Policy Document

Internships for International Students

Background

The Australian Medical Students’ Association (AMSA) is the peak representative body of Australia's medical students. Accordingly, AMSA advocates on issues affecting both domestic and international students including the acquisition of an internship following graduation. International students in particular face more challenges in obtaining an internship in Australia. As such, the availability of internships for international students in the current job climate requires close attention and long-term solutions. In 2014, the Commonwealth Medical Internship scheme (CMI) introduced 100 internship places in order to increase the number available for international students [1, 2]. The CMI was replaced in 2019 by the Junior Doctor Training Program (JDTP) - Private Hospital Scheme, which consolidated a number of programs [3, 4]. The medical profession is unique in that a medical degree is just the first step in the medical training process. The internship is required before clinicians can practice unsupervised and independently [4]. Thus, it is imperative that international students have a competitive chance at obtaining an internship upon completion of their degrees in Australia.

The Australian Internship

The Australian internship, or postgraduate year 1, is a requisite for full registration to practice medicine with the Medical Board of Australia [5, 6, 7]. It requires the completion of terms in emergency medicine, medicine, surgery and other specialities which equate to a minimum of 47 weeks full time [8]. Medical student numbers have been steadily increasing, with numbers nearly doubling between 2007 and 2017 [9]. This has not been matched by a proportionate rise in internship positions and as a result a discrepancy between the number of medical graduates and internship positions has arisen. In 2015 as many as 417 medical graduates did not attain a state-based internship in Australia. Refer to Appendix A for further details.

Due to the preferencing systems used to allocate internships, international students form the majority of those who missed out. The allocation of medical internships in Australia differs state to state, with each having an individual system in ranking students in priority streams. Using these systems, international students nationwide are generally lower priority than their domestic counterparts. Refer to Appendix B for more details on the medical internship priority system.

Junior Doctor Training Program - Private Hospitals Scheme

In May 2018, the Australian Federal Government announced that two JDTP streams would be replacing both the Commonwealth Medical Internship and Junior Medical Officer Training Program schemes.

The Rural Primary Care Stream will provide funding for educational support for junior doctors (postgraduate years one to five) working and training in rural primary care settings, allowing provision for 240 interns to experience rural general practice, while giving opportunities for training and support for 300 junior doctors to work rurally [10].

The Private Hospital Stream (PHS) will provide salary support for junior doctors to work in private hospitals. Through this stream, 100 federally funded intern spots were available for the 2019 internship year. This will rise to 115 internships positions for 2020 [11]. As with the CMI program, full-fee paying international graduates of Australian medical schools will continue to have preference. Due to low application numbers resulting from lower graduate numbers in 2017, the CMI program was expanded beyond international graduates of Australian medical schools; this will continue in the PHS program [3]. This underlines that the Government acknowledges that this pathway is an important alternative for unmatched international students.
The PHS will follow a similar recruitment timeline as the previous CMI process. As per the 2019 applications timeline, the PHS ‘Expression of Interest (EOI) internship applications’ opens late September, remaining open until mid-October. The Department of Health then distributes an applicant list to participating private hospitals. The private hospitals handle the recruitment process independent of the Department of Health, subsequently offering internships to eligible junior doctors. There is no guarantee of a training place for an applicant applying to the PHS, with each hospital making its own employment decisions in accordance with the agreed funding arrangement with the Department of Health. Private hospitals enter into contracts with eligible candidates accepting a place via the PHS scheme, conditional on the Commonwealth funding being received [12]. Working in the rural private sector settings will be prioritised, but unlike with the CMI program, there will be no contractual return of service requirement.

An investment of $63.6 million over four years from July 1 2018 has been allocated to training in the private sector and rural primary health care setting, as a part of the JDTP. From January 2019, previous government funding schemes including the CMI, the Junior Medical Officer Program and Rural Junior Doctor Training Innovation Fund will be consolidated, bringing the total investment to over $174 million [13, 14].

Challenges of Staying in Australia
International graduates from Australian medical schools experience many challenges after matriculation, including financial, bureaucratic and logistical barriers. Further, a new government investment into the Murray Darling Medical Schools Network adds an additional burden on these graduates who are already facing difficulty in securing an internship.

As part of the government's 2018-19 budget investment in the ‘Stronger Rural Health Strategy’, five universities with campuses in the Murray Darling region of New South Wales and Victoria will be provided $67 million to support medical students who begin studying in this region from 2021. Additionally, La Trobe University will receive $7 million in support of a new biomedical science degree starting in 2019 which opens a pathway for 15 students per year to go on to study medicine. With all the medical schools in operation, approximately 140 students will begin studying medicine in the region each year [15].

For this program, no new medical Commonwealth Supported Places (CSP) will be established, with the network reallocating from existing CSP places in a process over time that will allow for medical student intakes by 2021 [16]. Universities affected by reallocation of CSP places will be allowed a commensurate increase in their international full-fee paying medical enrolments [17], which adds to the pool of medical students without an increase in medical internships to match this growing number.

With regard to the allocation of these internships, international students, despite graduation from the same university, are often ranked into a lower priority stream than their domestic student counterparts, making it challenging for international students to secure a medical internship.

Visa Changes
Effective March 2018, the previous 457 visa was abolished and replaced by the new Temporary Skills Shortage (TSS) Subclass 482. The prior 457 visa subclass allowed up to four years for the majority of international students to work and stay in Australia, with employees providing sponsorship to the applicant [18]. The new TSS consists of two occupation lists: the Short-Term Skilled Occupations List (STSOL) valid up to 2 years and Medium and Long-term Strategic Skills List (MLTSSL) valid up to 4 years. The STSOL visa can only be renewed once onshore for an additional two years [19].

Previously, under the 457 visa scheme, international students were eligible for sponsored permanent residency after working for 1 year post graduation. Now, for all foreign graduates of Australian medical schools commencing their internships, the Department of Immigration and Border Protection recommends applying for Resident Medical Officer listed under STSOL. Upon obtaining AHPRA registration, they are then eligible to convert their visa to MLTSSL under the occupation of ‘Medical Practitioners NEC’, where graduates have to work for an additional 3 years before they are eligible for permanent residency. Those under the STSOL do not have the option of applying for permanent residency. This indicates that a minimum requirement of 4 working years after graduation is needed under the new TSS visa scheme. For students that were granted their first student visa on or after 5th November 2011, the 485
remains an alternative to the STSOL. However, doctors will only be eligible to apply for MLTSSL after 2 years on the 485 visa and upon obtaining AHPRA registration [20]. It is also important to note that applicants who received their student visa before 5th November 2011, TSS subclass 482 visa is the only visa they are eligible to apply without the 485 Temporary Graduate Visa as an alternative.

This can significantly impact on the progression of international students through training as most medical and surgeries colleges require permanent residency (PR) status before applying for an accredited registrar position [21]. Therefore, there is a limited time window for the medical graduates to obtain permanent residency in order to continue pursuing their medical career in Australia. Furthermore, with fees up to AUD$4,000 for current and future visa applications alongside an uncertain future, there is an added financial burden and psychological stress to medical graduates who are navigating this system.

Additionally, the new working visa changes have a detrimental impact on the likelihood of international students being employed. All employers who nominate an overseas worker at the time of lodging a nomination application are required to pay the new Skilling Australians Fund (SAF) levy for the TSS subclass 482 visa, in which the amount payable is dependent on the number of employees sponsored and annual turnover of the business [22]. This can cause reluctance from hospitals where nomination can be withdrawn due to the financial burden on the hospital. Anecdotal evidence suggests that nominations have been withdrawn due to the high visa costs for employers, resulting in international students being unmatched.

Challenges of Returning Overseas
According to the 2018 survey released by Medical Deans Australia and New Zealand, only 64% of current medical graduates are born in Australia, the remaining are composed of international students from Singapore, Canada, United States of America and Malaysia [23]. For Australia-trained medical graduates residing outside their home countries, the road to working as a licensed medical professional has been challenging.

Internship allocations in Australia are released between July and December with internships starting in January [24]. There is a discrepancy in the timeline in which the internships are allocated in their home countries. For instance, the United States and Canada release of offers are not released until around March [25, 26]. As their chances of matching at home are uncertain, many students feel pressured to apply for an Australian internship to avoid unemployment if they are unsuccessful in their applications in their home countries. In general, students who are required to wait for offers past August/September in Australia, must then consider applying for residency positions in their home countries. In addition to the challenging timeline, the application process demands substantial financial and emotional investment. The residency matching service in United States and Canada (NRMP and CaRMS) requires applicants to sit the United States Medical Licensing Examination (USMLE) which costs up to US$3500 [27].

For countries like Malaysia and Singapore, there has been an increasing discrepancy between medical graduate numbers and internship spots. In 2016, the Malaysian government implemented a contract-based intern system aiming to speed up internship allocation [28]. However, due to the large number of local medical graduates there is a long waiting period of three to six months before allocation of a housemanship (internship) [29]. Generally, Singaporean students tend to remain in Australia for the internship year to acquire medical registration before returning home for subsequent postgraduate training on Singaporean government bonds and scholarships. With oversaturation of internship spots in their home countries, it is extremely challenging for Australian-trained medical students to return to an already competitive environment where they will be prioritised lower than local graduates.

The pressure and desire to commence postgraduate training shortly after graduation is often due to: (a) the substantial financial investment or debt in the form of students loans of up to $300 000, (b) apprehension of any lengthy period of deskillng, which might leave them potentially less competitive to future employers and result in a steeper learning curve as a resident, placing patients at risk. Due to reasons stated above, the AMSA International Students’ Network (ISN) Internship Survey conducted in 2018 revealed that 96.9% of international students deemed programs like JDTP as an essential fail-safe option for unmatched students [30].

Solutions
**Swap system**

This has already been occurring for small pools of ‘late’ starting domestic and international interns in Queensland under extenuating circumstances and at the discretion of select hospitals on the basis of need, leading to a number of graduates being able to start full year internships in the second clinical term of each year [31, 32]. Limited quotas are set by each hospital that offers a late start and are awarded at their discretion. However, there is a lack of transparency on how candidates are selected. Students are required to arrange late starts with hospitals on their own and there is no guarantee of a position for domestic or international students [33].

Databases of interested students and interns could be created in collaboration by students, schools, and medical societies in order to facilitate ‘swaps’ or contract transfers. Possibly, it could be extended to include house officers looking for extra shifts or new positions as they arise within hospitals who require additional staff. Currently, the Queensland Medical Students Council and New South Wales Medical Council have ‘swap’ databases for interns who wish to transfer between hospitals after allocation [34]. For the PHS Program, when interns withdraw from the program after accepting offers at a particular hospital, replacements are arranged according to prepared lists of eligible students given to them by PHS organizers. No late additions or alterations can be made to that list. Transparency could be requested on how this list is arranged and how priority is determined for students on a waitlist [34].

**Position Statement**

AMSA believes that:

All students who graduate from an Australian medical school must be provided with a pathway to full medical registration and the opportunity to practice as a medical practitioner, either in Australia or abroad. The presence of medical graduates who are prevented from obtaining the right to practice medicine is an abject failure in medical workforce planning across Australia.

The medical internship should be considered an essential component of a medical graduates’ career and is appropriately recognised as such as a requirement for full registration as a medical practitioner in Australia. It also allows graduates to:

1. Maintain the relevance of the degrees they have invested substantial time and funds in; and
2. Maintain the international reputation of Australia’s medical schools, as reports of an internship crisis can deter prospective students.

**Policy**

AMSA calls upon:

1. The AMSA Executive to:
   a. Recognise the shortage of internships predominantly affecting international students across Australia as a continuing priority in its advocacy for Australian medical students, and maintain its advocacy in this area across its communication with all levels of government and Departments of the Commonwealth;
   b. Actively advocate for:
      i. An increase in the number of available JDTP internships to meet current deficits; and
      ii. For the extension of funding for the JDTP program beyond the current commitment to the end of 2020.
   c. Ensure the early release and open communication of internship offers, and offer strong promotion of the JDTP on the opening of applications each year to alert students to their availability by:
      a. Having a well publicised campaign for the JDTP with advisory sessions with hospitals and Federal Department of Health Officers. This includes
encouraging international students to clearly accept or reject offered positions; and

b. Advocate for the introduction of late entry JDTP internships for international students who have exhausted other options.

2. The Federal Government to:

a. Immediately recognise the criticality of the current internship/medical student imbalance, and therefore commit to restoring a pathway to full medical registration for all current temporary-resident medical students, including by funding the necessary number of additional internships;

b. Take into account the effects of increasing international student numbers (and the inherent consequences), when reallocating Commonwealth Supported Places (CSP) throughout the Australian Medical School network by either:
   i. Preventing the associated increase in international student places; or
   ii. Provide extra internship places in line with this increase;

c. Maintain the integrity of the Junior Doctor Training Program (JDTP) internship allocation process by offering internships to international students and continue to preferentially offer the JDTP to international students from on-shore Australian medical schools;

d. Introduce late entry or second round JDTP internships for international students that have exhausted other options; and

e. Annually review the number of places available, and increase it in line with additional students graduating from Australian Medical Schools.

3. The Department of Home Affairs to:

a. Ensure employers (hospitals and medical practices) are aware of the new 482 visa and offer them to eligible applicants;

b. Recognise the visa compliance issues that have arisen since the abolition of Temporary Work (Skilled) subclass 457 visas, which has withdrawn confidence of temporary resident doctors in the immigration process and prevented doctors from commencing employment in an area of need;

c. Ensure a streamlined system for obtaining and processing working visa for medical graduates across states by setting clear guidelines for hospitals/medical practice to follow; and

d. Consider lowering the cost of the Skilling Australians Fund (SAF) levy that hospitals/medical practice have to pay to give them every opportunity to nominate international graduates from Australian medical schools.

4. Australian Medical Schools, Medical Student Societies and Councils to:

a. Promote the JDTP internship program to all medical students with a specific emphasis on international students;

b. Provide support and advice to international students during the internship application process; and

c. Provide up-to-date information on the new Temporary Skill Shortage (TSS) Visa to international students and how this might affect them post graduation.

d. Disclose to prospective international students that currently they are not guaranteed an internship place in Australia, so that they can make an informed decision prior to enrolling in an Australian Medical School and
   i. Where possible provide information regarding the visa options for international students
5. Australian Specialist Colleges and Australian Medical Council to:
   a. Recognise applicants for specialist training by their university accreditations rather than by their permanent residency status.

6. Prospective and current international students to:
   a. Seek information from relevant sources, including universities, AMSA and state medical student councils about internships;
   b. Consider all internship opportunities beyond the state of their graduation, such as interstate applications, JDTP and overseas job opportunities; and
   c. Refer to publications by AMSA regarding the internship application process and situation whilst actively clarifying any ambiguities with appropriate personnel.

References


http://www.health.gov.au/internet/budget/publishing.nsf/content/5A7BC0AE4440FC6FCA258

26A008385D1/$File/Budget%20at%20a%20Glance.pdf


Policy Details

Name: Internships for International Students

Category: Category: D - Graduation and Internships

History: Reviewed and Adopted, Council 1, 2019
Stephanie Davies (Lead Author), Chui Foong (Kelly) Ong, Melina Sim, Ross Lomazov, Dhanushke Fernando, Kavinda Jinendradasa, Daniel Zou (Policy Officer)

Appendix

A - Internal AMSA table depicting amount of internship spots offered and amount of new student graduates in each state, 2015 and 2018

<table>
<thead>
<tr>
<th></th>
<th>2015 Internships</th>
<th>2015 Total Students</th>
<th>Difference</th>
<th>2018 Internships</th>
<th>2018 Total Students</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>983</td>
<td>1124</td>
<td>-141</td>
<td>1,116</td>
<td>1,116</td>
<td>-119</td>
</tr>
<tr>
<td>Victoria</td>
<td>807</td>
<td>857</td>
<td>-50</td>
<td>811</td>
<td>811</td>
<td>5</td>
</tr>
<tr>
<td>QLD</td>
<td>737</td>
<td>860</td>
<td>-123</td>
<td>645</td>
<td>645</td>
<td>0</td>
</tr>
<tr>
<td>SA</td>
<td>255</td>
<td>343</td>
<td>-88</td>
<td>356</td>
<td>356</td>
<td>0</td>
</tr>
<tr>
<td>WA</td>
<td>321</td>
<td>359</td>
<td>-38</td>
<td>316</td>
<td>316</td>
<td>0</td>
</tr>
<tr>
<td>ACT</td>
<td>93</td>
<td>82</td>
<td>11</td>
<td>95</td>
<td>92</td>
<td>Use MTRP</td>
</tr>
<tr>
<td>Tasmania</td>
<td>76</td>
<td>108</td>
<td>-32</td>
<td>Use IG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NT</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

App. Table 1. Medical Internships. AMSA. 2019. Note: Data for South Australia was unavailable, hence blank.
### B - Australian State Internship Allocation Systems and Statistics on International Medical Students and graduates of Australian Medical Schools.

<table>
<thead>
<tr>
<th>State</th>
<th>Highest Priority</th>
<th>Lowest Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT*</td>
<td>CSP graduates of ANU</td>
<td>Graduates of Australian University campuses outside of Australia accredited by the AMC.</td>
</tr>
<tr>
<td>NSW</td>
<td>Graduates of NSW universities who are Australia/NZ citizens or APR</td>
<td>Interstate or NZ graduates who are not Australia/NZ citizens or APR</td>
</tr>
<tr>
<td>NT</td>
<td>NT bonded medical scheme graduates</td>
<td>Australian CSP graduates: previous experience in NT (student placements/rotations); experience in rural, remote and indigenous health</td>
</tr>
<tr>
<td>QLD</td>
<td>Group A: Domestic graduates of QLD medical schools</td>
<td>Group B: Domestic graduates of NZ medical schools</td>
</tr>
<tr>
<td>SA</td>
<td>Australia/NZ citizens or APR graduates from SA university (CSP/BMP)</td>
<td>Group C: International graduates of Australia/NZ medical schools</td>
</tr>
<tr>
<td>TAS</td>
<td>APR Tasmanian-trained Australian government supported and full-fee paying graduates</td>
<td>Group D: International graduates of international medical schools</td>
</tr>
<tr>
<td>VIC</td>
<td>APR graduates of Victorian universities including domestic full-fee paying students and NZ citizens</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Graduates of accredited Australian medical schools who are Australia/NZ citizens or APR and who completed secondary education in WA</td>
<td></td>
</tr>
</tbody>
</table>

*ACT priorities have changed but no reliable source was available at the time of writing.

APR - Australian permanent resident

Medical internship priority system

Orange marks the point at which international graduates could be given a medical internship.

<table>
<thead>
<tr>
<th>Priority</th>
<th>VIC</th>
<th>NSW</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>TAS</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Australian citizens ✷ Graduated in state</td>
<td>Australian citizens Graduated in state (Guaranteed place)</td>
<td>Australian citizens Graduated in state</td>
<td>Australian citizens Graduated in state</td>
<td>Australian citizens Graduated in state</td>
<td>Australian citizens Graduated in state</td>
<td>Graduates of the ANU Medical School who only apply to ACT hospitals (guaranteed place)</td>
</tr>
<tr>
<td>2nd</td>
<td>Graduated in state</td>
<td>Australian citizens Graduated interstate Completed year 12 in state</td>
<td>Australian citizens Graduated interstate Completed year 12 in state</td>
<td>Australian citizens Graduated in state</td>
<td>Australian citizens Graduated interstate or in NZ Completed year 12 in state</td>
<td>All other applicants</td>
<td>Domestic graduates of NSW universities (capped at 5)</td>
</tr>
<tr>
<td>3rd</td>
<td>Graduated interstate OR Graduated in New Zealand OR Graduated overseas~</td>
<td>Australian citizens Graduated interstate</td>
<td>Australian citizens Graduated interstate OR Graduated in New Zealand</td>
<td>Australian citizens Graduated interstate Completed year 12 in state</td>
<td>International graduates of WA universities</td>
<td>Graduated interstate Completed year 12 in state</td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td>International graduates Graduated in state</td>
<td>International graduates Graduated in state</td>
<td>Australian citizens Graduated interstate</td>
<td>Australian citizens Graduated interstate or in NZ</td>
<td>ANU graduates who were not offered a 1st priority place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td>International graduates Graduated interstate</td>
<td>International graduates Graduated interstate</td>
<td>International graduates Graduated in state</td>
<td>International graduates Graduated interstate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Includes Australian permanent residents and New Zealand citizens. In most cases, New Zealand permanent residents are included along with international graduates.

~Refers to graduates of international universities which have received the Australian Medical Council accreditation.


*The ACT priority system has since been changed, a source with updated information from ACT Government Health was unable to be found at the time of writing.

Table 1. Commencing Australian medical students numbers by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Domestic</th>
<th>International</th>
<th>TOTAL AUS</th>
</tr>
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<tbody>
<tr>
<td>2010</td>
<td>2940</td>
<td>529</td>
<td>3469</td>
</tr>
<tr>
<td>2011</td>
<td>3241</td>
<td>592</td>
<td>3833</td>
</tr>
<tr>
<td>2012</td>
<td>3035</td>
<td>651</td>
<td>3686</td>
</tr>
<tr>
<td>2013</td>
<td>3032</td>
<td>636</td>
<td>3668</td>
</tr>
<tr>
<td>2014</td>
<td>3185</td>
<td>552</td>
<td>3737</td>
</tr>
<tr>
<td>2015</td>
<td>3210</td>
<td>567</td>
<td>3777</td>
</tr>
<tr>
<td>2016</td>
<td>3210</td>
<td>613</td>
<td>3828</td>
</tr>
<tr>
<td>2017</td>
<td>3211</td>
<td>642</td>
<td>3853</td>
</tr>
<tr>
<td>2018</td>
<td>3171</td>
<td>651</td>
<td>3822</td>
</tr>
<tr>
<td>2019</td>
<td>3106</td>
<td>693</td>
<td>3799</td>
</tr>
</tbody>
</table>
### Table 5. Graduating Australian medical student numbers by year

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Domestic</td>
<td>2259</td>
<td>2507</td>
<td>2777</td>
<td>2944</td>
<td>2968</td>
<td>3055</td>
<td>3085</td>
<td>3025</td>
</tr>
<tr>
<td>International</td>
<td>474</td>
<td>457</td>
<td>504</td>
<td>497</td>
<td>469</td>
<td>492</td>
<td>484</td>
<td>450</td>
</tr>
<tr>
<td>Total</td>
<td>2733</td>
<td>2964</td>
<td>3281</td>
<td>3441</td>
<td>3437</td>
<td>3547</td>
<td>3569</td>
<td>3475</td>
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