POLICY BRIEF

Building Capacity for Equitable Primary Care for Adults with Intellectual and Developmental Disabilities in Ontario

Strengthening health professions education, cross-sector collaboration, and implementation within Ontario's Primary Care Action Plan

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The opportunity: From education to better primary care

Adults with intellectual and developmental disabilities (IDD) experience significant health inequities, including gaps in preventive care, avoidable hospitalizations, and premature mortality. Ontario's Primary Care Action Plan (2025-2029) offers an opportunity to improve access to comprehensive, team-based primary care for this population.

However, connecting people with IDD to primary care is only the first step. Primary care teams also need the competencies and practical supports to provide accessible, proactive, and coordinated care. **Medical education is essential, but training alone cannot address the barriers to delivering evidence-based care.**

Ontario already has a strong foundation of research, Canadian consensus guidelines, practical clinical tools, and educational initiatives. The priority is to sustain and strengthen these existing resources, connect initiatives across professions and sectors, and expand their use in everyday care.

This brief builds on the earlier *Equitable Access to Primary Care for Adults with Intellectual and Developmental Disabilities in Ontario* (July 2025), which presents the evidence and recommendations for improving primary care through cross-sector collaboration, interdisciplinary teams, and practical implementation supports. The present brief focuses specifically on medical education and capacity building as essential components of that broader strategy.

1. What does the evidence tell us?

Gaps in knowledge, clinical skills, and attitudes

Research identifies persistent gaps in healthcare professionals' preparation to care for adults with IDD (Ailey et al., 2024; Tarzi et al., 2024b). These include recognizing atypical presentations of illness, adapting communication and clinical assessments, supporting healthcare decision-making, and managing complex physical and mental health needs. Diagnostic overshadowing, where symptoms are attributed to a person's disability rather than investigated for other causes, remains a particular concern (Ailey et al., 2024).

Negative assumptions about patients' abilities and quality of life may also influence clinical decisions and patient participation (Bacherini et al., 2023; Friedman, 2025). Some physicians-in-training perceive caring for adults with IDD as outside their professional responsibilities, highlighting the need to address attitudes and professional identity alongside clinical competencies (Sanders et al., 2026).

Inconsistent education and limited practical experience

IDD-related education remains fragmented across health professions, including medicine, nursing, and allied health, as well as across stages of professional training (Ailey et al., 2024; Vi et al., 2023). Teaching

is often brief or elective, with limited opportunities for supervised clinical experience and assessment of practical competencies (Adirim et al., 2021; Ailey et al., 2024; Batselé et al., 2026).

What works in medical education?

Research supports combining foundational knowledge with supervised clinical experience, feedback, and reflection. Ontario studies demonstrate the value of integrating IDD Comprehensive Health Checks into family medicine residency training (Casson et al., 2019; Selick et al., 2022) and community-based learning into undergraduate medical education (Berger et al., 2023). While these approaches improved self-reported skills and confidence, findings also highlight the importance of addressing attitudes toward disability and community inclusion.

Other promising approaches include involving adults with IDD as educators and curriculum partners, and interprofessional, case-based learning through programs such as Project ECHO (Sbrizzi et al., 2026; Tarzi et al., 2024a).

Important limitations: Most educational studies measure knowledge, attitudes, or self-reported confidence rather than sustained changes in clinical practice. Further, even well-prepared clinicians may encounter organizational barriers, including inadequate accommodations, limited access to clinical expertise, and fragmented coordination between health and developmental services (Adirim et al., 2021; Batselé et al., 2026).

2. Recommendations: A coordinated approach to capacity building

We recommend that the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of Health work together to strengthen medical education and its implementation in primary care, aligned with Ontario's Primary Care Action Plan.

Recommendation 1. Strengthen education and competencies across health and developmental services

Build on Ontario’s existing educational initiatives, clinical expertise, and resources to strengthen IDD competencies across health professions, including family medicine, psychiatry, nursing, and allied health, and among developmental services staff. Support learning across undergraduate education, postgraduate training, and continuing professional development to prepare professionals for IDD-informed, team-based care. Prioritize sustaining and strengthening established initiatives, expanding their reach, and connecting educational efforts across professions and sectors rather than developing parallel initiatives. Work with educational institutions, professional colleges, accrediting bodies, and developmental services partners to support consistent competencies and their application in practice.

Prioritize four practical actions:

> **a. Integrate IDD competencies into core curricula and assessment.** Establish consistent learning objectives and assessable competencies, building on existing Canadian resources. Priorities include accessible communication, supported decision-making, preventive care, recognizing atypical illness, trauma-informed care, and avoiding diagnostic overshadowing.

b. Expand supervised, experiential learning. Embed planned clinical encounters, including comprehensive Health Checks, within existing teaching practices, supported by Canadian guidelines, feedback, and structured reflection.

c. Involve adults with IDD in teaching and curriculum development. Engage people with lived experience as educators and partners in curriculum design, teaching, and assessment, with appropriate accommodations and compensation.

d. Strengthen interprofessional and ongoing learning. Build on established approaches such as Project ECHO, accredited continuing professioanl development, and communities of practice to support shared, case-based learning across health professions and developmental services professionals, strengthening collaboration and IDD-informed, team-based care.

Extend learning across sectors. Work with developmental services organizations to support staff in recognizing and communicating health concerns, preparing for appointments, supporting preventive care, and coordinating with primary care teams. Use shared tools and learning opportunities so training on both sides of the care relationship reinforces coordinated practice.

Recommendation 2. Build capacity to put knowledge into practice

Building on the July 2025 policy recommendations, strengthen existing primary care teams with IDD nursing and care navigation roles and formal developmental services partnerships to support preventive care, guideline implementation, attachment, and care coordination. Embed Canadian IDD primary care guidelines and practical tools into everyday workflows, including electronic medical records.

Recommendation 3. Improve access to specialized IDD clinical expertise

Establish accessible pathways for family physicians, nurse practitioners and primary care teams to obtain timely physician-to-physician consultation, clinical mentorship, and shared-care support from physicians experienced in IDD care, especially for complex needs and diagnostic uncertainty. Such clinical support complements, but is distinct from, educational communities of practice.

Recommendation 4. Evaluate improvements in clinical practice and patient care

Build evaluation into education and implementation initiatives. Assess demonstrated competencies, guideline uptake, practice change, cross-sector coordination, and patient experiences—not only learner knowledge and confidence. Use findings to strengthen existing initiatives, identify effective approaches, and inform their adaptation and wider implementation across Ontario.

3. Opportunities for joint action

MCCSS and the Ministry of Health have complementary roles in connecting medical education, developmental services training, and implementation supports. Building on Ontario's existing investments offers opportunities to strengthen and sustain capacity, improve coordination across sectors, and expand effective approaches.

The opportunity is to move from fragmented educational initiatives toward a coordinated approach to capacity building, equipping primary care teams with foundational competencies, practical supports to apply best practices, and access to specialized IDD clinical expertise when needed.

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