ADELAIDE MEDICAL
STUDENTS' SOCIETY
EST 1889

Australian Medical Council

Student Submission 2019

Adelaide Medical Students' Society

Executive Summary

The Adelaide Medical Students' Society (AMSS) is the peak representative body for medical students at the Adelaide Medical School. The AMSS recognises the importance of the Australian Medical Council (AMC) accreditation process and is grateful for the opportunity to contribute student opinion. The AMSS appreciates the fact that the Australian Medical Council (AMC) has once again requested a student submission.

As with previous student submissions, the AMSS has invested significant energy in developing an evidence-based report which focuses on the core AMC accreditation standards. The survey guiding this document is of similar success to previous surveys, collecting responses from 567 students (overall 59% response rate of the total medical student cohort at the Adelaide Medical School). We believe that our methods, response rate and informed view of student opinions allows this document to be taken as a sufficiently accurate reflection of student opinion. The AMSS calls on the AMC to carefully consider this large body of data and act accordingly in ensuring the Adelaide Medical School meets the requisite high standards for medical education in Australia. However, this student submission should be interpreted within the context of its limitations.

Furthermore, the AMC progress reporting process is particularly vital in 2019 due to the Adelaide Medical School beginning a crucial transition period. This is because the Adelaide Medical School is converting their Bachelor of Medicine & Bachelor of Surgery (MBBS) medical program to a Bachelor of Medical Studies/Doctor of Medicine (BMD) medical program (planned start date 2021). The AMSS has four key concerns regarding the transition to and implementation of the new BMD medical program.

1. The lack of information provided to students regarding the transition to and implementation of the new BMD medical program is the greatest concern. Currently, students have received no communication from the Adelaide Medical School regarding the new BMD medical program. This includes no formal communication regarding the planned start date, which student year levels might be affected, how student enrolment and fees might change, what the transition process might look like from a student perspective, or who to contact if students have concerns about the transition period. Student enquiries in person and via email have been ignored and dismissed. Despite student representatives repeatedly asking for a faculty-led information session and continuing to explain that the lack of communication is causing significant distress to students, especially preclinical students, these questions remain unanswered.
2. The lack of student input into the new BMD medical program is equally as concerning, and is in part the reason why the general student body remains uninformed. In particular, the lack of student representation on the Medical Programs Oversight and Operations Committee (MPOOC), despite repeated student requests, raises concern that the new BMD medical program will likely have limited student representation in its governance structure (*standard 7.5*). It is important to note that the terms of reference included in the 2019 staff report to the AMC regarding the Medical Programs Oversight and Operations Committee (MPOOC) (*Appendix 1.2 of the 2019 AMC staff submission*) are factually inaccurate, as there is currently no student representation and indeed students have been actively excluded from this committee despite ongoing requests. Furthermore, as part of the transition process, many formal positions currently held by

student representatives on various committees that oversee the development of the curriculum, assessment and evaluation of the medical program are beginning to be withdrawn (please see Appendix 1 – Medical Student Consultative Committee Terms of Reference). This trajectory is a cause for great concern regarding student representation in the governance structure of the new BMD medical program.

3. The resignation of the BMD Program Coordinator only 18 months prior to the planned implementation date does not inspire confidence that the new BMD medical program will be immediately successful. In fact, it raises significant concern regarding the internal organisation and upcoming implementation of the new program. From a student representative point of view, the newly elected BMD Program Coordinator is the person who continues to be the most obstructive to student feedback. Furthermore, they are continuing their previous fulltime role of MBBS Program Coordinator simultaneously, which raises uncertainty as to how much time is being dedicated to ensuring the BMD program is developed in full.
4. The fact that the new BMD medical program is being implemented as a 'Minor Change' rather than a 'Major Change' as per AMC accreditation causes significant worry. This is because there is no accountability for staff to ensure the new BMD medical program is actually complete by the planned start date. Unfortunately, there is a danger that the Adelaide Medical School's commitment to a great MD lacks credibility and that this transition period poses a significant threat to students.

This document aims to convey student opinion on matters associated with the AMC accreditation standards. The Executive Summary provides an outline of the overall student opinion regarding the medical program as it applies to specific standards (as per the document outlining the AMC Accreditation Standards for Primary Medical Education Providers 2012), however further details are provided in the remainder of this document.

As this is a Progress Report, it is useful to compare students' opinions in 2019 with those reported in 2018. Additionally, it is worth reporting student opinion regarding changes that have been introduced since 2018. Of note that this is the first year the AMSS has received the staff report, which only happened after multiple emails directly requesting the report to be sent to student representatives. Even then, we have been asked to keep its contents confidential, including from other student representatives. It is unfortunate there is has been no wider collaboration with students in the development of this staff report, despite claims of an 'AMS Annual Report', which the AMSS does not produce.

- ***Standard 1.8* Staff Resources**

  Unfortunately, there continues to be insufficient administrative staff to deliver core aspects of the medical program, and in fact, this has significantly worsened during recent years. This is particularly evident in the following three areas:

  1. The lack of lecture note uploading has been previously discussed in the 2018 (and 2017 and 2016) student submission, and has been escalated by student representatives at the Year 1-3 and Year 4-6 Course Committees respectively, as well as the MBBS Program Coordinator and the Dean, and has been documented by students in the eSELTs. This issue remains largely unchanged despite student feedback, with an overall negative opinion from students in Years 1-6.
  2. The difficulty in contacting staff regarding common enquiries also remains largely unchanged and an ongoing disappointment despite

continued student feedback. In particular, improvements in timely communication with staff have been escalated by student representatives to Year Level Advisors, the Year 1-3 and Year 4-6 Course Committees respectively, the MBBS Program Coordinator, and the Dean.

3. A newly identified problem in 2019 is that it seems the Adelaide Medical School rely on near-peer teaching to deliver the core components of the medical program, and misuse Year 6 medical students in the Medical Education Selective.

- ***Standard 3.4* Curriculum Description**

  The communication of learning objectives to lecturers, tutors and clinical supervisors remains inadequate despite being raised in the 2018 and 2017 student submissions as well as to several Course Coordinators and at both Year 1-3 and Year 4-6 Course Committees in the past. The underlying cause and major concern of students, is the **lack of a clear, well-documented curriculum, which remains unchanged despite ongoing student advocacy and this being a condition of accreditation since 2016.**

- ***Standard 3.5* Indigenous Health**

  Indigenous Health continues to require ongoing efforts to improve its practicality and relevance. The AMSS notes that **continued efforts are being made to improve Indigenous Health teaching**, especially for preclinical students, and in the case of Year 1 students these changes have been very well received. This is an excellent example of staff listening to and implementing student feedback.

- ***Standard 4.1* Range of Learning and Teaching Methods**

  The range of learning and teaching methods continues to be just adequate for most preclinical course components, as well as the School of Medicine Teaching Series (SMTS) for Year 4 and Year 5 students. **The Transition to Internship Program (TTIP) for Year 6 students is regarded as the highlight of the medical program.**

- ***Standard 4.3* Core Skills**

  The teaching of core skills and the preparedness of Year 6 students for internship both continue to be core strengths of the medical program.

- ***Standard 4.7* Interprofessional Learning**

  The access to Interprofessional Learning experiences has significantly worsened since 2018. Preclinical students have not had access to IPL opportunities in 2019. This is in stark contrast to 2018, where students responded positively to the program. **It is unfortunate that this program, which was highly regarded by students, has been removed in 2019 and that no replacement activities have been provided.**

- ***Standard 5.3* Assessment Feedback**

  Students continue to be disappointed in the feedback provided by the Adelaide Medical School, despite this being a focus of student advocacy for several years. This has been escalated by student representatives to Year Level Advisors, the Year 1-3 and Year 4-6 Course Committees respective, the MBBS Program Coordinator, the Dean, and the AMS Programs Board, as well as being documented by students in the eSELTs. Students do not find the feedback to be helpful in focusing on improving their personal areas of weakness.

- ***Standard 6.1* Monitoring**

  The inadequacy of eSELTs (Evaluation of Student Experience of Learning and Teaching) as a tool for evaluation remains a largely unchanged problem despite ongoing student feedback, including escalation to the MBBS Program Coordinator, the Dean and AMS Programs Board. The Adelaide Medical School does not respond quickly or effectively to concerns about the quality of any aspect of the medical program.

- ***Standard 7.3* Student Support**

  Unfortunately, **the AMSS has significant concerns about student health and wellbeing.** Students have substantial concerns that the Adelaide Medical School is unsupportive of absences related to mental health, does not provide easy access to student support services, does not adequately prevent bullying and sexual harassment, does not separate the provision of student support from academic decision-making, and does not provide adequate support to Indigenous students.

- ***Standard 8.1* Physical Facilities**

  The new Adelaide Health and Medical Sciences (AHMS) building has provided medical students with access to state-of-the-art simulation facilities. However, the AMSS recognises it is difficult to give negative feedback about a new building, especially one that was costly to build. Unfortunately students have concerns that **it is not currently fit-for-purpose based on five key factors (all of which represent simple alterations that would greatly improve student satisfaction**): the lack of quiet study space available for students, the lack of private space available to be used for Student Counselling Services, and the lack of dedicated safe study space for Indigenous students.

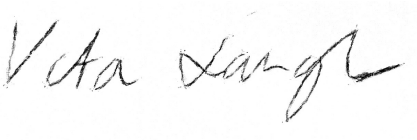
The AMC must carefully consider this data to ensure that high standards of medical education are upheld, especially as the Adelaide Medical School transitions to its new BMD medical program. The educational experience of medical students is paramount to achieving optimal long term health outcomes for Australia. Student opinion must be acted upon to ensure this occurs. Given the current climate of the Adelaide Medical School, the AMSS believes that medical students have a limited capacity to advocate for themselves and that the AMC accreditation process represents a critical opportunity for student feedback to lead to vital improvements in the medical program. This is due to a decline in opportunities for student representation (*standard 7.5*) by the Adelaide Medical School and Faculty of Health and Medical Sciences.

Overall, student opinion does not unreservedly endorse the medical program, and this document raises **serious concerns regarding the adequacy of resources available** for the continued delivery of the medical program, and suggests that the transition to the new BMD medical program may pose a significant threat to current medical students. **The AMSS does not endorse the medical program in meeting *Standard 1.8, Standard 3.4, Standard 4.7, Standard 5.3, Standard 6.1, Standrd 7.3* or *Standard 8.1*. The broad picture is of a concerned student body that perceives the delivery of the medical program to be on an inexorable decline, and that this is unlikely to be reversed with implementation of the new BMD medical program.**

Lastly, we acknowledge the efforts of other students who were involved in creating this student submission, as listed below:

- **Teham Ahmad** Junior Education Officer
- **Emily Hammond** Rural Representative (Year 5)
- **Ella Obst** Year 4 Education Representative
- **Sridharnya Sirikrishnabala** Year 3 Education Representative
- **Don Kieu** Year 3 Education Representative
- **Kaviya Kalyanasundaram** Year 2 Education Representative
- **Neel Mishra** Year 2 Education Representative
- **Kseniia Bogatyreva** Team Education Secretary
- **Daniel Sansome** Honours student

The AMSS calls on the AMC to carefully consider this submission and act accordingly, given that this is a crucial time in the transition to the new BMD medical program. We sincerely thank the AMC for the opportunity to submit this document and would be very happy to provide any additional information.



Victoria Langton
Vice President (Education)

Tom Gransbury
President

On behalf of the Adelaide Medical Students' Society

Conclusion of Standards

Conclusion of Standard 1.8 | Staff Resources

The Adelaide Medical School **does not meet** the sub-point under Standard 1.8 regarding sufficiency of administrative staffing, and does not have appropriate support staff to deliver the medical program. In 2016, under the Professional Services Reform, the Faculty of Health and Medical Sciences (previously Faculty of Health Sciences) underwent dramatic changes to staff structuring, individual personnel and delivery of professional and administrative services. The restructure of professional services was such that individual schools and programs would no longer provide these services but instead they would be centralised such that professional and administrative services to all programs are provided by through the Faculty by multiple teams covering Placements and Internships, Assessment and Student Program Support Services. **Lack of administrative staff links to a broad variety of issues, however the AMSS has chosen to highlight three of the most concerning issues: 1) the lack of lecture notes, 2) the difficulty of communicating with staff, and 3) the misuse of near-peer teaching in the Medical Education Selective.**

<u>Lack of lecture notes</u>

The lack of lecture notes has been a longstanding issue following the Professional Services Reform. Despite student representatives continually escalating the inadequacy of access to lecture notes at the Year 1-3 and Year 4-6 Course Committees respectively, as well as to the MBBS Program Coordinator and the Dean, staff continue to explain that the reason for lack of improvement in this area is insufficient staff resources. **The AMSS maintains that there should be enough staff resources for an employee of the Adelaide Medical School to allocate time to promptly collect and upload electronic lecture notes for medical students, as this is a core requirement of the delivery of the medical program.** Staff continually suggest that AMSS Education Representatives should take responsibility for collecting electronic lecture notes (e.g. PDF files, PowerPoint slides, etc.) from lecturers at the time of the relevant presentations. The students are then required to upload these documents. This request is made to all students across Years 1-6. There are two key aspects to this model that are unacceptable:

1. The prospective delivery of electronic lecture notes is important for students to be able to prepare for the lecture, and to maximise its educational value.

   Several students stated "**many of us work best when we have the notes available to us beforehand**".
2. The mechanism for students to upload lecture notes is not well facilitated, and thus students are currently without notes for many lectures.

The AMSS maintains that the lack of administrative staff should not be an explanation for the failure to provide lecture notes online. Electronic provision of core learning materials is a basic expectation of modern tertiary education. The AMSS also feels it is inappropriate to request that students accept responsibility for the delivery of central aspects of the medical program. There is an increasing focus on the delivery of educational material online, and this is likely to further increase in the transition to the new BMD medical program. Therefore, administrative staffing resources and information technology facilities must be increased commensurately. Measures to enhance lecture note availability, with increased communication with lecturers in the lead-up to lecture delivery, are strongly encouraged.

Difficulty communicating with staff

This can be broadly divided into two main issues: a lack of accessible, approachable and informed staff, and a lack of timely communication from staff.

1. A lack of accessible, approachable and informed staff is the main driver of students being unsure who to contact for common enquiries. One student commented: **"The AMSS has done an exceptional job in providing clear instruction regarding who to contact. The university however have made it less clear."** The difficulty in knowing who to contact for common enquires is further compounded by the **limited availability of informed administrative staff**. Access to an informed administrative staff member in person, who is able to respond promptly to medical students' enquiries, is often inaccessible during normal working hours. Once again, the reason cited for this by staff is insufficient administrative staffing to help students with their problems while simultaneously conducting necessary other tasks. Apart from being physically inaccessible (such as sitting in a staff area that students cannot access), they are also commonly uncontactable via phone during normal working hours, with the recommended number often going straight to voicemail, and have significant delays when communicating via email. Furthermore, a common anecdotal complaint is that when students do manage to approach an administrative staff member in person, this person is often unaware of the requirements of the medical program and is unable to offer any advice, except **"please email (generic email address)"**. Students also find staff to be unapproachable, with one student stating, "**While some staff in particular are quite helpful, often students find themselves being belittled for asking questions. It is the general consensus that bar a few members, the faculty is unapproachable and unwilling to help students." It is concerning that there is insufficient administrative staffing to provide informed and readily available in-person support for medical students during normal working hours**.
2. Improvements in timely communication to students is desired. The AMSS acknowledges that generally, information regarding assignments, changes, clarifying details, and due dates is available in varying degrees to those who proactively seek it. However, as changes are occasionally signposted/ highlighted in the form or a notification or email, it is clear that better systems should be developed. **Students would prefer the consistent provision of a more comprehensive orientation with a focus on timetabling, and overview of the individual requirements and assessments to be completed ahead of the commencement of each course and clinical placement**.

Misuse of near-peer teaching in the Medical Education Selective

It is important to note that both preclinical and clinical students value opportunities for near-peer teaching. Preclinical students enjoy having the opportunity to ask questions of an experienced peer in a less threatening environment, as well as receiving explanations tailored to their level from someone who understands their needs and concerns. Similarly, clinical students value the opportunity to develop their teaching skills and derive satisfaction from feeling able to 'give back' to the medical program and 'pay it forward' from the help they received previously. **However, the AMSS maintains that near-peer teaching MOST DEFINITELY SHOULD NOT be relied upon to fill Adelaide Medical School employee staff shortages, nor used as a cost-saving measure. Unfortunately, it seems that the current Medical Education Selective, is doing both.**

The Medical Education Selective is a well-established and longstanding opportunity offered to students in Year 6. Students can preference this Selective as one of their five Selectives (normally clinical placements) in their Selective Semester of Year 6. If undertaken, students spend four weeks teaching medical students in Year 1 and Year 2, predominantly focused on facilitating CBL sessions and supervising Clinical Practice sessions. Year 6 students may also give lectures. Year 6 students who undertake this are colloquially referred to as 'SCAPs' (from the old terminology 'Student Community Ambulatory Placement'). Historically, students who undertook this Selective were paid by the University of Adelaide as a casual employee or contractor. Both the program and the payment policy were reviewed in 2017 in accordance with the Tertiary Education Quality and Standards Agency (TEQSA), and it was changed from a casual contract to payment via honorarium. In 2018, SCAPs ceased to be paid, and this has continued into 2019. During this change, additional alterations were made to the Medical Education Selective, including SCAPs supposedly being provided greater access to senior tutor supervision to ensure they benefitted from tuition. However, in practice this did not occur. The change caused significant distress to Year 6 students, and consequently the Medical Education Selective became substantially less popular. Accordingly, the presence of fewer SCAPs has increased each individual's workload, further intensifying the dissatisfaction. One Year 6 student's experience included being asked to continue their Selective into their holidays, as despite staff knowing that the Year 6 holiday period would create a shortage of SCAPs available to teach the preclinical students, the Adelaide Medical School had not recruited other teachers to cover this period. This Year 6 student was concerned that the preclinical students would be left without a teacher if they declined, and so the Year 6 student worked as a SCAP through their holidays unpaid. In some cases, they were also required to act as a Standardised Patient (SP) given a shortage of SPs hired on that day. Likewise, preclinical students have become disgruntled at the lack of SCAPs, and therefore the lack of supervision in both CBL and Clinical Practice sessions. Furthermore, the AMSS has previously given positive feedback on lectures given by SCAPs (colloquially referred to as 'SCAP Wraps'). Unfortunately, in the context of fewer, busier Year 6 students, the frequency and quality of these have declined, much to preclinical student dissatisfaction.

This vicious cycle seems destined to continue unless something is drastically changed. **The AMSS maintains that it is unacceptable for the lack of available teachers to lead to the misuse of Year 6 medical students as a 'plug the gap' measure. Providing an adequate number of teachers is a basic expectation of modern tertiary education. It is inappropriate to request that students accept responsibility for the delivery of central aspects of the medical program by asking them to teach each other (unsupervised) core components of the medical program.** However, the AMSS hopes the implementation of measures to ensure lectures given by SCAPs continue to occur, even in the context of limitations such as low numbers of Medical Education Selective students. One Year 6 student's comment summarises the student opinion: **"[The Medical Education Selective] is an exploitative waste of students' time and should either be scrapped or reformed so that some effort is put into actually teaching the sixth years who give up 40 hours of their week for a month so the medical school doesn't have to actually pay for tutors".** One preclinical student's comment summarises the student opinion: "**Given the fees we pay to attend medical school I believe the teaching we receive does not meet the standard. For many CBL cases we had a tutor once as there were a significant lack of SCAPs. I find this unacceptable and I believe [this] was detrimental to me for my exams. Whilst I understand the importance of being able to teach yourself, this was relied on far too much by the medical school."**

Conclusion of Standard 3.4 | Curriculum Description

The Adelaide Medical School **does not meet** the sub-point under Standard 3.4 regarding the communication of curriculum objectives to lecturers, tutors and clinical supervisors. Given students experience teaching from a wide range of clinicians who are otherwise not involved with the medical program, it is imperative that specific learning objectives and outcomes are communicated to lecturers and clinical supervisors. Furthermore, lecturers must be given access to objectives of other lecturers in order to streamline lecture delivery and avoid unnecessary repetition. **Unfortunately, the communication of this information is variable and thus remains an area for improvement.** This issue has been previously identified as an area for improvement in the 2017 and 2018 AMC student submissions, and has been escalated by student representatives to several Course Coordinators and at both Year 1-3 and Year 4-6 Course Committees in the past, yet no progress has occurred. However, the AMSS believes that student-staff collaborations aimed at addressing these issues (e.g. student-staff co-created learning objectives and the 2018 Year 1-3 Lecture Review) are encouraging, despite being heavily reliant on student time, effort and leadership. In particular, the 2018 Lecture Review is crucial to this process. This was a student-led project that aimed to map every lecture given to preclinical students across Years 1-3, identify unnecessary repetition and poorly performing lectures, and create a more streamlined and cohesive lecture timetable that allowed lectures to work synergistically in a linked manner, rather than as stand-alone teaching items. Students are hopeful that some suggestions will be implemented in Semester 2 2019, however the outcome of this remains unclear.

Furthermore, the underlying cause of this ongoing issue and **a major concern of students is the lack of a clear, well-documented curriculum *(standard 3.2, standard 3.3, & standard 3.4)***. This was not directly explored in the survey as it is already a condition for AMC accreditation which students have seen no progress on in the past three years. **The AMSS maintains that it is unacceptable for a medical program to lack a clearly defined curriculum. A thorough, transparent curriculum that guides all teaching and learning activities is a basic expectation of modern tertiary education, and even more so in in an area as multifaceted and complex as medical education.** While the AMSS acknowledges the benefits of self-directed learning, it remains inappropriate to request that students accept responsibility for identifying the focus of the medical program and deciding for themselves what should be learnt. **Furthermore, the AMSS believes it is unacceptable for the Adelaide Medical School to have continued delaying mapping the curriculum for the past three years, despite it being a condition for AMC accreditation.** Students are consistently told that 'the curriculum is being mapped' or 'the curriculum is being documented' or 'It's done, just not accessible in a user friendly format' or 'It's done, we just need different software'. Despite this, over the last three years, students have seen no evidence of such a curriculum. After review of the Adelaide Medical School staff submission to the AMC for 2019, including associated appendices, the AMSS remains sceptical that meaningful progress on curriculum mapping is being made. The AMSS is unable to comment on what curriculum documentation has been previously sent to the AMC as this is the first time we have received the AMC staff submission. The AMSS is certain there has been no curriculum map provided to students, nor any statement as to how such a map would be developed into something useful for students. The example curriculum map does not inspire confidence that any significant progress has been made towards the promised "comprehensive and detailed repository" nor provides any insight into whether it will be able to be converted to a "user-friendly searchable" format through the proposed E-lumen

program. It is apparent that the individual reviewing aspects of each course has done so in a superficial manner from a seemingly non-clinical standpoint. The AMSS fears that this process has failed to identify duplication or omission of core learning materials, and has instead collated individual points (e.g. lecturer's objectives) rather than identifying concepts and underlying learning themes in the mapping process. **Furthermore, considering the current inactivity of the Adelaide Medical School on this issue, students are worried that with the new BMD medical program being implemented as a 'Minor Change' rather than a 'Major Change' as per AMC accreditation, that there will be no accountability for staff to ensure the new BMD medical program has a curriculum by the start date (planned 2021).**

Conclusion of Standard 3.5 | Indigenous Health

The Adelaide Medical School **does not currently meet** the sub-point under Standard 3.5 regarding Indigenous Health, however **is making promising progress in this area**. Indigenous Health teaching was previously identified as an area for improvement in the 2017 and 2018 AMC student submissions. The AMSS acknowledges that **efforts have gotten underway to reinvigorate the teaching in this area**, especially for preclinical students. This is reflected in the survey data, with Year 1 students being most positive, specifically in relation to the 'Circles of Knowledge' session. Therefore, the findings of this submission regarding Indigenous Health are **positive and optimistic for Indigenous Health teaching continuing to improve**. **It is likely that if the changes made in preclinical Indigenous Health teaching were also made to clinical Indigenous Health teaching that the opinions of clinical students would be more positive.** It is also important to note that this is an excellent example of staff listening to and implementing student feedback, with positive outcomes. Students would appreciate a directive to ensure there are confirmed plans for the 'Circles of Knowledge' session to be replicated for Year 4 students. Clinical students have also expressed a desire to have dedicated time assigned to work with, and learn from and about, Aboriginal Liaison Officers while participating in their clinical placements. The AMSS hopes that Indigenous Health teaching will continue to have a more seamless and thorough integration throughout the medical program to increase relevance and provide a more practical focus. This is demonstrated by one student: **"While the information given means we now have a good understanding of issues facing Indigenous Health, the 'one lecture and assignment a year' format means it often feels disjointed and something we need to complete to just tick a box"**.

Conclusion of Standard 4.1 | Range of Learning and Teaching Methods

This feedback **identifies highlights of the medical program** and that the Adelaide Medical School **clearly meets** this sub-point under Standard 4.1 regarding the range of teaching and learning methods.

Despite the lack of a clearly outlined curriculum, individual teaching components within the preclinical courses, the School of Medicine Teaching Series (SMTS), and the Transition to Internship Program (TTIP) are perceived overall by students as adequate.

1. Regarding preclinical course components, preclinical students consider the quality and delivery of all course components to be **just adequate**. In particular, it is pleasing to see that Histology has improved (having been previously identified as an area of concern in the 2017 AMC student submission) and that the teaching of Clinical Reasoning continues

to be highly valued by students. The AMSS hopes to see Research Skills ideally being integrated and occurring in every year of the medical program from Year 1.

2. Regarding SMTS, clinical students were **generally satisfied** with the quality and delivery of SMTS in Year 4 and Year 5. However, students maintain that they find long continuous lecture days are ineffective for learning and do not encourage knowledge retention. Students suggest that the SMTS program is delivered more frequently with shorter sessions (e.g. half days weekly rather than full days fortnightly). This would bring the SMTS program in line with its rural equivalent, the Peer Assisted Learning in Medicine and Surgery (PALMS) program. Moreover, it is likely that the SMTS program would benefit from a similar review process to the 2018 Lecture Review of the preclinical lectures, and that this would be assist to increase the quality and relevance of the SMTS program.
3. Regarding TTIP, Year 6 students were **particularly pleased** with TTIP and found the quality and delivery to be **very good.** In particular, students found the Practical Days and Prescribing Sessions (including the online NPS prescribing modules) to be of most benefit. **It is clear that this is the best aspect of the medical program and the leader deserves to be commended**.

It is important to note that due to the scope of this submission, the AMSS is unable to comment on clinical placements in 2019. However, these have been extensively reported on in the 2017 and 2018 AMC student submissions and remain largely unchanged.

Conclusion of Standard 4.3 | Core Skills

This feedback **identifies highlights of the medical program** and the Adelaide Medical School **clearly meets** this sub-point under Standard 4.3 regarding teaching of core skills for clinical practice and the quality of preparation provided for internship.

Students agree overall that the medical program had equipped them with all four core skills (as identified by the AMC standards) needed for clinical practice. In particular, the Year 1 and Year 2 Clinical Practice programs are rated highly by students for being an excellent method of teaching history taking and physical examination skills. Students value these sessions and would like them to continue. However, Year 3 students did not feel adequately supported in their Year 3 Clinical Practice program, and were unable to refine their physical examination techniques due to receiving limited supervision and feedback. This has been an ongoing issue since 2016 for Year 3 students, and has been escalated by student representatives to the Clinical Practice Course Coordinator, the Year 3 Year Level Advisor, the Year 1-3 Course Committee, the MBBS Programs Coordinator, and the Dean. Students appreciate efforts in standardising teaching across hospital sites, as well as the opportunity to receive feedback. Unfortunately, this important concept has been poorly implemented in 2019 with the newly centralised Clinical Practice Lectures. These were created to ensure all students received the same teaching in a standardised manner and to ensure all students had the opportunity to ask questions of an expert clinician. However, the Adelaide Medical School has refused to record these lectures (despite this being the policy of the University of Adelaide) and has poorly communicated attendance requirements. In addition, the current simulation sessions teaching of procedural skills are highly valued and students would like the number of these sessions to be increased, as there is a lack of direct teaching or supervision for these skills on the wards. The AMSS hopes that more formal and directed teaching of procedural skills using simulation

will be incorporated into the medical program in the future. It is also important to note that while students feel confident in these core skills, students continue to question whether this has been achieved predominantly through self-directed learning rather than via support or direction from the Adelaide Medical School. Example comments include: **"[Core skills] were either self-taught through my own study or taught 'on the go' by junior doctors"** and **"I feel equipped but [I am] unsure if the medical program equipped me or I just had to pick up the slack".**

Regarding how students perceive their preparedness for internship, it is clear that students find the TTIP program valuable in preparing them for internship.

Conclusion of Standard 4.7 | Interprofessional Learning

The Adelaide Medical School **does not meet** the sub-point under Standard 4.7 regarding Interprofessional Learning (IPL). **It is concerning that many students have not had access to IPL in 2019.** This is in stark contrast to 2018, where students responded positively to the program. IPL in 2018 offered opportunities for medical (Year 1-3) and nursing (Year 1-3) students to work together in the simulation centre solving team-based emergency care scenarios. These were perceived by students as realistic and relevant clinical experiences that improved their awareness of each other's roles and facilitated both groups to learn from and with each other. Clinical students have also reported that these simulated experiences have been valuable in preparing for the hospital environment, as well as being the catalyst for continuing professional relationships. **It is unfortunate that this program has been removed in 2019 and that no replacement activities have been provided.** The AMSS maintains that being able to work in an interprofessional team is a basic expectation of any clinical medical student, therefore developing these skills must begin in the preclinical years.

Conclusion of Standard 5.3 | Assessment Feedback

The Adelaide Medical School **does not meet** the sub-point under Standard 5.3 regarding the provision of regular feedback to guide students' learning. **Students do not find the feedback provided by the Adelaide Medical School to be helpful in focusing on improving their individual areas of weakness.**

Students continue to maintain negative opinions regarding assessment feedback, in particular relating to the timeliness and level of detail provided. Despite student representatives continually escalating the inadequacy of feedback, at the Year 1-3 and Year 4-6 Course Committees respectively, as well as to the MBBS Program Coordinator and the Dean, **staff continue to explain that the reason for lack of improvement in this area is insufficient staff**. The AMSS maintains that the provision of feedback should be given higher priority so that there are adequate resources to provide feedback for medical students, as this is a core requirement in the delivery of the medical program. **The AMSS maintains that it is unacceptable for a lack of staff to result in students receiving inadequate feedback. Delivery of timely, relevant feedback is a basic expectation of modern tertiary education, and particularly important for medical students who will be caring for patients in the future. Furthermore, as the new BMD medical program will use a graded system of assessment, feedback for students must available and transparent assessment methods must be used. Unfortunately, if this does not improve there is a danger that the Adelaide Medical School's**

commitment to provide an excellent education will be seen to lack credibility. Measures to provide prompt feedback, including individualised communication with students, are strongly encouraged.

Conclusion of Standard 6.1 | Monitoring

The Adelaide Medical School **does not meet** the sub-point under Standard 6.1 regarding monitoring of its medical program. **The Adelaide Medical School does not respond quickly or effectively to concerns about the quality of any aspect of the medical program**.

It is clear that students are dissatisfied with eSELTs (Evaluation of Student Experience of Learning and Teaching – the standardised mode of gathering student feedback, used across all courses at the University of Adelaide) as a means of providing feedback due to:

1. Students never receiving information as to how their feedback is acted upon
2. Students being unable to give feedback for the correct staff member
3. Issues relating to timing (as eSELTs are only open in the examination period)
4. Issues relating to the length (students desire more concise eSELTs)

Furthermore, as eSELTs are not anonymous, students are fearful of the repercussions of providing honest feedback. This final quote summarises the student opinion well: **"eSELTs are poorly timed, organised, and do not allow feedback on the main areas I would like to provide feedback on. They are generic and do not fit the structure of the medical course.".**

Despite the above four issues being escalated to the MBBS Program Coordinator, the Dean and AMS Programs Board several times, this has never been resolved. Instead staff steadfastly agree that medical students must use the same form for feedback as all other university courses, despite acknowledging eSELTs are inadequate and poorly suited to the medical program structure. Staff also acknowledge the response rate to the eSELTs is poor, yet refuse to provide alternative channels for feedback, and actively discredit other established feedback pathways, including student representation on committees and results from the AMSS' larger, more informed and more targetted surveys. As the AMSS demonstrates, it is possible to gather student opinion in a robust manner, with this survey garnering a response rate of 59%. **The AMSS maintains that it is unacceptable for the Adelaide Medical School to continue to use an inadequate method for collecting student feedback. Collecting and considering student feedback is a basic expectation of modern tertiary education. Unfortunately, there is a danger that the Adelaide Medical School's commitment to responding to student concerns will be seen to lack credibility.** It is clear medical students require a tailored solution to accommodate the unique aspects of the medical program, which include:

1. Many teachers are involved in the medical program (over 100 staff members requiring individual review by specific students).
2. The addition of an option to give feedback regarding each course (separate to the enrolled courses), as opposed to only providing feedback on staff members. (This is necessary because the enrolled courses do not reflect reality as the medical program is an integrated rather than enrolled course-based program.)

Conclusion of Standard 7.3 | Student Support

The Adelaide Medical School **does not meet** the sub-point under Standard 7.3 regarding student support services. This is because students have significant concerns that the Adelaide Medical School is unsupportive of absences related to mental health, does not provide easy access to student support services, does not adequately prevent bullying and sexual harassment, does not separate the provision of student support from academic progression decisions, and does not provide adequate support to Indigenous medical students. **Overall, the AMSS has significant concerns about student health and wellbeing. The AMSS remains worried that a lack of preventative action is leading to an inevitable crisis point that risks the safety of students in the medical program.**

<u>Absences related to mental health</u>

Students believe that the policy permitting students to take unplanned leave as required for mental health reasons (colloquially referred to as 'Mental Health Days-off') is unclear, inaccessible, and not supported by staff. This is true for both preclinical and clinical students, but for slightly different reasons:

1. Preclinical students continue to be obstructed from using the policy permitting students to take unplanned leave as required for mental health reasons due to their conflicting attendance policy. A summary from the online Course Outline (https://www.adelaide.edu.au/course-outlines/013241/1/sem-1/): **"Tutorial assessments: All tutorials are weighted equally. Tutor assessments are based on student demonstration of knowledge/reasoning/professional competence in tutorials. Students are unable to demonstrate competence if they are not present, therefore students will receive a zero grade for tutorials where they are not present unless there are exceptional medical, compassion or extenuating circumstances as defined by the Modified Arrangements for Coursework Assessment Policy.".** This meant students who are absent will receive a zero for that tutorial unless their absence falls under the Modified Arrangements for Coursework Policy or an Access plan. This policy is one intended for planned examinations rather than ongoing coursework, meaning that even for legitimate unplanned absences (e.g. a medical certificate from a certified health professional), students would receive a zero grade for that session. It was only after extensive advocacy led by the AMSS that this was amended to: **"In response to student concerns expressed to the Dean, the decision is that occasional legitimate absences will not be penalised. Because it is a full year course, final adjustments to adjust for absences [will occur] at the end of the year when the following will happen:**
    a. **The 'factor' for absence will be adjusted to allow for four unsubstantiated absences per year (average 1 per term). This will result in no penalty for students that have overall 95% attendance for Year 1 and Year 2 and 90% for Year 3.**
    b. **The 'factor' will be further adjusted for absences that fit the Modified Arrangements for Coursework (MACA) policy (i.e. correctly documented absences) if overall attendance is >85%.**
    c. **Students with >15% documented absence over the year that fits the MACA policy will be considered on a case-by-case basis. "**

   However, the initial statement remains online and is easily accessible by students. The AMSS is severely disappointed that it was only following persistent student advocacy that staff decided that '**occasional legitimate absences will not be penalised**', which

seems self-evident. **The AMSS maintains that it is not acceptable for students to remain unsupported and indeed actively penalised for choosing to look after themselves in a professional manner. Self-care and professionalism are closely intertwined and students should be encouraged to develop these skills, which are crucial for ensuring a fulfilling and safe career as a doctor.**

2. Clinical students at clinical placements continue to note a lack of awareness and enactment of the policy permitting students to take unplanned leave as required for mental health reasons, due to clinical supervisors remaining unaware and questioning the legitimacy of "Mental Health days-off." This is a significant issue not just in terms of lack of support, but also for the potential for harm. Measures to ensure clinical staff receive communication regarding the policy is strongly encouraged. Furthermore, while clinical students understand the rationale for monitoring attendance, the requirement to provide written justification for an absence is a barrier, because it suggests that the reason will be closely scrutinised. This means students feel concerned that they will not be supported by staff in taking leave for mental health reasons. This is further compounded by the fact that the categories for which students may apply for leave do not even mention the words 'mental health', nor indicate that it is an acceptable reason. Likewise, it is important to acknowledge that this is often an area that is personal and can (unfortunately) be associated with a degree of stigma. **Requiring that students openly acknowledge taking 'mental health days', to an organisation that is responsible for assessing competency and has previously conveyed a 'push through it' attitude (and who are not actively communicating otherwise), is a strong deterrent to students**.

Access to student support services

Students are generally unaware of the support services (including counselling, wellbeing and academic advisory services) available to them and are equivocal regarding the effectiveness of these services. Particular concerns regarding the university confidential counselling service included difficulty in booking accessing appointments promptly (as services are overbooked and have long wait times), difficulty accessing limited out-of-hours appointments (as clinical students have clinical responsibilities during business hours), and that the services were not informed regarding the requirements of the medical program.

Bullying and sexual harassment

While it is difficult for the Adelaide Medical School to address the wider culture of bullying and harassment in medicine, what is relevant to their duty of care to students is responding to and adequately addressing student complaints of verbal, physical and sexual harassment and abuse experienced from clinical supervisors, academic and administrative staff. **The AMSS has grave concerns regarding the welfare of Adelaide medical students and the grossly inadequate processes currently in place for incident reporting.** It is clear that despite many incidents being reported, there is no staff response and no visible outcomes are achieved. Sadly, it seems in some cases students are even actively penalised. These factors together have understandably led to a strong sense of futility and fear in the student cohort. Many students believe there is currently no value in reporting incidents, and doing so may in fact be to their own detriment. On student summarised the situation: **"Due to the way that a certain issue was handled this year regarding the behaviour of a lecturer, [including the] a lack of transparency in the process and no review by an impartial/external third party, I would not feel safe reporting any [future] issues that may arise".** This report contains the example of preclinical students being bullied by a lecture, which lacked a transparent and professional response. This is not an

isolated instance, but has been chosen to exemplify a wider systemic issue that bullying has become accepted and ingrained in the Adelaide Medical School culture, and student experience suggests current staff responses are actively detrimental to progress.

Separation of student support and academic progression decision making

The Adelaide Medical School does not separate student support from academic progression decision making. It should be noted that students are concerned about raising issues with staff due to their role in decisions regarding academic progression. Students continue to emphasise that there is a lack of support from the Adelaide Medical School, and that there appears to be no one who is both aware of the requirements of the medical program and whose role is to support medical students. **There is a disconnect between the Adelaide Medical School's stated importance of students taking care of their own mental and physical wellbeing and the student experience of accessing support. Unfortunately, there is a danger that the Adelaide Medical School's commitment to supporting student mental health and wellbeing will be seen as tokenistic and lacking credibility.** One student's comment is insightful: **"Many members of the Faculty of Health and Medical Sciences seem to preach student engagement and [wellbeing] but rarely put this into practice. On regular occasions this year it seems that the faculty put priority on their staff and their own interests rather than prioritising our education."**. Finally, one student summarised the issue as: **"It feels like there is no one from the Medical School who is there to support us. Supports are almost exclusively from our own friends, family and organisations like the AMSS who make themselves visible and work hard to ensure that we are aware of the little support structures and people in the institution that exist to help us. There NEEDS to be a better student support structure. Running a breakfast once/twice a semester is not enough."**

Inadequate support for Indigenous students

Unfortunately, the Adelaide Medical School is not providing adequate support to Indigenous medical students. This was not directly explored in the survey because there are fewer than ten Indigenous students in the medical program, and this issue has instead been identified through direct discussion with Indigenous students. **One Indigenous student stated that they feel they have seen a decline in services provided over the course of their five years of medical school: "My general thoughts at the moment are that there is little support for the [Indigenous] students, having declined from what it was previously when I started. I wouldn't be here if it weren't for the support I received. I'm trying what I can individually [they are currently tutoring all the younger Indigenous Students remotely from their rural site] but I worry about [preclinical students]".** The main issues identified are:

1. Lack of a dedicated Indigenous Student Study Space at the AHMS building (discussed in Standard 8.1)
2. Lack of access to ITAS tutoring

   The University of Adelaide is meant to offer free tutoring for Indigenous students through ITAS. Unfortunately, despite repeated requests, no Year 1 Indigenous medical students have access to ITAS tutoring. They are still waiting to hear back about this, despite having already had to sit their first set of summative examinations.
3. Lack of a dedicated orientation for Year 1 Indigenous medical students prior to O'Week

   One Indigenous student (the AIDA representative) tried to organise this in 2019 in conjunction with the Adelaide Medical School Indigenous Coordinator, however wider staff were not supportive in setting a date prior to O'Week for this to occur. While Indigenous students were eventually able to meet with this

Indigenous staff member early in 2019, there was no opportunity for students to meet groups external to the Adelaide Medical School such as FAIMM (Flinders and Adelaide Indigenous Medical Mentoring).

The AMSS maintains that it is unacceptable for the current level of support to Indigenous medical students to continue. The AMSS is seriously concerned about the impact of these issues on Indigenous students, especially regarding long term retention rates, as well as in terms of wellbeing. Supporting Indigenous students is critical to improving health outcomes in the Indigenous population and is a basic expectation of medical education. Unfortunately, there is a danger that the Adelaide Medical School's commitment to supporting Indigenous medical students will be seen to lack credibility.

Conclusion of Standard 8.1 | Physical Facilities

There are many positives of the physical infrastructure of the Adelaide Health and Medical Sciences (AHMS) Building, however there remain several issues regarding the allocation of space that means the Adelaide Medical School currently **does not meet** the sub-point under Standard 8.3 regarding satisfactory physical facilities. In 2017, the Adelaide Medical School moved from (the now) Helen Mayo Building on Frome Road to the Adelaide Health and Medical Sciences (AHMS) Building on North Terrace. The AMSS recognises it is difficult to give negative feedback about a new building, especially one that was costly to build and one that has won numerous architectural awards. However, the AMSS believes the concerns raised by students are valid and deserve to be considered. Staff are very proud of the new building, but unfortunately students have concerns that it is not fit-for-purpose based on three key factors, all of which represent simple alterations that would greatly improve student satisfaction.

1. The lack of quiet study space available for students

   In 2019, new areas (e.g. Level 4 Quiet Study Area) were converted to become quiet study spaces following student concerns raised in 2018, for which students are grateful. However, the availability of quiet study spaces remains one of the most common issues raised to student representatives, **and students feel their ongoing concerns are not heard.** The conversion of existing spaces into student study areas to accommodate more students is a priority.

2. The lack of private space available to be used for Student Counselling Services

   This was not directly explored in the survey but was identified as a common theme in the free-text comments. Previously in 2018, the university confidential counselling services were offered on trial at the AHMS building (rather than their nomal location of the central university campus). Unfortunately, students were not invited to provide input as to how the counselling service could best be implemented. The area chosen for this trial was some glass rooms in a public staff area (visible from a major student hub space), and hence lacked confidentiality so students did not feel comfortable attending. Furthermore, advertising and communication of the trial was limited, which meant the vast majority of students were not informed about this new option. Ultimatley, due to lack of attendance, the university confidential counselling services were withdrawn from the AHMS building following the three-month trial. To access counselling services now, students must either walk 20 minutes or use a tram to get to the central university campus which remains a significant barrier to seeking help. **The AMSS believes this needs a more active effort with better student consultation as it could be a great success and a tangible way of**

improving mental health. Despite multiple requests and meetings, it has not been reinstated.

3. The lack of safe space for Indigenous students
    a. This was not directly explored in the survey because there are fewer than ten Indigenous students in the medical program, and this issue has instead been identified through direct discussion with Indigenous students. **It is extremely disheartening that the Adelaide Medical School has not made a dedicated safe study space for Aboriginal and Torres Strait Islander medical students**. One Aboriginal student explained that with a large family and noisy house at home, they previously found having a dedicated place that they knew they could study in (with 24/7 access and mentors nearby) crucial. This student feels that the current setup of either needing to walk 20 minutes or use a tram to get to a different campus just to find a quiet study spot burdensome and a barrier to completing their studies. **"As far as specific resources go, Yaita Purruna was the best thing [Adelaide Medical School] did, but with the move to new AHMS [Building], this has been lost. Yaita Purruna was the Indigenous Health Sciences study space which was available 24/7 [in the old medical school]. It had 4 computers, 6 desks, a mini fridge [and a] microwave and was an awesome place to study quietly. In addition, it was a good meeting place to see some of the other older years (I met my mentor Dr Bodie Rodman there, as well as Rhodes scholar Claudia Paul) and get support/help if needed".** This space remains on the central university campus and has since been downsized.