

INTERNATIONAL MEDICAL STUDENTS' CAREER DEVELOPMENT POLICY

A significant number of medical students are international medical students who travel to Australia to complete their medical studies on an up-front full-fee paying basis. These students are funded by a range of methods from payment directly out of their own pocket to sponsorship by a sponsor or the government from their country of origin. While some visa requirements may mandate an international medical student return home to complete their internship, many do not have this stipulation and wish to remain in Australia to achieve their full medical registration.

INTERNATIONAL EDUCATION MARKET

Australia's international education sector has grown to be the third largest in terms of export earnings, generating \$15.5 billion in 2008 and supporting over 125,000 jobs¹. The 511 international medical students predicted to enrol in Australian medical schools in 2010 can expect to pay over \$210,000 in university fees over the duration of their course^{2,3}, plus a one-time payment of at least \$1,400 for overseas student health cover and around \$18,000 per annum in living expenses^{4,5,6}. This represents a substantial contribution to Australia's international education sector and the economy in general.

INTERNSHIPS

Internship is an essential component in the medical training continuum. It is an experiential opportunity to consolidate knowledge and practically apply skills learnt in medical school. Completion of a supervised internship in an accredited Australian public hospital is a requirement for full registration with current State and Territory medical boards and as such, should be viewed as a necessary component of medical training.

The number of medical students in Australia is increasing, however the number of internship places is not increasing at a comparable rate. In order to deal with an excess of medical graduates, the State and Territory Governments introduced priority lists to allocate internships to some groups before others. With international students being allocated positions after all Australian citizens and permanent residents, they stand to be most affected. These students will be forced offshore to complete their medical training if they are unable to secure positions in Australia, where they will face the difficult task of accessing prevocational training as foreign-trained doctors in other countries.

This challenge is not unique to Australia. In the United Kingdom, both international and domestic medical students are provided with a two-year Foundation Programme to achieve their medical registration⁷. This system recognises the contribution of international students to the economy and the fundamental connection between medical school and postgraduate training.

The systematic exclusion of internships for Australian-trained international medical graduates

is inconsistent with statements of support for international students made by the Federal Government¹. Furthermore, under current regulations the health industry stands to lose from forcing these students offshore; section 19AB of the Health Insurance Act 1973 restricts access to Medicare provider numbers for doctors who were not Australian citizens or permanent residents at the time of enrolment in medical school and requires practice in a district of workforce shortage for a minimum of ten years. If offers of internship are not extended to international medical students, the reputation of Australia's international medical education industry will be jeopardised and Australia may miss out on doctors in areas where they are needed.

It is concerning to note that despite a shortage of internship positions, Australia continues to provide supervised training positions to doctors who completed their medical training overseas. Overseas trained doctors lack the same experience in the Australian health system as Australian trained medical graduates, may have completed medical degrees with different standards to those approved by the Australian Medical Council and would generally not be as familiar with Australian culture. The potential issues raised by these factors, such as patient safety, can be avoided by employing locally trained international graduates. There is also a contentious ethical question as to whether Australia should be taking medical professionals from countries where they are more needed.

AUSTRALIAN PERMANENT RESIDENCY

The established pathway to permanent residency for Australian-trained international medical graduates necessitates registration with the State or Territory Medical Board where they intend to practice, which requires the successful completion of a one-year supervised medical internship. However, given that these students look set to be excluded from internships on the basis of their residency status, permanent residency or citizenship may soon be a prerequisite for these positions. Many international medical students already hold Bachelor degrees or higher and would qualify for independent migration under the Department of Immigration and Citizenship's general skilled migration program, but are unable to do so while in Australia on temporary student visas⁸.

Chris Evans, Minister for Immigration and Citizenship, announced in December 2008 that priority for independent migration to Australia would be given to those who have an occupation in critical demand, such as medical professionals⁹. Denial of internships for Australian-trained international medical graduates on the basis of their residency status is inconsistent with this goal.

RURAL CLINICAL SCHOOLS

The Commonwealth Government provides funding for rural clinical schools as part of a broader strategy to recruit doctors to areas of workforce shortages⁹. As part of this arrangement, 25% of Australian medical students must spend a minimum of 12 months or a clinical year at a rural location^{10,11}. As a result, many international students are excluded

from an in-depth rural medicine experience.

Positive experiences in rural medicine and rural lifestyle are predictive of doctors wishing to pursue a rural medical career and make it easier for these doctors to integrate into the community¹⁰. Given that, currently, international students who want to practice in Australia must usually spend at least 2 years in a specified regional area to be eligible for permanent residency and 10 years to receive an unrestricted Medicare provider number, it seems counterproductive to exclude international students with an interest in rural medicine from rural clinical schools.

INTERNATIONAL ROTATIONS

While many international medical students wish to continue their training after medical school here in Australia, others may wish to continue their training overseas. Some medical schools, in recognition of this desire and the difficulties in accessing postgraduate training in Australia, allow overseas clinical rotations for international medical students. These experiences provide valuable opportunities and are likely to increase the prospects of receiving an overseas postgraduate training position.

AMSA BELIEVES THAT:

1. Accredited internship is an integral part of medical training to produce experienced, safe and fully qualified doctors.
2. All Australian trained medical graduates should have the opportunity to complete their internship in Australia to achieve full medical registration.
3. Former overseas medical students should be supported in their pathway to internship in Australia, including application for permanent residency.
4. Internships must be prioritised to Australian-trained international medical graduates ahead of supervised training positions for overseas trained doctors.
5. Australian medical schools must make international students aware of their prospects of gaining internship in Australia prior to enrolment.
6. International medical students should not be excluded from extended rural placements.
7. Australian medical schools should provide opportunities for international students wishing to undertake clinical rotations overseas in order to enhance their opportunities for postgraduate training and further career progression, subject to approval by the Australian Medical Council.
8. Australia should encourage the social inclusion of international medical students, as with all international students, wherever possible.

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