Australian Medical Students' Association
Level 1, 39 Brisbane Avenue
Barton, ACT 2600
August 2023

Dear Members of the University Accord Panel,

The Australian Medical Students' Association (AMSA) thanks the government for the opportunity to present the following submission to the Accord in relation to the Interim Report.

As the peak representative body for Australia's future medical workforce of over 18,000 medical students, AMSA has focused this submission on the following themes listed below.

1. Support for strengthening the teaching and training capacity within medical education in a holistic manner;
2. Equity and accessibility within medicine;
3. Duty of care for students.

Please contact us if your colleagues or yourself would like to discuss the content of this submission in further detail.

Sincerely,
On behalf of the AMSA National Advocacy Team,

Tisshapaa Sivagnanan
AMSA President
President@amsa.org.au

Gabrielle Dewsbury
AMSA Vice President External
Vpe@amsa.org.au

HEAD OFFICE
LEVEL 1
39 BRISBANE AVENUE
BARTON, ACT 2600

POSTAL ADDRESS
PO BOX 6099,
KINGSTON, ACT 2604

ABN
67079 544 513

EMAIL
INFO@AMSA.ORG.AU

WEBSITE
WWW.AMSA.ORG.AU

Priority 1: Support for strengthening the teaching and training capacity within medical education in a holistic manner.

The interim report quotes a projected need of an additional 300 000 Commonwealth Supported Places (CSPs) by 2035 with a further 900 000 places by 2050 in order to meet the goal of growth for skills through greater equity. CSPs form the large majority of medical school places available to students in Australia. Adhoc increases in CSPs for medical education without data driven evidence has contributed to the bottlenecks that exist within the medical training pipeline today. AMSA urges the accord to emphasise the need for longitudinal strengthening of teaching and training capacity within medical education that looks beyond isolated increases in CSPs.

Healthcare education follows an apprenticeship model whereby clinical placements and learning from doctors, nurses and allied health professionals in community based and hospital settings is crucial to success. Universities are citing increasing pressures regarding meeting placement requirements for students within healthcare. An isolated increase in CSPs or formation of new medical schools in locations that already support multiple medical schools is likely to exacerbate these concerns. We implore the accord to encourage relevant parties to invest into building the teaching and training capacity through ensuring the availability of adequate supervisory capacities and appropriate infrastructure to enable high quality learning, especially in rural settings.

AMSA believes that:

- Stricter regulations on both numbers of medical students and the inception of new medical programs is essential to ensuring good quality clinical training, and integral in promoting a sustainable workforce that has access to sufficient quality clinical training opportunities beyond medical school.
- Increasing medical student numbers, particularly in metropolitan medical schools, in the absence of providing postgraduate training pathways in rural and remote areas is ineffective in addressing medical workforce shortages in rural and remote areas.

AMSA calls upon the Federal government to:

- Match any increase in CSP funding with increased JDTP funding should it be predicted that an increase in CSP medical graduates displace international medical students from public hospital internship positions.
- Reinstate the previous federally legislative ban preventing the creation of domestic full-fee places in public universities;
- Amend the Higher Education Support Act 2008 to extend the above ban to private universities to limit the creation of further domestic full-fee places;

Additionally, evidence-based and longitudinal strategic planning is needed to ensure that the medical education sector is striving to meet population needs. AMSA supports the funding and establishment of a Joint Medical Workforce

HEAD OFFICE
LEVEL 1
39 BRISBANE AVENUE
BARTON, ACT 2600

POSTAL ADDRESS
PO BOX 6099,
KINGSTON, ACT 2604

ABN
67079 544 513

EMAIL
INFO@AMSA.ORG.AU

WEBSITE
WWW.AMSA.ORG.AU

Planning and Governance body with the authority to advise, direct, or make decisions on the size and structure of the entirety of the medical workforce pipeline. This will allow medium to long-term planning and resource allocation to align the workforce with demand.

Priority 2: Equity and Accessibility within Medicine

Entry into Medicine

The mandate of medical schools to create a professional body that is representative of our diverse population is challenged by the lack of consideration for factors driving lower adversity and attrition rates, as opposed to admission rates of university. Financial issues were often considered “very important” in the performance and trajectory of disadvantaged students in a medical degree [5]; in the case of First Nations [6] and FIF [7] students, financial adversity was reportedly the primary reason for academic adversity and drop-out rates.

Although the demographic of medical students has changed over time to become more diverse and gender equitable, the course is still very inaccessible for many students. The initial entry examination to enter medicine, known as either the UCAT for undergraduate medicine, or GAMSAT for postgraduate medicine. These exams range in cost from $300 to $600 AUD per sitting, with students from disadvantaged backgrounds possibly being more likely to need to sit the examination on multiple occasions. Additionally, tutoring that allows students to ‘get a leg up’ is provided by external organisations and costs up to $3000 per student - making it seemingly impossible for those from disadvantaged backgrounds to compete for a spot in medicine.

This could be addressed by reviewing the use of entry examinations such as GAMSAT or UCAT and their purpose in ranking students, rather; furthering social stratification. If remaining as an entry requirement, they should have scholarship programs or discounts for students from disadvantaged backgrounds or regulations imposed for the third party bodies offering tutoring programs at exuberant costs. Secondly, universities should have well-known and transparent entry programs and scholarship programs for students from disadvantaged backgrounds.

During the medical degree

As mentioned in the interim report, students are struggling to balance study commitments and employment to support themselves. We have found that the medical degree, similar to nursing and psychology, doesn’t leave any room for employment. Many universities vocally expect students to commit to the degree ‘like a full time job’ with hours exceeding a full time work week. This means students often forgo medical appointments, good nutrition, exercise, social activities, mental health and extra-curricular activities in order to survive the degree. Medical students who nonetheless must engage in paid work to support themselves during their studies face significantly higher risks of burnout,

HEAD OFFICE
LEVEL 1
39 BRISBANE AVENUE
BARTON, ACT 2600

POSTAL ADDRESS
PO BOX 6099,
KINGSTON, ACT 2604

ABN
67079 544 513

EMAIL
INFO@AMSA.ORG.AU

WEBSITE
WWW.AMSA.ORG.AU

psychological distress, ill health, reduced income, inadequate living environments, and insufficient sleep. These challenges and barriers to studying medicine and supporting oneself and potentially others are multiplied for students with intersectional identities, and more so again for students with multiple intersectional identities.

In addition to this, medical students are increasingly reporting that housing insecurity is impacting their decision to pursue higher education. This disproportionately impacts students from regional and rural areas who most often have to move to urban centres to pursue medical education. Infrastructure growth is necessary to ensure equity in growth of tertiary education.

For these reasons AMSA supports the Interim report's considerations from section 2.3.3 to:

> f. Exploring the potential for a student-centred, needs-based funding model (similar to that used for determining school funding) that recognises the additional costs involved in teaching students from equity groups and underrepresented communities
> g. Reducing the cost of living barriers to higher education through improved income support measures and more opportunities for part-time study
> H. Revising student contribution amounts and HELP repayment arrangements to ensure students are not being overly burdened with debt and that repayment arrangements are fair and integrate more effectively with the wider tax and social security system
> **Reducing barriers and increasing access to financial support:**
> a. Changing income support payment arrangements, including eligibility tests around independence, part-time study and unpaid work placements
> b. Exploring the advantages and disadvantages of ICLs to help students meet living expenses
> c. Reforming the Higher Education Loan Program to ensure students do not experience long-term financial burden

AMSA calls for the Federal Government to:

1. Reform and harmonise legislation across states to increase accessibility and affordability of private rentals
2. Lower the Age of Independence from 22 to 18 for Youth Allowance eligibility
3. Raise Youth Allowance, AUSTUDY and ABSTUDY payments to above the poverty line for independent singles (at least $88 per day); with ongoing review and annual indexing, in line with the rising cost of living
4. Include rent assistance as part of the income support system, with eligibility based on rent paid and income support testing, rather than eligibility for another payment;
5. Open income support for students to international students attending Australian Medical Council accredited medical schools;

HEAD OFFICE
LEVEL 1
39 BRISBANE AVENUE
BARTON, ACT 2600

POSTAL ADDRESS
PO BOX 6099,
KINGSTON, ACT 2604

ABN
67079 544 513

EMAIL
INFO@AMSA.ORG.AU

WEBSITE
WWW.AMSA.ORG.AU

6. Establish laws, regulations and enforcement mechanisms to ensure that medical students are adequately remunerated for their time spent on clinical placements within a work-integrated learning environment, that:
    a. Includes stipulations that all medical students must be remunerated for their time in approved clinical placement work-integrated learning environments, at a rate of at least the national minimum wage per hour;
    b. Clearly defines the tasks able to be completed by students in remunerated positions to outline an appropriate scope of practice for medical students;
    c. Provides leave that allows for flexible working conditions, and is cognisant of age, disability, family or carer responsibility, and personal needs, without an arduous leave approval process.

Aboriginal and Torres Strait Islander Students

According to the most recent data (2022), there were 750 medical practitioners identifying as Aboriginal and/or Torres Strait Islander, totally only 0.7% of the total 108,000 practitioners in Australia. It is important for there to be adequate Aboriginal and Torres Strait Islander health staff as their unique socio-cultural experience and cultural competence can improve patient care and improve access to services. There can be a preference among Aboriginal and Torres Strait Islander people for care by Aboriginal and Torres Strait Islander health professionals, and qualitative research has shown that Aboriginal and Torres Strait Islander health staff appeared to sustain better connection, rapport, and trust with Aboriginal and Torres Strait Islander patients.[

Students from Aboriginal and Torres Strait Islander backgrounds continue to encounter various obstacles when it comes to gaining admission to medical school. While there has been a recent uptick in the enrolment of Aboriginal and Torres Strait Islander students in medical education, the attrition rate amongst these students remains notably high.

AMSA calls for:

1. A review into the ABSTUDY program which:
    a. Ensures services can be accessed in a timely manner;
    b. Reverses the recent changes to the Limits to Assistance for Abstudy financial payments for Medical students so that they can access this culturally appropriate payment regardless of whether they have a prior undergraduate degree;
    c. Ensure the opportunity to have ABSTUDY support is known to students prior to application for for undergraduate medicine ie. grade 11 and 12 students.

HEAD OFFICE
LEVEL 1
39 BRISBANE AVENUE
BARTON, ACT 2600

POSTAL ADDRESS
PO BOX 6099,
KINGSTON, ACT 2604

ABN
67079 544 513

EMAIL
INFO@AMSA.ORG.AU

WEBSITE
WWW.AMSA.ORG.AU

Priority 3: Duty of Care Model for the Higher Education Sector

In alignment with the submission put forth by the National Union of Students (NUS), with the endorsement of the Australian Law Students Association (ALSA), AMSA is firmly supportive of the establishment of a collaboratively designed Duty of Care model, with an emphasis on placing students at the forefront of this deliberative process.

Educational outcomes are inextricably linked to student welfare and safety. A national survey of 519 medical students conducted through AMSA in 2016 found that 60% of students had experienced or witnessed mistreatment. The inherent hierarchical structure of the medical field, coupled with the pedagogical framework characterising medical education—wherein clinical supervisors may concurrently assume roles as students' clinical educators within the academic institution—leaves medical students exceptionally susceptible to instances of bullying, harassment, and discrimination.

AMSA, ALSA and NUS jointly call the Federal government and relevant stakeholders to:

- Allow the Commonwealth Ombudsman to take student welfare and academic complaints;
- Develop a National Duty of Care standard for welfare and safety embedded student voice;
- Establish a Disability Education Commissioner;
- Create a National Taskforce into Sexual Assault and Sexual Harrassment (SASH) at universities and TAFEs;
- Establish Student Voice on Student Experience;
- Create a Dispute Resolution Scheme to properly settle student grievances with student empowerment as a focus.

These recommendations are explored in detail here: Duty of Care Model for the Higher Education Sector: Submission for the Accords Panel

HEAD OFFICE
LEVEL 1
39 BRISBANE AVENUE
BARTON, ACT 2600

POSTAL ADDRESS
PO BOX 6099,
KINGSTON, ACT 2604

ABN
67079 544 513

EMAIL
INFO@AMSA.ORG.AU

WEBSITE
WWW.AMSA.ORG.AU

HEAD OFFICE
LEVEL 1
39 BRISBANE AVENUE
BARTON, ACT 2600

POSTAL ADDRESS
PO BOX 6099,
KINGSTON, ACT 2604

ABN
67079 544 513

EMAIL
INFO@AMSA.ORG.AU

WEBSITE
WWW.AMSA.ORG.AU