



FLINDERS MEDICAL STUDENTS' SOCIETY
C/O MEDICAL COURSE DIRECTORATE
LEVEL 5, COLLEGE OF MEDICINE AND PUBLIC HEALTH
FLINDERS MEDICAL CENTRE
FLINDERS DRIVE, BEDFORD PARK, SA, 5042
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General Meeting 1

1 April 2019

President's Report

The Flinders Medical Students' Society (FMSS) is a not-for-profit incorporated association regulated by the South Australian Consumer and Business Services- a part of the South Australian State Government. The role of the FMSS is to ensure that its members receive the best possible medical school experience at Flinders university and to be the voice of Flinders medical students wherever it is required. To meet this goal, we advocate for our members within the university by being embedded throughout the College of Medicine and Public Health's governance structure and by meeting regularly with the Deans and other key staff. We have strong relationships with other state and national student and doctor advocacy groups such as the Australian Medical Association (AMA) and the Australian Medical Students' Association (AMSA). We run a host of social, academic, health and wellbeing, community, and informational events throughout the year to further meet our goal. We also support the operation of medical Special Interest Groups (e.g. HHRG, FUSS etc.) operating at Flinders, working with them to further their goals. Lastly, we take very seriously our role of maintaining the culture at Flinders university of inclusiveness, kindness, and team work.

We exist to serve our members under legislation, and so it is important that all members are made aware of the activities of the governing committee. One way to communicate these activities to members is via our General Meetings. I am pleased to present here my summary report on the activities of the society thus far. I hope it helps to clarify the role of the FMSS and make clear the activities that are being performed on your behalf. The key activities (there have been many, many more than are listed here) of the 2019 FMSS committee to date:

1. November/December
 - a. All newly elected committee engaged with predecessors to achieve good handovers.
 - b. O-week committee began planning for O-week.

2. January/February
 - a. Executive met to set goals for the year, create a value statement

- b. President began meeting internal and external advocacy requirements
 - i. Meetings within the College
 - ii. Meeting with partner groups outside Flinders
 - iii. Writing articles for publications about the Flinders MD
- c. Senior Vice-President began relationship with the AMA by attending their meetings and events
- d. MD2/3/4 reps began attending Clinical or Foundational phase meetings
- e. Secretary created and published calendar for the year
- f. Med revue planning got underway
- g. Secretary organised communications with Special Interest Groups (e.g. HHRG)
- h. Secretary organised junior committee elections
- i. Treasurer formulated budget for the year, began processing payments
- j. Sponsorship re-negotiated (still in process) contracts that have expired. Prospectus was re-written.
- k. O-week committee put final touches on O-week and then ran O-week
- l. Clinical Science reps ran introduction session for new Clinical Science students
- m. Social directors organised Medcamp and began organising Medball
- n. IT added and removed access to FMSS IT infrastructure and created website educational material (to be delivered in April)
- o. Education officer, with MD4 rep, organised the mentorship program and peer teaching
- p. Publications director began planning first placebo issue
- q. Health and wellbeing director began organising health and wellbeing month
 - i. Formed a subcommittee to create a behaviour matrix for FMSS events
- r. AMSA rep prepared for National Council 1, formed relationships with other AMSA reps
- s. AMSA rep and President created a submission to the Inquiry into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services
 - i. AMSA rep planned to create a survey to investigate how the two affect Flinders MD students in their clinical years.
- t. International rep formulated first report on the views of international students for presentation to A/Prof Noutsos
- u. Director of marketing created a system for managing marketing requests for every event across the year
- v. Internship director organised information evening for all internship programs to be delivered to MD4s
- w. PRCC Representatives wrote a report on the College's proposed changes to non-FMC MD program sites.
- x. VPI and VPE worked hard to keep all their portfolios motivated and moving
- y. VPI updated the website with new committee and edited other outdated information
- z. Engagement created designs for new, and plans for old, merchandise

3. March

- a. Many of the tasks that began in February continued.
- b. The report to the Australian Medical Council (AMC) on Flinders medical program's adherence to the AMC Standards began being written by many members of the Committee, and general members.
- c. Junior committee elections were held
- d. Medcamp was held
- e. Exec members construct their reports for the first General Meeting (very meta)
- f. AMSA Council 1 was held in Adelaide. Flinders was represented.

Phew! What a start to the year. I want to thank the efforts of this marvellous volunteer committee who have managed to achieve so much in such a short period of time. It is truly extraordinary.

The last duty of this document, as a President's report, is to list the key issues that I have been speaking to in the forums I represent our members.

One-on-one with Professor Jonathan Craig

1. The qualifying ceremony and its future
 - a. I am arguing for a ceremony to go ahead on top of the graduation ceremony, but am willing to compromise on some things, as I have come to believe that external pressures are forcing Prof Craig to downsize this event.
2. The standard of delivery of assessment in the MD
 - a. This is a longstanding talking point. Some of the highlights include the legal ambiguity of trying to enforce SAMs that refer out to other documents, the issuing of SAMs long after they should have been released, the constant issues with content delivery and availability of learning materials across cohorts, and the unacceptable way in which raw marks have been hidden from students in the past.
3. The arbitrary approach to grading student professionalism
 - a. Progression decisions are being decided based on arbitrary interpretations of professionalism.
4. Bullying and harassment in the medical program
 - a. The details of this are confidential.
5. The AMC report
 - a. I would like to view the College's submission to the AMC, as it will give a good insight into how they view and represent their performance externally.
 - b. I have also offered a copy of our submission, once it's complete, to the College in exchange.

At the College Education Committee

1. The impact of staff changes during the 2018 university-wide restructure on the quality of the MD program.

2. The distribution of the student amenities fee.
 - a. The FMSS VPI and VPE are on a subcommittee to decide the destiny of these funds.
3. The nature and number of final grade appeals that have come out the medical program.
 - a. A working group made up of CEC members is going to discuss ways to reduce the number of appeals being made. I.e. ways to improve the integrity of assessment.

At the Medical Course Executive or in meetings with A/Prof Noutsos:

1. The need to complete the Advanced Studies portion of the course at the same time as all other components of the course.
 - a. It is my view that students should be allowed to, if they are time poor or struggling with their workload, complete the Advanced Studies portion of the course as a block at the end of their degree.
2. Advanced Studies- shifting goalposts, loss of supervisors
 - a. Just arguing for some guidance and stability here across cohorts.
3. Communication of raw marks from the 2018 end of year assessments conducted by last year's MD3s and MD4
 - a. This has mostly resolved. However, I'm arguing for the continued practice of releasing raw marks as standard so that students can easily see if an obvious error has been made in the marking of their OSCE/exam/any other piece of assessment.
4. The need to distribute the PT grades of students to clinician assessors in MD3 and MD4 at the beginning of placements
 - a. I believe this is unfair and biases assessors towards giving low marks for previously poor performers, and high marks for previously high performers. It is also in contradiction to Standard 7.3.4 of the AMC Standards documents which requires that support for struggling students be provided separate to assessment.
5. Releasing the Hudson review of assessment in the Flinders Medical Program to students
 - a. A/Prof Noutsos has agreed to release a summary of all the recommendations from the review with the College's response to each.
6. The yet to be announced nature of supplementary exams across cohorts
 - a. Just want some movement here. I also mentioned this to Prof Craig as the MCE is dragging their feet.

Australian Medical Students Association – Joint Presidents Meeting

1. Do other societies utilise professional services (e.g. accountants)?
 - a. Yes, accountants. FMSS is looking at accounting services to ensure the integrity of our accounts and relieve some pressure off the treasurer.
2. How do other societies manage serious incidents at their events?

- a. With a behaviour matrix. We currently have our health and wellbeing director Maryam chairing a working group to create our own behaviour matrix.
3. What financial support do other universities provide students doing rural placements?
 - a. A wide variety. Flinders is not too bad (Spectrum: UNSW get nothing, Adelaide Uni gets free accommodation plus a stipend but has virtually no admin support).
4. Do other universities provide a qualifying ceremony?
 - a. Some just graduate with other programs
 - b. Some just have a ceremony for only medical students, but those university have enormous numbers (e.g. Monash has 1900 medical students)
 - c. Some have both, but they tend to call the medical student only ceremony a 'declaration ceremony'. For the unis that have both, the smaller ceremony has three core ingredients- the giving of medicine specific awards, the reading of the oath, and the attendance of family members (more than 2 tickets each).

For any member who has kept reading this far, thank you very much for your interest in my activities and those of the committee. Know that on top of these key issues that I discuss, I also address any student related issue that comes up in the meetings that I attend, act as the mouthpiece for the organisation at other events, address issues that occur within the committee, and set the tone of the committee.

It has been an honour to serve as the FMSS President thus far, and I hope to continue to be as productive for the membership as the year goes on. Please feel free to contact me if you have any questions about the work of the committee or myself via my email: president@fmss.org.au.



Jarrod Hulme-Jones
President of the Flinders Medical Students' Society

