

Policy Document

International Students

Background

The Australian Medical Students' Association (AMSA) is the peak representative body for medical students in Australia. Accordingly, AMSA is uniquely placed to advocate on issues relevant to international medical students in Australia.

International medical students face a number of unique challenges. These challenges may present during the degree itself (e.g. difficulty in obtaining rural placements, lack of access to transport concessions, work limitations), as the student commences the application process for internship (e.g. limited job availability, English language requirements) or as after completion of intern year (e.g. unfair delays in ability to apply for accredited registrar positions).

International medical students (IMSS) are defined by their temporary residency status in Australia with a Higher Education Sector visa (subclass 573) at the time of commencement of their degree, allowing them to complete an accredited medical degree in an Australian university. It is important to note that 'international medical students' refers to those who are enrolled in onshore Australian medical schools. This is distinct from International Medical Graduates (IMGs) who graduated from non-Australian universities. In Australia, the export of international education is estimated to be worth \$18.8 billion AUD in 2014-15. [1]

Internship and Post-Internship Training Limitations

Current Internship Situation

Internship is an essential component of medical training. The Medical Board of Australia (MBA) clearly stipulates that Australian and New Zealand medical school graduates are not eligible for general registration unless they undertake a period of approved intern training [2]. Hence, internship is absolutely required for international students to be able to obtain full accreditation as a medical practitioner.

The number of medical students in Australia has increased dramatically over the past two decades. However, the number of state and territory funded intern positions has failed to keep up, resulting in a shortfall in internship places since 2012 [3]. In 2016, there were 3,648 graduates and only 3,414 intern positions, leaving a shortfall of 234.

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In response, the State and Territory Governments introduced priority lists for internships based on either Commonwealth Supported Placement (CSP) status, residency status or merit. Currently, all domestic students with a CSP are guaranteed an intern position, whereas international students are not. In all states and territories except the Australian Capital Territory (ACT), international students are allocated positions after Australian citizens and permanent residents who graduated from medical school in the state or territory [4].

Despite the shortage of internship positions, the number of domestic and international students continue to rise. The establishment of the Macquarie Medical School will see a net increase of 60 medical students in Australia, including 40 domestic and 20 international, from 2018. The opening of the Sunshine Coast University Hospital will see a net increase of 50 medical students from 2019, with a concomitant expansion in international student numbers by 15. The Murray Darling Medical School proposal is set to further exacerbate the rise. In addition, Australia continues to provide supervised training positions to doctors who completed their medical degree overseas [5].

International students who are unable to secure an intern position in Australia will be forced to either access prevocational training overseas, or wait another year for an opportunity to obtain an internship. However, there is a limit of three years for graduates to be eligible for general registration, and many countries outside of Australia and New Zealand, such as Thailand, have moved to only accredit graduates from Australia who have obtained full accreditation as a medical practitioner after internship [37].

Commonwealth Medical Internship (CMI) Programme

In response to the national internship crisis and pressure from medical students, the Federal Government introduced the Commonwealth Medical Internship (CMI) programme in 2013. The CMI funds up to 100 internships per year for 'international full-fee paying graduates of on-shore Australian medical schools'. Internships under the CMI must be undertaken in private hospitals and other non-traditional primary care settings outside major metropolitan areas [14]. The CMI is explored in more detail in AMSA's Commonwealth Medical Internship Policy (2015). The CMI offers international students an alternative to state and territory funded intern positions offered in Australia, and has gone some way towards addressing the shortfall in intern positions, but is far from a complete solution; each year, there are still a considerable number of international students who miss out on an intern position in Australia.

Lack of Transparency

Despite the unique challenges faced by international students compared to domestic students in securing an internship in Australia upon graduation, most universities currently provide little or no documentation to prospective

international students prior to enrolment that adequately highlights the risk involved in studying medicine in Australia. The onus is often on the student to obtain this information from discussions with colleagues and university representatives.

In August 2016, AMSA's International Students' Network (ISN) put out a survey to all international medical students in Australia. Of the 100 respondents, more than half indicated that they were provided with no information regarding their internship prospects prior to enrolment. The gravity of the situation is further demonstrated by the fact that the majority of respondents would have made a different choice in regards to attending an Australian medical school had their current information been made available to them pre-application.

The air of uncertainty surrounding internships is a stressor that may negatively impact on the mental health of international students. Currently, there is little or no research on whether international students experience an even greater level of psychological distress compared to domestic students, who already experience substantially higher rates of anxiety and depression compared to the general population [34].

It is ethically questionable for medical schools to allow prospective international students to enrol without providing them with a clear and accurate representation of the options available to them after graduation beforehand[36]. Lack of transparency deprives international students of the ability to make an informed decision, and thus of the right to self-determination.

Barriers to Entry Overseas

International students who resolve to continue their training overseas are faced with additional obstacles, including financial costs associated with transfer of license, working permits, and relocation, barriers to communication [30], and professional hurdles. Different countries have different clinical practice guidelines [31] and hospital information systems [31], yet the availability of industrial information is limited prior to arrival [33].

Abolition of the 457 Visa and Introduction of the Temporary Skills Shortage (TSS) Visa

The Temporary Work (Skilled) visa (subclass 457) was first introduced in 1996 and provided foreign workers with a four-year visa to take up jobs in more than 650 occupations [6]. Most holders of the 457 visa would eventually take up permanent residency in Australia, resulting in a migration outcome. Due to the open nature of the visa program, there was a high influx of foreign workers obtaining permanent residency regardless of the level of skilled work. In March 2017, the Federal Government announced that there would be a review of the 457 visa to limit the number of foreign workers obtaining permanent residency.

On 18 April 2017, the Hon Malcolm Turnbull MP, Prime Minister of Australia, and the Hon Peter Dutton MP, Minister for Immigration and Border Protection, jointly announced that 457 visa will be abolished and replaced with the completely new the Temporary Skills Shortage (TSS) visa from March 2018 [6]. The TSS visa programme will be comprised of a short-term stream for up to two years and a medium-term stream for up to four years. The occupations eligible for each stream are listed in the Short-Term Skilled Occupation List (STSOL) and Medium- and Long-Term Strategic Skills List (MLTSSL) respectively [7]. STSOL visa can only be renewed once onshore for an additional two years. The change aims to increase the quality and economic contribution of skilled migrants and address public concerns about the displacement of Australian workers.

The introduction of STSOL and MLTSSL removes 216 occupations from the previous list of occupations able to be sponsored for 457 visas and places caveats on 59 other occupations, resulting in a more targeted list that better aligns with skills needed in the Australian labour market [6]. The replacement of the 457 visa with the TSS visa will have notable consequences on international medical students, making it more difficult for them to obtain permanent residency and restricting their choice of specialist training.

Implications on International Medical Students

The Department of Immigration and Border Protection (DIBP) recommends all international medical students who require sponsored visas in 2019 to apply for the 'Resident Medical Officer' position listed under STSOL. [8] After obtaining AHPRA registration, international medical students can convert to the MLTSSL as 'Medical Practitioners Not Elsewhere Classified (NEC)', where they would have the opportunity to apply for permanent residency after 3 years on the visa. 'Medical Practitioners NEC' covers any individual with an AHPRA registration, and essentially includes general practitioners and all specialists, with the exception of anaesthetics, which is listed as a STSOL occupation. [9] A minimum IELTS requirement regardless of occupation has also been implemented in the new temporary visas [6].

International medical students who are applying for internship in 2018 will be able to apply for a modified 457 visa. The modified 457 visa will be granted for 2 years and renewable for an additional 2 years. After obtaining full AHPRA registration, international medical students will be able to apply for MLTSSL under the new TSS visa.

The Temporary Graduate visa (subclass 485) remains an alternative to the STSOL, but only for students who obtained their first student visa on and after 5 November 2011. The 485 visa provides 2 years of working in Australia for students who completed a bachelor degree, and 3 years for those who completed a Masters by Research degree. After 1-2 years on the 485 visa and

obtaining AHPRA registration, doctors will be to apply for the MLTSSL under 'Medical Practitioners NEC' option. [8]

The Skilled Independent visa (subclass 189) remains an option, but requires nomination by a State or Territory Government.

Implications on Permanent Residency

Previously, under the 457 visa scheme, international medical students were eligible for sponsored permanent residency after postgraduate year 1 (PGY1). In other words, international medical students were only required to work 1 year post-graduation before they were eligible to apply for permanent residency.

Now, under the new TSS visa scheme, migrant workers have to work for 3 years under the MTLSSL before they are eligible to apply for permanent residency. Those under the STSOL do not have the option of applying for permanent residency. [6]

Based on the recommendations set out by the DIBP, international medical students graduating in 2018 would be required to apply for the TSS visa under the STSOL after graduation. After obtaining their AHPRA registration, they would then need to extend their TSS visa under the MTLSSL for an additional 3 years before they would be eligible for permanent residency. This means that a minimum requirement of 4 working years after graduation is needed under the new TSS visa as opposed to only 1 year under the old 457 visa. [8]

Implications on Specialist Training Program

The delay in obtaining permanent residency has implications for international medical students who are thinking of applying for specialist training. Several medical and surgical colleges require permanent residency status before applying for an accredited registrar position.

Specialist training programs that have a permanent residency prerequisite include Australian General Practice Training (AGPT), Surgical Education and Training (SET) programs (including Ear, Nose and Throat (ENT) and Urology), and other programs such as Dermatology and Ophthalmology. [10,11,12,13] The permanent residency prerequisite would cause unfair delays for international medical students intending to apply for these specialist training programs. In addition, the delay in obtaining permanent residency could make colleges without permanent residency prerequisites, such as the Royal College of Pathologists of Australasia (RCPA) and the Australian College of Sport and Exercise Physicians (ACSEP), more competitive, as these pathways might be more appealing for international medical students. This would add additional pressure and competition on domestic students who are thinking of applying for these colleges.

English Requirements

In order to apply for a medical internship, international students must demonstrate English language proficiency. The introduction of the new TSS visa mandates minimum IELTS score requirements regardless of occupation. Under the STSOL, international medical students are required to obtain a minimum IELTS score of 5 and a minimum of 4.5 on each test component. Under the MTLSSL, international medical students are required to obtain a minimum of 5 on each test component. This is despite the fact that students have to complete five or six years of medical education in English. Under the old 457 visa, students can be exempted from the English language requirement if they have studied full-time for more than 5 years where the language of instruction is English. However, it is unclear whether these exemptions would still apply for the TSS visa. In addition, IELTS costs \$330 [15], which adds further financial strain on international students.

Rural Placements

Currently, international students face enormous difficulty in obtaining rural placements during medical school. Survey results (n=280) conducted in a collaborative effort between AMSA Rural Health and ISN in 2016 outline that over 90% of responders, all of whom were international medical students, are willing to work in rural and regional areas in order to obtain permanent residency and Australian citizenship. This is true despite international students being unable to undertake rural placements during medical school. Although each university has a different set of conditions and stipulations behind rural placement allocations and financial assistance, it is evident that rural placements are highly inaccessible for international students compared to their domestic counterparts for the following reasons:

Firstly, in many universities such as the University of Melbourne and the University of New South Wales, international students are ineligible for rural relocation-based bursaries or rent subsidies. [16,17] Furthermore, some clinical schools charge international students a higher rate of accommodation. The University of Melbourne's rural clinical school charges \$180.00 weekly for international students on rural electives, compared to \$100.00 weekly for domestic students. [18]

Secondly, many universities prioritise domestic students over international students when allocating rural placements. For example, in the University of Western Australia, international students are only able to apply for rural placement after domestic students have been allocated and currently the clinical school is regularly oversubscribed by domestic students [19]. In the University of New South Wales, international students are unable to apply to year-long rural placements in their third year.

As per the ten-year moratorium, international medical graduates are expected to work in districts of workforce shortage, which are often synonymous with rural

areas. However, many international students who attend universities that do not support international students in rural clinical placements complete their medical education with little rural exposure. [19] The inaccessibility of rural placements contributes significantly to unfamiliarity of international medical students with the unique challenges faced by clinicians in rural and remote communities after graduation; this is especially relevant for students participating in the CMI programme.

Financial Burden

Fees

In 2015, international students occupied 14.9% of medical student places [20]. These students study as private students on an upfront full-fee paying basis, and can be expected to pay over \$350,000 in university fees alone [21,22,23] depending on the duration of their course. Additional application fees and administrative costs also need to be paid before enrolment into a medical course [21,22].

International students currently study and reside in Australia under the Higher Education Sector temporary visa (subclass 573). Overseas student health cover is mandatory for obtaining the 573 visa, and costs at least \$2,600 over the course of the degree [24]. The temporary visa also stipulates that an international student maintains access to a minimum amount of money, namely, enough for travel costs, tuition fees, and approximately \$18,600 per year for individual living [25]. Estimates by various universities are more liberal, advising prospective students to expect costs ranging from \$20,000 to \$24,000 [26]. Students who bring dependent family members must provide proof of access to additional funds for each family member.

Travel Concessions

Travel concessions help to alleviate daily transport costs associated with education, and are an important part of student welfare. Currently, international students enjoy similar tertiary student transport concessions to their domestic counterparts in all Australian states and territories, except NSW and Victoria. However, 62% of international medical students are enrolled in these states, placing the majority of international students at a disadvantage as opposed to their domestic counterparts with regards to transport concessions [27].

Work Restrictions

The financial burden experienced by international medical students is compounded by the restrictions placed on their earning capacity. International medical students (both undergraduate and postgraduate) are subjected to the regulations of the 573 visa. Spouses and dependents of the international student are restricted to working no more than 40 hours per fortnight throughout the year [25]. The DIBP stated that the estimated cost of living for an international student

to be \$20,000 per year. [28] Assuming that students work at the national minimum wage for 20 hours a week, this would still be insufficient to support their cost of living. This is in direct contrast to students enrolled in a postgraduate Masters by research or Doctoral degree (subclass 574) or who are sponsored by Foreign Affairs or defence (subclass 576). Family members of these students can work unlimited hours [29].

Position Statement

AMSA recognises the challenges faced by international students and supports the removal of barriers to their development as doctors.

AMSA believes that:

1. All Australian trained medical graduates should have the opportunity to complete their internship in Australia to achieve full medical registration;
2. International medical students should be supported in their pathway to internship in Australia, including application for permanent residency;
3. All medical students of Australian universities should have access to rural clinical placements;
4. The cost of a full-fee paying medical degree places a significant financial burden on many international medical students and their families;
5. All prospective medical students deserve an open and transparent communication on the projected internship situation in Australia.

Policy

AMSA calls upon:

1. MDANZ and Australian medical schools to:
 - a. To ensure that prospective international students are adequately informed of the comprehensive costs of studying in Australia;
 - b. Be transparent to prospective international medical students that an Australian internship is not guaranteed upon graduation;
 - c. Ensure that transparency is present when prospective students communicate with recruitment agencies;
 - d. Support the provision of concessional transport to all international students as per the agreement for domestic students in their respective states;
 - e. Allow the option of rural clinical school placements to all medical students; and
 - f. To raise awareness of the 10-year moratorium and its effect on future training and practice prior to enrolment.
2. Australian Government Department of Immigration and Border Protection (DIBP) to:
 - a. Recognise all medical graduates of Australian medical schools to have met English requirement standards upon graduation;

- b. Remove the 40 hours per fortnight work restriction on spouses and dependents of international medical students studying under Visa Subclass 573, in alignment with Subclass 574 for international students enrolled in research-based higher education degrees;
 - c. Remove 2-year work restrictions for all foreign graduates from Australian Medical Schools (FGAMS); and
 - d. Ensure a streamlined system for FGAMS to acquire the necessary working visas and a smooth pathway to obtaining their permanent residency
3. Australian Federal Government, State and Territory Governments to;
 - a. Provide funding and an opportunity for all medical graduates to undergo clinical rotations in rural, regional and remote settings;
 - b. Provide all Australian medical graduates with an opportunity to:
 - i. Complete a supervised internship in Australia;
 - ii. Achieve full medical registration; and
 - iii. Obtain permanent residency.
 4. Australian specialist colleges and Australian Medical Council (AMC) to;
 - a. Recognise applicants for specialist training by their university accreditations rather than by nationality/PR status.
 5. Australian medical schools, MDANZ and International Student Network (ISN) to:
 - a. Research the mental health of international medical students in Australia and the common stressors that negatively impact their mental health; and
 - b. Provide up-to-date information on the new TSS Visa to the international medical students and how this might affect them post-graduation.
 6. Prospective and current international medical students:
 - a. To seek information from relevant sources, including universities, AMSA and state medical student councils about internships;
 - b. To consider all internship opportunities beyond the state of their graduation, such as interstate applications, CMI and overseas job opportunities; and
 - c. To refer to publications by AMSA regarding the internship application process and situation whilst actively clarifying doubts with appropriate personnel.

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Policy Details

Name: International Students

Category: C – Supporting Students

History: Adopted, Third Council, 2017

Adopted by repeal of International Students (2016) and Ethical Recruitment of International Students (2016)
Z. Abidin bin Azhar, S. Kim & V. Lin