



MENTAL HEALTH INITIATIVES GUIDE FOR AUSTRALIAN MEDICAL FACULTIES

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The Australian Medical Students' Association (AMSA) is the peak representative body for medical students across Australia. Medical students and medical professionals face a higher burden of mental illness than the general population, and medical faculties hold a particularly important responsibility in promoting and protecting the wellbeing of their student body.

We understand that medical schools are often faced with calls to improve mental health in a cohort of students under high stress, in a highly demanding course, and in the context of multiple suicides and attempted suicides of medical students and junior doctors. We know that universities and medical faculties care deeply about the welfare of their student body, and that sometimes the problem may seem insurmountable.

This document was developed in recognition that although many medical faculties are doing exceptional work in this area, often this expertise is siloed. Each medical school should not be required to reinvent the wheel when tackling this complex problem. AMSA believes this expertise should be shared.

The lack of evidence on best practice in this area means that medical faculties are often left without guidance, despite an acute need to improve mental health support, which this Guide seeks to counter by compiling initiatives that have been identified by medical students as supportive and helpful measures.

AMSA brings together representatives from each medical school in Australia and has facilitated the development of this guide through discussion and consultation with all of them. This guide showcases a selection of initiatives undertaken by medical faculties that are supported and appreciated by students. It is not a comprehensive list of all initiatives, instead seeking to highlight those that provide the optimal support to students.

The document is divided into discrete sections; initiatives targeted at keeping students well, interventions for supporting students who become unwell, and preparations for acute crisis. The guide also recognises the special group of rural based students who are placed at particular additional risk of mental illness.

We invite you to look upon this document for guidance. We hope that from this you can see what your faculty can be celebrated for, and take inspiration from other medical faculties to find initiatives you can proactively adopt to better the mental health of your students. We hope that the use of this guide can suggest tools to help you ensure your students thrive within their medical degree.

Sincerely,

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Australian Medical Students'
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PREVENTATIVE INITIATIVES: WHEN STUDENTS ARE WELL

Promoting discussion of MH with resources and awareness raising

Discussions around health and wellbeing should be had regularly with students, to dispel stigma and encourage self-care. In particular, students should be informed how to access services, and who to speak to in the case of concerns. Students are more likely to access services if the processes and pathways are transparent.

- **Personal introduction to mental health staff early in the course**

During University of Newcastle O-week, a presentation to the first years was delivered jointly by the MedSoc President and faculty staff. They shared stories of personal experience and demystified the student support process. Feedback indicated that including the MedSoc President improved trust that the process would work as the faculty described, and normalised speaking to faculty members about issues.

- **Provision of resources**

Australian National University provides a comprehensive support document to all new students and staff. It summarises everything they need to know about Canberra and medicine at ANU. The content was formed with the involvement of students, and includes information on local bulk-billing GPs, the bullying and harassment reporting policy, social activities, and the MedSoc.

University of Sydney provides online access to a resource known as 'Well SMP'. It compiles information and resources for different facets of wellbeing and mental health. It covers issues ranging from where to seek mental health support within the faculty, to a list of bulk-billing GPs, to more general insights into wellbeing and how to enact them, such as free university walking tours as exercise ideas.

- **Mental health in the curriculum**

University of New South Wales' curriculum includes a number of targeted lectures on medical student mental health throughout the program, but particularly during the first year.

Griffith University runs lectures around suicide, mental health statistics and proactive ways to deal with issues affecting students personally or their friends and peers. There is high attendance despite being non-compulsory, with feedback that their practical nature is particularly appreciated. They also hold a self-care symposium for first years, which facilitates a thorough discussion of self care strategies, prevalence and incidence of mental health issues amongst students and tips on improving self care among medical students.

University of Notre Dame Fremantle lectures regularly cover issues such as burnout in first and second year, and progress to workshops on issues such as managing bullying in third and fourth year.



Promoting “Get a GP”

A GP should be crucial point of support for any student. However, there can be barrier for medical students regularly engaging with one, ranging from cost to believing that records regarding their mental health may be used against them later in their career. Medical faculties should set the tone normalising regular check-ins with GPs, including for mental health issues, and improve access to GPs wherever possible.

The University of Sydney medical faculty provides students with a list of contact details for bulk-billing GPs near the main campus and all clinical school sites.

The Australian National University's medical student support resource (referenced above) includes a list of bulk-billing GPs.

The University of Notre Dame Sydney provides a list of bulk-billing GPs for its main campus, and students are actively encouraged to get a GP throughout the course.

Gatekeeper training: Mental Health First Aid

Mental health first aid is the help provided to a person who is developing a mental health problem, or who is in a mental health crisis. With high prevalence of mental illness among medical students, there is great value in upskilling the cohort to recognise, support and appropriately refer on their peers. Courses are currently available for free to first year health and allied health students, funded from the Australian Government Department of Health, although some universities have recently reported difficulty with eligibility criteria. At the very least, AMSA would encourage medical faculties to make these courses known and accessible to students, including facilitating in-person delivery of the course, and encourage making the course a compulsory activity, with time in the academic schedule to allow for its completion.

Universities where Mental Health First Aid is compulsory for medical students include the Joint Medical Program, University of Sydney, University of Notre Dame Fremantle, and the University of Western Australia.

The medical faculty of University of Newcastle funds the MedSoc Executive members who are on the older BMed course (for whom Mental Health First Aid is not compulsory) to undertake the course, given their more frequent management of peer mental health.

Wellbeing Promotion

Students respond positively to programs that promote health and wellbeing, with the condition that these programs are not considered the catch-all solution for mental health issues, nor incorrectly considered as treatment for unwell students. MedSocs are often very active in this space, which should be supported by Faculty funding, and it may be appropriate for faculties to run Wellbeing initiatives in conjunction with their MedSoc.

- **Holistic programs run in conjunction with the MedSoc and students**

The medical faculty of Deakin University runs a free 'CARE' program which includes free weekly yoga and meditation sessions, petting zoos, music lessons, and fortnightly massage sessions. This is done with considerable student input, and utilises the MedSoc volunteers to assist in some aspects. There is engagement by close to 50% of the cohort, and receives highly positive feedback.



- **Mindfulness and wellbeing education programs**

University of Notre Dame Fremantle runs the ESSENCE program for first year medical students. It has a focus on mindfulness, spirituality, and stress management, and is facilitated by counsellors.

James Cook University has compulsory mindfulness sessions for first years scheduled into their timetable, which are also open for optional attendance by students in older years.

The University of Melbourne 'Mental Health and Wellbeing Practitioner' hosts webinars on mindfulness and other issues affecting medical students, such as perfectionist tendencies. They have had high attendance of around 60-70 students online.

- **University grants**

University of Melbourne provides grants for wellbeing initiatives, through which the MedSoc has been able to facilitate free gym memberships for rural-based medical students.

Mentoring and close points of contact

Medical faculties can provide considerable support to students by setting up mentoring systems, and regular close points of student-staff contact. A number of medical societies commented that their small cohort was a protective mental health factor, because they all knew each other, were more familiar with staff and formed a supportive friendly network. While this isn't replicable at all universities, the creation of smaller groups for mentoring and support purposes has the potential to transfer some of these benefits.

At the University of Melbourne, during each stage of the program students have a 'Clinical Skills Coach'. This position acts as a mentor who students can go to for a wide range of issues, from academic to personal. There are groups of around 5 students per mentor, and they meet at least once a week for a mix of formal teaching and informal discussions.

James Cook University runs a mentoring program during the first semester once a week, in groups of 5 students with an older student mentor. There is also a 'home group program' for years 1-3 of the medical program. This program is a once weekly pastoral care check-in, in small groups. For first years, each group has two facilitators, one staff member and one older student. The groups also cover some informal teaching on issues such as ethics, work-life balance, and study strategy.

Western Sydney University runs personal and professional development sessions in first and second year, to discuss difficult circumstances that students may encounter over the course of their degree and career. In third year, there are clinical reasoning sessions, where the Dean of each clinical school meets with students for an hour weekly. The agenda isn't set in advance, rather issues are brought forward by students, such as dealing with the first patient death, or self-care.

Australian National University has academic mentors/supervisors for clinical students. There is one supervisor per 3 students, with one-on-one meetings every 6 weeks to track progress, and discuss issues. They can be approached for concerns on the program but also are a contact for other more personal concerns.

University of Notre Dame Sydney's medical course has a PBL style structure, resulting in close contact with tutors. Each PBL group has 8 students, and one senior clinical tutor, with 8 formal contact hours a week, plus the ability to contact out of hours. Throughout the year, there are also numerous check-in appointments, meeting with the individual students to discuss academics, stress, and any other concerns. The same tutor is kept for the entire year.

The University of New South Wales medical faculty supports their MedSoc in running a peer mentoring program for first years, providing assistance such as scheduling the peer mentoring sessions into the formal timetable.



SUPPORT INITIATIVES: WHEN STUDENTS ARE UNWELL

Access to professional mental health care

Medical schools hold a unique position within universities, often as discrete, stand alone faculties, with campuses, assessment criteria, and term dates that differ from other non-medical university courses. As such, medical students recognise that although university services are available to them, that at times they feel isolated from these services. They can be inaccessible due to overlap with medical timetable, particularly in clinical years where students spend most business hours on placement off-campus, and are particularly inaccessible for rural students. Students also report that sometimes traditional university counselling services are unequipped or inexperienced with managing students facing medical-school related stress. Some universities provide medical-student specific counselling services, others have taken the innovative step of upskilling general uni based counselling services to specifically provide for medical students and the unique challenges they face.

- **Medical School specific services**

Feedback from students is clear that it is best practice for medical faculties to employ a psychologist/counsellor specifically for the support of medical student mental health. It is the preferred support system of medical students, and students with such programs speak highly of them. These staff members can provide best care when they can ensure confidentiality and are not associated with the academic aspects of faculty such as assessment and progression (which can create fears of academic repercussions). Having an office in a building separate from the medical faculty can increase trust in service confidentiality. MedSocs have reported that the person holding this role is often saturated with students requiring support, and encourage the employment of multiple medical student specific counselors.

Medical faculties who employ a staff member specifically for the support of medical student mental health include Australian National University, University of Melbourne, Deakin University, Monash University, Western Sydney University, Griffith University and University of New South Wales.

Australian National University medical faculty employs two dedicated doctors who are counsellors specifically for medical students. Their phone numbers are available for students, and it is free to schedule meetings with them. They are completely separate from other faculty processes such as assessing academic performance, and as such there is substantial trust of them among the student cohort.

University of Melbourne medical faculty employs two 'mental health and wellbeing practitioners', with psychiatry and social work backgrounds. One is for the support of metropolitan students, the other is for rural students. They provide independent counselling services, with no reporting link to the medical school. They are also on a separate site to the faculty of medicine, to further reduce any faculty related concerns. The rural practitioner visits each rural clinical school on a fortnightly basis, and sets up an office to see students (bookings made in advance). They have trialed some online counselling for rural students to some success.

- **Up-Skilling University Mental Health providers for medical student engagement**

Medical students often voice concerns that general university mental health facilities don't have a good understanding of specific issues of concern to medical students. This can range from a lack of awareness of the pressure of clinical placements, to not understanding how medical studies can structurally differ from other courses. Some medical faculties have taken steps to upskill these services to ensure positive experiences when medical students engage with them.

University of Newcastle medical faculty has embarked on some excellent preliminary work to involve the on-campus mental health services staff more with medical students, including specific training



on working with medical students, and inviting them to medical lectures to deliver presentations and familiarise students with them. This initiative was the Faculty's intervention to address considerable stigma from previous student experiences with the University services.

The University of Notre Dame Fremantle medical faculty acts to improve the ability for general University counselling services to engage medical students, through providing briefings when incidents affecting the medical cohort occur.

- **Provision of iCBT**

University of New South Wales medical faculty has paired with the Clinical Research Unit for Anxiety and Depression to offer their internet Cognitive Behavioural Therapy programs (ThisWayUp) for medical students for free. Randomised control trials of the programs have shown them to have the same efficacy as face-to-face CBT delivered by professionals. While not replacing in anyway the need for in-person support services, it provides an option for students limited by cost, stigma or location. The student details and results are completely confidential, and are not available to hospitals, the medical school or anyone associated with the university.

- **Bulk billing psychiatrists**

At the University of Queensland, during the mental health rotation, a list of psychiatrists willing to bulk bill medical students for private treatment is circulated by the mental health coordinator.

Pastoral care and non-punitive mechanisms for flagging at-risk students

For effective faculty support of students, there must be mechanisms for identifying at-risk students, and approaching them with the primary aim of assistance. To ensure engagement these structures must be trusted by students as confidential and without risk of academic penalty.

University of Newcastle has a process for 'student support for professional practice'. A student can be identified (referred by self, other students or staff) as needing more support. There is an initial meeting to assess what the student needs. If deemed necessary, the student is assigned a case manager, who isn't linked to that student's academic progression, for regular follow up.

University of Western Australia has an Associate Dean for student support. A psychiatrist by training, they see each student applying for leave and special consideration. They use these systems to identify at-risk and struggling students, and offer support.

James Cook University medical faculty's Dean of Students is a registered nurse employed to assist with student support. They are particularly used as a referral system, assisting students navigate the options available to them, and the required actions and forms. They respect the confidentiality of the students.

Griffith University medical faculty employs a Contact Officer, a liaison for students and staff to talk about any issues.

University of Wollongong medical faculty's Head of Students acts as the first point of call for any personal issues including mental health for medical students. They are a GP, not linked to academic progression, and refer struggling students to the appropriate support.



Adequate training for faculty to respond to disclosures of mental health issues

Faculty who are responsible for overseeing and supporting students in a pastoral care role should be appropriately trained to deal with disclosures of mental health issues in a sensitive and safe way. Students often report discouraging interactions with faculty when approaching for support around mental health. Faculty should be closely aware of mental health support structures available at the university, have a clear understanding of implications for assessment and attendance and able to respond to students in an empathetic and compassionate way. Students approaching faculty with concerns about stress, family commitments or illness often report the increased burden of stress created by unequipped faculty or lack of compassion during disclosures.

Assessment and Special Considerations

Assessments are inevitably a period of great stress to students. However, the way in which assessment policy is designed and implemented can alter the burden on student mental health. Supplementaries relieve the pressure of facing significant consequences such as repeating an entire year based on the result of one exam. Transparency is very important, so that students can know what to expect from various processes, such as applying for special consideration, where there can be concerns about eligibility and stigma.

- **Supplementaries**

Several universities have a system of supplementary exams or assessments.

University of New South Wales has a clear supplementary policy for all exams, and dates for these provided well in advance.

University of Western Australia has supplementary exams. For barrier exams, supplementary students are particularly well supported, with the faculty holding remedial sessions for additional academic assistance.

- **Special needs**

James Cook University medical exams can be done by students with specific needs in a separate room, with options such as a bed to lie down in for 10 minutes, access to medications and lollies as relevant.

- **Special consideration**

University of Melbourne has a clear and transparent special consideration policy, and actively encourages eligible students to apply for it.

- **Pass/fail marking**

There is general feedback from students that pass/fail grading systems reduce student stress and increase cohort bonding. This aligns with studies that pass/fail marking improves medical student wellbeing. However, there are some medical cohorts with this system who feel it doesn't provide them enough information on how they are performing, to inform their understanding of their own competence.

Universities which employ a pass/fail system for medical students include the Joint Medical Program, Australian National University, University of Sydney (pre-clinical), Flinders University, and University of Wollongong.

Australian National University medical faculty has a pass/fail system in place, where students can receive a pass, fail and a higher level pass. While not receiving grades, they still get lots of data on how they performed, such as a breakdown of each questions.

University of Sydney pre-clinical students receive a Pass/Fail mark on their official transcript, but receive an individual mark as a non-official record of achievement.



Attendance and Mental Health Days off

Particularly in clinical years, medical students can have intensive timetables, often extending beyond business hours, 5 days a week. Where students are struggling with their mental health, this can pose a barrier to appropriate management and recovery. Some elements of attendance, such as 100% attendance commitments or inflexible make-up arrangements, can exacerbate this stress and burden. Where attendance requirements are more lenient, such as if there is an 80% attendance threshold with no expectation to explain leave taken within the 20% range, this may not be an issue for students. However, it is still important to emphasize to students that using leave for wellbeing and mental health is acceptable and will be supported.

An alternate approach is the implementation of Mental Health Days where students can take days off without needing to provide a reason or medical certificate. This should include non-punitive, support-orientated follow up of students who take multiple of these days, particularly if over a short period of time. Mental health days should be promoted as a valid to use for general well-being, not just treatment of serious conditions, so long as not used excessively. They should not have to be remediated.

Western Sydney University medical faculty allows 'wellbeing days', where students don't have to provide a reason for taking the day off, nor a medical certificate. The process involves submitting a 'Notification of absence day' form, with 'mental health day' as the reason. Where more than one wellbeing day is taken off, the student is linked up with support services.

Deakin University has easy and accessible application and approval of Mental Health Days for preclinical students.

Inbuilt flexibility in course structure

Unlike other university which function with discrete courses and semesters, medical programs are usually comprehensive year-based programs. For medical students who are facing a particular difficult period, for example a loss of a family member, or a particular deterioration in mental or physical health, it is important to consider whether a medical program incorporates the ability to take time off from medicine without the imperative to miss or repeat an entire year.

Medical faculties that allow the deferral of segments of a year (such as a semester) include Deakin University, University of Sydney clinical years and University of New South Wales.



ACTION INITIATIVES: IN TIMES OF CRISIS

Mental health hotlines

In acute mental health events, immediate support is crucial. Phone hotlines can provide an accessible, anonymous, qualified 24/7 service, to act as a safety net for unwell and at-risk students.

Universities that provide these include Deakin University and University of Newcastle (university specific service run by LifeLine).

Bullying, sexual harassment and discrimination reporting mechanisms

There is very low literacy among medical students of the pathways for reporting bullying and harassment encountered during their education, and this is often because formal policies are not available to students. It is the cause of considerable distress, and is regularly brought to AMSA as an issue. Medical faculties should provide accessible and comprehensive information on the options for reporting incidents of bullying and harassment. This should include outlining the process and possible outcomes of each pathway, so that students can make informed decisions about whether to engage. There should be support and pathways for incidents that occur on clinical placements- it is not appropriate to simply defer to hospital reporting mechanisms, leaving the student to navigate that system unsupported. There should also be the ability to report with guarantees of confidentiality. While conclusive disciplinary action can't be taken on the basis of a single anonymous complaint, the ability to identify trends in reports, and informally flag concerns is valuable.

Australian National University provides all students access to a comprehensive bullying, sexual harassment and discrimination policy. It sets out a zero-tolerance approach, and a commitment to taking reports seriously. The policy lays out clear and simple instructions for students at option available to them, including support networks, informal resolution, complaints process, escalation, and anonymous reporting, including detailing what following up and contact they can expect following the initial complaint. There is a focus on the support available, the priority is student welfare, and the phrasing is empowering, assuming use of the policy for legitimate claims. There is a comprehensive list of contacts that students can contact. The policy was developed in conjunction with students and is reviewed on a yearly basis, so there are ongoing opportunities to provide feedback. Medical students feel comfortable that this policy would apply to them even when an incident occurred on clinical placement.

University of Queensland medical faculty has a bullying, sexual harassment and discrimination [resource](#) available to students. It also steps through the various pathways available. It provides the contact details of the Discrimination and Harassment Contact Officers at each site, whose role is to provide objective information about the process to help students navigate whether to proceed with a complaint and how.

Crisis Response Protocol

It has previously been raised with MDANZ that many universities do not have a specific protocol that is activated in the event of a student suicide or attempted suicide. A protocol is crucial in supporting both staff and students throughout the grieving process, in order to help prevent further harm from the incident. While the guidelines within a protocol must necessarily be flexible as to the circumstances of the death, they can provide some direction for the school in the following days and weeks. Such a protocol should ideally include:

- *An approach that ensures that family are contacted promptly and their wishes respected*
- *Guidelines as to the communication of the news to students. The nature of this communication should depend on how close students are to the deceased. For example, for those in the same year group and clinical school, the news should ideally be broken in person*



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- while for those in other year groups it may be given by email*
 - *Support should be immediately available for those who need it, and should include on-call and in person counselling services*
 - *Recognition of the need to suspend classes and modify assessment schedules in response to a death*
 - *Avenues for feedback as to the university's approach*

No medical faculty currently has a formally approved crisis response protocol in place. However, both the University of Melbourne and the Joint Medical Program have worked closely with their MedSocs to develop a protocol offering the above support, that is informally in place, and in the process of being approved.

Incident training for MedSocs

Monash University medical faculty provides Incident Control Management Scenario training and sexual assault training for free for the MedSoc Executives, who may be in situations where they need to acutely manage peer related incidents.



AT RISK INITIATIVES: ADDITIONAL SUPPORT FOR RURAL STUDENTS

While most students have fantastic rural experiences, and report being well-supported, for most universities this support is dependent on the local community and teachers, and particularly lacked structured or formal support as a backup. Students on rural placement are often far from their traditional support structures, and at times, outside of their comfort zones. For some students it might be their first time living out of home, or outside of a city. Thus, rural periods can represent a particularly at-risk time for issues around mental health and coping. Rural students are often isolated from traditional uni-based services, from pastoral care at a faculty level, or from ready access to their usual-GP. As such this represents a time when the provision of additional supports is critical.

- **Special consideration in selection process for rural students**

Deakin University has interviews for all students selected for extended rural placements. This is used to screen them for any major concerns regarding the placement, and giving the opportunity to flag mental health and support needs. From this interview, students' rural placement may be reconsidered, or it may guide whether they are placed on a placement by themselves or with a number of other students.

University of Western Australia reserves rural placements closer to Perth for those with special considerations.

University of Wollongong actively includes mental health as an acceptable special consideration for changing rural placement.

- **Adequate preparation for students undertaking rural placements**

James Cook University students participate in a program for 'Thriving and Surviving' on rural placement including being provided checklists for before, during and after rural placement of what to expect

- **Visits by pastoral care staff**

As above, the University of Melbourne medical faculty has a full time mental health and wellbeing practitioner for their rural students, who visits each rural clinical school on a fortnightly basis, and sets up an office to see students (bookings made in advance). These meetings are in high demand by students at the sites.

The Monash University Central Student Association contracts mental health workers to go and meet students in need at clinical placements.

The Deakin University medical student specific counselor (employed by the medical faculty) occasionally visits each rural campus.

- **Onsite support**

University of Wollongong rural clinical sites have a lead staff member at each hub employed to focus on student welfare. There are face-to-face tutorials with this staff member once each week which is used to check-in with the students.

University of Sydney has a Student Support staff member at each rural clinical site.



University of Western Australia rural clinical sites each have a site coordinator, even if for a placement of a small number of students. This coordinator acts as the go-to person guiding students through the year.

- **Online/phone access to immediate support**

James Cook University rural-based students have access to a Rural Hotline number. This number can be used to seek support on a whole range of issues, from mental health concerns, to discussing inappropriate supervisor behaviour, and reports are taken seriously.

Universities that provide non-medical student specific mental health hotlines include Deakin University, University of Newcastle (university specific service run by LifeLine) and the University of Queensland.

- **Appropriate financial support to minimise the impact of the placement**

Australian National University medical students have their rural placement rent completely subsidised.

University of Western Australia and University of Notre Dame Fremantle provide accommodation, and cover the moving costs.

- **On-site counselling services**

University of Notre Dame Sydney's Hawkesbury clinical school students meet with a counsellor working in Community Health next to the hospital at the beginning of the year, and are able to chat to them individually throughout the year to manage stress, fatigue, and stressful situations in the hospital. It is treated as a bulk-billing service.



OTHER CONSIDERATIONS

Accessibility of faculty to students

Most MedSocs reported an excellent relationship with their medical faculty. It is particularly welcomed when there are regular formal means for MedSoc consultation, when MedSocs are included on Faculty committees, and when student feedback mechanisms are taken seriously with suggestions implemented. MedSocs saw considerable value in having a direct line of communication to the Medical Dean or equivalent.

University of Western Australia and University of New South Wales' medical faculties invite a MedSoc representative to sit on all committees.

University of Queensland has a medical faculty committee dedicated to mental health and wellbeing, which includes a MedSoc student representative.

James Cook University medical faculty has a monthly meeting where the entire faculty meets with the entire MedSoc executive. Students also report trust that their feedback to faculty such as surveys on teaching units are seriously considered and changes implemented where appropriate.

University of Melbourne medical faculty has formed a Student Wellbeing Advisory group, a committee including two MedSoc representatives and the heads of departments. It produces policies on student crisis and general mental health support. They also invite MedSoc representatives to sit on all large faculty committees.

University of Notre Dame Sydney's MedSoc executive meets once a month with the Dean of Medicine, as well as being able to arrange different meetings with the rest of the Faculty.

Considerate clinical placement allocation system

University of Notre Dame Fremantle utilises the SONIA allocation program for clinical placements, which seeks to place students such that there is the least distance for each individual to travel from their home address, with no one student taking the brunt of the travel burden. This is combined with a good special consideration policy for allowing swaps and reallocations.

