

Committee Secretary
Senate Education, Employment and Workplace Relations Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam

Re: Inquiry into the Welfare of International Students

The Australian Medical Students' Association (AMSA) is the peak body for Australia's 14,500 medical students. Many of these are currently full fee paying international students. As such AMSA has a keen interest in the welfare of these students and issues affecting their education experience in Australia.

Our submission to the current inquiry is attached. We would welcome the opportunity to discuss the issues raised with the Committee. Please contact the AMSA Executive Officer, Shayne McArthur, should you require any further details or information. She can be contacted on 02 62705435, at email address: smcarthur@amsa.org.au

Yours sincerely

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AMSA Submission to the Senate Inquiry into the Welfare of International Students

The Australian Medical Students' Association (AMSA) is the peak representative body for the 14,500 medical students studying in Australia. Approximately 20 percent of these students are international students¹. These students are subject to the difficulties faced by international students in other Faculties, for example sourcing accommodation and supports, however, in addition they face a set of challenges unique to medicine.

In the context of this inquiry, AMSA wishes to provide the following comments, which focus largely on the emerging inequitable treatment of international medical students in the allocation process by state governments for hospital internships. Beyond the issue of inequity AMSA is concerned that the welfare and wellbeing of international students may be compromised by the consequent uncertainty in which they find themselves regarding their future employment prospects.

Background

1. Internship

Following completion of an undergraduate degree in medicine at an Australian medical school, graduates must complete a 1 year internship program at a teaching hospital to receive full registration with the applicable Medical Board, and enter the medical workforce. This internship is regarded as a training experience, and necessary in the continuum of gaining medical qualifications. Graduates cannot work as a doctor without completing this year.

2. International medical students in Australia

In 2003 the Australian Government announced a new policy initiative to allow international students who have undertaken their training at Australian medical schools to remain in Australia as part of the medical workforce. This was a measure to address future medical workforce shortages.

To complete a medical degree in Australia, an international student must pay full course fees to the University. These fees are substantial and vary between universities, but approximate \$200,000 (AUD) or more to complete a medical course. This is in contrast to the approximate \$51,000, a student on a Commonwealth Supported Place would pay. Australian universities rely on these fees to subsidise the cost of medical education.

¹ 12th Annual Report, Medical Training and Review Panel, Table 2.3, p8

3. Increasing medical student numbers

In the late 1990s an anticipated medical workforce shortage prompted a rapid increase in the intake of medical students in Australian Universities. Over the past ten years the number of medical schools has increased from 11 to 18. It has been predicted that the number of domestic graduates from Australian medical schools will increase by 81% from 1348 in 2005 to 2442 in 2012. With international students included this would increase to 3000 graduates.²

More recent predictions confirm this trend but exceed the estimates of 2007. The 12th Report of the Australian Government's Medical Training and Review Panel, published in February 2009 predicts over 3400 domestic and international medical graduates in 2012.³

Intern training positions in hospitals, a state government responsibility, are under stress from unprecedented demand due to the increasing number of medical graduates. Whilst a priority allocation system is in place, it has not, until now been invoked, as available intern training places have exceeded demand by medical graduates.

Replicated below is the priority allocation system for NSW⁴, which is administered by the NSW Institute of Medical Education and Training (IMET). This is similar to the priority systems adopted by other states. International student graduates of Australian medical schools consistently receive low priority.

1. Australian Citizens and Permanent Residents

- 1.1. Commonwealth supported graduates and Full fee paying graduates of NSW Universities, or graduates from interstate universities who completed year 12 in NSW.*
- 1.2. Commonwealth supported graduates of Interstate Universities
- 1.3. AMC Graduates, full fee paying graduates of interstate and New Zealand Universities

2. New Zealand Citizens

- 2.1. Graduates of NZ universities, and AMC graduates, resident in New Zealand

3. Non-Permanent Residents

- 3.1. Graduates of NSW universities
- 3.2. Graduates of Interstate and New Zealand universities
- 3.3. AMC graduates

* denotes the group guaranteed an internship in NSW

² Riding the wave: current and emerging trends in graduates from Australian university medical school 2007, Catherine M Joyce et al, MJA Volume 186 number 6, pp309 - 312

³ Table 2.10, p 13

⁴ Information Booklet – Allocation of Medical Student and AMC Graduates for 2010 Clinical Year 2009, NSW Institute of Medical Education and Training, p12

Locally trained students who are Australian citizens or permanent residents have been guaranteed an internship in that state, in all states but Tasmania until 2012. No international student has been guaranteed an internship place in any state.

4. Workforce shortage

Australia is experiencing significant shortages in the medical workforce, and a workforce maldistribution which particularly affects rural and remote communities.

The current situation for international students

Internships have never been guaranteed for international students, however, when the current medical students applied to study medicine in Australia, they did so in a context that no applicant for an internship had missed out, and there always was an oversupply of internships. Students from around the country report that this created an expectation at the outset of their degree, based on precedent, that they would be able to complete their internship in Australia if they so chose.

The situation has rapidly changed. Up until two years ago, all who applied received intern places. Applicants missed out on offers for the first time in QLD in 2008. In 2009, in QLD, NSW and WA, students were not allocated in the first round of offers, and many missed out on subsequent rounds of offers. The available data indicates that the problem will continue to escalate, such that it is highly unlikely that any international student will be accommodated in any state in 2012.

Not only will greater proportions of international students be unable to access internships, but as the overall intake of international medical students has increased each year, increasingly large numbers of students will complete their degree in Australia but be denied access to the next stage of training. Many medical schools have plans to further increase their intake of international students in the short-term future.

Many international students are entirely misinformed, or poorly informed of this situation, and the options open to them. The severity of the situation and likelihood of accessing further training has further disappointed students. Students nationwide report that in light of the current situation they have found information misleading, or inaccurate, and in many cases have not had access to the information they felt they would have needed to make

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informed decisions both on whether to undertake study in Australia, and to maximise opportunities once they have commenced their degree.

This perceived lack of transparency has made many report feeling exploited for their fees, taken advantage of, and that they are treated as 'second-class' students.

The future for international students

For the international students who are unable to access an internship in Australia, further obstacles exist in many countries to make it highly unlikely that they will gain an internship there. The priority ranking and demand for places, for example, in Canada and North America, where many Australian medical schools source students from, place graduates from Australian universities at a significant disadvantage. A recent letter from an Australian student of Canadian origin, stated that her province only welcomed back 18 medical graduates from overseas, despite considerably higher numbers of applicants.

Further to this, to be eligible for overseas internships, the students may have to sit additional costly exams, which the Australian courses do not prepare for, thereby adding to the stress and workload, not to mention expense, faced in their final year of study. This is magnified by the uncertainty that despite the work and expense, they may still remain without an internship, and unable to work as a doctor, despite attaining their degree.

In countries such as Kenya, Australian medical degrees are not recognised without a medical board registration. AMSA members have reported concerns that they will be left with no option but to return to Kenya after graduation, where they will be forced to undertake further study before their qualifications are recognised, despite a wish to remain and work in the Australian community that they have trained in.

It is worth noting that the United Kingdom's National Health Service, despite massive student increases, guarantees locally trained international students of non-EU origin a 2 year internship in the UK before they have to compete with the graduates of EU origin for jobs.

In addition to the above, there are two issues in the Inquiry's Terms of Reference which are particularly pertinent to international medical students.

Medicine is a long, and expensive degree. International students have consistently reported their dissatisfaction with the lack of disclosure by the universities as to the full cost of their

degree, at the outset. Fees often jump year to year, leaving students, who have not been informed, no option but to pay the increase if they wish to complete their studies.

Finally, the student visa requirements for international medical students are a source of considerable concern for our members nationwide, and are even inequitable compared with other international students. (See Appendix A). Currently, international medical students study in Australia under a subclass 573 visa. The spouse and dependents of these students are restricted to working 20 hours per week. With the advent of post-graduate medical courses, the demographics of medical students have shifted, and many are older with dependent families. These visa restrictions place a very real burden on these families, with the situation often becoming untenable, especially in light of the high tuition costs. International medical students are disproportionately affected, as certain other degrees have exemptions for students under this visa.

Conclusion

Australia attracts high quality international students to Australian medical schools from a diverse range of backgrounds. Students across the country have shared with AMSA their motivations for choosing to study in Australia, as well as their experiences while here. The availability of internships and the opportunity to work and train further in the Australian community, are significant contributors to the decision to come to Australia. In addition to various state and university-specific issues, international students have consistently reported to AMSA that access to training places after graduation, and the access of information about their prospects, are their two greatest concerns.

Many students have reported that had they known and understood the situation in Australia before applying to medical school here, they wouldn't have come.

This raises two main priorities:

1. Finding solutions, and ways to ameliorate the conditions, especially as regards availability of training positions, and visa restrictions;
2. Improving the information available and the transparency of the situation, enabling prospective students to make informed decision, and plan accordingly

Already there are reports of students who have been deterred from studying in Australia. Without addressing the above, Australia is in real danger of losing this significant proportion

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of students, who make a valuable contribution to medicine in Australia, both financially, by subsidising the total cost of medical education, funding the university sector, as well as contributing to the broader economy, and also to the Australian workforce and community which is desperate for high quality doctors.

With reference to the specific scope of this inquiry, AMSA believes that it is the shared responsibility of education providers, state and federal governments and those involved in intern allocation and employment, to correct the inequitable situation for international medical students, as regards employment rights, protection from exploitation, and appropriate pathways to permanence. We believe that these groups can work with the students, and improve their approach to ensuring the provision of quality and accurate information to these students, as well as achieving greater transparency in the process.

AMSA thanks the Senate Inquiry for the chance to make a submission regarding international students, and looks forward to positive outcomes from this Inquiry. We would be more than happy to discuss these matters further.

Yours Sincerely,

- The Australian Medical Students' Association



Tiffany Fulde
National President
Australian Medical Students' Association

Appendix A – Correspondence from AMSA regarding Visa Inequities

Peter Vardos
Migration and Visa Policy Division
Department of Immigration and Citizenship
PO Box 25
Belconnen ACT 2616

11th June, 2009

Dear Mr Vardos,

On behalf of international medical students across Australia, The Australian Medical Students' Association (AMSA) would like to make you aware of a significant issue currently afflicting many students and the families of these students here in Australia.

AMSA is the peak representational body for Australia's 12 600 medical students of which 25% are international students. International medical students are an important financial asset to universities through upfront payments associated with a full-fee paying medical degree. They are also a vital part of the health system as many become doctors in Australia upon completion of the degree.

All international medical students study in Australia under a subclass 573 visa. The spouse and dependants of these students are restricted to working 20 hours per week. Many students are mature students on whom this restriction places a very real burden. Some of these students have families which are only supported through the spouse of the dependant working the maximum 20 hours per week. This causes hardship and stress to families that need not occur.

Current legislation for international students studying a *Masters* degree in Australia also requires the student to be under subclass 573 visas; however there are no restrictions on their spouses' working hours (they can work full-time). We would ask that all international students be afforded the same privilege

The distinction is understandable when considering that most medical courses in the past were undergraduate programs. In 2009 however, half of all medical schools are post graduate. This affects the type of international student that the program attracts.

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In response to the changing demographics of international medical students, and to create an environment which makes studying tertiary courses in Australia more attractive, we request that the current immigration policy be amended to allow full time work to be undertaken by the dependents of international students.

A change in policy will benefit Australia. An increased number of medical graduates will be retained in the health system. Currently we rely on foreign medical graduates to plug the gaps in the health system, a practice that is expensive, and involves recruiting graduates from medical courses that are not of the same standard as Australia's. In addition, attractive tertiary study in Australia is financially beneficial to our tertiary institutions.

Thank you for your consideration of this problem that is affecting our members and I look forward to further discussion on the matter

Yours Sincerely,

Jamie Alexander
Vice President (External)
Australian Medical Students' Association