Policy Document

Student Services and Amenities Fees (2023)

Position Statement

AMSA believes that:

1. The Student Services and Amenities Fee (SSAF) must always be used to directly benefit students.
2. All medical students must be offered SSAF services that reflect their contribution to SSAF.
3. Medical students, particularly online, clinical and rural students studying away from major campuses, do not receive access to services reflective of their contribution to SSAF.
4. Universities must address gaps in access to SSAF funded services, particularly for online, clinical, rural, and satellite campus students,
5. The distribution of SSAF funds must be objective and transparent at all levels of distribution.
6. Universities, student unions and other beneficiaries of SSAF must be proactive in ensuring that medical students have appropriate access to SSAF funded services.
7. Universities, student unions and other beneficiaries of SSAF must be able to objectively demonstrate they are providing adequate SSAF funded services for medical students.
8. Medical students must be afforded more consultation on the distribution of SSAF.

Policy Points

AMSA calls upon:

1. The Australian Government to:
    a. Amend the Higher Education Support Act and other related legislation to lower the maximum rate of SSAF for off campus students;
    b. Provide clear definitions within the Higher Education Support Act and other legislation of what constitutes a rural campus.
2. Australian Universities to:
    a. Ensure important non-academic, support and wellbeing services are being provided and accessible to all medical students;
    b. Ensure SSAF is only used to fund and support services that will directly benefit students;

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c. Ensure medical students and medical student societies are provided with SSAF funding and SSAF funded services that are reflective of their contribution as a cohort to SSAF;
d. Ensure medical students in rural, online and off-campus locations have access to SSAF funded services that represent the amount of SSAF contributed;
e. Provide high quality services funded by SSAF;
f. Work with medical students to address gaps in access to SSAF funded services, particularly for online, clinical, rural, and satellite campus students;
g. In instances where students are unable to access SSAF services for extended periods of time, reduce the SSAF fee to reflect these deficiencies in a way that does not increase the fees of students who remain on campus;
h. Publish full, accessible, and transparent details of the university's SSAF distribution and expenditure with details including but not limited to;
    i. The exact distribution of all SSAF funding within the following levels of universities:
        1. Within faculty and faculty funded SSAF programs;
        2. Within student unions and guilds;
        3. Within clubs and societies;
        4. The total value of SSAF retained;
        5. All other uses of SSAF not covered by the above;
    ii. The exact SSAF fees charged to the following groups of students:
        1. Full time students;
        2. Part time students;
        3. Full time rural students;
        4. Part time rural students;
        5. Full time online/remote students;
        6. Part time online/remote students;
    iii. The specific services provided by SSAF funding, estimates for the numbers of students accessing these services and the amount of SSAF allocated to these services;
    iv. Estimates of how many students are unable to access SSAF funded services;
i. Ensure a member of the university faculty is always present at meetings regarding the allocation of SSAF to medical student societies;

j. Ensure that the allocation of SSAF funds by student unions towards clubs and societies is objective and completely transparent;
k. Analyse the SSAF funding structure at their universities, identify possible deficiencies in services made accessible to medical students and work with medical students to address these deficiencies.

3. Medical School Faculties to:
    a. Advocate for SSAF contributions by medical students to go towards services accessible by medical students;
    b. Advocate for SSAF contributions to be spent based on the needs of medical students, as directed through consultation with the medical student body;
    c. Ensure a member of the medical faculty is always present to represent medical student interests at meetings regarding the allocation of SSAF to the medical student society.
4. Student Guilds and Unions to:
    a. Publish full, accessible, and transparent details of their SSAF distribution and expenditure with details including but not limited to;
        i. Breakdown of number of student memberships within each club/society;
        ii. The total value of SSAF allocated for the student union/guild;
        iii. The total value of SSAF allocated for each club/society;
        iv. The total value of SSAF retained;
        v. A per-person dollar value of SSAF allocated to each club/society;
    b. Ensure and be able to objectively demonstrate that medical students have access to and engage with Student Union or Guild based SSAF funded services relative to the value of their contributed SSAF;
    c. When distributing SSAF to medical societies and clubs to ensure distribution is always done objectively and transparently with university faculty staff moderating the proceedings;
    d. Ensure that representatives from faculty and societies to be present during meetings regarding the allocation of SSAF;
    e. Analyse the SSAF funding structure at their universities, and identify possible deficiencies in services made accessible to medical students.
5. Medical Student Societies to:
    a. Analyse the SSAF funding structure at their universities, and identify possible deficiencies in services made accessible to medical students;

b. Negotiate with universities, medical school faculties, and student unions to direct SSAF funding services in the best interests of medical students;
c. Where applicable, negotiate with universities a fair SSAF contribution for clinical and rural students dependent on their access to services;
d. Ensure that online, rural and clinical students are provided access to SSAF funded medical society events;
e. Publish full, accessible, and transparent details of their SSAF expenditure;
f. Ensure a member of the society is always present to represent and advocate for the society and medical students at meetings regarding the allocation of SSAF to the medical student society.

6. The Australian Medical Students' Association (AMSA) to:
    a. Conduct a thorough and detailed survey of SSAF fees, allocations & distribution pathways, utilisation and shortcomings.

Background

Legislation of the SSAF

The Student Services and Amenities Fee (SSAF) is a compulsory fee charged by tertiary education institutions to their students for the funding of non-academic services and amenities. [1] SSAF was first introduced when the Higher Education Legislation Amendment (Student Services and Amenities) Act 2011 was passed in parliament. [2] The introduction of SSAF reflected the need for student amenities funding after compulsory student unionism was abolished in 2005 with the passing of the Higher Education Support Amendment (Abolition of Compulsory Up-front Student Union Fees). [3] Abolition of compulsory student unionism in favour of voluntary student unionism cost Australian universities $161 million between 2005 and 2007, as Universities were forced to divert funds from academic areas in order to support student unions. [4, 5] The 2011 change in legislation re-introduced a deferrable and compulsory services and amenities fee paid to the institution who then distributes the funding. [2] This funding is used by institutions to fund student health services, legal aid, student publications, clubs, and employment services. Funds may also be distributed to third-party providers who provide these services. [2] The SSAF is indexed annually, with the tertiary institutions being able to charge $326 per student on a 1.0 EFTSL in 2023. Part time students cannot be charged greater than 75% of this fee. [1] The fee applies to both domestic and international students. [6]

2022 Revisions of SSAF

In 2022, new administration support guidelines were released requiring higher education providers who charge SSAF to provide a publicly available report on SSAF allocation and actual expenditure for the year. [1, 7] The report, which must be available on the institutions website must contain the following: [8]
An outline of the student consultation process regarding the distribution of SSAF funding;

1. SSAF revenue summary including the total available funds and how much revenue was carried forward from the previous year;
2. A summary of how students were charged, for both full-time and part-time students;
3. SSAF allocation summary detailing how much was spent in key areas;
4. Disclosure of allocation to third party providers.

SSAF Funding Structures

The majority of universities require their students to pay SSAF from which a portion is allocated to clubs or societies. Of the responses received from AMSA university representatives, all but The University of Notre Dame Fremantle (UNDF) require all medical students irrespective of year level and clinical/off-campus status to pay the full amount of SSAF. UNDF, as per the survey results, does not charge students an SSAF fee, hence no funding is allocated by faculty.

SSAF funding to university clubs and societies and how the allocated SSAF funding can be utilised by clubs is outlined in the Higher Education Support Act 2003. [1] Of note, section 19-38(2) states SSAF paid to clubs or societies cannot be spent to either: [1, 9]

- Support a political party; or
- The election of a person as a member of the legislature of the Commonwealth, a State or a Territory or a local government body.

In addition to this, SSAF funding must only be used by clubs or societies for the provision of approved services described in the Higher Education Support Act 2003. [Appendix A, 1] The amount of the allocated SSAF funding received by a student union/guild from the university can then be further allocated to clubs and societies, or spent on approved services at the discretion of the club or society [Appendix A].

The distribution of SSAF from the university to the clubs and societies varies between institutions and universities. The four main distribution methods for SSAF to clubs and societies are:

1. No SSAF allocated;

2. SSAF allocated by request on a ‘per event’ basis;
3. SSAF allocated as a lump sum for an entire semester;
4. SSAF allocated as a lump sum for an entire year.

Some medical societies don’t receive any SSAF funding, these being the University of Melbourne and Western Sydney University. Alternatively, some receive SSAF funding on a ‘per event’ basis and others can apply for a sum of SSAF through their university student guild either annually or per semester. As such, the SSAF funding per medical student received by each medical society is varied.

The allocation of SSAF funding to the key areas stated in the Higher Education Support Act 2003, [1] is ultimately approved by the Deputy Vice Chancellor or another official of the university. [9, 10] Specific allocations of SSAF and the expenditure of SSAF for each university are outlined in the universities SSAF allocation report for the respective year.

How each medical society accessed SSAF funding where available is either unknown by the AMSA representatives who participated in the survey or varied between universities. Generally this level of information is not publicly available. Based on the responses from AMSA representatives, the general process for a majority of medical societies to access SSAF funding is through submitting a request or application at minimum, typically to an overarching representative body such as a union or guild for students attending the relevant university. The process of applying for SSAF funds does vary somewhat between universities, where some societies submit request forms and others conduct more extensive consultations in meetings with said representative groups and other parties.
Results of the survey indicate that few medical student societies receive SSAF funding from faculty directly, rather it is typically managed through the representative body which receives SSAF funding from the university and provides this to student clubs and societies.

The utilisation of SSAF funding once received by medicine societies in most cases helps to fund events and activities for medical students as well as advocacy projects for the benefit of medical students. A common sentiment in the overall comments from AMSA representatives included a desire for an increase in SSAF funding made available to the medical societies or for SSAF funding to be made available to medical societies where it wasn't previously. Additionally, many have expressed belief that SSAF is inequitably charged and/or distributed in situations where students have reduced access to campus and the services provided by this funding, with notable reasons being increasing online learning/adoption of “hybrid models” decreasing the amount of time spent on campus, or students on placement outside

of campus. Although some universities have adopted reduced prices for students studying online or undertaking placement overseas, in both circumstances most universities still typically charge students full price SSAF fees with no adjustment to reflect these circumstances. Monash University Medical Students Society noted that in the past a reduced SSAF fee was charged to clinical students prior to their current structure, which they are strongly advocating to reintroduce.

Results of the survey indicate that some medical student societies have expressed dissatisfaction with circumstances surrounding their student representative bodies and the often cumbersome tasks associated with maintaining affiliation and acquiring grants. For instance the Tasmanian University Students Association (TUSA), which has itself been receiving reduced funding in recent years — approximately 19% of SSAF funding — despite maintaining SSAF fee prices, leading to reduced allocations to clubs and societies and stricter stipulations surrounding requests for this funding. This has led to the TUSA state council to campaign to increase funding. [11]

Barriers to Accessing SSAF

Online Students

In Australia 13.8% of tertiary students study completely online, and this proportion is increasing each year. [12] Although medical degrees currently utilise in-person teaching at Australian universities, there has been a shift to increase study flexibility through online learning platforms and there may be times where medical students' education may be shifted online, [13] subsequently limiting their ability to use many of the services funded by the SSAF. Currently, there is not a standard percentage or dollar deduction of SSAF for online students or hybrid students when comparing different universities' fee structures. There is also no specific clause in the government legislation dictating whether a reduction in SSAF is appropriate for students who are based online.

Clinical Students

Medical students spend their final years studying predominantly off-site in clinical environments, such as hospitals, GP practices and community-based clinics. These placements are compulsory to attend, and are considered to have the same number of hours as full time work. As a result of this, clinical students have fewer opportunities to access and utilise SSAF-funded services, as much of their time is spent off campus at clinical teaching sites. Students seldom travel back to their university's campuses to engage with the services based there as their classes and placement will not be at these sites. There is no central governance as to whether

universities are required to distribute SSAF funding to the students' clinical sites nor any standard fee reduction.

Rural Students

Rural clinical schools and rural clinical placements serve to give medical students experience in rural practice to drive interest in practising rurally to ameliorate the workforce maldistribution between rural and metropolitan health services. [14] At Australian medical schools, there are varying approaches to SSAF fee structures, with some students based in rural clinical schools paying the same fee as metropolitan students and other universities offering a decreased fee. Those students who do contribute an equal SSAF fee as their metropolitan based peers face barriers to accessing the benefits of their financial contributions to the SSAF. These barriers include students' distance to travel to the main campus and a lack of infrastructure at remote placement sites to facilitate sustainable or intelligent investment of students' SSAF contributions. For students with decreased SSAF contributions, they may miss out on being offered resources which rural medical students would benefit from being able to easily access. For example, medical students are more likely to experience mental health issues than the general community, [15] yet rural students lack access to on-campus mental health services.

Potential models for SSAF Payment and Distribution

The issue of access for medical students and SSAF-funded services has been discussed at length even prior to its implementation. [16] Almost a decade on, it is clear that whilst exceptions exist throughout the country, many medical students, particularly those on clinical placements or in rural areas do not have access to services funded by the compulsory SSAF. Various models aimed at modifying the SSAF fees and distribution these students have to pay have been proposed in the past to address these deficiencies. This ranges from abolishing or reducing the SSAF contribution to reflect the reduced accessibility to SSAF-funded services, to redirecting the funds from the universities and student unions to parties that may be more in tune with the needs of medical students, namely the medical faculties and medical student societies.

Potential models for medical student SSAF allocation include:

Model A	Pre-clinical medical students continue to pay full SSAF, with online, clinical and rural students paying reduced fees
Model B	Portion of SSAF that is distributed to union is redirected to medical students society

Model C	Portion of SSAF that is distributed to union is allocated to appropriate clinical schools
Model D	Pre-clinical students continue with status quo, contributions of clinical students goes to faculty for allocation
Model E	Status quo - continue with existing model

References

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Appendix A – What can SSAF be used for?

A provider that charges a student services and amenities fee will only be able to spend the fee on the provision of the following services:

- providing food or drink to students on a campus of the higher education provider;
- supporting a sporting or other recreational activity by students;
- supporting the administration of a club most of whose members are students;
- caring for children of students;
- providing legal services to students;
- promoting the health or welfare of students;
- helping students secure accommodation;
- helping students obtain employment or advice on careers;
- helping students with their financial affairs;
- helping students obtain insurance against personal accidents;
- supporting debating by students;
- providing libraries and reading rooms (other than those provided for academic purposes) for students;
- supporting an artistic activity by students;
- supporting the production and dissemination to students of media whose content is provided by students;
- helping students develop skills for study, by means other than undertaking courses of study in which they are enrolled;
- advising on matters arising under the higher education provider's rules (however described);
- advocating students' interests in matters arising under the higher education provider's rules (however described);
- giving students information to help them in their orientation; and
- helping meet the specific needs of overseas students relating to their welfare, accommodation and employment.

Department of Education, Australian Government. Student Services and Amenities Fee [Internet]. 2022. Available from: https://www.education.gov.au/higher-education-loan-program/approved-hep-information/student-services-and-amenities-fee

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