AUSTRALIAN
MEDICAL STUDENTS'
ASSOCIATION

Compiled Brief Policy Statements of the Australia Medical Students' Association

October 2012

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Australian Medical Students' Association
ABN: 67 079 544 513

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1. The Australian Medical Students' Association

1.1. AMSA Representation

1.1.1. AMSA affirms its position as the peak representative body of Australian medical students. (9/93)

1.2. AMSA Convention

1.2.1. Alcohol use at AMSA Convention

1.2.1.1. Information regarding the dangers of excessive consumption of alcohol should be included in the Convention showbag. (4/98)

1.2.1.2. Reduced registration costs should be provided for delegates who register without drinks being included. This should be differentiated as "registration" and "registration with drinks". (4/98)

1.2.2. AMSA Convention Handbook

1.2.2.1. The AMSA Convention Handbook shall include guidelines on AMSA's responsible drinking policy, and the consequences of irresponsible drinking, smoking or drug use.

1.3. Common Week of Holidays (3/12)

1.3.1. AMSA believes:

1.3.1.1. That the Universities Australia common vacation weeks are important to allow students to participate in AMSA Events and other beneficial co-curricular activities; and

1.3.1.2. Medical teaching periods that encroach on the Universities Australia common vacation weeks adversely affect the ability of students to participate in AMSA Convention as well as other AMSA events and co-curricular activities.

1.3.2. AMSA calls upon Australian medical schools to ensure that teaching in Australian medical schools does not encroach on the Universities Australia common vacation weeks.

1.4. AMSA Publications

1.4.1. Any advertising accepted by AMSA in the form of a petition, not in line with AMSA policy, must carry a bold-faced warning: "The opinion contained in this advertisement is not necessarily the opinion of AMSA". (4/98)

1.5. AMSA Members' Attendance at Conferences

1.5.1. A student attending, or obtaining funding to attend, a conference or workshop, as a representative of AMSA, must have the prior approval of the AMSA executive. (9/98)

1.5.2. A student attempting to obtain funding for a proposed event or project, as a representative of AMSA, must comply with the following guidelines:

1.5.2.1. Any proposed event or project must be endorsed by the AMSA Executive and/or Council.

1.5.2.2. Proposed sponsors be approved by AMSA Executive and/or Council.

1.5.2.3. Proposed sponsorship by a pharmaceutical company must be in accordance with AMSA's guidelines for the interaction between pharmaceutical companies and Australian Medical Students.

1.5.2.4. The level of AMSA sponsorship shall be determined by AMSA Executive and/or Council. (9/98)

1.5.3. Asian Medical Students' Conference

1.5.3.1. Any medical student at an Australian medical school may apply to attend the Asian Medical Students' Conference (AMSC). (9/98)

1.5.3.2. The criteria of selection and attendance are set out in the Regulations and By-Laws of the Association. (7/93)

1.5.3.3. Any AMSA Delegate to AMSC must attend for the full extent of the conference. (7/97)

1.6. Relationship with Other Organisations

1.6.1. AMSA affirms its support for the AMA as a major representative organisation of the medical profession in Australia. (3/12)

1.7. Membership Within IFMSA

1.7.1. That the AMSA Council support the ongoing membership of AMSA within IFMSA.

1.7.2. That the AMSA Council supports the AMSA Executive in establishing further subcommittees within IFMSA.

1.7.3. That AMSA Council support AMSA having a presence at the IFMSA conferences and financially support this.

1.7.4. That AMSA make a financial commitment to continued participation within IFMSA.

1.7.5. That AMSA seek additional sponsorship to fund sending AMSA representatives to IFMSA meetings.

1.8. State AMSA Committees

1.8.1. That AMSA supports the concept of state based medical student committees and that they should be affiliated with AMSA. (6/08)

1.9. AMSA Executive

1.9.1. That AMSA should encourage and support AMSA Executive members in carrying out their roles. (10/12)

2. The Financial Burden of Medical Education

2.1. Course Fees for Medical Studies

2.1.1. AMSA opposes the charging of fees for compulsory course items, on the grounds that it is illegal under the Higher Education Funding Act 1988 s104(2), and that it discriminates against financially disadvantaged students. (4/95)

2.2. Full Fee Paying Medical Degrees

2.2.1. AMSA continues to have concerns about private medical educational institutions for the following reasons:

2.2.1.1. Concerns regarding equity of access to private medical schools

2.2.1.2. An increased emphasis on one's financial capacity in selection; procedures, and the potential for this to overshadow criteria relating to academic merit, ability and personality;

2.2.1.3. The impact that any increase in medical student debt (incurred by students paying full-fees at such institutions) would have on graduating doctors and Australia's healthcare system, leading to a change in demographics and motivation for doctors' participation in the system;

2.2.1.4. The potential limited experience gained by students from exposure to only private hospitals and teaching facilities;
2.2.1.5. A potential entrepreneurial approach to medical education, and;
2.2.1.6. The potential to compromise the integrity of the medical profession with an increased emphasis on finances and the potential for monetary gain to override educational value.
2.2.1.7. Such opposition is generated out of concerns for students, and a desire to protect their interests and the standing of medical education. (9/04)

3. Infectious Diseases and Immunisation

3.1. AMSA endorses the NH&MRC and ANCA Joint statement on testing of health care students for HIV and Hepatitis B. (9/96)
3.2. AMSA believes no student should be discriminated against on grounds of disease status. (9/96)
3.3. AMSA opposes the compulsory HIV, hepatitis Band hepatitis C testing of medical students on the basis that the results may be used for discrimination or vilification. (9/96)
3.4. AMSA supports the rights of all medical students to confidentiality regarding HIV, hepatitis Band hepatitis C status. (9/96)
3.5. AMSA believes all medical students have a responsibility to be aware of their own infective status, and to understand and practice universal precautions, irrespective or their infective status. (9/96)
3.6. AMSA believes all medical students should have access to appropriate vaccination programs, and that the cost of such vaccinations should not be borne by the students. (9/96)
3.7. AMSA advises enrolling medical students with known HIV or hepatitis B or C carrier status to seek counselling regarding career choice. (9/96)
3.8. AMSA holds that medical students, regardless of their infective status, be allowed to complete their degree despite being limited from participation in exposure prone procedures. (9/96)
3.9. AMSA recognises that there is no general legal obligation for students to inform their medical schools of their HIV/HBV/HCV status; however, AMSA believes that students should do so in order to ensure their welfare and safety in the workplace be maximised and so they fulfil the common law duty of care to safeguard patients. (7/93)
3.10. In the absence of patient exposure to potentially infected material, AMSA believes that students have no obligation to inform patients of their HBV/HCV/HIV status considering that there is no onus of confidentiality on the patients part. (7/93)
3.11. AMSA believes that the minimum level of immunisation and screening services that should be offered by the Australian Medical Schools are as follows:
3.11.1. Testing for HBV, HCV and HIV.
3.11.2. Vaccinations against HBV, tetanus, polio, measles, mumps and rubella.
3.11.3. Continuous Mantoux testing and/or BCG. (7/97)
3.12. AMSA recommends the following Student Infectious Disease Action List:
3.12.1. Read and adopt the recommended practices concerning infection control and universal precautions as provided by your faculty or clinical school.
3.12.2. Review your routine childhood immunisation status. Diseases of concern include tetanus, diphtheria and polio. You can update your immunisation status at your University Health Service or family doctor.
3.12.3. Make arrangements to ensure you are vaccinated against hepatitis B.

3.12.4. Have a Mantoux test to check your tuberculosis status, and be vaccinated against tuberculosis if necessary.
3.12.5. Seek advice from your hospital Occupational Health Department, University Health Service or family doctor if you are exposed to infections against which you are unlikely to be immune, or plan to work amongst patients who might be particularly susceptible to that infectious agent.
3.12.6. Regularly review your immune status for HIV and hepatitis B.
3.12.7. Should you, in the course of your studies, have a work-related accident with risk of infection (e.g. needle stick injury), you should report immediately to your hospital's Occupational Health department or, if after hours, Accident & Emergency. (7/97)

4. Medical Education

4.1. Medical School Entry

4.1.1. AMSA believes a broad range of entry criteria to medical courses around Australia will be beneficial in producing a diverse future medical workforce reflective and responsive to the demands of Australian society. (7/98)
4.1.2. AMSA believes special consideration should be given to sections of the Australian population who have reduced access to medical education. These equity groups include Aboriginal and Torres Strait Islanders, socio-economically disadvantaged groups and rural students. (7/98)

4.2. Communication skills

4.2.1. AMSA believes that communication skills are essential in the doctor-patient relationship. (7/98)
4.2.2. AMSA holds that communication skills can be taught, and should hold a prominent position in medical curricula. However, AMSA recognises that an assessment of level of competency in communication skills may be an appropriate requirement for entry. (7/98)

4.3. National Licensing Exams

4.3.1. AMSA supports the current Australian Medical Council accreditation program for Australian medical schools, in the belief that it ensures a uniform standard of medical education, whilst allowing for diversity among medical schools. (9/00)
4.3.2. AMSA opposes any moves to introduce national licensing exams, in the belief that they would limit the diversity that currently exists among the teaching styles and curricula of Australian medical schools. (9/00)

4.4. Final-year Barrier Exams

4.4.1. AMSA rejects calls for the removal of barrier exams from the final year of the medical course at all Australian medical schools, in the belief that there should be diverse styles of clinical education and assessment. (9/00)

4.5. Pre-internship

4.5.1. AMSA believes that the focus of any pre-internship period should be as broad as possible, and should incorporate the acquisition of procedural and other skills beyond those required to function as an intern. (9/00)
4.5.2. AMSA believes that specific training to work as an intern should occur at the start of the intern year, and not as part of the medical degree. (9/00)

4.5.3. AMSA does not support calls for pre-internships to be introduced in all Australian medical schools, in the belief that there should be diverse styles of clinical education. (9/00)

4.5.4. AMSA rejects any pre-internship that requires medical students to work as unpaid interns. (9/00)

4.6. Medical course progression

4.6.1. AMSA believes that, once a student has entered a given medical course, the medical school should not alter the rules of progression or eligibility criteria for progression applicable to that student. (7/96)

4.7. New Medical Schools

4.7.1. AMSA believes that any proposal for a new medical school should only result in an increased total number of Australian medical graduates if there is:

4.7.1.1. Evidence that the medical workforce in Australia requires augmentation; and

4.7.1.2. A commensurate increase in the number of postgraduate medical specialty training places. (05/01)

4.7.2. AMSA believes that any new medical school should only be established after detailed planning for selection procedures, academic and clinical staffing, and the entire course curriculum. (05/01)

4.7.3. AMSA believes new medical schools should only be established if there is evidence that similar outcomes could not be achieved by increasing the intake at existing medical schools. (05/01)

4.7.4. AMSA expresses concern at the rapid increase in the number of new medical schools and the level of workforce planning that has preceded their establishment. (9/04)

4.7.5. AMSA calls upon the government and related organisations to ensure that wider consultation and extensive workforce planning is undertaken prior to the establishment of any new medical schools. (9/04)

4.7.6. Membership Within AMSA

4.7.6.1. That AMSA, as the association for all medical students in Australia, should extend an invitation to all medical schools in Australia to provide an elected representative of their school to sit on AMSA Council. (6/04)

4.7.6.2. That AMSA believes in representing and supporting medical students regardless of the medical institution at which they study.

4.7.7. Establishment of Medical Student Societies

4.7.7.1. The AMSA Council directs the AMSA Executive to assist medical students at all new medical schools in establishing medical student societies on the basis that such societies are a vital means by which to support and enhance the lives of medical students. (6/04)

4.8. Graduate Medical Degrees

4.8.1. AMSA is concerned by the disadvantages which may be experienced by students in the final years of the undergraduate degree at medical schools transferring to a Graduate Medical Course, owing to the development of the graduate curriculum at the possible expense of teaching and quality assurance in the undergraduate degree, and believes that adequate mechanisms should be in place to maintain teaching quality in the undergraduate degree whilst the graduate format is being developed. (7/94)

4.8.2. AMSA is concerned by the potential overload of hospital teaching resources which may occur during the changeover period, during which time students in both degree formats will require clinical teaching. AMSA believes that

adequate consideration of this must be included in the planning of the graduate degree. (7/94)

4.9. First Aid

4.9.1. AMSA believes that First Aid teaching (outside any Accident and Emergency Term) should be compulsory at all Australian Medical Schools due to the justifiable expectations that the public has of students' and doctors' abilities to save lives in an emergency situation. (9/95) (Reaffirmed 2/04)

4.9.2. AMSA Council believes that the minimum requirement for First Aid teaching should be the Senior First Aid Certificate, or equivalent, and that this should be taught to students in the first year of the course, with a revision course being conducted in the clinical years of the course. (9/95)

4.9.3. AMSA Council believes that this training, if not conducted by the University, should not result in an expense to any student, except where such an expense is incurred in the purchase of non-compulsory course items. (9/95) (Reaffirmed 2/04)

4.10. Women in Medical Education

4.10.1. AMSA seeks to address gender bias within the medical education system by:

4.10.1.1. Promoting equality between male and female medical students and practitioners in all areas. (4/94)

4.10.1.2. Increasing the awareness of all students to inequalities present in medical education and the medical workforce. (4/94)

4.10.1.3. The provision of appropriate role models to female medical students. (4/94)

4.10.1.4. Promoting awareness of the appropriate avenues of redress for sexual harassment and discrimination. (4/94)

4.10.1.5. Abolishing sexist language and material in all AMSA activities and publications. (4/94)

4.10.1.6. Support for and communication with organisations having similar aims. (4/94)

4.10.1.7. Promoting awareness that gender specific language is inappropriate. (7/96)

4.10.2. AMSA believes that the proportion of women speakers at AMSA Events should be representative of the proportion of female medical students. (7/96)

4.10.3. AMSA encourages seminars which specifically address the issues set out in this "Women in Medical Education" Policy, and supports the inclusion in the Convention Academic Programme of these issues, and other issues relevant to women's health and women in medicine. (7/96)

4.10.4. AMSA supports articles in Panacea and Embolus which raise awareness of the issues set out in this Women in Medical Education Policy. (7/96)

4.10.5. AMSA calls on medical faculties to be aware of issues facing medical students such as finding or financing child care, especially with on-call work and current timetable structures. (7/96)

4.10.6. AMSA endorses the development of medical curriculum policy to address relevant issues including assertiveness training and practice management (7/96)

4.10.7. A member of the Executive will be responsible for the institution of the Women in Medical Education Policy (7/96)

4.11. Anonymous Assessment

4.11.1. AMSA supports the use of anonymous assessment wherever practical on the basis that it removes any potential positive or negative bias in the marking of medical students. (2/04)

4.12. Local Quotas for Medical Students

4.12.1. AMSA opposes binding local quotas for any Australian medical school because a local quota would act to compromise equity of access and diversity within Australian medical schools;

4.12.2. AMSA supports equity of access to medical schools and a nation-wide diversity of students within them.

4.12.3. AMSA believes that infrastructure, salary, enterprise bargaining agreements, post graduate training opportunities, hospital working conditions and lifestyle factors all play an important role in the decision making of junior doctors when choosing a workplace.

4.12.4. AMSA believes that state departments of health must address all these issues before considering the implementation of a local quota.

4.13. Clinical Education

4.13.1. AMSA believes that improved clinical education for medical students will result in better patient outcomes and community health. (6/04)

4.14. Teaching Doctors

4.14.1. AMSA calls upon hospital administrators and state departments of health to support quarantined teaching hours for all doctors who teach medical students. (6/04)

4.14.2. AMSA values the contribution that doctors make to medical education and calls upon medical student societies to implement initiatives that formally recognise the contribution of teaching doctors. (6/04)

4.15. Rural Clinical Schools

4.15.1. AMSA recognises that medical education in the rural setting has many benefits, and as such is supportive of the concept of rural clinical schools. (6/01)

4.15.2. AMSA believes that, in providing the option of a rural clinical school, medical schools have a duty of care to their rural-based students to ensure that they are in no way disadvantaged when compared to their urban-based counterparts. In particular there must be guarantees that the quality of the education offered by a rural clinical school is at least commensurate with that provided in urban centres. (6/01)

4.15.3. AMSA believes that no student should be coerced into attending a rural clinical school. Instead positive incentive programmes should be developed and promoted until all places are filled. (6/01)

4.15.4. AMSA believes that accommodation for medical students at rural clinical schools should be free of charge. This will not always be practical, and where this is the case efforts need to be taken to subsidise it as much as possible. (6/01)

4.15.5. Many medical students rely on paid employment to finance their way through medical school. Ideally, rural clinical schools would set up employment programs for their students, with the support and assistance of local community business groups. In those cases where it can be shown that the demand for employment outweighs the supply, other sources of financial support for students will need to be developed, such as bursaries. (6/01)

4.15.6. AMSA believes that medical schools should attempt to minimise or eliminate the costs associated with travel between the rural clinical school site and the medical school or urban centre. Measures that could be used to achieve this include subsidising trips between the two sites to an agreed number of times and minimising the number of times a rural clinical school student has to travel back to the base medical school. At the rural clinical school itself, the accommodation should be located close enough to the school to preclude the need for a car, or if this is not possible consideration for providing use of a car on a limited basis is merited. (6/01)

4.15.7. It is unreasonable to expect a new rural clinical school to have the same educational resources as a well-established city clinical school; however, every effort must be taken to ensure that rural clinical students are not disadvantaged as a result. The increasing availability of educational resources in electronic form should go some way towards minimising this potential disadvantage, and so it is vital that rural clinical students have access to as wide a range of IT services as possible. (6/01)

4.15.8. Active steps must be taken with the development of the rural clinical schools to ensure that the graduates they produce have reasonable opportunities for and access to internships and postgraduate medical specialty training in rural areas. (6/01)

4.16. Accreditation of Medical Education and Training (07/08)

4.16.1. AMSA believes that the independence of medical education and training accreditation is essential to maintaining the quality and international standing of Australian healthcare. This is in line with the standards developed by the World Federation of Medical Educators.

4.16.2. AMSA supports the role of the Australian Medical Council in upholding the standard of medical education and training in Australia and accrediting medical school and vocational training positions.

4.16.3. AMSA supports the role of state-based postgraduate medical education councils in accrediting prevocational training positions.

4.16.4. AMSA believes that accreditation standards for medical education and training positions in Australia should be determined by an independent body composed of and in consultation with members of the profession, medical educators and community representatives.

4.16.5. AMSA believes that all bodies responsible for accreditation of medical education and training in Australia should be independent of Government in both oversight and appointment.

5. Medical Student Health and Wellbeing

5.1. Responsible Drinking

5.1.1. AMSA supports the concept of responsible drinking and events it promotes will be organised in a way which discourages binge drinking and dangerous levels of consumption. (7/96)

5.1.2. At all AMSA functions where alcohol is to be consumed:

5.1.2.1. Non-alcoholic drinks must be as readily available and cheaper than alcoholic beverages;

5.1.2.2. Water must be available in plentiful quantities and free of charge;

5.1.2.3. Reasonable quantities of food must be readily available. (7/96)

5.1.3. As far as possible, AMSA events should not be structured such that patrons who do not wish to drink subsidise the cost of alcohol for other patrons. (7/96)

5.1.4. Organisers of any AMSA events are required by law to refuse further service to any patron considered to be too intoxicated, irrespective of any payment received from that person. (7/96)
5.1.5. Where possible, drinks should be provided in the form of 'standard drinks', that is drinks containing 10g alcohol (300 ml beer, 30ml spirit, 100ml wine) in order to best enable patrons to monitor their intake. Where this is not done, information about converting drinks provided to standard drinks should be made available. (7/96)
5.1.6. Organisers of events should consider known co-morbid factors associated with alcohol consumption such as drink driving and unsafe sex, and should consider methods of preventing these.
5.1.7. Designated driver programs are welcomed by AMSA. (7/96)

5.2. Smoking

5.2.1. At AMSA organised functions:
5.2.1.1. Tobacco advertising and vending facilities should not be present within the venue;
5.2.1.2. Adequate ventilation must be ensured;
5.2.1.3. Smoking is banned within the venue; (9/97)
5.2.1.4. AMSA is to provide public health material on smoking and passive smoking in AMSA publications. (9/97)
5.2.2. AMSA condemns tobacco advertising. (9/97)
5.2.3. Promotional material and registration forms for AMSA Events shall state that smoking is banned within venues. (9/97)

6. Public Health

6.1. Australian Health Care System

6.1.1. AMSA believes that the Australian community is entitled to a health system which is both:
6.1.1.1. Accessible without unreasonable delay;
6.1.1.2. Effective- providing at the least a minimum standard of care defined by the Australian Council on Healthcare Standards. (7/97)

7. Rural Health

7.1.1. Medical Curriculum

7.1.1.1. AMSA believes that in order to increase the numbers of practitioners in rural and remote areas medical students should be exposed to rural health in each year of their course. This exposure should;
7.1.1.1.1. Include both clinical placements and vertically integrated theoretical learning;
7.1.1.1.2. Consist of at least eight weeks accumulative clinical experience in a rural community setting prior to completion of any medical course;
7.1.1.1.3. Be delivered in an enjoyable and relevant format;
7.1.1.1.4. Include adequate exposure to Aboriginal and Torres Strait Islander health where possible

7.1.2. Positive Incentives

7.1.2.1. AMSA encourages the development of positive incentives for well-supported rural medical training for medical students and graduates.
7.1.2.2. AMSA opposes any bonded scholarship that:

7.1.2.2.1. Requires a bonded student to work in a specific rural or remote area;
7.1.2.2.2. Potentially denies students a provider number even after they have entered a training program;
7.1.2.2.3. Does not allow students to accredit any rural postgraduate training to the period of the bond;
7.1.2.2.4. Commits students to a bond in excess of four years, with the exception of the provisions of the current Medical Rural Bonded Scheme (MRBS);
7.1.2.2.5. Does not have adequate flexibility to accommodate changes in circumstances that were not foreseen at the time of signing of the contract;
7.1.2.2.6. Creates a new pathway or entry standard into medical school or training programs;
7.1.2.2.7. Fails to provide adequate information and sufficient consultation period (minimum 21 days) prior to students signing the contract.

7.1.3.Study Grants

7.1.3.1. AMSA encourages the appropriate bodies to provide study grants for students electing to complete optional terms in rural and remote areas within Australia

7.1.4.Rural Clinical Terms

7.1.4.1. AMSA believes that completing a rural rotation as part of their curriculum should not pose a financial burden to medical students. Adequate financial support should be made for medical students including, but not limited to;
7.1.4.1.1. A relocation allowance including travel costs to and from the rural site;
7.1.4.1.2. Fully funded accommodation;
7.1.4.1.3. An allowance for the costs of travel between teaching sites.
7.1.4.2. AMSA believes that every rural placement should have:
7.1.4.2.1. Adequate and accessible information technology for further teaching of the medical curriculum and communication with family and friends;
7.1.4.2.2. An accommodation provision appropriate to the needs of the student;
7.1.4.2.3. Flexible arrangements for the needs and requirements of students;
7.1.4.2.4. Supervision appropriate to their current level of medical education.
7.1.4.3. AMSA believes that all students with a desire to gain rural clinical experience during their degrees should be given maximum opportunity to do so, regardless of their entry pathway.
7.1.4.4. (5.) AMSA believes that teaching sites should be assessed against national standards.

7.1.5.Postgraduate medical training

7.1.5.1. AMSA endorses a flexible funding system, which acknowledges the potential for several providers in a single and integrated training program of uniform national standard for Australian General Practice.
7.1.5.2. At the vocational level, AMSA endorses the implementation of demonstrably valid and reliable admission processes that reward applicants providing evidence of current or past commitment to rural health and rural practice.
7.1.5.3. AMSA encourages those training programs whose curricula are deficient in the area of rural and remote practice to remodel relevant parts of the curriculum such that doctors-in-training are encouraged to enter rural practice.

7.1.5.4. Where there are rural and non-rural training streams present in medical curricula or a training program, AMSA believes that all rural and non-rural stream graduates should graduate with a uniform national standard, allowing each graduate to work in the area of his/her choice, whether it be urban or rural.

7.1.5.5. AMSA approves of rural training places provided that there is flexibility to interchange between rural and non-rural streams to accommodate changes in lifestyle and circumstances.

7.1.6. Rural Health Clubs

7.1.6.1. AMSA encourages the development of Rural Health Clubs, and continued funding and support of these groups by the appropriate bodies

7.1.6.2. AMSA believes that Rural Health Clubs encourage positive perceptions of rural practice, and involvement in these groups is a constructive way of attracting doctors to rural and outer-metropolitan practice

7.1.6.3. AMSA encourages the inter-professional involvement of health students in Rural Health Clubs as a way of supporting of Nursing and Allied Health students and promoting an inter-disciplinary approach to medicine

8. Workforce Issues

8.1. Career Medical Officers

8.1.1. AMSA supports continued student input into the development of a non-specialist Career Medical Officer programme. (9/96)

8.2. Postgraduate Training

8.2.1. AMSA supports continuing medical education for medical graduates for the purpose of achieving adequate levels of clinical competency. (9/98)

8.2.2. AMSA believes that all Australian medical graduates must have access to postgraduate training which leads to independent practice and the ability to access Medicare rebates for their patients. (9/98)

8.2.3. AMSA believes that the length of postgraduate training should:

8.2.3.1. Reflect the amount of time required to achieve appropriate levels of clinical competency.

8.2.3.2. Not be unduly prolonged. (9/98)

8.2.4. AMSA believes that limitations on access to post-graduate training should not be used to unfairly restrict the medical workforce. (9/98)

8.2.5. AMSA believes that selection processes for entry into post-graduate training programs should be fair, transparent, and open to regular independent review. (9/98)

8.2.6. AMSA supports in principle the recommended framework for selection of trainees, as stated in the report by Dr Brennan and Company, published in 1997. (7/99)

8.2.7. AMSA believes that the availability of post-graduate training positions be continually monitored to ensure that sufficient career opportunities exist for new graduates. (7/99)

8.2.8. AMSA believes that applicants should have the right to a formal, structured appeals process to review decisions made by a College selection committee, similar to that of the Royal Australasian College of Surgeons. Excessive cost or potential discrimination should not be a barrier to commencing an appeal. (7/99)

8.2.9. AMSA believes that constructive feedback should be given to all applicants who are unsuccessful in gaining selection into a College, in both verbal and written form. (7/99)

8.2.10. AMSA supports the compilation of a single document that embodies the policies on selection and appeals of all the Australian training colleges. (7/99)

8.3. Overseas Trained Doctors (OTDs) and Temporary Resident Doctors (TRDs)

8.3.1. AMSA believes that the quota for Overseas Trained Doctors (OTDs) should be adjusted according to the demand in the workforce. (7/90)

8.3.2. OTDs must be subject to quality control to ensure that they are of the same standard as locally trained doctors in order that Australia can maintain the same high level of health care which the public now receives. (7/90)

8.3.3. AMSA believes that a comprehensive review should be undertaken to establish the number of OTDs entering the Australian Medical Workforce each year. (3/96)

8.3.4. AMSA opposes exemptions to the 10-year moratorium for OTDs who choose to work in a rural and remote area. (5/00)

8.3.5. AMSA believes that the active recruitment of OTDs should only be implemented as a short-term measure, while attempting to attract significant numbers of Australian graduates to practise in rural and remote areas. (5/00)

8.4. Part-Time Training

8.4.1. AMSA supports the availability of part-time training in post-graduate education. (9/97)

8.4.2. AMSA believes a doctor's choice of part-time training should have no influence on the selection process of the College. (9/97)

8.4.3. AMSA believes that medical practitioners who elect to undertake part-time medical training should not be disadvantaged in their career advancement, and that medical colleges should assist such trainees to complete all training requirements of the particular discipline. (7/99)

8.5. Reform of the Workforce

8.5.1. AMSA believes that consultation with medical students and doctors-in-training must occur regarding implementation of workforce reforms before any changes are implemented. (3/96)

8.5.2. AMSA rejects any proposal that restricts Medicare rebates to doctors who practice in Government designated areas only. (7/96)

8.5.3. AMSA demands that all medical graduates are guaranteed access to a provider number upon registration. (7/96)

8.5.4. AMSA calls on the Federal Government to establish adequate workforce data before any health workforce reforms are implemented. (7/08)

8.5.5. AMSA opposes the capping of Medicare funds available for medical services undertaken by doctors in Australia. (7/99)

8.5.6. AMSA believes that a nationwide data system should be developed by AMWAC to monitor the numbers of practising practitioners in the Australian workforce, in total and in different specialties, and according to geographic distribution. (7/99)

8.6. Employment of Medical Students

8.6.1. AMSA believes that the employment of medical students by any healthcare provider presents many potential risks to the student, the employer and to patients. For these to be avoided the nature of the agreement should meet the following criteria:

8.6.1.1. Medical students should not fulfill, whether employed or not, any role in total or in part, that should only be performed by a registered and qualified medical officer, irrespective of supervision. (3/06)

8.6.1.2. AMSA believes any student in the employment of a healthcare provider meets the same qualification standard and receives the same training and education for his/her position as any other member of the public employed in the same position. (3/06)

8.6.1.3. Before any conditions of employment are agreed upon, a student should receive a detailed and fully defined job description. Once agreed, the student should never be pressured or expected to take on any extra responsibilities not already defined in the original agreement. (3/06)

8.6.1.4. The employee and employer must be aware of the indemnity and legal issues associated with having medical training. (3/06)

8.6.1.5. Medical students must have adequate indemnity insurance provided by their employer.

8.6.1.6. AMSA should endeavour to adequately educate its members of the indemnity and legal issues of employment with a healthcare provider. (3/06)

8.6.1.7. A student's decision to enter into a contract of employment with a healthcare provider should not be impacted upon by factors relating to employment opportunities once graduated, or assessment during their medical degree. (3/06)

8.6.1.8. The medical training of an employee should not be unnecessarily disclosed to co-workers or supervisors. This serves to promote a working environment where that employee is not exploited for that medical training. (3/06)

8.6.1.9. AMSA believes that during designated clinical rotations, a medical student's priority should always be to further his/her education and clinical experience, and that any commitments he/she has, paid or otherwise, should not interfere with this. (3/06)

8.7. Code of Practice

8.7.1. AMSA supports the AMA's 'National Code of Practice- Hours of Work, Shiftwork and Rostering for Hospital Doctors'. (7/99)

8.8. International Medical Students' Career Development

8.8.1. AMSA believes that:

8.8.1.1. Accredited internship is an integral part of medical training to produce experienced, safe and fully qualified doctors.

8.8.1.2. All Australian trained medical graduates should have the opportunity to complete their internship in Australia to achieve full medical registration.

8.8.1.3. Former overseas medical students should be supported in their pathway to internship in Australia, including application for permanent residency.

8.8.1.4. Internships must be prioritised to Australian-trained international medical graduates ahead of supervised training positions for overseas trained doctors.

8.8.1.5. Australian medical schools must make international students aware of their prospects of gaining internship in Australia prior to enrolment.

8.8.1.6. International medical students should not be excluded from extended rural placements.

8.8.1.7. Australian medical schools should provide opportunities for international students wishing to undertake clinical rotations overseas in order to enhance their opportunities for postgraduate training and further career progression, subject to approval by the Australian Medical Council.

8.8.1.8. Australia should encourage the social inclusion of international medical students, as with all international students, wherever possible.

9. Sponsorship

9.1. Conflict of Interest

9.1.1. For AMSA's purposes conflict of interest is defined as being any interest, financial or otherwise, any activity, or any obligation held by AMSA, its council members or executive, that is incompatible with the stated aims, proper discharge of duties, or has the potential to infringe AMSA's ability to effectively represent it's members or promote their interests.

9.1.2. AMSA must maintain the highest ethical and professional standards to avoid conflicts of interest.

9.1.3. AMSA commits itself to careful examination of a broad range of information, including the scientific and ethical argument as well as the stated opinion of its membership, in the determination of the existence of a conflict of interest and its remedy.

9.1.4. AMSA will not seek nor accept sponsorship from any organisation that is deemed to be a conflict of interest.

9.1.5. Determination of the absence of a conflict of interest may be determined by the AMSA council with a 2/3 majority vote.

9.1.6. AMSA will not accept any sponsorship from organisations that would prejudice its independence or ability to comply with its aims and policies. Similarly AMSA shall not accept sponsorship that may be deleterious to its members in the execution of their future roles and responsibilities as doctors or indeed their formation.

9.1.7. AMSA views the following list of interactions (but is not limited to) as "conflicts of interest":

9.1.7.1. Receiving any form of sponsorship from Tobacco companies.

9.1.7.2. Receiving unreasonable and/or excessive gifts from sponsors, in particular at meetings where negotiations take place regarding potential sponsorship.

9.1.7.3. Accepting sponsorship from organisations where a member of council is involved through a relationship such as employment or other that has not been disclosed to the AMSA Council prior to seeking or accepting the sponsorship funds.

9.2. Exclusivity

9.2.1. The AMSA will not offer any organisation the option of being the exclusive sponsor of the AMSA.

9.2.2. Sponsors of AMSA may be given the option of being a patron sponsor of a specific event, at the discretion of the AMSA Executive.

9.3. Advertising

9.3.1. The AMSA Executive will have the right to refuse an advertiser or advertisement without justification but with appropriate notice.

9.4. Pharmaceutical Sponsorship

9.4.1. AMSA's interaction with pharmaceutical companies shall be governed by the AMSA guidelines for the interaction between the pharmaceutical industry and Australian medical students.