

POLICY DOCUMENT

STUDENT INCOME SUPPORT POLICY

Background

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia.

Many medical students do not have adequate financial resources and are unable to access appropriate financial support. The consequences of inadequate financial support include financial stress and poor academic performance. Further to this, ensuring students have access to requisite financial resources to meet the minimum costs of living is essential to maintain equity of access to medical education.

In addition to direct course fees, medical education entails many additional costs for students, which include:

- Cost of learning – medical textbooks, equipment and the need to maintain access to a computer and an adequate internet connection.
- Cost of placements – rural or remote placements result in loss of income due to reduced employment and further entail the need for students to continue paying rent in their usual place of residence and to fund the cost of moving. Some students are also required to pay for accommodation in rural locations. Students are often expected to fund their transport costs to and from rural and distant urban placements. The time and costs involved in travelling to such placements creates an additional financial burden and further detract time from study and employment.

The demands of medical education act as a major barrier to participation in paid employment, including through the difficulties associated with the requirements to:

- complete long hours of formal educational activities as well as informal study;
- spend long hours of clinical placements, which are often variable, unpredictable and include after-hours and weekend work;
- attend various educational and clinical sites, which often involves significant travel time; and
- participate in rural placements, which are of variable length.

Indeed, some universities actively discourage medical students from seeking paid employment, highlighting the potential detriment to academic studies.

In addition to facing additional barriers to employment, medical students also face additional barriers to access government student income support. For example, in order to qualify for Youth Allowance students must qualify as “independent.” Qualifying as independent, beyond the assessment of assets, is predominantly achieved through two streams: exceeding the age of 22 and undertaking full time study; having met a threshold of earnings as a result of working full-time (an average of 30 hours per week) over 18 months; or having worked 15 hours per week for a period of two years. Students do not become eligible for Austudy until the age of 25.[1] Many medical students do not meet these criteria as they begin university at an age younger than 22 or they have not had the opportunity to undertake the requisite duration of paid employment. One component of this is that medical courses can generally only be deferred by years and not semesters. In some cases consecutive deferral is limited to one year.

Beyond being difficult to obtain, current student income support programs are inadequate and allow results in students to live below the Henderson Poverty Line (HPL). The current disparity between available student income funding and the HPL is significant and must needs to be addressed. In 2012, Youth Allowance for a single student who is over 18 and living away from home was \$402.70 per fortnight. This equates to \$201.35 per week, which is \$171.50 less than the 2012 HPL of \$372.85. Along with Youth Allowance, a student might also qualify for Rent Assistance, but the eligibility criteria are strict, and this would still only an additional the maximum this would contribute is an additional of \$59.70/week.[1,2] Some restrictions to Government student support schemes, such as Youth Allowance, exist whereby the classification of a course being undertaken by a student can impact the ability of that student to access financial support. This is particularly relevant to students undertaking post-graduate MD programs.

The Bradley Review of Higher Education identified that rural, remote, Aboriginal and Torres Strait Islander students as well as those from a low socioeconomic background face significant barriers to participating in tertiary education.[3] Accordingly, the specific income schemes targeted to support these groups should be robust and maintained. In addition, those who have to relocate in order to attend university but do not qualify for relocation payments are also likely to be significantly disadvantaged by the current system. Students who are eligible for a Commonwealth-supported place but do not hold Australian citizenship cannot access HECS-HELP (unless they hold a humanitarian permanent resident visa). Furthermore, New Zealand Citizens who do not hold Australian Citizenship cannot access Centrelink benefits such as Youth Allowance

/ Austudy.

Position Statement

AMSA believes that adequate financial support for students is essential to ensure that all students are living above the HPL. AMSA believes that additional support should be provided to students from rural, remote, Aboriginal and Torres Strait Islander and low socioeconomic backgrounds to maintain equity of access to medical education.

Policy

1. AMSA believes that:
 - 1.1. adequate financial support of students is required to ensure:
 - 1.1.1. that wellbeing of students is maintained;
 - 1.1.2. that academic outcomes are maintained;
 - 1.1.3. that students receive an income that is at least equal to the HPL;
 - 1.1.4. timely progression of students through the medical course; and
 - 1.1.5. a diverse medical workforce.
 - 1.2. financial support of medical students should, at a minimum, allow students to meet the costs of living as detailed by the HPL as well as any necessary costs associated with the study of medicine;
 - 1.3. student income support programs should ensure that financial, social and geographic factors do not act as barriers to higher education;
 - 1.4. undergraduate and graduate students should have equal access to student income support programs; and
 - 1.5. students of comparable living circumstances and financial needs should have access to equivalent student income support programs, regardless of age.
2. AMSA calls upon the Federal Government to:
 - 2.1. ensure eligibility criteria for student income support programs that:
 - 2.1.1. able to be accessed by, and are not prohibitive to, students in need of financial support; and
 - 2.1.2. provide an income threshold for independence that is not dependent on working a specified number of hours per week or months per year, which

- are prohibitive to students in hour-intensive in courses and courses with limited flexibility for deferral.
- 2.2. Provide an adequate level of financial support for the full duration of students' medical education.
 - 2.3. Provide financial support for students that adequately addresses the needs of:
 - 2.3.1. medical students, especially:
 - 2.3.2. students who are required to relocate for their studies;
 - 2.3.3. Aboriginal and Torres Strait Islander students;
 - 2.3.4. students from lower socioeconomic backgrounds [3];
 - 2.3.5. students who are currently unable to defer their HECS.
 3. AMSA calls upon medical faculties to develop course classifications that ensure students have access to Government student income support programs, so long as this continues to be a determinant of eligibility.

Policy adopted March 2012

Policy for review Second Council 2014

References

- [1] Centrelink. Australian Government Department of Human Services; 2011 [updated 8 September 2011; cited 2012 February]; Available from:
<http://www.centrelink.gov.au/internet/internet.nsf/payments/index.htm>.
- [2] Melbourne Institute of applied economic and social research poverty lines: Australia ISSN 1448-0530 September quarter 2011. Melbourne: Melbourne Institute of Applied Economic and Social Research 2012 27 January.
- [3] Denise Bradley, Helen Nugent, Bill Scales. Review of Australian Higher Education: Final Report. Canberra 2008 December.

