

New Zealand Medical Students' Association

## NZMSA MEETING MINUTES

Team Name:	NZMSA Exec & Team Meeting
Chairperson:	Indira Fernando
Date:	15-02-24
Time:	7:00pm
Scribe:	Ann Anson

AGENDA:					
1	Call to order, roll call, apologies, confirm minutes, conflicts of interest, action points	2	Update on Guide to Graduation	3	TI experiences form
4	Update on NZMSA events and the conference	5	Update on National Survey Workforce data	6	Review of meeting with Te Whatu Ora
7	Equity Advisory Board applications	8	Attendance requirements	9	AMC accreditation request
10	O-Week updates	11	Other business		
			PRESENT:		
1	Indira Fernando	2	Jake Parsons	3	Andrew Xiao
4	Divyashri Thakkar	5	Eushin Kang	6	Te Hirea Doherty
7	Y Mukish M Yelanchezian	8	Ann Anson	9	Thomas Hartono
10	Brian Wong	11	Timothy Royds	12	Alex Timmings
13	Shania Kumar	14	Sujean In	15	
			<b>APOLOGIES:</b>		
1	Cam Young – represented by Brian Wong	2	Julian Laking	3	Jackie Hazelhurst
4	Nicola-Mary Geraghty				
			ABSENT:		
1	Molly Elliott	2	Rylee Dudley	3	
	AMENI	MEN	NTS TO THE PREVIO	US M	INUTES
	N/A				
Moved that minutes from previous meeting dated along with any amendments be accepted as a true and correct record: Moved: Indira Seconded: Jake Carried					
	MATTERS ARISING				
Iter #:	m Agenda Item		Detail		
1	Call to order, roll call, apologies, confirm		<ul><li>Karakia by Indira</li><li>Review of action</li></ul>	point	<b>s</b> by Indira



2	minutes, conflicts of interest, action points Update on Guide to	<ul> <li>Nothing regarding paid placements</li> <li>Everyone – to give O-week updates</li> <li>Molly – to provide social media updates</li> <li>Molly – everyone to complete blurb form</li> </ul>
2	Graduation – Andrew	<ul> <li>The Workforce Working Group's Guide to Graduation document is having its first issue of three in total undergoing its first draft.</li> <li>By February 20<sup>th</sup>, the draft is to be complete – the working group is working in parallel to meet up by then to finalise the draft.</li> </ul>
3	TI experiences form – Andrew	<ul> <li>As discussed in the Steering Committee meeting, TIs are often put in clinically unsafe scenarios fulfilling the role of House Officers. There is conflicting communications from the Universities, different hospitals and Te Whatu Ora about the scope of a TI.</li> <li>We are going to create a document outlining the role of a TI, based on the Universities' handbooks with more fine detailing for students so that we are clinically unsafe and not given inadequate supervision</li> <li>The document will be sent to medical school deans and Te Whatu Ora parties to make sure we are all on the same page and creating a shared understanding</li> <li>We are also creating a Google Form for feedback where TIs can express their concerns being worked as House Officers and given more clinical responsibility e.g. holding the pager, covering for House Officers.</li> <li>The form is currently open to feedback – the form is currently rudimentary</li> <li><i>Andrew shares his screen</i> – "Trainee Intern Concerns Form"</li> <li>The form will be seeing if there clinical responsibility which is a concern for the students – the information will be forwarded to the universities and hospitals</li> <li>The form gives evidence to our experiences</li> <li>The form asks for: <ul> <li>University</li> <li>Areas of concern</li> <li>Describing the incident (being vague of identifying factors)</li> <li>Option to be contacted by NZMSA (member of the WWG)</li> <li>Everyone is able to give thoughts, feelings, opinions on the form</li> <li><i>Indira</i> – Give an option in terms of if there is a specific NZMSA person they would like to be contacted by; some people don't want to know the person, some people do</li> </ul> </li> </ul>



	<ul> <li>Jake – People even in 4<sup>th</sup> and 5<sup>th</sup> year are being asked to do things beyond their role; are we just focusing on TI</li> <li>Andrew – Happy to expand to 4<sup>th</sup> and 5<sup>th</sup> years but how we use the information will be different when ending it to the Universities and Te Whatu Ora - we need to be explicit about issues affecting medical students and specifically affecting TIs         <ul> <li>Jake – we could specify on the form if they are 4<sup>th</sup> year, 5<sup>th</sup> year or TI and so we can still focus on TI</li> <li>Andrew – we can gather and analyse information separately and take information to different directions</li> <li>Indira – Should we have three different forms?</li> <li>Andrew – We could separate the one form into several to make it easier</li> </ul> </li> <li>Mukish – We could include mentioning the hospital e.g. more than 30 hotspots from a hospital flags it</li> <li>Andrew – There is concern about TIs outing themselves – they need references from their hospitals             <ul> <li>Still debating whether or not to include this option</li> </ul> </li> </ul>
	<ul> <li>separate the one form into several to make it easier</li> <li>Mukish – We could include mentioning the hospital e.g. more than 30 hotspots from a hospital flags it</li> <li>Andrew – There is concern about TIs outing themselves – they need references from their hospitals <ul> <li>Still debating whether or</li> </ul> </li> </ul>
	involved; we can go to the Universities (Otago is difficult as different locations have completely different staff); we could make a DHB option even where it happened
4 Update on NZMSA events and the conference – Jake	<ul> <li>Mentoring programme for 4<sup>th</sup> years – we are still waiting to hear from ASMS about this.</li> <li>Jake is going to send another email</li> </ul>



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- If he doesn't hear back, they will try recruit SMOs through other channels
- Input of ASMS is preferrable so that we can safeguard both mentors and mentees
- We've told 4<sup>th</sup> years that we are getting things out in a month we are on track to do that and we've garnered interest at orientation events
  - The thing to be mindful of is to not get too many sign ups so we don't run out of mentors
  - We don't want to give too much publicity to the sign up forms as we will have a limited amount of mentors
- *Sujean* 4<sup>th</sup> years at UoA are asking about a timeline for the project can she give this information out?
  - Jake Happy to put out information and a sign up form next week, but we just need a tangible idea about mentors and ASMS involvement; students can sign up as early as they like but this is not going to make a difference as to when we are going to match up SMOs to students
    - *Sujean* Lots of people are keen to sign up
    - Jake The rate limiting factor is SMO involvement

## Medical Leadership Forum - shaping up well.

- The Engagement Working Group have done a huge amount of work
  - They met online with people in Nelson and connected with people in community health and the Maori health space
- We got accommodation and food at Nelson Girls College
- Regarding attendees, 45 50 people is the aim
- <u>Dates:</u> 26<sup>th</sup> to the 28<sup>th</sup> of April this is the weekend after ANZAC Day
  - Changed from 19<sup>th</sup> as it will work better further away from other NZMSA events
- <u>Costs:</u> Main one is flights to Nelson
  - Accommodation is reasonable
  - People in Nelson are organising events
  - We are doing a big walk to the centre of NZ
- Overall theme = manua whenua, manua tangata
  - o Focus on rural and regional health
  - Enriching regional hospitals and healthcare
  - Involvement of iwi Maori partnerships with healthcare
- There are keen speakers who want to run workshops
- Still lining up volunteering options and speakers let us know if you know anyone who is interested
  - *Alex* Can have a think about who might be appropriate, as he is in Nelson for the year



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		<ul> <li>Jake – Would be good to see cool clinicians and a wide range of people, especially local</li> </ul>
		<ul> <li>NZMSA Conference – Jake hasn't had a detailed meeting in a while, just a financial one with Jackie about what they need in advance and what they will contribute back to NZMSA in the end to set financial expectations.</li> <li>They are looking into the venue and accommodation and will be touching base soon to confirm changes</li> <li>They will be discussing speakers and content too</li> </ul>
		<ul> <li>Student Research Forum – The Working Group had a meeting with NZMSJ about their contributions and are quite keen to get a clinical education centre in Auckland Hospital involved.</li> <li>Keen to involve people who aren't directly presenting</li> <li>We are interested in increasing the number of presenters and creating different streams of research to make the forum bigger – either we have 2 days or stage the presentations differently</li> <li>This event is in July – further down the timeline</li> <li>Haven't been thinking about the Vampire Cup thus far.</li> </ul>
5	Update on National Survey Workforce data – <i>Dinyashri</i>	<ul> <li>National Survey Doc for 2023 – Div will be going through the competency and workforce sections.</li> <li>Competency – Key points: <ul> <li>There was an increase from 58% to 80% in students feeling culturally competent in treating tangata whenua compared to last year</li> <li>Everything else was quite positive</li> <li>Students felt ill equipped addressing the health needs of patients who were refugees and asylum seekers – this result also came out last year</li> <li>Good to get this doc to the Steering Committee and send to the University to see our data</li> <li>Students feeling equipped in terms of sexual health and gender affirming care – 53/55% equipped – also something we'd like to be addressed</li> <li>There was a UoA/UoO disparity in terms of all the competency domains highlighted, but we are not sure if this is because of respondents being more UoA – Auckland was less equipped in all of the categories</li> </ul> </li> </ul>
		<ul> <li>Workforce – Key points:</li> <li>Favourite specialities were medicine and surgery</li> <li>There wasn't a huge different in genders for medicine, surgery, GP – everything was quite equal</li> </ul>



		<ul> <li>For students who did not want to select GP, the main reason is that it was too broad of a scope and the risk of clinical isolation</li> <li>Regarding matching – surgery had highest concern (73%) <ul> <li>Women (42%) were more concerned compared to men (27%)</li> </ul> </li> <li>Only 34% of students were not concerned about their ability to gain employment in NZ when completing medical school</li> <li>Only 37% planned to stay in NZ to work for more than 10 years after graduating</li> </ul> <li><i>Indira</i> – It is good that we have this data and send it to the places we go. Next week, Indira has a meeting with Medical Council and will be presenting to the Council of Medical Colleges – it would be good to present this information to them. There is not much we can do in these areas; all we can do is offer people this information. It is worth dissecting information more and seeing if there is discrepancies e.g. UoO / UoA and pre-clinical, clinical etc. We surveyed double the amount of people this year, and it is concerning that the statistics are worse.</li>
6	Review of meeting with Te Whatu Ora – <i>Divyashri</i>	<ul> <li>Parents in Medicine: We are feeling hopeful for subsidised childcare for parents in medicine - Tom will take it this issue forward to Andrew Slater – he said it won't be too hard. We will let you guys know when we heard back from them.</li> <li>PGY1 placements: These were a success last year, but it was a lot of work for NZMSA.</li> <li>There were communication issues i.e. of the talent pool demand vs. supply.</li> <li>Will take more than this year to work with Te Whatu Ora – we are hoping to get started on this now before everyone's applied and gone through the process <ul> <li>We are looking for a more sustainable process for placements.</li> </ul> </li> <li>Regarding international students, their situation will still be a prevailing issue. <ul> <li>Te Whatu Ora didn't help find a workaround, citing issues with immigration and rights to work</li> <li>They said they would look further into immigration issues</li> </ul> </li> </ul>
7	Equity Advisory Board applications – <i>Dinyashri</i>	<ul> <li>Equity Advisory Board elections: Will be held in March.</li> <li>NZMSA has the Equity Advisory Board in order to represent all medical students by supporting and advocating for representatives of underrepresented groups – Te Oranga, Pacific, International, Rural and Rainbow medical students</li> </ul>



		<ul> <li>Application emails will be sent out soon, for people interested to send through their CVs         <ul> <li>Indira - Div will offer interviews if there are many applications for the positions</li> </ul> </li> <li>The board gives advice to improve the equity of NZMSA activities e.g. the Conference team meets with the Board         <ul> <li>They are also additional points of contact between their organisations and NZMSA</li> <li>They have meetings once a month</li> <li>They are a means of facilitating ways in which students can reach out to NZMSA</li> </ul> </li> <li>Action Points – Ask all of our site representatives to provide the names and contacts for Pacific, International, Rainbow and Rural student representatives.</li> </ul>
8	Attendance requirements	Attendance requirements – are the same as last time.
	– Indira	<ul> <li>Executive members must attend working group meetings.</li> <li>All VPs must have at least one WG meeting where everyone is present, before the next Exec meeting</li> <li>You can also discuss your VP with Indira if you feel they are not being cooperative with meeting times</li> </ul>
9	AMC accreditation request – <i>Indira</i>	<ul> <li>Indira has been invited to a seminar on reaccreditation for all medical schools by the Australian Medical Council, which does it in partnership with the New Zealand Medical Council.</li> <li>Indira is going the Melbourne in March for this meeting</li> <li>Everyone should consider ideas on what to talk about</li> <li>Important things now <ul> <li><u>Affirmative action pathways</u> – accreditation should continue to support diversity in the workforce</li> <li><u>Student welfare</u></li> <li><u>Cultural competence and safety</u></li> </ul> </li> <li>Indira will be meeting with her counterpart from the Australian Medical Students Association to see how to become a united front in this meeting and represent their positions/views <ul> <li>Presidents will be sending out a report to all Student Associations related to this</li> </ul> </li> </ul>
10	O-Week updates – <i>Indira</i>	<i>Indira</i> – where is NZMSA coming up in O-Week events in each of the medical schools?
		<ul> <li>AUMSA: Sujean and Shania – nothing has happened yet; O week is next week</li> <li>Sujean – We organised at 4<sup>th</sup> year orientation for Mukish and her to talk and introduce themselves</li> </ul>



		<ul> <li>Next is Y2 O-week – Shania and her will join Indira to say hello to the new cohort</li> <li>Following this is Y3 orientation – Shania and her will be introducing themselves</li> <li><i>Shania</i> – It is important for Y2 students to get a name to a face so that students know who they are and how to contact them</li> <li>Sujean – Has a question: It is nice for students to have a graphic – could Molly create a graphic of our NZMSA events for the year?</li> <li><i>Indira</i> – Jake has already made a graphic, and recently created a new one too with no blurbs, just titles, which can be used</li> </ul>
		OUMSA – Wellington: Thomas
		• 4 <sup>th</sup> Year O week was two weeks ago
		• He had a quick plug during a Q&A session with Georgia and had a quick talk about NZMSA, our social media pages and had a shout out to Div and Eushin who were also members of NZMSA they could talk to
		<b>OUMSA – Christchurch</b> : <i>Alex</i>
		• Was in Nelson at the time
		• 4 <sup>th</sup> Year O-Week was 2 weeks ago
		• There was a big introduction speech, which advocated for executive positions and plugged NZMSA
		OUMSA – Dunedin: Brian
		<ul> <li><i>Indira</i> – Spoke to this second years this morning and reports that Molly says that a lot of social media engagement has happened with increased followers</li> <li>O Week is happening right now – everything is going really well</li> </ul>
		• $Tim - 4^{th}$ Years
		<ul> <li>Is away at the moment on elective</li> <li>They had a sausage sizzle and will have a frat crawl this weekend</li> </ul>
		<i>Indira</i> – Will be in Auckland on Monday.
11	Other business	<ul> <li>Sujean – There is a movement from Māori students in UoA who are pushing for our human anatomy sessions to include more tikanga Māori – they are putting in a proposal for this. They were hoping for some endorsement from AUMSA and NZMSA.</li> <li>Additionally, the proposal could also be used for human anatomy sessions at Otago as well.</li> <li>Indira – Do you have a copy of the letter?</li> <li>Sujean – Trying to get her hands on it and will get</li> </ul>
		in contact with the person



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	<ul> <li>Indira – Asks Sujean to send a copy of it to us and put it in the group chat</li> </ul>
	<ul> <li>Brian – There was an issue similar to this last year at UoO</li> <li>Indira – This sounds like kaupapa that NZMSA could back and benefit both Universities</li> </ul>
	<ul> <li>Jake – A reminder to people ahead of O-Week: very little of the conference is public. You are allowed to say the date, but don't say the location or theme</li> <li>Accidentally this information has already been leaked about it being in Wellington and at the Beehive – don't tell from now on.</li> <li>Brian – When do we expect to announce Conference information and event information <ul> <li>Jake – Details of NZMSA events are all public, as more people interested the better</li> <li>Only the Conference is confidential, as they want a big reveal</li> <li>Jake has blurbs and timelines if anyone wants to promote NZMSA events</li> </ul> </li> </ul>
	<ul> <li>Jake – MOU about the Waikato Medical School: It's in development; we could have a chat about this down the track, as well as with the Steering Committee.</li> <li>Indira – The MOU has been signed <ul> <li>They are now doing the cost-benefit analysis, which is a clear indicator that they want to get ahead with this</li> <li>Indira will be reaching out to congratulate on this</li> <li>NZMSA has been and will remain neutral – our aim is that if there is a new medical school, we support its students and the students that may be displaced by the new medical school (sites issues) and that all students are adequately placed and getting jobs</li> </ul> </li> </ul>
	<ul> <li><i>Indira</i> – Is going to be on TV tomorrow. She was called by reporter this afternoon and will now be on the 6pm news, to discuss financial hardship.</li> <li>She will give more details on this</li> </ul>
	<i>Indira</i> – At the Paid Placements Aotearoa meeting, nothing in particular happened – people mostly discussed financial hardship.
	<ul> <li><i>Indira</i> – Talked to Joe Baxter, Dean of Dunedin Medical School, who was also an Ex-MAPAS student and someone who has worked with Prof Papaarangi Reid and Prof Peter Crampton.</li> <li>They are super well placed in the Ministry of Health in all things initiative wise regarding public health</li> <li>They discussed pathway review issues</li> </ul>



	<ul> <li>Baxter said she is hopeful – all people involved in the pathway review are almost entirely not political appointments other than Shane Reti; they are mostly public health officials and doctors</li> <li>She has sway – her focus is on student wellbeing and making sure students are looked after</li> <li>She is also happy to work with us on this <ul> <li>If students are starting to feel worried or uncomfortable, we are ready to support them</li> </ul> </li> </ul>	
	ACTION POINTS	
<ul> <li><u>Site Representatives</u> – Provide Indira and Div the names and contacts for Pacific, International, Rainbow and Rural student representatives from their respective sites.</li> <li><u>Sujean</u> – Send a copy of the proposal form from the Māori students of UoA to the NZMSA Exec group chat for everyone else to read.</li> </ul>		

Meeting Finished:	8:03pm
Date of Next Meeting:	07-03-24
Chairperson:	Indira Fernando