

NZMSA SC MEETING MINUTES

Team Name: NZMSA Steering Committee Meeting
Chairperson: Thomas Swinburn
Date: 6/4/2023
Time: 19:00
Scribe: Lorna Pairman

AGENDA:					
1	Call to order, roll call, apologies, confirm minutes, conflicts of interest, action points	2	Director Updates	3	Cultural safety education and confirm media statement
4	Recent AUMSA events and media outreach/NZMSA Statement on Media and Reports of Strike Action among Medical Students	5	Financial Hardship/TTI grant	6	
PRESENT:					
1	Thomas	2	Patrick	3	Olivia
4	Indira	5	Lizzie	6	Ora
7	Duncan	8	Lorna	9	Jenny
10	Divyashri	11		12	
APOLOGIES:					
1	Rosie	2	Nick	3	Hela
4	Monica				
ABSENT:					
1	Isaac	2	Kate	3	Denver
AMENDMENTS TO THE PREVIOUS MINUTES					
N/A					
<p>Moved that the minutes from previous meeting dated along with any amendments be accepted as a true and correct record: Motion accepted: Indira Seconded: Lizzie No objections to previous meeting minutes Carried</p>					
MATTERS ARISING					
Item #:	Agenda Item	Detail			
1	Call to order, roll call, apologies, confirm minutes, conflicts of interest, action points	Action points from previous meeting: n/a			

2	Director Updates	<p><u>Workforce (Message Typed)</u></p> <ul style="list-style-type: none">• Guide to Grad #1 is out so please let your peers know this will have been emailed to their university emails and will also be available in their class pages.• No new updates for BTMSGs. It is tracking on schedule.• Olivia had a positive meeting with the ACE RMO reference group yesterday and has created action points to clarify the “tiers” to reference collection which has been an issue for Q1/2 predominantly Auckland students. Also clarified who counts as “vocationally” registered, which they (unofficially) clarified includes consultants who are provisionally vocationally registered. <p><u>Engagement</u></p> <ul style="list-style-type: none">• 4th year mentoring program has been launched.• CLF is going to be 29/30 July. Some speakers have been invited and the Hunter Centre is booked. Also looking at hosting a whenua day whilst there for environmental volunteering.• SRF at the start of September will now be in Christchurch rather than Wellington due to available facilities.• New MOU with NZMSJ for collaboration at SRF at their request.• Has linked with website managers form various organisations/RMSAs to align the NZMSA website appropriately. <p><u>Advocacy</u></p> <p>Indira has produced a cultural safety document which was attached to their agenda email circulated. This includes all data on cultural safety and education in medical school from the national survey. This is an RMSA issue so is being handed over to the RMSAs to address as they see fit. Aiming for better education around health of migrants and refugees, and better understanding of cultural safe ways to treat minority groups in Aotearoa. There are also some positive results from the survey regarding things students are feeling comfortable treating or addressing as medical students.</p> <p>Also been collecting opinions regarding financial hardship and continuing with PGY1 advocacy. They have had some great signs from Te Whatu Ora and The Ministry of Health regarding constructive conversations around PGY1 placements. As a result, advocacy work is going to be less ‘forced’ to what was previously planned. The public launch in April is going to be aimed at telling people what NZMSA are doing about the issue, with a softer approach to advocacy compared to initially anticipated.</p> <p>Applications for 2023 Equity Advisory Board will now be open. Indira to contact RMSAs to get the contacts for Māori/Pacifica/minority group reps.</p>
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3	Cultural safety education and confirm media statement - <i>Indira</i>	Include in above discussion point.
4	Recent AUMSA events and media outreach/NZMSA Statement on Media and Reports of Strike Action among Medical Students – <i>Indira/Jenny</i>	Included in below discussion point.
5	Financial Hardship/ TI grant – <i>Tom/Indira and Jenny/Nick</i>	<p><u>Tom:</u> Students and reps from across the country can see financial hardship is an issue. This is a common problem for all medical students across NZ. Since our FTF meeting, it has become evident that this is a larger issue than it was at the start of the year. Something needs to be done. Things such as the TI grant are often discussed, but other options also need to be investigated, and other year groups, as well as our commitment to Te Oranga must be considered. We also need to consider the timing of our strategy, the public opinion, the time/capacity of the NZMSA team etc. Tom would like all ideas suggested to see what could be possible, and for everyone to be constructive not critical of possible solutions.</p> <p>Tom and Indira will take all the ideas, organise the ideas, and put the ideas on a timescale from short (quick wins) to long term (aspirational) goals. Ideas that are best implemented at the level of NZMSA rather than the university level is what we are after. We want to give future executives a point to start on, and we want to help all year groups in medical school.</p> <p><u>Indira:</u> Presentation: https://drive.google.com/file/d/1YxKtD-uQukjJ4fYpXznT9r6OI1wwWz0F/view?usp=sharing</p> <p>30% students have struggled to pay for essential goods. 70% had to find additional employment due to insufficient income while studying. This is not ideal given the course is designed to be full time. Also concerns from specific groups that don't have the same safety nets as other students e.g., parents in medicine, Māori etc.</p> <p>The TI is officially a stipend for domestic medical students in 6th year. It is <u>not</u> officially a salary. It is meant to address the fact that becoming a doctor has large costs associated with it. The TI grant was last increased in 2006 and if it increased with inflation as per the reserve bank, it would now be worth \$39,265.51 (rather than \$26,756).</p> <p>Potential areas of advocacy have been brainstormed from our reps/officers/directors. Ideas for the TI grant include:</p> <ul style="list-style-type: none"> • Increase TI grant with inflation. • Increase continuously with inflation.

- Removal from study link income.
- Allow all students to claim it as a lump sum.
- TI grant to be accessible earlier in medical training.
- Push for IS to get TI grant.

Ideas for non-TI grant advocacy include:

- Meal allowances for clinical students
- Standardised reimbursement for all clinical students for travel costs
- Fees free TI year
- Hardship grant administered by NZMSA
Subsidise for students with dependent sand those from low SES pathway.

Brainstorm document (Patrick as scribe):

https://docs.google.com/document/d/1alwXOF4IjDIPTzl6xo3z2rN3GqOMR--z0pG9Cpl_vu4/edit?usp=sharing

Jenny: Good summary from Indira. Financial hardship has been an issue for a long while, particularly the TI grant. There has been a lot of discussion on class pages on FB from students. Most recently it has been escalated to the level where it has been told to the media that the 5th and 6th year students were going to strike on the TI grant. This likely came from the interest/activity surrounding the grant. There are many different opinions regarding it. Specifically, some students are running out of allowance.

Jenny had a meeting with the heads from Auckland Medical School and was surprised and disappointed at their comments. Heads suggested students might be shooting themselves in the foot if they ask or more money. It seems the Heads of Department don't really understand what student are struggling with. More students are entering medicine as post grads and hence are struggling without student allowance. Auckland medical school is about to make medicine only post-grad entry which will put similar pressure on all students.

Duncan: clarified that UoA plans in future years to shut off the undergraduate pathway into medicine. Jenny said they are changing the demographics of students into medicine e.g., increase in regional and rural backgrounds. This is good for equity, but it means students entering medicine may need more support.

There are possible unofficial plans to change MBChB into a 4-year degree that is post-grad by nature.

Div: Otago plans to increase health sci entrants into medicine, which is the opposite of UoA plans.

Duncan: Otago university would lose huge income if they closed the undergraduate programme into medicine.

There is an appetite for alternative solutions and change within medical education now. There is 'fatigue' regarding changing the TI grant. We are looking for additional alternative suggestions that could help students.

Lizzie: Thanked all ideas that had been made. Altering the allowance and stipend could help address financial hardship for medical students better long-term if there is going to be increasing numbers of post-grad students.

Duncan: The TI grant has been discussed for many years and cautions there is not the appetite for a universal increase in the TI grant. It was explored in 2019 by NZMSA and NZMA and there was little enthusiasm. The boards in the university and likely politicians would not look favourably on increasing the grant, particularly as not all health science courses get a similar stipend. We need to consider what funds we have in our organisations and affiliate organisations to support students' long term. We could lobby government regarding alternative access options for the TI grant, rather than an increase in the grant.

Indira: Noted Duncan has a longer history with this advocacy work given his role with NZMA.

Olivia: agrees with Duncan regarding the political lens on TI grant, but acknowledges we also need to consider student hardship. Student allowance is based on the number of weeks, not the total amount of money you can get. Some students max out on the amount of money they can get quickly. Perhaps we could change it so it so students could choose between it being based on amount of money or based on number of weeks. Not asking for more money, asking for flexibility and adaptability. Also allows us to work with a wider range of student groups.

Tom: increasing the TI grant is on the timeline at some point, but this may not even be medium term. We may need 'stepping-stones' e.g., increase grant along with the CPI in future, rather than increase the grant itself, international students accessing the grant etc. What else can we do that doesn't require TI grant increase? E.g., making lecture recordings available so students have more flexibility to work, fees free for public transport, prevent rent increases, medical benevolent fund (done in the UK) etc.

Jenny: question regarding increments of increase. Wouldn't a CPI increase be viewed as an increase?

Indira: a CPI increase, or immediate increase, would be very difficult to achieve. We can mention it in all our mahi, but the appetite for it is low.

Jenny: supports the idea of helping students using more lateral ideas. However, we need to be transparent and show students we did consider petitioning for an increase in the TI grant and explain why we didn't only fight for this.

Ora:

From a Te Oranga perspective, what students need:

1. Create a safe space for the medical student to speak openly about why they are feeling overwhelmed or frustrated. It is important that they feel heard and understood. Encourage the student to speak to a counsellor or school staff member who can offer guidance and provide emotional support.
2. Look into how the school can better support the needs of its students. This can range from increasing mental health resources to providing additional study materials. Talk to the student about developing academic strategies and creating more structure around their academic goals, such as setting realistic expectations and creating study schedules. E.g., recording lectures so students can work in their own capacity. Universities make money from research, and teaching is often a last priority for lectures. Therefore, they repeat lectures every year. Perhaps they could put up the lecture recordings and instead have office hours during the time the lecture would have been in.
3. Reach out to other medical students who are struggling. Providing a strong peer network allows students to share their concerns and learn from each other. Consider creating a virtual support group or arranging group activities, such as game nights, to help build a community among peers. E.g., create a guide to studying at university or medical school.
4. Encourage the medical student to take advantage of the school's resources. Whether it be an exam preparation workshop, a research opportunity, or a lecture series about medical issues, these resources provide medical students with the educational environment necessary for success. E.g., at Auckland the \$1000 student services fees include 6 free counselling sessions etc, but many students don't know about this. Sometimes you don't need to create new things, you need to make the current aids more available and address current barriers to getting help.
5. Check in regularly with the medical student and find ways to make learning more enjoyable. It could be through goal setting, planning study breaks, or starting a book club. As long as the student is regularly engaging with their academic material, they are more likely to stay motivated and committed.

Olivia: 100% agree with everything - especially around linking people up to those support networks that already exist.

Lizzie: Staff are familiar with recording lectures and being available during lecture time since Covid and some staff may be very open to this idea. Other staff love teaching and may want to continue teaching.

Jenny: agrees with many of these points and many ideas are very achievable. Currently AUMSA have groups for people repeating or with dependents etc. Also have introductions organised by the education reps and so the ideas from Ora are great, and are currently done, but perhaps could be more well promoted.

Tom: The parent support group is something that is new to Auckland but is a great example of best practice for a group that is under additional strain during medical school.

Compared to other students, there are more scholarships for medical students. Perhaps we could pull all the information regarding scholarships together into a single guide. This could challenge the universities to consider how to make the scholarships more accessible to students. At the university level there have been many suggestions made. In Auckland if you are at a non-Auckland city site you can get your \$1000 student fees back, but it is difficult to know how to do this. Perhaps we could get site reps to promote this.

Duncan: Thank you to Ora for reorientating us. There are many options out there that we could consider. We could consider a benevolent fund, particularly given there are 'rich older doctors' who would consider doing this. With NZMA gone there is a lack of link between those willing to donate, and the students needing it. Perhaps we should ask for some money from doctors.

Tom: We are fortunate in medicine that there is more connection across the year groups compared to other degrees. This could help us in the financial hardship space.

Indira: we need to consider our most affected students. We know about campaigning universally for students, but this can result in us leaving out students who need more help than others. What can we specifically do for these students that more desperately need help short term? Perhaps pushing for a one-off specific hardship stipend/payment to be made to high needs students to help them with immediate cost of living crisis. E.g., asking the university to remove some of the barriers to the hardship funds.

Duncan: universities might not be the right people to ask for money. They are not in a position to easily free up money. We need to look at a benevolent fund, or at the medical profession in general, as there is a 'duty of care' in medicine for the younger generations. The university won't free up funds or give any money to students.

Ora: Last year Te Oranga piloted a peer-group programme whereby a 4 + 5 + 6-year student were grouped together. The university then accredited all TIs that participated as a mentor that they could use in their ACE application. The group had to have at least 4 coffees together over the entire year, lasting at least 15min each time, and were given coffee vouchers for this. This helps to address the issue of lack of social networking and social isolation between cohorts and helps build the support network for students.

Indira: it sounds like a benevolent fund has some support amongst the Steering Committee. Asked if anyone had some concerns regarding going towards looking at setting up such a fund. Acknowledges there are some issues regarding deciding who gets money etc.

Duncan: when acquiring funds or asking for funds we need to be careful deciding how money is going to be allocated. Students are probably not the right people to be deciding who gets money. Older doctors may be the ones to decide who gets funds to provide some objectivity. It shouldn't be entirely done by students. We need by-in from senior clinicians as if they get some by-in on where the money goes, they will likely have greater by-in to the programme.

Tom: Any quick wins?

Olivia: currently universities pushing for all lectures to be recorded. We could tap into this.

Lizzie: re the benevolent fund, we could start with some of the student groups that need it most and then grow the fund from there. E.g., start the fund just for parent students, and then later extend it to other students with financial hardship.

Indira: Confirmed everyone is happy for the advocacy working group to go back and work on the ideas given and to look for petitions we could support and bring these back to the Steering Committee. Most people agreed to this.

Patrick: Checked most ideas were discussed. The free meal idea could be discussed further.

Lizzie: Even if just for the TIs, getting food at the hospital would help, particularly as the TI year group is the student group that spends the most amount of time in the hospital. Perhaps could later be extended to 4th and 5th years. Also, these students often do not have time to make lunch, but then can't afford to buy it. Difficult to implement however given free food is related to the unions.

		<p><u>Div:</u> Many parents in medicine are upset the zoom tutorials have been removed. When they have sick children etc. not having streamed lectures and tutorials is a big issue. They have been petitioning for this for 3 months, but the university has not budged.</p> <p><u>Duncan:</u> A town-hall style zoom could be good as we need transparency and show this to students. A town-hall style zoom could be great and would involve more students.</p> <p>Summary:</p> <ol style="list-style-type: none"> 1. Move away from increasing the TI grant. 2. TI grant more accessible as a lump sum for more students. 3. Set up a hardship grant/benevolent fund and safety net regarding allocation of funds. 4. Be transparent regarding our plans, including an easy to access document, and town hall style meeting. Show we are hearing their concerns. 5. Support local groups and support standardisation of these groups. 6. Support lecture recordings. <p><u>Indira:</u> Te Whatu Ora is starting to have a bigger input into medical education and push to make it easier to students to earn and learn at the same time. Many health professionals retrain, and it would be good to keep them in the workforce whilst they retrain. Therefore, it would be good to have lecture recordings from the Te Whatu Ora point of view to help people retrain within healthcare.</p> <p>Ideas will be circulated to reps at the next executive meeting and reps can feedback to the Steering Committee.</p>
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ACTION POINTS

- Applications for 2023 Equity Advisory Board are now open. Indira to contact RMSAs to get the contacts for Māori/Pacific/minority group reps.
- To be amended: future publication of meeting minutes on website for transparency
- To be amended: Indira to create a list of petitions and campaigns that NZMSA can sign onto and distribute for consultation among the Steering Committee

Meeting Finished:	8:20pm
Date of Next Meeting:	1/6/2023
Chairperson:	Thomas Swinburn