Overseas Medical Placements

Background

The Australian Medical Students’ Association (AMSA) is the peak representative body of Australian medical students. AMSA has a key role in advocating for medical curricula that are of the highest standard, and equips future generations of health practitioners with the knowledge, skills and ethics necessary to deliver quality care to patients and communities.

Overseas medical elective placements are a major component of many medical school curricula across Australia. Recent research indicates 53% of Australian graduate entry (GE) program students and 35% of high school entry (HSE) program students undertook overseas medical electives in 2013, with demand for these programs continuing to grow. Placements are generally undertaken by students in their senior clinical years, who travel to both high- and low-resource settings; however, 59% of electives undertaken by GE program students and 56% by HSE program students were in low- or middle-income countries such as Cambodia, Nepal, and the Philippines. Overseas placements provide Australian medical students with opportunities to explore an unfamiliar area or setting of clinical medicine to broaden their understanding of health care overseas. Students gain an understanding of the primary health concerns and basic epidemiology of the country through integrating themselves into activities of the assigned department and attendance of hospital educational activities. Placements are available through both university medical faculties and private providers.

A range of issues surrounding overseas medical placements exist, with harms to both Australian students and host communities potentially arising out of certain elective programs. The risks of harm to both parties are particularly acute when student placements are to low-income, resource-poor, or otherwise vulnerable communities. Firstly, visiting students are at risk of both physical and psychological harm occurring during their elective placements. For example, students may experience guilt when they cannot provide care to everyone or are left to perform procedures above their skillset, leading to poor long-term coping. Meanwhile, less stringent safety standards, potentially unstable political and cultural climates and high rates of infectious disease may place the student’s physical safety at risk.

Overseas placements can also create enormous challenges for, and in the worst case significant harms to host communities. Due to limitations in communication, cultural awareness and clinical skills, visiting students may not
offer any benefit to patient care, and will instead act as a drain on already limited resources. [1] Difficulties communicating with patients can mean students require guidance to carry out even simple procedures. [2, 3, 6] Differences in culture and language may make it harder for students to communicate effectively with patients, necessitating the use of either a translator or increased supervision from local staff, which takes time and resources away from treating patients [6]. Medical students also detract from local employment opportunities in some cases by fulfilling jobs that could easily be done by local people. [2, 6] A lack of cultural awareness and sensitivity can cause patient harm, particularly with regards to issues of consent. [2-4] Research has also shown that medical students travelling to resource-poor communities often feel pressure to undertake tasks above their skillset, placing both them and the patient/community at risk. [2]

There are also significant and diverse benefits associated with overseas medical placements. There is extensive literature that highlights benefits associated with such placements, including increasing students' technical expertise in a wide variety of specialities, building collaborative skills, and networking. [9,11,18] Medical students that have practised abroad have also reported greater development in self-confidence, self-efficacy and independence with a greater appreciation and drive to engage with areas including cross-cultural practice and global health. [2,10,25] It is also important to consider the role that overseas placements play in fostering language skills, promoting cultural awareness, and forging a greater appreciation for public health, resource allocation and foreign medical healthcare systems. Further, being exposed to different healthcare systems enables students to have an appreciation of the strengths and limitations of each system. These outcomes have all played a role in increasing the number of medical professionals that practise overseas, undertake humanitarian aid and show proactivity in the domains of global health.

Despite such positive outcomes, it is generally considered that the benefits to students participating in placements abroad far outweigh any benefits accrued by host communities. Overseas medical placements often do not contribute to the development of foreign healthcare systems, fail to improve relationships with recipient communities, and do not provide sustainable or meaningful contributions toward the capacity of the recipient community and their staff [1]. There is significant potential to improve overseas medical placements via an increased focus on the development of long-term, collaborative and sustainable partnerships with recipient communities. Research indicates that overseas medical student electives, selectives, and internships are far more likely to be ethical and sustainable if they are accompanied by extensive long-term planning and support [7, 16]. Extensive planning, pre-departure training, and in-country support are therefore fundamental to ensuring positive outcomes for all stakeholders. Such considerations are, of course, also relevant to medical placements to resource-poor and/or culturally diverse settings within Australia, particularly those to rural and remote Indigenous communities.
These findings are consistent with a broader ideological shift in global development theory and policy-making, particularly in relation to low- and middle-income countries. Over the past few decades, both the World Bank and the United Nations have become strong proponents of ensuring genuine community participation and empowerment in any form of development [26]. This requires that development programs, policies and projects are conducted with and by resource-poor communities, rather than by citizens of wealthy nations attempting to ‘rescue’ communities with fewer resources. In relation to overseas medical aid and development, programs are unlikely to effectively contribute to better health outcomes for host communities unless they are driven by the communities themselves [16].

Volunteer medical placements that are not participatory in nature run the risk of weakening existing community health systems [20]. Ethical and sustainable overseas medical programs thus require a genuine effort by all parties to ensure that the provision of healthcare meets local needs, as defined by local citizens.

Position Statement

AMSA recognises the importance of overseas medical placements in providing a valuable learning opportunity for all Australian medical students. We acknowledge that students develop clinical skills, experience new cultures and become engaged in social justice; however, such placements have the potential to cause significant harm to both students and host communities. Without proper planning and genuine participation, overseas medical placements cannot be ethical, and do not address the underlying causes of ill health in resource-poor settings. These issues are also relevant to domestic placements -- particularly those in remote parts or resource-constrained settings -- and should be considered accordingly.

Policy

AMSA calls on all Australian medical students, medical schools, placement providers and the Australian government to ensure that all efforts are made to allow for the mutually beneficial continuation of overseas medical placements, particularly in resource poor settings.

Specifically, AMSA calls on:

1. Australian medical students to:
   a. Participate in overseas medical placements that conform to high standards of ethics, community empowerment and sustainability;
   b. Take all reasonable steps to ensure that they are appropriately trained and prepared for overseas placements prior to their departure;
i. Participate in appropriate pre-departure training programs;

ii. Communicate with the host institution to ensure mutual understanding of the student’s role, professional limitations, and host institution policies and expectations;

iii. Ensure familiarity with the medical ethical standards that are enshrined in the International Code of Ethics of the World Medical Association (WMA), and more specifically the WMA Medical Ethics Manual;

iv. Ensure an appropriate level of familiarity with the language, culture, health concerns and epidemiology of the host community;

v. Undertake appropriate health assessments, immunisations and prophylactic treatments, and obtain medical insurance valid overseas;

c. Act in a safe, ethical and culturally sensitive manner while on an overseas medical placement;

   i. Prioritise the needs of the receiving community;
   
   ii. Adhere to the same medical ethical standards that are enshrined in the International Code of Ethics of the World Medical Association (WMA), and more specifically the WMA Medical Ethics Manual;
   
   iii. Recognise and act in accordance with personal and professional limits in the provision of care, including clinical decision-making and medical procedure;
   
   iv. Take special consideration for language and cultural barriers, particularly when obtaining consent from a patient and during the provision of care;
   
   v. Practice cultural safety and sensitivity at all times;

d. Participate in appropriate debriefing, reporting and evaluation procedures after returning from overseas medical placements;

   i. Participate in appropriate post-placement health assessments, including mental health checks where necessary;

   e. Consider the variety of pathways for contributing to/participating in global health other than clinical placements [e.g research, policy work, etc.];

2. Australian universities and medical schools to:

   a. Develop sustainable, long-term and mutually beneficial relationships with overseas communities with the capacity to host Australian medical students and/or placement programs;
i. Continue to develop or establish stronger partnerships with hospitals and communities, particularly in lower income settings;

ii. Ensure that such relationships are mutually beneficial, ethical and sustainable; and

iii. Ensure overseas medical placement program remain transparent, with goals and expectations highlighted for both parties;

b. Encourage students to participate in overseas medical placements that conform to high standards of ethics, sustainability and host community empowerment including:

   i. Recognise integrity of the cultures and the impact western society through factors including models for healthcare, technology and how ways of thinking can affect this;

   ii. Supporting the development of adequate communication skills including basic language training, cultural awareness and the use of translation services where English is not the first language;

   iii. Providing sufficient access to information regarding the background to the culture of the community they will be working in, and an understanding of how this might impact on healthcare;

   iv. Providing an understanding of the legal issues they may encounter whilst undertaking an overseas medical placement;

   v. Providing information regarding personal and travel safety considerations specific to the travel destination;

   vi. Creating opportunities to discuss any expectations or concerns the student may have of their placement;

c. Require and facilitate student participation in appropriate pre-departure training and preparation before undertaking overseas medical placements by:

   i. Conveying an understanding of medical ethics as outlined in the International Code of ethics of World Medical Association (WMA) and the WMA Medical Ethics Manual;

   ii. Supporting the development of adequate communication skills including basic language training, cultural awareness and the use of translation services where English is not the first language;

   iii. Providing sufficient access to information regarding the background to the culture of the community they will be working in, and an understanding of how this might impact on healthcare;

   iv. Providing an understanding of the legal issues they may encounter whilst undertaking an overseas medical placement;
d. Provide adequate support and supervision to Australian medical students on overseas placements to ensure the safety and wellbeing of students and host communities through:

i. Developing sustainable and mutually beneficial relationships with organisations and communities in any medical placements undertaken. These multi-faceted relationships ensure that students not only gain learning experiences from their host placements, but also create opportunities to give back to these organisations. This applies in particular to low or middle resource settings, where actions can be taken to help and meet the areas of need identified;

ii. Addressing issues surrounding ethics and the need to ensure local community safety at all events promoting overseas medical electives;

iii. Improving the safety and well-being of students undertaking overseas medical placements, by providing relevant and accurate information for medical students;

iv. Developing focused goals, in collaboration with the host community, to help ensure the placement provides a valuable educational experience and is beneficial for community health;

v. Developing clear learning outcomes to highlight expectations of both those undertaking placements and recipient communities; and

vi. Consulting the host community about ways they may contribute to community health development, including through the provision of medical equipment and contributing, within their capabilities, to local training and capacity building;

e. Require and facilitate student participation in appropriate post-placement reporting and debriefing, including:

i. Adopting or continuing the practice of incorporating overseas medical placements as a component of their medical curricula;

ii. Ensuring participation in post-elective debriefing opportunities for students that have completed overseas medical placement;

iii. Reporting and discussing any incidents that occurred during the placement that threatened or compromised the student’s mental or physical well-being;

iv. Sharing the successful aspects of the placement changes to the elective program with the intention to consolidate on learning as well as personal and professional growth cultivated by elective experience;
v. Discussing and reflect on the ethical dilemmas that they experienced or witnessed that are inherent to electives in resource poor settings;
vi. Providing feedback to appropriate academic and administrative staff to facilitate improvement of future electives;

vii. Ensuring relationships are maintained and continued beyond just the period of the student’s placement; and

viii. Advocating overseas medical placements as an opportunity available to all and not limited by financial, social or cultural constraints;

f. Facilitate the development and implementation of medical curricula that incorporates global health considerations, in line with AMSA’s policy on Global Health and the Medical Curriculum;

3. Overseas medical placement providers to:

a. Facilitate high quality, ethical and sustainable placements in overseas contexts;

b. Place the long term benefits of the host community and the medical student above financial gain;

c. Ensure that they do not profit at the cost of community benefit;

d. Pre-departure education;

i. An understanding of medical ethics as outlined in the International Code of ethics of World Medical Association (WMA) and the WMA Medical Ethics Manual;

ii. Support to develop adequate communication skills including basic language training and the use of translation services where English is not the first language;

iii. Provide knowledge on background to the culture of the community they will be working in, particularly on the primary health concerns and basic epidemiology of the community and how it differs from home country;

iv. An understanding of the legal issues they may encounter whilst undertaking an overseas medical placement;

v. Information regarding personal and travel safety considerations specific to the travel destination;

vi. The opportunity to discuss any expectations or concerns the student may have of their placement;

vii. Provide education to students on the associated health risks and management;
e. During:
   i. Placements should aim to create sustainable relationships and open channels between organizations;
   ii. If these placements are at low or middle resources settings, ensure that students do not interfere in the training of local medical and allied health students, by giving them priority in training;
   iii. Ensure that the placement is part of a broader effort, which encourages horizontal programming for the local community;
   iv. Ensure the student has an avenue to comfortably report any concerns or raise any questions about the placement;

f. Post-departure training:
   i. Encouraged to report any illness or injury while overseas;
   ii. Discuss and reflect on the ethical dilemmas that they experienced or witnessed that are inherent to electives in resource poor settings;
   iii. Provide students with resources to help manage any issues they may have encountered during their placement;
   iv. Encouraged to provide feedback to the host clinic and provider including reporting any issues or concerns about the placement which they feel ought to be rectified for future placements;

4. University global health groups to:
   a. Promote awareness of the need for high standards of ethics, sustainability and community empowerment in overseas medical placements, and encourage students to consider the risks and harms of medical “voluntourism”;
   b. Promote student participation in sustainable placement by:
      i. Providing students with information regarding ethical and sustainable overseas placement options;
      ii. Providing an avenue for students to share previous elective experiences and advice with fellow students.
References


Policy Details

**Name:** Overseas Medical Placements

**Category:** B – Medical Education

**History**
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G. Behrens, J. Thomson, C. Ventura, R. Le, M. Leow, J. Wong & P. Walker