

# Policy Document

## National Internships Application Process Policy

### Background

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia.

For a newly-graduated medical student to attain full registration (general registration) as a doctor with the Medical Board of Australia, they must complete an internship with an accredited Australian hospital, or network of hospitals (hereafter, "hospitals"). Internships are currently allocated by individual agencies of health departments or ministries of the states and territories of Australia ("agencies"). [1] Each of these agencies operate their internship allocation process differently. Agencies operate under different timelines, charge different costs and bonds, and have differing systems for ranking students into priority streams. These agencies also differ in the methodologies of allocation: some conduct a ballot, some incorporate employer choice, while others use a combination of the two.

From 1996 to 2014, Australia experienced a 133% increase in medical graduates which has not always been met with corresponding increases in internship places. [2, 3] This inequality of supply and demand has made it increasingly difficult for students to secure internships – and as a result students may seek to maximise their chances by applying to a variety of agencies at great financial, logistical and emotional cost. In 2014, 26.7% of applicants for 2015 internships applied to more than one jurisdiction. [4] Agencies are then hampered by applicants who have received multiple offers but may fail to reject unwanted offers in a timely manner, preventing other students from gaining offers until later. In 2014, there were a total of 219 applicants who had multiple acceptances for the 2015 intern year. This meant that at least 6.8% of the 3226 state-based internship spots were taken up unnecessarily. [4]

The introduction of a national agency to administer all Australian internships would seek to resolve these problems. Applicants are offered the convenience and simplicity of a centralised application portal, reducing unwarranted anxiety. States and territories are relieved of an unnecessary duplication of services, and a national scheme would make it impossible for applicants to accept multiple internships. There exist ancillary benefits to such a scheme: the collation of internship data would be centralised and more readily accessible, and in light of national registration standards for medical practitioners, the Commonwealth may find benefit in being more closely involved in the internship allocation process.

With students feeling compelled to apply for multiple jurisdictions in order to maximise their employment opportunities, scope exists for minimisation of administrative efforts between jurisdictions. Furthermore, in order to maximise the number of students offered an internship, in the fastest manner possible, it is imperative that jurisdictions minimise the occurrence of multiple job offers for a single student, between different states. A nationalised internship allocation process may facilitate the process of applying for multiple state-based jurisdictions, minimise administrative efforts, and eliminate the occurrence of multiple offers.

The nationalised system would consist of an effort coordinated by the national agency to streamline the application process, with regards to information requirements, application timelines, and applicant preference allocations. Under a matching algorithm, the national internship application system may be able to work independently of state-based differences in priority group allocations. By streamlining the process, states would minimise administrative burdens, potentially leading to savings in financial and human resources that are currently required for the processing of internship applications, nationally. The collation of internship data would be centralised and more readily accessible, and in light of national registration standards for medical practitioners, the Commonwealth may find benefit in being more closely involved in the internship allocation process.

There are two primary obstacles to the introduction of a National Internship Application Scheme. Firstly, implementation of this scheme would involve an establishment cost to create the technical

infrastructure for secure data transfer. Secondly, there is concern that this model would increase the number of applicants applying to multiple jurisdictions and therefore increase the burden experienced by individual jurisdictions in processing applications. Such a risk is difficult to measure and due to the competitiveness of internships, applicants may already be applying for multiple jurisdictions to maximise their chances of securing an offer.

Internationally, many countries have national internship application scheme equivalents - most notably the United Kingdom, United States, New Zealand and Canada. Due to the similarities between Australia and the United Kingdom in terms of health care provision, an Australian scheme would likely be similar to the UK scheme. In the UK scheme, the devolved health care systems of England, Northern Ireland, Wales and Scotland are the equivalent of our state health departments. Applicants must preference all 20 'foundation schools' - groups of hospitals across all health systems. [5]

The Australian Medical Association also supports the introduction of a National Internship Application Scheme. [6]

The Australian Medical Students' Association performed a survey of 1300 of its members across Australia in which it was found that there was support for the idea of having a nationally consistent priority system in which domestic students are prioritised over international students, who are in turn prioritised over international medical graduates (Appendix 1). There was also broad support amongst students for having a ballot based system as opposed to an employer choice system. In line with AMSA's Internship Policy (2016) Point 2b, AMSA continues to call upon the state and federal governments to honour the current COAG agreement (2006) which ensures internship positions are available for all Commonwealth Supported students in the states and territories in which they completed medical school [7].

## Position Statement

AMSA believes that the Commonwealth Government should create and fund an agency which processes the allocation of all internship places at Australian hospitals.

## Policy

AMSA calls upon the Council Of Australian Governments Health Council to:

1. Create an agency to administer a National Internship Application Process;
2. The agency should develop an internship application process which:
  - a. is completed online and available to all medical graduates of Australian universities;
  - b. operates under a single timeline, effective in all states and territories;
  - c. allows the applicant to apply to undertake an internship in any hospital in Australia, preferencing as many jurisdictions as the applicant wishes;
  - d. consists of only one application, which requests a common form to be used by all participating jurisdictions, and supplementary forms relating to individual jurisdictions (if necessary) to be made available at the time of application and made as consistent as is practicable;
  - e. Operates under a ballot based system as opposed to an employer choice system
3. After applicants list their preferences as part of their application, the agency would undertake a matching process which:
  - a. results in at most one offer per applicant;
  - b. involves subsequent offer rounds to re-allocate offers which are not accepted, to applicants who have not previously received an offer;
  - c. recognises valid joint applications and applications warranting special consideration;
  - d. provides access to the relevant industrial agreement for each internship;
  - e. is transparent and fair, with processes in place to respond to grievances; and
  - f. is free of cost to the applicant.
4. Under an NIAP there should be a nationally consistent order of internship prioritisation with the following order:
  - a. Domestic students applying in the state in which they have graduated medical school
  - b. Domestic students applying in a state in which they completed year 12 but did not graduate from medical school
  - c. International students applying in the state in which they have graduated medical

- school
- d. Domestic students applying in a state in which they neither completed year 12 nor graduated from medical school
  - e. International students applying in a state other than that in which they completed medicine
  - f. Graduates of medical schools outside of Australia

## References

- [1] Council of Australian Governments Health Council, "Review of Medical Intern Training: Final Report," 2015 Available at <http://www.coaghealthcouncil.gov.au/Portals/0/Review%20of%20Medical%20Intern%20Training%20Final%20Report%20publication%20version.pdf>
- [2] Medical Deans Australia and New Zealand, "2015 Medical Students Statistics: Table 4 (a): Domestic Medical School Graduates 1996-2014 (Australia)," 2016 Available at <http://www.medicaldeans.org.au/wp-content/uploads/2015-Table-4.pdf>
- [3] Medical Deans Australia and New Zealand, "2015 Medical Students Statistics: Table 5 (a): International Medical School Graduates 1999-2014 (Australia)," 2016 Available at <http://www.medicaldeans.org.au/wp-content/uploads/2015-Table-5.pdf>
- [4] Council of Australian Governments Health Council, "Report on the National Audit of Applications and Acceptance for Medical Internship and the Late Vacancy Management Process for 2015 Clinical Year," 2015 Available at [http://www.coaghealthcouncil.gov.au/Portals/0/Report%20on%20the%20National%20Audit%20of%20Applications%20and%20Acceptances%20for%20Medical\\_\\_\\_\\_.pdf](http://www.coaghealthcouncil.gov.au/Portals/0/Report%20on%20the%20National%20Audit%20of%20Applications%20and%20Acceptances%20for%20Medical____.pdf)
- [5] The UK Foundation Programme Office, "FP/AFP 2016 Applicant's Handbook", 2015 Available at [http://www.foundationprogramme.nhs.uk/download.asp?file=FP2016\\_Applicants\\_Handbook\\_FINAL\\_WEB\\_updated\\_300915\\_V1.pdf](http://www.foundationprogramme.nhs.uk/download.asp?file=FP2016_Applicants_Handbook_FINAL_WEB_updated_300915_V1.pdf)
- [6] Australian Medical Association, "National Intern Allocation – 2011, Position Statement", 2012. Available at <http://ama.com.au/position-statement/national-intern-allocation-2011>
- [7] Australian Medical Students Association, "Internships Policy," 2016. Available at <https://www.amsa.org.au/wp-content/uploads/2016/07/03-Internships-Policy.pdf>

## Appendix

### Survey Results

#### **Are you in support of all states following consistent priority systems for internship allocations?**

- Yes, each state should have the same priority system - 58%
- No, states should have the ability to decide their own priority systems - 21%
- Unsure - 21%

#### **Please rank the following groups of applicants from priority level 1 – 7 (1 being highest and 7 being lowest) according to how you believe internships should be allocated? (Scores out of 7)**

1. Domestic students applying in the state in which they have graduated medical school - 6.90
2. Domestic students applying in a state in which they completed year 12 but did not graduate from medical school - 5.30
3. Domestic students applying in a state other than that in which they completed medicine, and were not able to obtain an internship in their home state due to a shortage of available positions for domestic students - 4.41

4. International students applying in the state in which they have graduated medical school - 4 .30
5. Domestic students applying in a state in which they neither completed year 12 nor graduated from medical school - 3.78
6. International students applying in a state other than that in which they completed medicine - 2.23
7. Graduates of medical schools outside of Australia - 1.06

**Of the following national systems for internship application, which do you believe is best?**

- A national ballot system where each student preferences hospitals within a state and is allocated a job according to priority and availability - 57%
- A national employer choice system where each student applies directly to a hospital and is allocated a job depending on the selection criteria of that hospital - 19%
- A national system in which each state may decide between ballot and employer choice models - 11%
- Unsure - 14%

## Policy Details

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Category: D – Graduations, Internships and Careers

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