perhaps, than just the placement environment.

MOLLIE: Yeah. So from our findings we have three suggestions, I suppose, on fostering inclusion, but I would absolutely love to hear from others in the audience today if there are other things that you're doing or you would like to do. So the first relates to training and support. So topics such as learning about universal design for learning, disclosure, legal rights, flexible assessment, and so on.

Also going back to that second point that I mentioned before about co production of courses but both people with lived experience of disability, as well as academics, clinicians, supervisors, accrediting bodies and so on. One of the things we found from our study is there is just such a lack of communication. In fact, I think if people found the time and the space to work together, we would be able to really be able to improve inclusion quite quickly.

Then the third is tackling ableism directly. So communications around the likelihood of stigma if students disclose, unpacking the longstanding ableist assumptions around fairness which we still heard come up time and time again in our workshops, and creating spaces for dialogue on varying cultural understandings of disability. I think here in Australia we've seen a lot of improvement around understanding, on deficit framing and broadening our perspective on disability, but a lot of the students who are coming to University from other cultural backgrounds may not have necessarily grown up in such an environment. And it is important to be inclusive around that as well.

Moving to the next slide, practically, you know, in the first instance, certainly what we would suggest most likely is removing the current lists of inherent requirements. I think we can probably all agree at this point that a static list cannot possibly support inclusion and we need dialogue and genuine conversation. So supporting those early conversations, again with everyone involved, to truly take the time to reflect on how the professions are changing; what it means to be a nurse; what it means to be a doctor or a teacher, or so on. And thinking about how all the new opportunities we have with technology and with broader understandings of inclusion can help us redefine sort of what we think of when we think of those professions.

And we will just close on the last slide here with a quick plug to the many resources which exist in this space. Of course, have to plug ADCET. Thank you again for asking us to present on our work today, as well as other websites and organisations as well.

As a scholar myself, students as partners and approaches related to student voice, I do think there is also so much more potential to involve student partnership to help shape the inclusion of our courses in the future. And we have a reference list as well if anyone is interested.

But thank you so much for listening, and Jo and I are very happy to take any questions that you have.

DARLENE: Thank you both for that. That's absolutely wonderful to have this conversation. Someone has written in that they are reviewing their fitness for practice policy and guidelines and the use of the term "inherent requirements". Agree static lists are not necessarily helpful. We've been advised that legally the term relates to the employee/employer relationship. Are there other terms that you believe may better frame inclusion in a positive way?

JOANNA: Potentially. I think it's really interesting to see inherent requirements and thanks to the reviewers of the paper, actually, on inherent requirements who pointed out that link also, to the legal obligations and case law that has happened previously around jobs, and that idea about the essential requirements of a job. And I think that was, and I'm not legally trained, but my understanding was that was in relation to a challenge made, you know, can I why wouldn't you employ someone in a particular job? Because they can't actually meet the essential requirements of that job. So that was the link into why that phrase of inherent requirements is used.

What was surprising to me as well is that actually, particularly for nursing, that it's actually the accreditation body that requires Universities to publish a list of inherent requirements as part of the tick for accreditation to say, "Oh, yes, you do have some kind of statement up there about the things that students would be expected to be able to do."

There is no specific requirement, though, about what that kind of statement might look like and it could be something a little bit more flexible. I don't know specifically if there might be a term that is more inclusive, but my feeling is that something around fitness to practise applies to everyone and is, therefore, more inclusive than something that kind of really looks like from the outset like inherent requirements, that has a real implication that we expect some people probably won't be able to meet particular things around physical capability or cognitive requirements and, therefore, we want to kick you out from the beginning. So my feeling is that fitness to practise should and it should really be something that applies to everyone, and that everyone has to engage with in a more deliberate and considered way rather than just being something for a particular group of students, e.g., those with disabilities. I probably haven't answered the question entirely but that's my feelings about it.

MOLLIE: If I can chime in, I always thought it ironic that the fitness to practise requirements don't include thinking about how you can be inclusive and equitable. So all of your colleagues and patients as well. I mean, to me that is absolutely a minimum requirement of a healthcare professional. So just thought I would add that.

DARLENE: Love it. We've got this old chestnut that we get quite regularly and asked quite often is around about full time placement being inherent. And this certainly comes up within nursing, probably more than other disciplines. But, yeah, the person is saying if a student is unable to complete a placement in a full-time capacity, they do not meet the requirements and are unsuitable to be a nurse. Would appreciate your thoughts on this with your extensive dive into inherent requirements in nursing.

JOANNA: Yeah, I think I mean, my opinion is that it's a bit silly that we require students to participate in full time placements full stop. For many reasons, not just ones which might be related to a particular condition. But we also know that there are a lot of students who might have caring responsibilities for others, who might have to work alongside study. And for them, full time placements is a significant barrier to gain the qualification, in itself in the first place.

So we're really actually being too exclusive if we're only saying that students can complete placements at a full-time capacity. And I note some people in the chat have helpfully also added the next bits of my argument. So Olga says remembering when they work, they can work part time, which is another really big argument for why we really should be thinking about offering part time placement opportunities. And similarly, Jesse also says the same thing, you can work in industry part time.

Christine also adds this also links in with that student poverty concern in the University Accord report. So I think we really shouldn't be framing it around your ability to complete placements full time. I understand that there are administrative intricacies around the allocation of placements and how that would work. And this is actually a reflection of how tricky it is even for doctors to find part time positions once they are fully qualified. So one thing and it is usually women, actually, who want a part time position for a range of reasons but one thing that has been apparently a little bit successful is actually teaming up with someone else and offering to job share. So I wonder if something like that might also work in that placement context, you know, if you could collect up all the students who wanted to do their placements part time, then they could jobshare the placements, and that might be an administrative way to sort that bit out. Acknowledging that part time placement probably means an extension in the length of the course, but I think it is up to institutions to become more flexible on these things. It's probably the institution's responsibility to work it out. And it sounds like there is a whole bunch of things they can actually do behind the scenes. They just don't want to have to think about it. So we should be pushing towards that.

MOLLIE: Thanks, Jo. I always find it quite interesting this comes up a lot. I mean, is University's role to educate or is it to certify workers? Right. That's really what the heart of this is as well, right? I think Universities are probably trying to be what they think of as, you know, supportive, "Oh, you're not going to be able to be a full-time nurse or full-time teacher so you shouldn't take this course."

But it's not up to them to decide that. In fact, if we had a large cohort of trained nurses or teachers who couldn't work full time, I guarantee you there would be a change in the workforce to support and access and harness that expertise. So it is a bit of a chicken or an egg situation but I think it is what business Universities are in and I think we are in the business to educate and I think we should stick to the educate bit.

DARLENE: Excellent. One of the questions was in regards to work that might be is being done or been done between the accreditation bodies and organisations like TEQSA to determine how we look differently at inherent requirements. Do you know if there's any work being undertaken around the use of inherent requirements with our governing bodies such as TEQSA and our professional bodies? No? I often tell the story I went to a presentation with the health professional body. And they presented really well and weren't confronted by inherent requirements or making adjustments because they do it every day. Like with AHPRA, people who are doctors and nurses and experience a whole heap of different life experiences, from mental health conditions. So it didn't seem an issue. It was quite interesting that the Universities seem to have more of a challenge with like, you know, putting in adjustments or having breaks of service, whatever, where AHPRA were it's just a part of human experience.

And I think sometimes we forget about that lived and human experience we all have within our own professions. So I got excited but, yeah, it is difficult to work with AHPRA because I think they are so busy sometimes.

Another question is could you speak more about the potential for a fitness for practice policy to be exclusionary if there is not room for adjustments and support to the meaning of these requirements? Some people have had that experience within healthcare. Anything we can say about that?

JOANNA: Yeah, I think there's always a danger if it is interesting to see how different people interpret and apply policy. And there is always a danger where you've got different people looking at a policy that they might interpret it in a different way which leads to certain things being ruled in or out. And I think even the best policy with the best of intentions can, in the wrong hands, be implemented extremely poorly and lead to all sorts of disastrous things happening.

So I think there is probably no way that we are going to that any one piece of policy or a piece of paper with a list of things on it is going to do all the work by itself. It's also about the people who are involved and how we can ensure that the right kinds of people with the right understandings of being inclusive actually are in the conversations.

So I think, you know, Mollie's argument for really working in partnership and ensuring everyone has a place at the table and a voice to contribute to these types of discussions is important. So regardless of what labels we might put on things, it is actually about involving the people and ensuring that we meet needs and listen to voices and see different perspectives to understand what it looks like from different viewpoints.

DARLENE: Definitely. Just maybe two more questions and then we will start to wrap up. But while I'm doing that, the team will put in a link to a survey. I was meant to say that before we went to questions, that if people could complete a survey for us. So they will put that link in now.

Just one of the other questions was did you have much discussion on extra time for assessments, like an extra 30 minutes in practical exams, prac exams, et cetera. Was there much in the conversation you had during this process?

JOANNA: I think not in this project but certainly in other pieces of work that I've done. So the NCSEHE grant from 2020 now Access on reimagining exams. We talked to students about these things and how they felt about things like extra time. And for certain conditions that extra time was really helpful. So students said, "this actually made the difference for me in being able to complete particular tasks", but other students pointed out that their particular experiences meant that it didn't really matter whether they had more time or not. They felt that that form of assessment didn't allow them to demonstrate the capabilities to the best of their ability. So they weren't actually able to demonstrate in that format exactly what they could do and how their learning and how they actually could demonstrate their learning.

So I think that time thing is frequently something easily implementable. It is easy to tick that box and say, "Yes, we can give you an extra 30 minutes or an extra 2 minutes", or whatever it is, for an assessment, but it doesn't really account for all students' conditions. So we really need to be thinking about what other types of assessment could we be designing instead.

DARLENE: Excellent. Just finally, someone has posted about the MDANZ Inclusive guide it's been encouraged that medical schools adopt. Do you know of any other professions that have done a similar thing?

JOANNA: No. Thanks, Lisa, for sharing that. It's great to have that out there and to share across professions, I think. Frequently there is enough work to be done within a single profession so to look across is another big piece of work.

DARLENE: Yeah, no, that's brilliant. Well, thank you both for an insightful and thought-provoking presentation. And I love that you've kind of answered the question so fabulously. I think seeing from the loves and claps from the audience that you have certainly hit the mark in that. Just a reminder that we have a number of webinars coming up. We've kind of hit our webinar kind of what is it kind of stride, I think. We've got one coming up around exploring opportunities for reciprocal dialogue between faculty and students around UDL implementation and inclusive design which is done from one will be presented by one of our fabulous friends Frederic Fovet who is a Canadian. That's on 22 August. We are looking at another one we will be doing celebrating student success enabling inclusive practice into graduations. I saw that presentation at the STARS Conference recently, as I saw Mollie and Joanna's presentation, and it is one not to be missed as well, which is 28th of August. Thank you once again both for presenting. Absolutely fabulous. It's great to have such wonderful colleagues who are passionate about their research and looking into the work that you do. So thank you so much for your time.

MOLLIE: Thank you.

DARLENE: And thank you everybody for joining us and thank you to the ADCET team for managing the back end. Well done.

JOANNA: Thank you all.