



Sydney University Medical Society

Sydney Medical School
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The University of Sydney NSW 2006

Submission to the Senate Education, Employment and Workplace Relations Committee – Inquiry into the Welfare of International Students

Addressing Part (a) Section (vi) and (vii)

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1. Introduction

The Sydney University Medical Society (SUMS) represents the 1089 medical students of the Sydney Medical School at The University of Sydney, of which 178 are international students. SUMS believes that ensuring the welfare of international students is fundamental in creating and maintaining the reputation and relationships that Australia has built overseas. This document will focus on key issues and provide recommendations for the wellbeing of the international medical students studying within Sydney Medical School, New South Wales, and the wider community.

International students studying at the Sydney Medical School come from a variety of regions, particularly North America, and provide a multicultural and enriching learning experience for all students across the four years of our program. For many years, medical education at The University of Sydney has been regarded as an attractive option for international students. This is due to Sydney Medical School's competitive fees relative to other internationally-ranked tertiary institutions, as well as the reputation that the Sydney Medical Program has for delivering a high quality education that prepares students for their medical careers. Entry into the Sydney Medical Program is competitive - students are required to have completed an undergraduate degree, usually of 3 or 4 years' duration, pass a written suitability test and score well on an interview.

Those international students fortunate enough to be offered a place in the Sydney Medical Program face the additional challenge of funding their significantly higher course fees. For example, international students entering the program in 2010 can expect to pay \$57,360 per annum in fees, which will increase as the fees are reviewed annually and have historically increased at a rate of between 4 to 6% per annum, in addition to \$1,406 for four years' overseas student health cover and \$18,000 per annum in living expenses¹. For a significant number of international medical students, these fees require the accumulation of an uncomfortable level of debt, which is difficult to manage as international students are ineligible for most of the scholarships and bursaries available locally.

2. Internship and Employment

The most pressing issue faced by international medical students today is that of obtaining internship positions. The internship is a one-year period of employment that is a required component of medical training. It completes the medical education provided by

the degrees of Bachelor of Medicine and Bachelor of Surgery (MBBS). Without an internship, medical graduates cannot be registered to practise medicine with the State and Territory Medical Boards in Australia.

International students at the Sydney Medical School have recently learned that on the basis of their residency status, they are becoming more unlikely to acquire internship positions as medical student numbers increase, since the total number of internships is insufficient to cater to the number of medical graduates. Such discrimination flies in the face of recent comments made by Education Minister Julia Gillard in support of Australia's international students².

This dire situation is attributable to increasing medical student numbers at Australian universities in recent years. Faced with a critical workforce shortage, the Federal Government expanded student numbers at existing medical schools and encouraged the creation of new medical programs at other universities. Medical graduates from Australian universities will have jumped from 1,425 in 2002 to an estimated 3,437 in 2012, 517 of which will have studied here as international students³. Unfortunately, State Governments have not similarly increased their capacity for postgraduate training to ensure that all medical graduates of Australian universities can access internships on completion of their degrees.

This lack of continuity in the system has been reflected in the allocation of internships, particularly in that of NSW. For 2010 internship positions, the problems have led to the first usage of the priority system in the state (see Appendix A), which has inequitably disadvantaged international students; only local students were offered internship positions in the first round of offers and international students were left with the choice to either wait in uncertainty or attempt to obtain an internship in other countries.

For internship positions in 2011 and beyond (see Appendix B), domestic medical students within NSW have been guaranteed internships, with locally trained international students relegated to the lowest priority group, thereby making it highly unlikely for them to be offered a place⁵. This problem will only be aggravated in future years, as graduating class sizes become increasingly larger throughout NSW and Australia.

3. Contributions of International Medical Students to Australia

While the international student population serves as a considerable funding source for medical schools, the significance of their contribution extends beyond this⁷. The 178 currently enrolled international students at the Sydney Medical School can each expect to pay over \$200,000 in fees and around \$72,000 in living expenses over the four years of the course, representing almost \$50 million to the Australian economy. International education generates over \$15 billion in export earnings each year. However, if international medical students are excluded from medical internships, demand for Australian medical degrees will decline and the international education sector may suffer as a result².

Without the financial contribution brought by international students, most Australian medical schools would be in serious financial difficulty⁶. If locally trained international medical students are not able to complete their internship training within NSW or Australia at large, SUMS feels that many medical schools, which rely on these funds, will suffer as prospective international students cease to see Australia as an option for their studies.

4. Appropriate Pathways to Permanency – Barriers and Solutions

Despite recognition by Senator Chris Evans, the Minister for Immigration and Citizenship, that Australia needs more doctors and the implementation of a critical skills list for the priority processing of migration applications for foreigners with certain professions, such as medicine, locally trained international medical students are to be denied the opportunity to become registered doctors and use their skills in Australia where they are needed⁵.

A significant barrier to residency is current legislation which dictates that migration as a doctor into Australia requires medical registration, which is not attainable without one year of post-graduate internship training⁶. This effectively acts as a barrier to locally trained international students establishing themselves in Australia. One option to address this issue would be the Department of Immigration and Citizenship expediting permanent residency for international medical students in Australia on temporary student visas. Many of these students already hold Bachelor degrees or higher and would qualify for independent migration under the General Skilled Migration program, were they not already here on student visas.

Given the current situation, it would be reasonable for the Federal Government to introduce a permanent visa for international medical students to allow them to apply for permanent residency prior to graduation from Australian Medical Schools. This would allow those who wish to live and practise in Australia the opportunity to do so and serve the objectives of Australia's international education industry. At the same time, State and Federal Governments should cooperate on postgraduate training capacity so that all Australian-trained medical graduates who wish to practise medicine in this country have the opportunity to do so.

5. Solutions for the Lack of Internships

It is noted that unless the number of internships available in each state increases to meet the needs of the number of applicants, locally trained international medical graduates will continue to be relegated to the bottom of priority lists based on their residency status. In seeking a solution to this problem, several ideas have been put forward to increase internship positions within the NSW Health system; these may be applied to other state health systems and would benefit both local and international medical students. Expanding internships at rural and regional hospitals represents an opportunity to increase the rural workforce, both immediately and in the long term by providing positive experiences that attract these doctors back to areas of need. At present, doctors in rural and regional sites have more patient responsibility and greater supervision by senior staff⁸, so there is scope to expand positions in these areas.

Another possibility for increasing internship positions is to expand rotations to include general practice. This expansion has had precedence within Australia, and past experience has shown beneficial outcomes in the training of general practitioners as well as future specialists⁹⁻¹⁰. In addition, providing more part-time intern positions or job-sharing opportunities caters to doctors with family commitments and could offer a solution by fitting more interns into the same available working hours. All these measures provide greater opportunities for increasing capacity to obtain internships within Australia.

6. Recommendations

1) SUMS believes that locally trained International Medical Students should have fair access to the training that they need to become registered doctors. In light of the circumstances currently present in NSW, SUMS calls upon the NSW Department of Health to increase the postgraduate training capacity of NSW to accommodate all NSW medical graduates.

2) SUMS calls upon the NSW Department of Health to provide medical graduates from NSW universities who are not Australian citizens or permanent residents the same opportunity for NSW internships as other medical graduates who are not guaranteed intern positions.

3) SUMS calls upon the Federal Government to recognise that intern positions are a fundamental component of medical education and ensure that all State Governments provide enough internship positions to accommodate all Australian-trained medical graduates.

4) SUMS calls for more co-ordinated planning, collaboration and communication between the Federal Government, State Health Services, Area Health Services, internship allocation bodies and medical schools. This is imperative for a cohesive strategy to be developed to cope with the numbers of medical graduates and ensure continuity in the system.

5) SUMS recommends the Federal Government introduce a permanent visa for international medical students to allow them to apply for permanent residency prior to graduation from Australian medical schools. This would provide access to internship positions for those international medical students who wish to live and practise in Australia.

7. Conclusions

SUMS feels that locally trained international medical students deserve a fair go at acquiring the internship positions that would allow them to practise medicine. In the long term, we hope that State and Federal Governments will work together to increase postgraduate training capacity to meet the demand of graduates from Australian universities and the demand dictated by workforce needs. Meanwhile, we advocate that if international students at NSW medical schools are not guaranteed internship positions in the short term, these students should be provided with the same opportunity to acquire internship positions as other medical graduates who are not guaranteed these positions. This would not only serve to recognise the significant contributions that international medical students make to the Australian health, education and economic sectors, but would also acknowledge the standards of excellence to which these students are trained in our local medical schools.

Yours sincerely,

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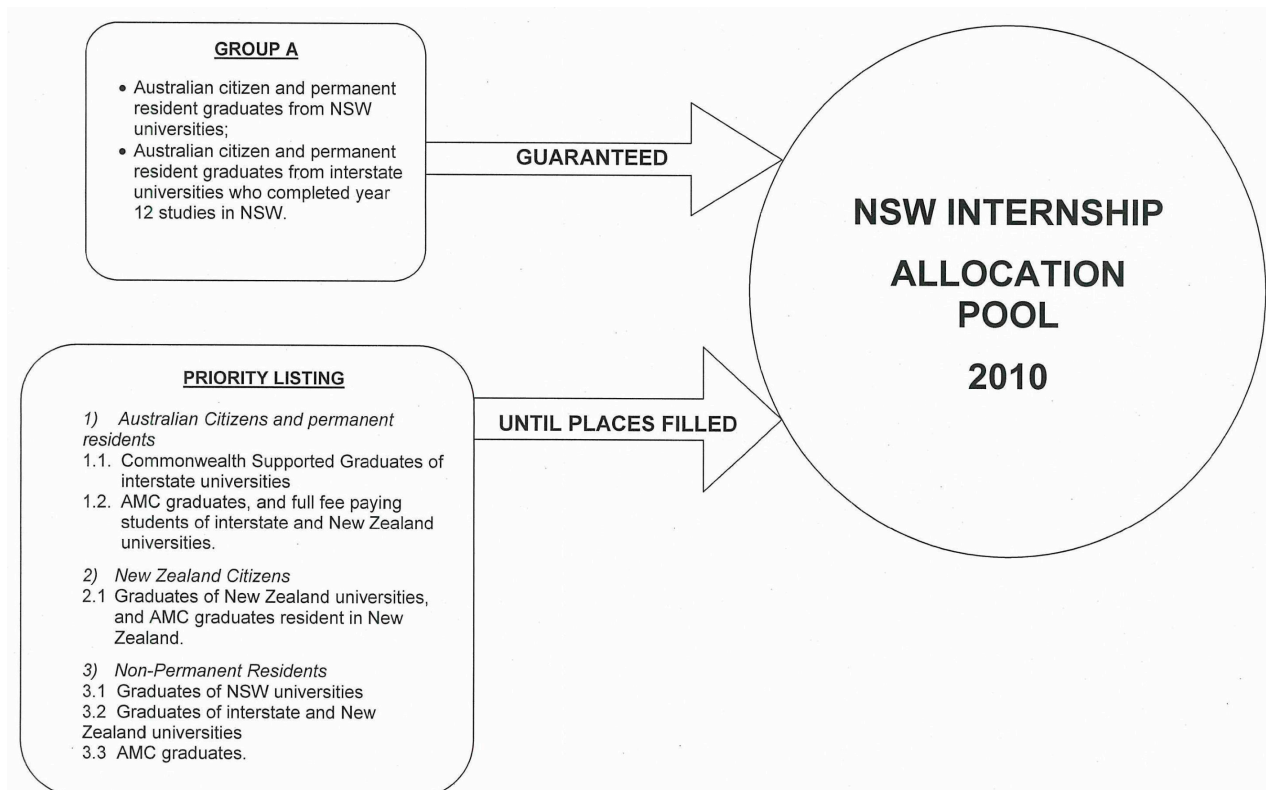
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Appendix A

<http://www.imet.health.nsw.gov.au/secure/downloadfile.asp?fileid=1005501>



Appendix B

<http://www.imet.health.nsw.gov.au/secure/downloadfile.asp?fileid=1005600>

Chart B – Intern Allocation 2011

