2019 Federal Election
Medical Student Issues
The Australian Medical Students’ Association (AMSA) is the peak representative body of 17,000 medical students across 22 medical schools in Australia. With the upcoming election, AMSA is utilising policy voted on by members to call upon the major parties for change wanted by Australia’s future doctors. Member engagement in the election is vital in shaping the future health system for which we will be active advocates.

The first quarter of 2019 has seen major progress in advocacy for AMSA, with the Federal funding of the Rural Generalist Pathway marking a win. A major issue on AMSA’s radar during this election period is the potential for increasing student numbers from the Central Queensland University bid for a new medical program in Rockhampton, Queensland. AMSA strongly advocates against the creation of new medical schools and the resulting increase in student numbers as it significantly impacts the bottlenecked workforce at an internship level.

Among AMSA’s recommendations for the Federal Election are issues which affect medical students, the medical workforce, and the broader health of the nation with public health, rural health and global health issues. Medical students are uniquely placed to comment on these issues as they directly impact our current education and training, and impacts our future workplaces and patients as Australia’s future doctors. AMSA encourages member engagement with our policy and advocacy through AMSA Representatives at each university and a National Advocacy Team with representatives from states and various student interest groups.

AMSA has developed the following recommendations for the 2019 Federal Election.

» To improve medical student mental health and wellbeing
» To prevent increases in student numbers and the establishment of new medical schools
» To further action on sexual harassment, bullying and discrimination in medicine
» To guarantee the availability of quality internships to all Australian medical graduates
» To increase intake onto specialty training programs to align with workforce demand, with a particular focus on expanding vocation training in regional and rural areas
» To improve the health of Australia’s Indigenous people (including recruitment and support of Indigenous medical students)
» To improve overall preparedness and ability of the healthcare sector in response to climate change, particularly to respond to extreme weather events and climate threats
» To develop and improve harm minimisation programs in illicit substance use

For further comments or questions, please contact AMSA Vice-President (External) Clare Vincent at vpe@amsa.org.au.

Jessica Yang
President
president@amsa.org.au

Clare Vincent
Vice-President (External)
vpe@amsa.org.au
Improving medical student mental health and wellbeing

Young Australians aged 18-24 years old have the highest prevalence of mental health disorders of all age groups, at around 25%. Poor mental health is particularly prevalent amongst university students, with studies suggesting medical students are particularly at risk. Available data estimates that the financial cost of youth mental illness was $10.6 billion in 2009, 50.6% of which was borne by the Commonwealth government. Mental illness and suicide is more prevalent among Australian medical students and doctors than the general population. Recent years have tragically seen at least five medical students take their lives.

AMSA believes that the current rates of mental illness and suicide within the Australian medical community are unacceptable and that maximising the wellbeing and preventing mental illness of all students and junior doctors should be a high priority to the Federal Government.

AMSA calls upon the major parties to:
» To pursue, establish, and support initiatives that improve mental health and wellbeing in students and support those with mental illness.
» To establish effective policy aimed at reducing the rates of mental illness in the medical field, for example by abolishing mandatory reporting for mental illness in line with the Western Australian model.
» To address issues such as medical student oversupply as a cause of student distress.
» To avoid the use of merit-based systems for intern recruitment where possible.

Further reading: AMSA's Mental Health and Wellbeing Policy
Preventing increases in student numbers and the establishment of new medical schools

The rapid increase of medical schools in Australia from 15 in 2006 to 22 at present is estimated to cause an oversupply of doctors of 4,494 by 2030. Training doctors who will be unable to find employment represents both an inefficient use of federal funds and an unfortunate waste of young talent and time. AMSA recommends strongly against any increase in the number of Australian medicals students, including international students, and the creation of any new medical schools in Australia.

Due to the nature of the medical training system, new medical schools, regardless of their location, have not and will not lead to the creation of more doctors for rural communities. Similarly, money spent to establish new medical training programs in rural areas will duplicate the already successful Rural Clinical School scheme and represents a poorly targeted use of federal funding that will not achieve any further progress in relieving the maldistribution of medical professionals. Regardless of location of medical education, without the ability to retain junior doctors in rural areas with vocational training places, any efforts to increase the interest of medical students in rural practice will achieve no tangible outcomes. Federal resources are better directed to providing rural vocational training of medical students already in the pipeline to create fully qualified rural doctors in a timely manner.

AMSA calls upon the major parties to:

» Refrain from approving new medical schools, including the proposed joint program between Central Queensland University and the University of Queensland in the Rockhampton and Wide Bay QLD regions.

» Ensure that changes in medical student numbers only occur if adequate funding and infrastructure has been made available to provide enough quality pre-vocational and vocational training places, including internships in accredited centres.

» Expand the regulation on domestic undergraduate full-fee paying places to postgraduate medical programs (see Domestic Full Fee Places Policy).

» Legislatively prohibit the development of full-fee medical schools.

Further reading: New Medical Schools Policy & Domestic Full Fee Places Policy & Increased Student Numbers Policy
**Action on sexual harassment, bullying and discrimination in medicine**

AMSA believes that sexual harassment and bullying disproportionately affects medical students due to their intersecting vulnerabilities both as students in tertiary settings, and as juniors within medical workplaces. Sexual harassment and bullying has significant acute and long term consequences including mental and physical health issues and both direct and indirect negative career implications. AMSA believes that the barriers to reporting also obfuscate its prevalence within our medical community and perpetuate a culture in which this behaviour is tolerated. The appropriate management of sexual harassment and bullying needs to be substantiated in clear, accessible policies; and its reduction and elimination necessitates cultural change and clear accountability procedures for offenders. AMSA acknowledges that sexual harassment occurs on a spectrum of sexual and gender-based violence that includes, but is not limited to, sexual assault and rape; however, this specific issue is more thoroughly addressed within AMSA’s [Campus Health](#) and [Intimate Partner Violence and Abuse](#) policies.

**AMSA calls upon the major parties to:**

- Strengthen the mandate of the Australian Sex Discrimination Commissioner to investigate sexual harassment associated with health professionals and medical students within hospitals and universities;
- Mandate university and hospital administrations to adopt and promote clear sexual harassment reporting and documentation policies, with victim protection and offender repercussions at the core;
- Fund and conduct research into sexual harassment in medical education and in healthcare settings and conduct a Royal Commission into Sexual Harassment in the Medical Workforce;
- Promote cultural change on a national level through the promotion of gender equality.

Further reading: Bullying in Medicine Policy & Sexual Harassment Policy
Guaranteeing the availability of quality internships to all Australian medical graduates

AMSA believes that all Australian Medical Graduates should be guaranteed a quality internship position in Australia upon completion of their degree.

All students who graduate from an Australian medical school must be provided with a pathway to full medical registration and the opportunity to practice as a medical practitioner, either in Australia or abroad. The presence of medical graduates who are prevented from obtaining the right to practice medicine is an abject failure in medical workforce planning across Australia. The medical internship should be considered an essential component of a medical graduates' career and is appropriately recognised as such as a requirement for full registration as a medical practitioner in Australia. It also allows graduates to: maintain the relevance of the degrees they have invested substantial time and funds in; and maintain the international reputation of Australia's medical schools, as reports of an internship crisis can deter prospective students.

AMSA calls upon the major parties to:

» Provide and fund internship positions for all Australian medical graduates;

» In particular, ensure internship positions are available for Commonwealth Supported students in the states and territories in which they underwent medical school, in line with the 2006 COAG commitments;

» Restrict medical school enrolments such that graduate numbers are in line with internship and further training positions.

» Immediately recognise the criticality of the current internship/medical student imbalance, and therefore commit to restoring a pathway to full medical registration for all current temporary-resident medical students, including by funding the necessary number of additional internships;

» Take into account the effects of increasing international student numbers, when re-allocating Commonwealth Supported Places throughout the Australian Medical School network by preventing the associated increase in international student places and providing extra internship places in line with this increase;

» Maintain the integrity of the Junior Doctor Training Program (JDTP) internship allocation process by offering internships to international students and continue to preferentially offer the JDTP to international students from onshore Australian medical schools;
Introduce late entry or second round JDTP internships for international students that have exhausted other options; and

Annually review the number of places available, and increase it in line with additional students graduating from Australian Medical Schools.

Further reading: Internships Policy & Internships for International Students Policy
Increasing intake onto specialty training programs to align with workforce demand, with a particular focus on expanding vocational training in regional and rural areas

Australians who reside outside of metropolitan centres have poorer health outcomes than their city-based counterparts. There is a maldistribution of medical professionals between urban and rural communities. Successive Commonwealth governments have taken steps to improve this distribution at the medical student level. Programs that facilitate positive exposure to rural practice at Rural Clinical Schools have been very successful with students increasingly seeking rural clinical experience and reporting a desire to work in the country. Increasingly the provision of vocational training pathways in rural areas is critical to retaining rural doctors, and crucial to addressing shortages in the rural medical workforce. As it currently stands, doctors are required to complete their specialist training in metropolitan centres, forcing them to leave rural locations where they may have completed medical education and pre-vocational training. Unlike medical school, vocational training is a time when many junior doctors are putting down roots and establishing homes, when this occurs in metropolitan areas it makes them unwilling to return to regional and rural Australia after completing training. AMSA applauds the Integrated Rural Training Pipeline initiative and encourages its timely implementation and continued expansion with funding under the Specialist Training Program (STP).

AMSA calls upon the major parties to:

» Address shortages in specialties by redistributing training places;
» Provide increased funding to the states for the purpose of increasing specialty training places as required; and
» Fund and engage in further research on privatisation models of Australian Specialist Medical Colleges
» Reinstate Health Workforce Australia, and further support health workforce research and the development of workforce modelling

Further reading: Vocational Training Pathways Policy & Rural Clinical Schools Policy & Rural Training Pathways Policy
Improving the health of Australia’s Indigenous people (including recruitment and support of Indigenous medical students)

Currently, 2.5% of first year medical students are of Indigenous descent. Low retention rates due to a number of factors, including: costs and stressors associated with moving away from home, culturally limited curriculums, and discrimination experienced within universities, are preventing these students from becoming doctors. Developing an Indigenous health workforce is critical in the establishment of self-determination and holistic improvement of Indigenous health access. Any funding should take into account all the necessary recruitment and retention strategies that Aboriginal and Torres Strait Islander students require. Of paramount importance is the necessity to consult with key stakeholders, including the Australian Indigenous Doctors Association (AIDA), AMSA, and Indigenous communities, in the development of these strategies. Funding could provide additional mentoring support programs, including social and academic support and professional guidance from experienced medical professionals.

AMSA calls upon the major parties to:

- Consult with the Aboriginal and Torres Strait Islander communities, Elders, Australian Indigenous Doctors Association (AIDA), and educational institutions regarding Aboriginal and Torres Strait Islander policy, specifically regarding the recruitment and retention of Indigenous medical students.
- Develop and implement a long-term, sustainable and tangible plan to improve health outcomes for Indigenous people through increasing Aboriginal and Torres Strait Islander medical student recruitment and retention rates.
- Always make Commonwealth supported places available to Aboriginal and Torres Strait Islander medical students at all universities via the Higher Education Contribution Scheme (HECS).
- Always allow Aboriginal and Torres Strait Islander medical student debts to be deferred to the Higher Education Loan Program (HELP).

Further reading: Aboriginal and Torres Strait Islander Medical Student Recruitment and Retention Policy
Improving the overall preparedness and ability of the healthcare sector in response to climate change, particularly to respond to extreme weather events and climate threats

Climate change is the greatest global health threat of the 21st century, posing an immediate and long-term threat to human health, having both direct and indirect effects on morbidity and mortality. Rising temperatures and extreme weather patterns cause increased transmission of infectious diseases, and undermines major environmental determinants of health, such as clean air and water, and sufficient food. Already, Australia has witnessed a rise in climate-related events such as increased heat stress, floods, fires, and storms. As a disease modifier and amplifier, climate change also threatens to exacerbate current health inequities, having a disproportionate impact on already disadvantaged and marginalised communities.

With the burgeoning healthcare needs of Australia's growing and ageing population, actions to adapt to anthropogenic climate change are investments in the future of Australian healthcare. Training medical professionals on the impact of climate change on health and ensuring their preparedness to adequately respond to climate-related events is required to address the present, and ameliorate the future, burden on the healthcare sector.

AMSA calls upon the major parties to:

» Strengthen the adaptive capacity of vulnerable communities to minimise the adverse impacts of climate change with adequate financial, technological, and logistical support, including but not limited to:
  - Investment in improving food and water security;
  - Training of a health workforce capable of effectively managing the immediate and long term health effects of climate change;
  - Education programs regarding the lifestyle impacts associated with climate change;

» Recognise and act in alignment with Intergovernmental Panel on Climate Change (IPCC), and United Nations Framework Convention on Climate Change (UNFCCC) and COP21 objective of limiting average global surface temperature increase to 1.5 degrees celsius;

» Proactively take measures and restructure current policies to achieve a reduction in greenhouse gas emissions at a minimum of 26-28% from 2005 levels by 2030 in accordance with the Paris Agreement;

» Employ a range of mitigation techniques to attain meaningful reductions in emissions. These may include, but are not restricted to:
  - Investment in renewable energy technologies, such as wind
and solar, over coal mining and hydraulic fracturing to reduce the burden of respiratory and cardiovascular diseases;
• Carbon pricing mechanisms and emissions trading schemes to promote energy efficiency;
• A moratorium on new coal mines and coal-fired power plants;
• Investing in public transport and active transport infrastructure (e.g. cycling paths) to reduce car use and promote active living;
• Subsidising sustainable agricultural methods and moving away from monocultures and industrial agriculture
  » Establish an independent body to monitor and ensure accountability of fossil fuel-powered electricity generation in Australia;
  » Support and fund long-term community health impact studies on Australian coal mining and fossil fuel extraction;

Further reading: Climate Change and Health Policy

AMSA Global Health has created additional Election Briefers with recommendations on global health issues that affect medical students.
Developing and improving harm minimisation programs in illicit substance use

Illicit substance use is a prominent public health issue and particularly, is a youth public health issue. AMSA believes that policy surrounding illicit drugs should be evidence-based and focused towards a public health and human rights approach. We advocate for an approach to illicit drugs whereby there is adequate distribution of resources to best reflect the intended goal of minimising harm to individuals.

AMSA calls upon the major parties to:
- Ensure funding is allocated to the national drug approach in an evidence based and appropriate manner, specifically ensuring support is allocated to public health strategies to minimise harm to individuals;
- Ensure equitable access to services such as needle and syringe programs and safe injecting rooms across Australia, including rural and remote areas;
- Provide increased and ongoing support for national drug prevention and education programs with a focus on harm minimisation;
- Provide support to researching the efficacy of novel harm minimisation strategies, such as pill testing, in Australia

Further reading: Harm Minimisation in Illicit Substance Use Policy