

Australian Medical Students' Association: what medical students are contributing to health care



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Advocating for change at the 2008 AMSA National Convention and Global Health Conference

The Australian Medical Students' Association (AMSA) is the peak representative body for over 13 000 Australian medical students. In the course of its many and varied operations, the organisation hosts two major events each year — the AMSA National Convention (NC) and the AMSA Global Health Conference (GHC). The 2008 AMSA GHC and NC were held in Melbourne from 4–6 July (Box 1) and 6–13 July, respectively. These events were attended by around 1200 students, representing all 19 Australian medical schools.

The GHC highlighted themes of health, conflict and the political process; culture, environment and society as catalysts for addressing health; international health policy and development; and Indigenous health and the human rights of marginalised populations. The GHC received generous support from AusAID and the Myer Foundation. With their help, AMSA was able to bring 25 students from the Asia–Pacific region (Box 2) to the conference to foster an exchange of skills, ideas and experience.

With the theme of “desire, enquire, inspire,” the NC challenged delegates with provocative keynote sessions including: “HIV/AIDS: simply speaking”; “The euthanasia debate”; “Sports medicine: perspectives from both sides of the white line”; “The future of medical education”; and finally, “Mental illness and student wellbeing”.

Every year, delegates to both events are challenged to become informed and active participants in building a sustainable, resilient health workforce for the future. Hence, the paramount issues at the NC and GHC in 2008 were training the future workforce,

ensuring the mental and physical wellbeing of medical students and practitioners, and improving medical curricula with more education in Indigenous and global health.

Training the future workforce

Securing the quality of Australian medical education in the face of increased student numbers is an ongoing challenge. The “Future of medical education” session provided an open forum to explore the nature of and solutions to this challenge.

Dr Mukesh Haikerwal (general practitioner and former federal President of the Australian Medical Association [AMA]) described events that led to restrictions in growth of the medical workforce. These restrictions have meant that our health system now struggles to meet the needs of the community. He talked about the response to this shortfall — a rapid increase in the number of medical graduates, from about 1200 in 2002 to more than 3000 in 2012. These increases are purported to be a solution to Australia's doctor shortage. However, as Dr Haikerwal pointed out, simply increasing the number of medical graduates delivered to hospitals is not enough to ensure the ongoing quality of the Australian medical workforce, nor will it solve the problem of doctor shortages in rural areas.

Professor Steven Wesselingh (Dean, Faculty of Medicine, Nursing and Health Sciences, Monash University) went further by describing how both physical and human resources are strained under the requirement to maintain the quality of medical educa-



1 The 2008 Australian Medical Students' Association Global Health Conference was officially opened by Vice-Chancellors Professor Glyn Davis AC (University of Melbourne, right) and Professor Richard Larkins AO (Monash University, left). Aunty Joy Murphy-Wandin (far right), delivered the traditional “welcome to country” address, which was followed by the opening keynote lecture presented by Sir Gustav Nossal AC (centre).



2 Three Fijian students, members of the Asia–Pacific delegation, perform a traditional islander dance at the 2008 Australian Medical Students' Association Global Health Conference.

tion that Australia is renowned for, while accommodating the influx of medical students. At this point, the panelists agreed that meeting the challenge of training these students was not an insurmountable task, but would require a great deal of innovation. Professor Wesselingh went on to talk about the Extended Rural Cohort (ERC) initiative at Monash University that allows students to apply directly to a medical course where they undertake the majority of their training in a rural setting. The benefits of ERC are twofold — the ERC makes use of a new training setting, and may see the students who train in this setting eventually return to practise medicine in a rural area, with a positive effect for the rural workforce.

Professor James Angus (Dean, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne) focused on versatile education delivery methods, and the use of effective administration methods to ensure efficient use of resources.

Mr Michael Bonning (AMSA President) discussed “Teaching on the run”, empowering today’s clinicians to be better teachers, and to optimise the quality of teaching delivered during time spent with medical students.

Dr Alex Markwell (Chair, AMA Council of Doctors in Training) then spoke about medical schools adjusting to accommodate trainees, pointing out that the issue will move further along the continuum of medical education to impact on vocational training. Dr Markwell spoke about increased competition for specialist training places and the need for the government and colleges to address this issue now.

A need for innovation in training the future medical workforce was apparent. Taking the training from its traditional setting and expanding the use of rural settings can buy some time. However, in the long term, it falls to programs like More Learning for Interns in Emergency, to foreshadow a significant paradigm shift in medical education. This will ensure a sustainable, quality education for medical students and junior doctors.

Medical student wellbeing

The Honourable Jeff Kennett (Chair, *beyondblue*, the national depression initiative) highlighted the sixfold higher rate of suicide among medical practitioners compared with the community in general.¹ He emphasised that the problem must be tackled early among students and doctors. The idea that doctors cannot be patients themselves is archaic, and AMSA urges medical students to visit a GP regularly to ensure their mental and physical health.²

The issue of bullying in the workplace is intimately linked to that of student wellbeing. A paucity of research exists to describe the extent of this problem in Australia. A report from Colorado Medical School found that 46.4% of students had been bullied at some time in medical school.³ Bullying behaviour breeds a culture of fear among medical students and trainees, many of whom are afraid to speak up for fear of career reprisal. Dr Sally Cockburn (GP and media personality, Melbourne) urged convention delegates to put an end to the cycle of a bullied student becoming a bullying doctor by speaking up about an issue that, until now, has largely been ignored. AMSA will release the results of the student wellbeing survey early in 2009. The results will describe the extent of this problem among medical students and guide interventions to put an end to bullying in the workplace.

Optimising medical school curricula

In the past decade, Australian medical curricula have undergone significant changes. This is a direct consequence of an increase in the number of medical students, the advent of graduate medical courses, resource shortages and an explosion of knowledge in new scientific fields. AMSA advocates for changes and inclusions to medical curricula, particularly in the areas of Indigenous and global health.

Mr Tom Calma (Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission) and Ms Pat Anderson (Indigenous Health Advocate, coauthor of the *Little children are sacred* report) gave an in-depth account of the future of Indigenous health in light of the Northern Territory Intervention and the national apology. Aboriginal and Torres Strait Islanders have a life expectancy 17 years shorter than other Australians. Delegates, as future doctors with an instrumental role in implementing public health policy, and as individual practitioners, were encouraged to gain an intimate understanding of the challenges facing Indigenous Australians. To this end, AMSA has advocated establishing in medical curricula nationwide core subjects in Indigenous health, covering aboriginal history, culture and kinship,⁴ as well as working towards initiatives that will see more Indigenous students enter medicine.

Today’s medical students have an increasing appreciation for the globalised environment in which they live and will one day work. As the practitioners and policymakers of the future, students must be equipped with the skills to face the challenges of developing world health. Delegates at the GHC reflected on this requirement and, in response, AMSA has advocated for the inclusion of global health education in medical curricula. AMSA has also advocated for the Australian Government’s ongoing commitment to the Millennium Development Goals,⁵ as fulfilling these goals will go a long way towards improving the health of our future patient populations.

The variety of issues covered at the 2008 AMSA NC and GHC reflects the diversity of the student population AMSA represents. However, delegates and medical students around Australia were united by a common mandate — to advocate for change. The 2008 GHC and NC enabled delegates, presenters and guests to work together to determine what that change should be, and to build networks that will enable us to meet these challenges in the future.

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