Australian Medical Students’ Association

Policy Guide

2011

*for review prior to First Council 2012

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Contents

Contents ........................................................................................................................................ 2
Introduction .................................................................................................................................. 3
Issue Identification .................................................................................................................... 3
Issue Analysis ............................................................................................................................. 4
Consultation ............................................................................................................................... 5
Policy Production ....................................................................................................................... 6
  POLICY STATEMENTS .............................................................................................................. 6
  POLICY DOCUMENTS ............................................................................................................. 6
Ratification .................................................................................................................................. 7
Implementation ........................................................................................................................... 7
Evaluation .................................................................................................................................... 7
Miscellaneous ............................................................................................................................. 8
  JOINT POLICIES .................................................................................................................... 8
  ENDORSING EXTERNAL POLICIES ....................................................................................... 8
Appendix 1 – Example of Policy Document .............................................................................. 9
Appendix 2 – Example of Policy Statement .............................................................................. 11
Introduction

The primary function of the Australian Medical Students’ Association (AMSA) is to represent the interests of its members, to state and federal governments, medical associations and other relevant organizations. This representation aims to shape medical education and training for the better, and to ensure the highest quality standards exist across the country. In order to achieve this, AMSA Council is responsible for developing and approving policy that conveys the current consensus opinions of the Association on behalf of Australia’s medical students.

To maintain a consistent, simple and professional format for all of AMSA’s policy, the following guidelines have been developed for use by AMSA Executive, AMSA Representatives, ThinkTanks and individual Australian medical students.

Issue Identification

The stimulus for writing a piece of policy may come from a variety of places, including but not limited to:

- the publication of a report by Government or external agency;
- request by stakeholder/individual;
- ThinkTank discussions;
- conversations with students experiencing problems within their course;
- personal experiences of problem within your course;
- the review of existing Association policy.

Upon identification of an issue that an individual believes is worthy of policy and/or specific advocacy, that individual is encouraged to contact AMSA’s policy officer, the Vice President External (vpe@amsa.org.au).

Following this, the VPE will:

- consider the relevance and importance of the issue for AMSA;
- consider the policy angle in relation to AMSA’s current documents and policy;
- provide reference to any existing AMSA policy regarding the issue;
- provide reference to any policy regarding the issue currently being written by another party (if applicable);
- provide input from Executive and relevant external sources to guide policy development
- ensure the policy is written according to the format described in this document.

The VPE, as project manager for all policy, will be responsible for following up on the progress of the policy, reviewing and contributing where necessary, and ensuring the completed draft policy is tabled at the appropriate Council meeting for ratification.
Issue Analysis

In order to develop effective and robust policy, the authors must be well versed on the issue; thus the process of writing policy should begin with broad research and a thorough analysis of the topic. A combination of objective evidence and reference to relevant opinion will provide an excellent basis for the development of strong policy.

AMSA’s existing policies are available at www.amsa.org.au or on request from the VPE. In order to ensure there is no contradiction between current and proposed policy, it is imperative that policy authors review these documents and allow AMSA’s existing official policy to guide their analysis and production of new policy.

Where authors discover inconsistency of existing policy or contradiction between existing and proposed policy, the matter and context should be referred to the VPE for consideration. Where appropriate, revisions to existing policy may be drafted and tabled with the new policy at the relevant Council meeting.

Supporting evidence may be available through the committees on which AMSA has representation. Many of these bodies commission or write reports and studies into various issues relating to health and workforce from time to time. Such committees include:

- the Federal Australian Medical Association (AMA);
- the AMA’s regional counterparts;
- the AMA’s Council of Doctors in Training (CDT);
- the AMA’s regional Doctors In Training Committees (DIT);
- other AMA subcommittees;
- the Medical Deans Australia and New Zealand (MDANZ);
- the Confederation of Postgraduate Medical Education Councils (CPMEC);
- state-based Postgraduate Medical Councils (PMCs) and Institutes of Medical Education and Training (IMETs);
- the Australian Medical Council (AMC);

There is an abundance of literature from around Australia and the rest of the world [helpful for comparison] on issues relating to medical education and workforce, including the federal and state governments of Australia.

Each of the above sources of information should be considered prior to tabling policy at AMSA Council. Any concerns about policy content or supporting evidence should be discussed with the Vice President External.
Consultation

Many stakeholders in medical education provide valuable and informed opinion on a wide variety of issues. Providing reference to such views, whether complimentary or alternative, may add weight to any potential policy for AMSA. This information may be readily available, in the form of official policies, media releases or communiqués, and as such should be readily accessible to authors. In other cases opinion may be sought by direct correspondence. The following is a (non-exhaustive) list of bodies that may provide such perspective:

INTERNAL CONSULTATIVE BODIES

- individual medical students (or specific cohorts/groups);
- individual medsoes;
- Medical Student Councils;
- individual AMSA Councilors or Council en masse;
- AMSA Executive

EXTERNAL CONSULTATIVE BODIES*

- AMA
- AMA CDT;
- AMA DIT;
- MDANZ
- Medical Colleges

* Please note that any correspondence with external consultative bodies should be approved and/or facilitated by the VPE *
Policy Production

Policy must always be written objectively and concisely, making reference where appropriate to evidence (including citations) and opinion/position derived through the consultative process. Emotive language and anecdotal evidence should be avoided. Throughout the entire writing process authors must consider AMSA’s mandate and should therefore relate any policy to how the issue impacts Australia’s 15,000 medical students or a subset thereof.

AMSA’s policy items should be written in one of two forms – a policy document or a simple policy statement. An example of each is included in appendices.

POLICY STATEMENTS

Policy statements are brief policy items that communicate AMSA’s essential position on an issue. Policy statements are written in a direct format and usually begin with “AMSA believes…”, going on to convey the Association’s stance in simple terms. By nature of their brevity and exclusion of detailed analysis, policy statements usually relate to issues on which significant advocacy is not warranted – instead they are used to guide development of more extensive policy documents and for reference.

POLICY DOCUMENTS

Policy documents are more extensive policy items that examine relevant issues in detail. Policy documents provide a significant basis on which advocacy campaigns can be built and may be circulated as external documents to publicize AMSA’s position to stakeholders. There are three key parts to a policy document: background, position statement and policy.

• BACKGROUND. This first section provides an objective and concise review of the issue in focus, utilizing the data collected throughout the analysis and consultation phases. Any background should begin with the assertion of AMSA’s role as the peak representative body for medical students in Australia, and the information presented must be continually related back to the effects (potential or real) on medical students.

• POSITION STATEMENT. This section should summarize AMSA’s overall position on the issue. It can be written as a single sentence or a series of sentences or dot points clearly outlining the core beliefs of the Association.

• POLICY. This section is similar in structure to the stand-alone policy statement. In this section key points relating to the issue are isolated in individual dot points. AMSA’s stance on these individual components is given, along with justification (where relevant) and, in some cases, specific recommendations for action.

Where relevant, a more detailed report or ‘position paper’ may be warranted, particularly for bigger issues that require significant or ongoing advocacy. Position papers should be discussed on an individual basis with the VPE.
Ratification

Once policy is written it must be submitted to the VPE in a timely manner in order for the Executive and AMSA Councilors to review the policy and provide feedback. The specific deadlines for these completed policy documents will can be discussed on an individual basis with the VPE, however, an absolute deadline of two weeks prior to the first day of any upcoming AMSA Council will be adhered to. This deadline is essential in order to allow for review of the policy prior to AMSA Council and to ensure the efficient function of policy discussions at these sessions.

After review by the Executive and Council (via Huddle), the VPE will send a summary of recommendations to the authors. It is the authors’ prerogative as to whether they accept the recommendations or not; regardless, the policy (amended or otherwise) must be resubmitted for inclusion in Council agenda. It is the responsibility of the authors to moderate the discussion regarding their own policy item(s) and amend their policy as they see fit. The final amended version must be submitted to the VPE in order to be tabled for discussion at Council.

*Please note that failure to comply with the absolute deadline will result in the policy item being deferred to a future Council meeting*

At a Council policy session, the policy item will be read once by the authors aloud, after which time the chair of the policy session will facilitate discussion as to the relevance, direction and wording of the policy, as well as its scope and intended outcome. At the close of discussion amendments will be finalized and the policy item will be read aloud a second time. Council will then vote on whether to adopt the policy or not.

Policy that is not adopted by Council will be returned to the authors with recommendations from Councilors. It is then up to the authors what they choose to do with the policy item. The same item, or an amended version may be tabled at any future Council meeting after consultation with the VPE.

Implementation

Once adopted AMSA Council is required to define specific action items to accompany the policy, and as such will direct the Executive in the promotion and use of the item. All actions should be outcomes-based. In addition to acting on the direction of Council the Executive is responsible for ensuring the policy is incorporated where relevant into the day-to-day operation of the Association.

Evaluation

All policy items adopted by Council must be dated with the date of adoption, the date of original adoption (where relevant, as in existing policies undergoing review) and the proposed date of review. By default, all policy adopted by Council will be scheduled for review after two years. It is up to Council to either accept this timeframe or to attach a more appropriate review date.
Miscellaneous

JOINT POLICIES
On occasion AMSA may engage with external organizations in producing joint policies. AMSA supports the notion of joint policies due to the potential benefits of external alliance for both advocacy and AMSA’s public relations. In these circumstances the specifics of his policy guide may be overlooked and pragmatism should prevail throughout the policy development process.

ENDORSENG EXTERNAL POLICIES
On occasion external bodies may develop policy that is similar in ideology and scope to AMSA’s position on the same issue. In such cases it may be appropriate for the exact policy in its unaltered form to be tabled at Council for potential endorsement by Council. Assuming the policy is adopted, it is done so in its existing form and should not be rewritten or reformatted to comply with these policy guidelines.
Appendix 1 – Example of Policy Document

POLICY DOCUMENT

NATIONAL BARRIER EXAM

Background

The Australian Medical Students’ Association (AMSA) is the peak representative body of Australia's medical students. Medical education in Australia continues to be rated exceptionally well by international standards (1). There are currently eighteen medical schools in Australia, all of which are accredited by the Australian Medical Council (AMC) to deliver the appropriate training for students to graduate with a primary medical degree. AMSA trusts and respects the AMC as the most appropriate and competent body to independently accredit Australia’s medical programmes, and believes it should remain the gold-standard for accreditation. There is much diversity amongst these universities with regards to course delivery, including:

- Undergraduate vs. graduate entry
- Length of the programme (4-6 years)
- The timing of final [ barrier] exams
- The structure of preclinical and clinical teaching components
- The inclusion of a compulsory research period
- University-specific specialist focuses (e.g. GP, surgical, pathology)
- Style of assessment

There has been discussion regarding the adoption of a national barrier exam for all final year students. Proponents argue that this would ensure all graduates are at the same standard upon commencement of their careers.

Position Statement

AMSA opposes the implementation of a national barrier exam.

Policy

AMSA believes that:

1. The AMC is well-equipped and competent to accredit Australia's medical programmes to world-class standards.
2. The variation in teaching methods and course structure at different universities is
desirable, and results in a pool of medical graduates with similar core competencies, but a diversity of extended skills and knowledge.

3. The implementation of a national barrier exam would place undue pressure on universities to develop curricula focused on priming students for the exam. This undervalues the diversity of existing curricula.

4. To conduct a national barrier exam without risk of academic misconduct an 'exam common week' and timetable would have to be instituted across all medical schools. Not only does this present a difficult logistical exercise, such a move disregards individual universities’ prerogatives to schedule assessments at times they feel are appropriate.

5. The writing and implementation of a national barrier exam would be excessively costly and unnecessary.

References


Policy adopted February 2010

For review February 2012
POLICY STATEMENT

UMAT TRAINING COURSES

1. AMSA believes commercial UMAT training courses undermine an admissions test that purports to standardize the entry process to medical school. AMSA believes the UMAT training process does not set an appropriate tone for the commencement of studies in medicine.

2. AMSA has specific concerns regarding the UMAT training industry:
   i. The quality and integrity of the courses cannot be verified.
   ii. The cost of these courses is substantial.
   iii. The industry does not promote equity of access; there is limited cost-effective training available to rural and remote origin students.
   iv. Providers are fiercely competitive and operate in an unregulated commercial environment.
   v. Claims of effectiveness by course providers conflict with ACER’s position that training is not beneficial.

3. AMSA suggests the following actions to address these concerns:
   i. ACER undertakes to increase the rate at which it turns-over course material.
   ii. Medical Deans and the Federal Government consider mechanisms to regulate training providers.
   iii. ACER initiates a formal study into the impact of commercial UMAT training courses on test outcomes.
   iv. ACER produces more comprehensive resource materials for students undertaking the UMAT.

*Policy adopted October 2007*