Policy Document

Internships and Prevocational Framework (2023)

Position Statement

AMSA believes that:

1. Medical internships are integral to Australia's healthcare system, providing a structured transition into the paid health workforce, and preparing the next generation of medical professionals to meet the community's future health needs;
2. Medical internships must be guaranteed to all graduates of Australian Medical Council accredited medical schools;
3. Medical internships must provide graduates with the skills, exposure and experience required to meet the current and emerging health needs of Australia;
4. Internship models must be fit for purpose in the context of the changing health needs of the Australian community, given the importance of the internship in preparing doctors for their future roles in the Australian healthcare system;
5. The lack of standardisation across all States and Territories in the internship application and allocation process adds unnecessary levels of complexity and obfuscation that need to be resolved;
6. Bullying, harassment, and unfair working conditions remain commonplace in the intern setting and have a significant negative impact on the health and wellbeing of health professionals and patients; and
7. The social and financial costs of moving for internships are significant factors in the process which are not addressed, and there is currently a lack of appropriate support for these issues.

Policy Points

AMSA calls upon:

1. The Australian Medical Council (AMC) to:
    a. Transition toward a two-year prevocational framework, that aligns with the 2015 Wilson Report into medical intern training, that
        i. Continues to provide general registration upon completion of PGY1;
        ii. Addresses the changing nature of health in Australia and provides clinical experience and exposure for interns to

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healthcare modalities in a variety of patient care settings beyond the acute hospital, including:
    1. Aboriginal and Torres Strait Islander Health;
    2. Primary care;
    3. Interdisciplinary care;
    4. Care across the life course;
iii. Requires demonstration of specific capabilities and performance, within a time-based model;
iv. Ends the use of fixed-time terms during during internship terms and develops new methods of skill development, and graduated learning;
v. Develops clear criteria for learning and assessment, including but not limited to:
    1. Skill and competency progressions for interns;
    2. Clear and meaningful feedback; and
    3. Recognising internship as an important learning period for prevocational doctors;
vi. Is a product of co-design involving medical students, interns, doctors, health agencies, medical education providers, state and territory governments, Unions, the Australian Medical Council and the Australian Federal Government.

b. Ensure all State and Territory Health Services utilise the same process for internship application and allocation that:
    i. Is developed through a co-design process involving medical students, interns, doctors, health agencies, medical education providers, state and territory governments, health unions, the Australian Medical Council and the Australian Federal Government;
    ii. Utilises a ballot system with preferences for allocation of internships;
    iii. Standardises intern priority groups across all States and Territories;
    iv. Guarantees Aboriginal and/or Torres Strait Islander medical graduates their first preference for internship; and
    v. Integrates all graduates of AMC accredited medical schools based wholly within Australia, regardless of citizenship status within the priority list;
c. Establish national standards for Pre-Internship Terms that:
    i. Are based on the findings of the 2015 Wilson Report into medical intern training;
    ii. Are a product of co-design from all relevant stakeholders;

iii. Include practical skill training components, including but not limited to:
    1. Clinical skills;
    2. Communication within multidisciplinary care teams;
    3. Patient and community communication;
    4. Administrative skills; and
    5. Necessary skill measurement and progression;
iv. Provides medical graduates with the confidence and capacity to practise as prevocational doctors in a variety of healthcare settings.

d. Develop a formal national tracking and reporting process for intern workforce development that:
    i. Provides projections of required intern numbers to ensure adequate provision of medical student places to fulfil future health workforce needs;
    ii. Ensures that medical student school allocations are in line with projected health workforce needs;
e. Continue to dispel misconceptions surrounding the 2 Year Prevocational Framework.

2. The Australian Federal Government to:
    a. Phase out the private hospital stream of the Junior Doctor Training Program (JDTP), and reallocate the funds already committed to the JDTP toward medicare funding for primary care terms in the two-year prevocational framework;
    b. Provide adequate funding to States and Territories to guarantee that there is at least parity between graduate numbers of on-shore medical program graduate numbers and internship positions;
    c. Recognise the financial cost for medical graduates required to move for internships by providing funding grants to States and Territories to remunerate medical graduates who request financial aid;
    d. Establish laws, regulations and enforcement mechanisms to ensure that interns are not subject to unfair overtime requirements, including stipulations that:
        i. Interns must not be required to work more than 45 hours per week,
        ii. Interns must not be required to work more than 12 hours in a single day;
        iii. Interns must be provided a minimum 10 hour break between shifts;
        iv. Requests for overtime must be approved by an entity other than the direct supervisor of the doctor; and

v. Requests for overtime approval after the fact must not be rejected except in extraordinary circumstances;

e. Establish an independent reporting and investigatory authority to handle complaints of bullying, harassment, and unfair work conditions for interns and junior doctors that:
    i. Remains independent of the Australian Medical Council and other regulatory bodies;
    ii. Retains power over state and local health agencies;
    iii. Offers complainants the ability to remain anonymous; and
    iv. Has the authority and jurisdiction to enforce their findings and recommendations;
f. Reform the visa application and approval process for non-Australian medical graduates of AMC accredited medical programs with measures including but not limited to:
    i. Streamlining the process; and
    ii. Providing transparency for medical graduates and internship providers;
    iii. Recognising and work to rectify visa compliance issues that have arisen after the abolition of the 457 visa;
    iv. Ensuring internship providers are informed of the 482 visa;
g. Continue to fund the Australian Indigenous Doctors' Association (AIDA) to support their work providing assistance and guidance to Aboriginal and Torres Strait Islander students in applying for internships, and supporting Aboriginal and Torres Strait Islander interns.

3. Internship providers to:
    a. Provide high quality internships;
    b. Provide interns with high quality support and supervision;
    c. Work proactively with interns and all relevant stakeholders to improve the quality, accessibility and conditions of internship terms;
    d. Respond in a timely manner to the advocacy and feedback from interns, health associations and unions regarding internship terms;
    e. Provide flexible working conditions for interns, that recognises the providers' obligation to not discriminate against interns based on age, disability, family or carer responsibility, and personal needs;
    f. Provide high quality internship pathways tailored for Aboriginal and Torres Strait Islander applicants by:
        i. Reflecting on current support for Aboriginal and Torres Strait Islander interns;
        ii. Providing preference for Aboriginal and Torres Strait Islander applicants to stay close to community or work on Country;

g. Ensure intern wellbeing is prioritised by:
    i. Providing access to appropriate and independent mental and physical health support services;
    ii. Providing anonymous reporting pathways for interns experiencing bullying and harassment;
    iii. Responding appropriately to complaints of bullying and/or harassment;
    iv. Ensuring interns are not required to work more than 45 hours per week;
    v. Ensuring interns are not required to not work more than 12 hours in a single day, and not without a 10 hour break between shifts;
    vi. Providing leave that allows for flexible working conditions, and is cognisant of age, disability, family or carer responsibility, and personal needs;
h. Ensure requests for overtime approval after the fact must not be rejected except in extraordinary circumstances;
i. Offer flexibility for interns during their internship with measures including but not limited to:
    i. Mid-year internship intakes;
    ii. Part time internships;
    iii. Transferrals;
    iv. Deferrals; and
j. Regularly communicate up to date data regarding present and projected internship availability;
k. Ensure eligible international interns are offered 482 visas;
l. Work collaboratively with all stakeholders to implement reforms to the application and allocation process, the pre-internship model, the two-year prevocational model, and other proposed regulations and authorities.

4. State and Territory Governments to:
    a. Ensure all State and Territory Health Services utilise the same process for internship application and allocation that:
        i. Is developed through a co-design process involving medical students, interns, doctors, health agencies, medical education providers, state and territory governments, health unions, the Australian Medical Council and the Australian Federal Government;
        ii. Utilises a ballot system with preferences for allocation of internships;
        iii. Standardise intern priority groups across all jurisdictions;

iv. Guarantees Aboriginal and/or Torres Strait Islander medical graduates their first preference for internship; and
v. Integrates all graduates of AMC accredited medical schools, regardless of citizenship status within the priority list;

b. Recognise the financial cost for medical graduates required to move for internships by:
i. Providing appropriate funding for medical graduates who are required to relocate for their internship;
ii. Provide additional funding for Interns who are required to move their families with them; and
iii. Provide additional funding for Interns who are required to move rural or remote locations;

c. Ensure internship offers are released early within the year prior;

d. Fund further internship positions such that there is parity between graduate numbers and internship positions;

e. Work collaboratively with all relevant stakeholders to implement reforms to the application and allocation process, the pre-internship model, two-year prevocational framework, and other proposed regulations and authorities.

5. Australian Medical Schools to:
a. Ensure medical student numbers do not exceed the number of projected intern places available;

b. Ensure clinical rotations provide all medical students with the skills and experience needed as an intern;

c. Provide Pre-Internship Terms that are a minimum of 4 weeks long to all students with content that covers:
i. Clinical skills;
ii. Communication within multidisciplinary care teams;
iii. Patient and community communication;
iv. Administrative and bureaucratic skills; and
v. Necessary skill measurement and progression;

d. Ensure ethical recruitment of international students by clearly informing them of the current and projected internship numbers and workforce status.

e. Support and assist Aboriginal and Torres Strait Islander students with the internship application process by:
i. Advertising AIDA internship guidance;
ii. Providing assistance for Aboriginal and Torres Strait Islander students in their Internship application process;

f. Provide support and advice to international students regarding internship and its application process;

g. Disclose to prospective and current international students that currently they are not guaranteed an internship within Australia;
h. Work collaboratively with all stakeholders to implement reforms to the application and allocation process, the pre-internship model, the two-year prevocational framework, and other proposed regulations and authorities.

6. The Medical Board of Australia to:
    a. Continue to undertake and expand the Medical Training Survey;
    b. Work collaboratively with all stakeholders to implement reforms to the application and allocation process, the pre-internship model, the two-year prevocational framework, and other proposed regulations and authorities.
7. Medical Student Associations and Health Unions to:
    a. Continue to advocate and act as voices for students and health professions in all aspects of their education and work;
    b. Provide support and advice to international students regarding internship and its application process;
    c. Work collaboratively with all stakeholders to implement reforms to the application and allocation process, the pre-internship model, the two-year prevocational framework, and other proposed regulations and authorities;
    d. Continue to dispel misconceptions surrounding the two-year prevocational framework.

Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's 18,000 medical students. AMSA believes that medical internships are integral to Australia's healthcare system, providing a structured transition into the paid workforce, and preparing the next generation of medical professionals to meet the community's future health needs. For medical graduates, internships play a dual role; they equip them to practise in complex healthcare environments, whilst supporting them in their career choices and preparation for vocational training. For the profession and the community, internships should also prepare individuals for safe practice with a thorough grounding in the different types of healthcare required across the span of any individual's life. The community's expectation also includes recognition and planning for changing health needs in line with changing population and health characteristics.

While the concept of internship remains valid, major changes to the health and education system dictate that the internship model and curriculum require significant change to ensure the long-term utility and purpose of the internship system. Challenges to the current model include an overreliance on acute term terms in the hospital setting, fixed-time terms, a lack of exposure to diverse care environments that occur across the life course, inadequate training and assessment process, and insufficient time in primary care and Aboriginal and Torres Strait Island health settings. The current single-year model is incapable of managing these changes, thus requiring the proposed two-year prevocational framework with consultation with key stakeholders for development.

Internship Availability and Application Process

Internship Numbers

Internship numbers are based on state and territory findings as well as local hospital and health service requirements. The predicted number of positions for interns for 2024 is summarised in Table 1 in the Appendix. [1,2] This data is extracted from what is publicly made available and does not include changes in position numbers for domestic or international applicants.

Medical Deans Australia and New Zealand (MDANZ) reports an increase in total Australian medical graduates from 2011 to 2021 from 2,964 to 3,656 with estimated projections with an applied attrition rate to have 3,910 graduates by 2024. [3] With an increase in graduates per state, the projected regulation of demand of practitioners, which feeds into regulating internship spots as determined by State and Territory governments, is calculated through Australian Bureau of Statistics Population Growth Data and Health Workforce 2025 algorithms. [3] Of particular interest, even with an increasing number of graduates, several health departments have identified underserviced specialities including psychiatry, public health, general practice, surgery and addiction medicine. [4-6]

With Australia's ageing population, the need for medical practitioners, particularly those specialising in general practice in rural and remote areas, is in high demand. [7] The National Medical Workforce Strategy of 2021 - 2031 highlights that rather than a shortage of doctors entering into the medical system, there is now a geographic maldistribution and inadequate supply, either over or under, of doctors to specialties. [8] Many discussions on workforce distribution, including at the 2022 Go8 Summit, emphasis the influence medical schools has on geographic and discipline-based distribution of medical graduates. [9]

Annually, final figures for intern allocation are difficult to quantify, as some graduates return home overseas. [9] Issues like dynamically matching the national supply of doctors to the demand with limited data, makes it difficult to analyse the impact of Australian IMGs returning home. Currently, impacts of Australian IMGs returning home, may be seen as negligible, given that Junior Doctors (PGY2+) as graduates from overseas universities are employed to work in Australia, filling these gaps. [9]

However, for international medical graduates, the Australian Government has launched the junior doctor training program – Private Hospital Stream (PHS) with funding for Post-Graduate Year (PGY) 1-3 graduates. [10] Up to 115 internship positions in 2023 are available under this scheme, where only international medical graduates who did not receive any Australian internship offers during the mainstream allocation will be considered eligible. [10] Eligible applicants will have to undergo an interview prior to being given an internship offer under PHS. [10]

An Australian-wide late vacancy management process is implemented each year after the national closing date for recruitment of medical interns, which aims to fill any vacant positions while maximising the opportunities for any applicants yet to receive an offer. [11] This process implies that only applicants who have not been given an internship offer in any state or territory after the allocation process, including the junior doctor training program, are eligible to be considered in this national late vacancy management process. [12] A national audit is completed by an independent central administrator to detect if any students have accepted multiple internship offers and to contact them to choose within 48 hours, before providing a final report to the states and territories. [11] This aims to minimise the number of internship positions vacant at the start of the clinical year to ensure health services have the appropriate staff numbers to support their work.

Domestic Applicants

As agreed in the Council of Australian Governments Meeting in July 2006, Commonwealth supported medical graduates are guaranteed an internship position in their immediate postgraduate year, in the state or territory in which their university is located. [13] International medical graduates, who are not Australian or New Zealand citizens or Australian permanent residents, are not guaranteed an internship position in Australia. [15] To facilitate the guaranteed internships for the agreed medical graduates, Australian/ New Zealand citizens or Australian permanent residents applying for an internship in the state where they obtained their medical degree from, are placed in the first category of consideration across all

states, with no specification on being Commonwealth Supported or Domestic Full-Fee paying in some states.

Each state has developed their own priority lists or category groups, and allocation process, ranking the order of applicants being considered in the internship allocation process. In New South Wales, Queensland, South Australia and Tasmania [11,12,14,15] a ballot system is used, whereas internship allocations in Australia Capital Territory, Victoria, Western Australia and the Northern Territory are merit-based. [16–19] While states undergoing a merit-based selection have their own standard and selection criteria in recruiting medical interns, the process typically involves submission of a curriculum vitae and cover letter, answering questions in response to the selection requirements, referees, and potentially an interview. The Northern Territory, unlike other states, has a strong emphasis on prior experience in rural health and Aboriginal health. [19]

To encourage more workforce in rural hospitals, some states have also implemented separate rural applications that may have different allocation processes. New South Wales has launched rural preferential recruitment [12]; South Australia has the rural intern pathway; [14] and Victoria has the Victorian Rural Preferential Allocation (VRPA) round. [17] All of these programs are merit-based, and these applicants are generally matched earlier than those seeking metropolitan internships.

Interstate and International Applicants

Interstate applicants and international medical graduates are either allocated at a lower priority or undertake a different allocation process. There are two main streams in the priority list for those who are not allocated to the top priority category. New South Wales, South Australia, Australian Capital Territory, Western Australia and the Northern Territory prioritise interstate applicants who are Australian/ New Zealand citizens or Australian permanent residents before any international medical graduates, whereas Victoria and Tasmania place international medical graduates of universities in Victoria and Tasmania respectively at a higher priority over interstate applicants who are Australian/ New Zealand citizens or Australian permanent residents. [12,14–19] Queensland is solely merit-based for all interstate applicants and international medical graduates without considering the applicants' categories. [11]

Aboriginal and Torres Strait Islander Medical Graduates

Each state and/or territory has their own initiatives to promote the success of Aboriginal and Torres Strait Islander medical graduates in that jurisdiction. New South Wales, Queensland and Western Australia have a separate application pathway for Aboriginal and/or Torres Strait Islander medical graduates. The

Aboriginal Medical Workforce pathway in New South Wales and the Aboriginal and Torres Strait Islander Intern Allocation Initiative in Queensland follow similar processes, [2] where any applicants who identify as Aboriginal and Torres Strait Islander are offered an internship position at the hospital/ training network nominated as their first preference. [11,12] In Western Australia, the WA Country Health Service Aboriginal Pathways facilitates Aboriginal and Torres Strait Islander doctors who have graduated from Western Australian universities to be offered an internship at their first preference site, with interstate applicants given informal priority within their category. [20]

Victoria has internship positions dedicated to Aboriginal and Torres Strait Islander medical graduates in two health services, Melbourne Health and South-West Healthcare. [21] South Australia, the Australia Capital Territory and the Northern Territory did not have a unique scheme for Aboriginal and/or Torres Strait Islander graduates; [18,20,23] instead, they integrate them within their respective priority lists. They are generally considered first in the priority list, unless they are applying interstate, [14] or the Northern Territory where they are second down the priority list. [22] Tasmania does not have any prioritisation for Aboriginal and Torres Strait Islander applicants. [15]

Internship Working Conditions

Remuneration

In Australia, interns fall under the Medical Practitioners Award 2020 (MA000031), and are defined as medical practitioners in their first postgraduate year of medical experience affording them a minimum annual salary (full time employee) of $55,849 ($28.26/hour) which does not include weekend or public holiday penalties. [23] This award is active for interns in 2023 and includes amendments made 15 March 2023 that incorporate adjustment of wage-related allowances and family and domestic violence leave.

Each state varies in the pay for their interns with the annual base salary rates summarised in Table 2 in the Appendix. [24–30] This table does not include professional development allowance, on-call, weekend or public holiday rates, allowances, or other benefits that interns may be able to access. The annual intern base salary varies nationally with the lowest at $73, 086 in New South Wales to the highest of $83, 772 in Queensland.

Annual Leave

Graduates completing internships in state hospitals and health services are entitled to five weeks annual leave during their internship. Across the country this leave is organised in three different ways. The majority of Victorian programs allocate two

weeks leave to a specific rotation for interns and then require three weeks leave to be taken at the completion of the internship. [25] Other hospital and health services allocate the entire five week leave period to one rotation such that the intern takes their leave when they undertake that specific rotation. However, most hospital and health services use a preferencing system where interns can preference when they would like to take their annual leave before the beginning of their program. [12,31–37]

Internship Flexibility

The flexibility of medical internships varies between each hospital health service. Flexibility in internship programs might appear as offering: mid-year intakes, part-time internships, transfers and deferral. All hospital and health services require the intern to demonstrate exceptional circumstances for a mid-year intake, part-time internship, or deferral to be considered. [12,18,31–39] Limited information is presented in the application guides for medical students and this information is not collated into the state application guides: requiring students to find the application guides for each individual hospital and health service in order to compare programs. [31–36] Furthermore, requests for transfer or swap are typically limited to group A applicants and can only be approved if the request is for intrastate transfer or swap. [12,18]

Moving for Internships

When applying to state hospital and health service internships programs—except NT and WA—prospective domestic interns can request special considerations which allow them to be placed in a certain geographical region or with another candidate. Interns are required to provide evidence of extenuating circumstances such as medical conditions where treatment is only available in a specific metropolitan area, in order to access special considerations. [16,18,36,42,43] In WA there is not a formal special considerations pathway, but interns are invited to include such items in their cover letter for the selection panel's consideration. [22] Joint applications – applying with another intern with whom you are married or have de facto status - is also available in most states, with the exception of the NT.

Assistance with relocation costs varies by hospital and health service.The level of detail offered about what relocation costs may be covered varies wildly from service to service. Even when an absolute maximum relocation reimbursement is specified no explanation of what exact items can be reimbursed by the hospital and health service are given. The Queensland hospital and health services provide the most accessible information about relocation cost reimbursement and temporary accommodation – however, this information is found only in undated pamphlets. [31–36] As a trend, regional and rural hospital and health services are more likely to

offer temporary accommodation, usually of a period from two to six weeks. Whereas metropolitan hospital and health services do not offer accommodation and only some provide relocation cost assistance. No information is available to a prospective intern doing research on the quality and price of hospital supplied accommodation in rural areas.

Intern Welfare and Experiences

In 2022 the Medical Board of Australia and the Australian Health Practitioners Regulation Agency conducted the Medical Training Survey (MTS), [40] examining the impact of Australia's health system on health professionals. Interns were among the highest number of responders, and revealed ongoing systemic issues with culture, environment and safety. Currently, 74 percent of interns would recommend their current training program or organisation, which represents a single point drop since the previous survey from 2019. [40,41]

Hours worked

Contracts for intern employment differ by state, with jurisdictional bargaining agreements determining hours and conditions. A standard PGY1 or internship award defines full time as between 38 hours per week and 40 hours per week. [27,42–45] Hours worked beyond these amounts within a rostered period are considered overtime and attract penalty rates in their respective jurisdictions. [27,42–45] Some states have limits on individual shift limits, which attract overtime when an employee works greater than the specified amount, running from 10 to 14 hours in one shift. [43–45]

The responses from interns surveyed in the MTS demonstrate a varied and at times burdensome reality for intern work conditions. [40] Interns surveyed worked the highest number of hours on average, with reported averages between 49.6 and 51.1 hours. Four fifths of interns reported working more than 40 hours per week, and a third reported more than 50 hours. [40] Results from the National Mental Health Survey of Doctors and Medical Students showed that interns are far more psychologically distressed, think about suicide more, and experience more burnout than their more senior colleagues. [46] Interns that work over 55 hours a week were more than twice as likely to have mental health disorders when compared to those working 40-44 hours per week. 31% of interns responded saying that the amount of work they were expected to do had a negative impact on their wellbeing. [40] It is likely that these factors contribute to interns having the highest incidence of burnout related problems of all groups. [46]

Consistent findings in the health sector have demonstrated a level of expectation regarding overtime requirements for junior doctors beyond what can be considered reasonable. [47] Inherent in the current intern system is the significant number of hours worked by interns in unrostered overtime. Interns are paid most often of all groups for unrostered overtime, at 77% of the time. [40] There is an expectation that unrostered overtime is part of the intern years, with long hours considered a part of the role. [48] Interns had a lesser perception that unrostered overtime had a negative impact on their training, however greater perception that this had a negative impact on their wellbeing. Junior doctors face significant pressure to work long hours during their internship, and are often coerced into refraining from submitting overtime claims, recognising that those who approve their overtime claims hold significant power over their careers. [49,50]

Wellbeing

Mental health concerns are a major issue for interns, and the medical profession at large. Interns had a 38.4% likelihood of minor psychiatric disorders, the highest of all doctors surveyed and the highest incidence of diagnosed anxiety at 4.9%. [46] More than one in ten interns reported having thoughts of suicide in the last 12 months. [46] Interns reported a lower belief that their workplace supported staff wellbeing and a lower perception that their workplace supports work-life balance. When reporting actual work life balance, 58% of interns reported having a good work life balance, which was average for the surveyed groups. [40] Interns report difficulties maintaining self-care activities and social relationships especially outside work, and are less comfortable seeking help for personal or health problems. [48] In addition, there were concerns and suggestions that the internship year may exacerbate pre-existing mental health conditions. [46,51]

Bullying and Harassment

Workplace culture is a common complaint for interns. Interns reported the highest amount of all groups with 43% having witnessed or experienced bullying in the past 12 months to 2022, and 45% in 2021. [40,52] There appears to be an expectation that this is a part of the job. Interns have a worse perception of toleration by workplace, and less confidence in raising issues and concerns with workplace bullying. [40,48] Interns commenting on their experiences with workplace relationships describe ‘overbearing…aggressive and harsh’ senior staff, and that the only way ‘to deal with that is just to take it… these guys are your bosses, they’re going to be the ones deciding whether you get into a certain college’. [48] AMSA’s stance on this issue is further discussed in the *Bullying and Harassment in Medicine* policy (2023).

Expectations and Supervision

Qualitative reporting suggests that medical school may not be preparing interns appropriately for administrative and management skills, as opposed to clinical skills and knowledge. [48] The transition from medical school to intern has been described as '...vastly different to what. [was] done as a student'. [48] Interns raised concerns that the administrative roles of the job are not prepared for, and may impact their ability to progress as medical professionals. [48] Over half (53%) of interns report that the responsibilities of their job sometimes or often prevent them from achieving training requirements. [40]

Throughout internship supervision changes depending on rotation, level of experience and responsibilities. The roles of a supervisor should be clearly stated, and known by both intern and supervisor. Generally, supervision roles will be divided into:

- Term supervisor, responsible for orientation and assessment during a particular term,
- Primary clinical supervisor, who supervises assessment and management of patients, and
- Immediate supervisor, at least PGY3 with direct responsibility for patient care. [53]

Primary and immediate supervisors should be at least PGY3 with general registration, and direct responsibility for patient care. Primary clinical supervisor should be a consultant or senior medical practitioner. [53]

All interns surveyed reported having a clinical supervisor. Supervisors were 66% registrar, 31% specialists, and 3% other doctors. 81% of interns rated their supervisor as either good or excellent, which was the lowest of surveyed groups. [40] When asked about the ability to contact other senior medical staff if they were concerned about a patient, and their immediate clinical supervisor is not available, 97% of interns felt they were able to contact in hours, while only 81% felt able to contact after hours. [40] Qualitative reporting suggests interns have a low threshold for escalating concerns with patients. [48]

There are concerns that increased specialisation leads to isolation of learners from senior faculty, and inconsistent exposure to patients and diagnoses. [48] Short stints in different clinical placements promote shallow relationships with supervisors, as well as a tendency to manage impressions rather than seeking teaching from them. [48]

Internship Models and Curriculum

Current Internship Structure

General registration as a medical practitioner following internship is set by the Medical Board of Australia, though intern accreditation itself is provided by the state or territory accreditation authority approved by the Medical Board of Australia. The Board requires interns to complete a minimum of forty-seven weeks of full-time equivalent service, including:

- a term of at least eight weeks that provides experience in emergency medical care;
- a term of at least ten weeks that provides experience in medicine;
- a term of at least ten weeks that provides experience in surgery. [54]

2015 Internship Review

In 2015, the Australian Health Ministers Advisory Council commissioned a review of medical intern training. Noting that internships had not been subject to a full review in almost three decades, the review recommended a suite of changes to align internships with other health changes. [55] The strongest recommendation echoed those made in the last review in 1988, noting the structural bias of the model, focusing on acute care in public hospitals, neglecting primary care, healthcare across the lifespan and the future health needs of the community:

The intern year … is spent entirely within the acute hospital system with no effective exposure to the skills required to care effectively for the functional, social and mental health requirements of the majority of patients who have more than a simple short hospital stay due to an acute reversible illness in one organ system. [56]

The review found also found that graduates enter their intern year with little experience in actual patient care and an absence of baseline work-ready capabilities they are expected to meet, which can be compounded during the internship by vague intern outcomes remain and that the 'assessment process is largely focussed on identifying the very few instances of serious underperformance and provides little meaningful feedback for the majority'. [55] To meet these and other recommendations, the review strongly recommended transitioning to a two-year model of transition to practice with significant structural changes to supervision, assessment, career coaching and graduate learning. While the new curriculum addresses some of the review's recommendations, large portions of the internship remain in need of reform in light of the review and other literature. [57–60]

National Prevocational Framework

Partially in response to the internship review's recommendations, and a recognition of the changing nature of health systems, a new curriculum has been developed as part of the National Intern Framework, guided by the recently revised National Framework for Prevocational Training. [61] The new National Intern Framework provides outcome statements expected of prevocational doctors at the conclusion of PGY1 and PGY2, and while they are the same across both years, the standards of trust, responsibility, and supervision at the conclusion of the second year are necessarily greater. The standards and requirements relating to PGY1 are set to be implemented in 2024, and those pertaining to PGY2 will be implemented in either 2024 or 2025. [54]

The standards outlined in the framework remain within the historic four domains for the prevocational doctor, measuring outcomes as:

- A practitioner;
- A scientist and a scholar;
- A health advocate;
- A professional and leader.

Despite the implementation of these incremental changes to the internship curriculum, owing to the structured nature of the rotations, the reliance on fixed terms, and the focus on acute settings, the internship in its current form will continue to miss the future needs of both the medical workforce and the Australian community's changing healthcare requirements.

Standardisation of Internships Across Rural and Metropolitan Settings

According to previous guidelines, intern training programs will have their own governance and evaluation administration with intern training accreditation authorities needing to be informed if significant changes occur. [54] The guidelines stipulate the need for greater flexibility so that multiple sites of healthcare can become accredited pre-vocational medical training sites in order to reflect the breadth of healthcare in Australia. [60] Therefore, as addressed by the AMC, Prevocational Medical Internship Programs should be comparable based on being equally accredited by the AMC. However, prospective medical students perceive there to be a difference between rural and metropolitan internships. Medical students perceive rural internships to offer more experience and support but come with greater responsibility in practice compared to metropolitan internships where interns are sometimes viewed as "paper-pushers". [62] Rural internships are undesirable to domestic students where they only fill 70% of positions and over half of those did not prioritise a rural placement in their preferences. [63] However, there

is little research on the tangible differences between metropolitan and rural internships and attempts at standardisation.

The Internship Curriculum

The current trend in medicine towards sub-specialisation, to the detriment of generalist or broader medical vocations, runs counter to the evidence supporting the need for integrated and multidisciplinary care for the changing chronic health needs of Australians. [58,64–66] Given that interns are heavily reliant on exposure to careers within medicine during their prevocational years, the current system of fixed acute terms during the internship may be contributing to this trend of specialisation. [55] In conducting the bulk of internship terms in acute hospital settings, interns may be conditioned to over-emphasise the importance of these care modalities and underestimate the growing scope and importance of multidisciplinary management, care across the lifecourse and more generalised medical vocations. [57,59,60,62,63]

Additionally, the number of medical graduates seeking careers as general practitioners is declining, in line with negative attitudes towards general practitioners within the wider medical profession and the community. [67] Inadequate exposure to primary care during internships may perpetuate these attitudes, and unjustly inflate the importance of acute hospital care within the healthcare system. Given that an integral component of the internship experience involves exposing prevocational doctors to contexts in which they will work in the future, the inclusion of a mandatory general practice term would meet the existing deficit in the program that demonstrates inadequacy in preparing junior doctors for practice outside of acute and hospital settings.

Exposure to career paths not normally explored in medical education, internships, or acute care settings, not only contributes to developing the future medical workforce but also works to address the future health needs of the changing Australian community. As of June 2020, data from the Australian Bureau of Statistics showed that 4.2 million (16% of Australia's total population), were aged 65 and over, and by 2053 it is predicted that 21% of the population will be aged 65 and over. [68] In contrast to the existing internship model, the interdisciplinary approach, especially one that emphasises the importance of post-acute settings, demonstrates significant benefits to older individuals accessing healthcare. [58,65,66,69,70] Consensus in medical literature supports this, pointing to a growing trend away from acute health needs, towards more complex and chronic health presentations, especially in the ageing population. [64,69,71] Lessons from the United Kingdom National Health Service Liverpool Care Pathway for the Dying Patient (LCP), demonstrate the need to address the emotional, physical and social needs of elderly patients, relying on compassionate and empathetic doctors who have been adequately exposed to and trained to manage the complex health and other needs

of ageing populations. [72] More than this, research also shows that doctors who are exposed to interdepartmental and interdisciplinary approaches to geriatric care improve doctor attitudes, knowledge and confidence in clinical skills and care for older people. [69]

If medicine as a profession is to meet the future needs of the community, it must necessarily transition away from its focus on acute presentations towards a more holistic, multidisciplinary and whole-of-life model of healthcare. It therefore is vital that interns are exposed to this approach in their prevocational period. Together, recognising the career needs of junior doctors and the medical workforce, and the changing health needs of the community, a shift away from fixed terms in acute settings, and a longer internship duration will benefit all stakeholders. In addressing these deficits, the internship may continue to serve as a vital stepping stone developing medical graduates into competent practitioners.

International Students Remaining in Australia for Internship

Priority List

In 2022, the total number of medical graduates was 3805, which is a 39.2% increase from the total number of graduates in 2010, numbered 2733. [73] Specifically, the number of international medical graduates numbered 591 in 2022 and 474 in 2010, which is a 24.7% increase over the last decade. [72] Essentially, this is an advantageous expansion since more international students are given opportunities to pursue tertiary studies in medicine. Refer to Appendix A for further details on medical graduate numbers. However, the disproportion between the number of medical graduates and the number of available internship positions lowers international students' position in the priority list, as outlined in the former sections. Refer to Appendix B for further details on international students' categorisation in each state.

Visa Requirements

Apart from facing the shortage of internship positions, international students also need to apply for visas to stay in Australia rightfully. Following their student visa, international students have three temporary visa subclass choices once they graduate from Australian medical schools – subclasses 482, 485 and 407. [75]

Temporary Skill Shortage visa—subclass 482—requires employer sponsorship for the applicant. [72] This subclass consists of two occupation lists: the Short-Term Skilled Occupations List (STSOL), valid for up to 2 years, and the Medium and Long-term Strategic Skills List (MLTSSL), valid for up to 4 years. As recommended by the Department of Immigration and Border Protection, all foreign graduates of

Australian medical schools commencing internships should apply for Resident Medical Officer, which is categorised under STSOL. After completing AHPRA registration, should they then be eligible for conversion to MLTSSL in the occupation form as 'Medical Practitioners nec'. [74] Essentially, international interns have to spend three years extra to meet the eligibility of permanent residency application.

Temporary Graduate visa (subclass 485) allows international students to study and work in Australia. However, this subclass is only available for applicants who received their student visa after 5th November 2011. [74] As of 1 July 2023, the Australian Government will increase Subclass 485 duration of stay with a further two-year validity, up to six-year of stay, depending on the types of workstream. [77] Furthermore, the recent update removed the requirement for occupation nomination from the skilled occupation list and the requirement for obtaining a skills assessment, which eases the visa application process to a certain extent. Medical interns are eligible to apply for MLTSSL after two years on the 485 visa and upon completing AHPRA registration as an alternative to subclass 482 to apply for permanent residency .

Training Visa—subclass 407—allows international students to participate in work-based occupational training opportunities with the validity of a stay of up to two years. [75,78] However, due to the relatively short length of stay, most applicants tend to choose subclasses 482 and 485, with subclass 485 referred to as the 'simplest option' since it does not require hospital sponsorships.

Currently, international students from certain countries applying for the above visas are subject to a minimum English Language proficiency requirement, with many applicants required to sit the International English Testing System (IELTS). [79] While international students need to prove their language proficiency, the additional time devoted to preparing themselves familiarising with the testing structure can potentially be another stressor negatively influencing international students' mental well-being.

Regardless of the different visa options, this would negatively influence the progression of international students' career pathways since permanent residency status is required for training at most medical and surgery colleges. [80] Therefore, despite medicine as a highly recognised profession, the time limitation for international students to pass through the bureaucracy of permanent residency application has the potential to disrupt the continuity of international students' future specialisation pathway after factoring in external elements, including but not limited to family and mental status.

Junior Doctor Training Programme

The Junior Doctor Training Programme (JDTP) is a federally funded initiative for international students who have completed their entire medical studies in Australian universities. [75] The JDTP is divided into two streams – Rural Primary Care Stream and Private Hospital Stream. The former stream provides salary funding and educational support for junior doctors in rural care settings; the latter stream provides salary support for junior doctors working in private hospitals. [81] An additional $63.6 million has been invested by the Australian Government from 2018 to 2022, bringing the total investment to over $174 million from 2019. [81] The Rural Primary Care Stream provides 240 internship positions to allow medical graduates to experience rural general practice. [74] The Private Hospital Stream supports up to 115 internships with full-fee-paying international students listed in Priority One. [8] Refer to Appendix C for Rural Junior Doctor Training Innovation funded organisations and Private Hospital Stream funded hospitals.

International Students Returning to Home Country for Internships

According to the 2021 survey released by Medical Deans Australia and New Zealand, 84% of domestic medical students are either Australian citizens, Australian permanent residents or New Zealand citizens, with the rest of the cohort composed of international students. [82] From 2017 to 2021, there is a general increase of international students intending to reside and practice in Australia from 69.4% to 85.8%; however, a proportion of 14.2% still remain, preferring to practise in other countries. [82] An option for international students upon graduation is to return back to their home country. For Australia-trained medical graduates, residing outside their home countries as qualified, licensed medical professionals have been challenging. In Australia, internship allocations are released between July for Round 1 Offers and December for Late Vacancy Management Process, with internships starting in January. [82] However, discrepancies in the timeline in which the internships are allocated in home countries can occur. For instance, Canada releases the intern offers not until March. [83] Furthermore, in countries like Malaysia, there is an increased inequality of the equilibrium between medical graduate numbers and internship spots, elongating the waiting period for an internship allocation. [84,85] Apart from the complication caused by the application date issue, there are many other hurdles international medical students must complete to return to their home country, including additional study time and the financial burden of completing international licensing exams. [79] For example, in order to obtain a licence in Canada, applicants need to initially confirm whether the school of medicine they graduated from is recognised in Canada via the World Directory of Medical Schools; subsequently, they are not only required to provide documents, including the degree and transcripts but also to meet other requirements such as retraining and undertaking an additional test called the Licentiate of the Medical Council of Canada

(LMCC) to gain full licence to practise in Canada. [86] Hence, with the different countries' medical systems, it is an extra workload for international students to meet these additional requirements to practise in their home countries.

Pre-internship terms

Pre-internship (PRINT) terms are aimed at facilitating a smooth transition between medical school and internship for graduating medical students. Medical students report feeling unprepared for the transition, citing fears of taking responsibility for decisions and lack of capabilities to perform intern tasks. [87] Past research has suggested a discrepancy between medical student capabilities at graduation and as expected by health service providers/employees during internship. [87] A study on two PRINT cohorts at UNSW showed that after completing the PRINT term, students perceived significant improvement in their capability with clinical skills, procedural skills, operational management skills and administrative tasks. [88]

Pre-internship terms vary significantly across different Australian medical school programs, ranging from weeks to a full year, typically in the final year of medical school. [87,88] In contrast to clinical placements in earlier years, the PRINT term has the additional goal of easing the transition to internship by allowing students to fulfill parts of an intern's role, such as assessing patients, handing over to other staff and preparing discharge summaries. [89] In addition, PRINT terms should aim to provide opportunities for medical students to experience dealing with uncertainty, patient deaths/medical errors, and working as a part of a multidisciplinary team. [87,88] However, an educational focus ought to be maintained; even though medical students may be providing support to the clinical team through their contributions, it is paramount to ensure they are not being used as free labour or substitutes for junior medical staff. [87]

Characteristics of highly rated PRINT programs, as evaluated by interns, include being located in the same state (more so if same hospital) of internship, a focus on clinical management, the program being longer than 4-6 weeks, and a degree of structure in the PRINT program's curriculum. [90] Integrating to the clinical team during pre-internship is highly encouraged, as this fosters the communication skills of the soon to be intern. [87] For interns who participated in a PRINT program, their satisfaction with the program was positively correlated with how they viewed their overall preparedness for internship. [90] There was a statistically significant positive correlation between the length of a PRINT program and the perceived preparedness of the intern. [91] However, participants in PRINT programs of one month or less recorded similar levels of perceived preparedness to those who did not complete a PRINT program. [91]

Specific areas that make transition from student to intern difficult, and hence should be addressed in PRINT terms are time management skills, especially in prioritising jobs, work life balance and creating time for improving medical knowledge. [90] The 2015 internship report found that it is difficult for internship providers to gauge the specific skills possessed by medical graduates, resulting in the assumption of a low benchmark. [55] It has been recommended that a uniform set of medical graduate competencies be compiled through coordination between internship providers and Australian medical schools, and for internship providers to take on a much more active role in clearly defining their expectations for medical graduates. [55]

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Policy Details:

Name: Internships and Prevocational Framework (2023)

Category: D – Graduation & Internships

History: Reviewed and Adopted as an Amalgamation of *Internships (2020)* and *Internships for International Students* (2019), Council 2, 2023.

Ashley Molloy, Alexandra Wilson, Shun Hei Janis Hui, Stephen Norton, Jordan Asnicar, Yuelin Tian, and Jordan Li; with Sapumal Gunaruwan (National Policy Mentor) and Connor Ryan (National Policy Officer).

Internships
Reviewed Council 1 & 2, 2016.
Reviewed Council 3, 2015.
Reviewed Council 1, 2014.
Reviewed Council 1 & 2, 2013.
Adopted Council 3, 2012.

Internships for International Students
Reviewed Council 1, 2019.
Adopted Council 1, 2015.

Appendix

Table 1

State	Predicted number of Intern Positions for 2024
Queensland	863
New South Wales	1,135.5
Victoria	956
South Australia	316+
Western Australia	364+
Northern Territory	75
Tasmania	104
Australian Capital Territory	95

Table 2

State	Rate	Per Annum
Queensland *L1 Classification for resident medical officers*	$42.25 / hour	$83,772 *Based on 38 hour fortnight period as of 10/01/2023*
New South Wales *Medical Officers Intern*		$73,086 *As of 01/07/2022*

Victoria *Hospital Medical Officers Year 1 (Intern)*	$1,517.80 / week	~$78,925.60 *Calculator based on 26 fortnights, not published by a Victoria Hospitals Industrial Association (VHIA)*
South Australia *Junior Medical Officers*		$77,084 (PGY1/MDP1)
Western Australia		$82,893 *Base salary with 3% increase on and from* 01/07/2023
Northern Territory		$78, 757
Tasmania		$75,315 *As at 27/01/2022*
Australian Capital Territory		$77,898 *As at 09/06/2022*

A – Number of Total and International Medical Graduates in the year 2010 – 2022.

	Domestic Medical Graduates	International Medical Graduates	Total Medical Graduates
2010	2259	474	2733
2011	2507	457	2964
2012	2777	507	3284
2013	2944	497	3441
2014	2968	469	3437

2015	3055	492	3547
2016	3085	484	3569
2017	3025	450	3475
2018	3149	494	3643
2019	3107	530	3637
2020	3066	590	3656
2021	3130	579	3709
2022	3214	591	3805

*Adapted from: Medical School Graduates - Australia. Medical Deans Australia and New Zealand. Accessed Jun 14, 2023. https://app.powerbi.com/view?r=eyJrIjoiMzEyNjRmYjAtOGFlMS00MWQzLWI0Y2UtYmVlMTgyOTM4NDQ3IiwidCI6IjljY2Y4YjAxLWJhZTQtNDQ2ZC1hZWNhLTdkYTljMDFlZDBmOSJ9&pageName=ReportSection5e5459dc898591506e79

B – Australian State Internship Allocation Systems and Statistics on International Medical Students and graduates of Australian Medical Schools.

State	Priority category for same state	Priority category for different state
ACT	Category 4	Category 5
NSW	Category 4	Category 5
NT	Category E	Category E
QLD	Category C	Category C
SA	Category 2.3	Category 4.1

TAS	Priority 2	Priority 4
VIC	Priority 2	Priority 3
WA	N/A	N/A

*Adapted from: The Official Guide to the 2024 Internship Year. Australian Medical Students' Association. Updated May 2023. Accessed May 5, 2023. https://www.yumpu.com/en/document/read/67955155/amsa-2023-internship-guide

C - Rural Junior Doctor Training Innovation funded organisations and Private Hospital Stream funded hospitals

Rural Junior Doctor Training Innovation funded organisations	**Private Hospital Stream funded hospitals (2020-2023)**
Canberra Health Services	Mater Misericordiae Limited Queensland
Murrumbidgee Local Health District	Greenslopes Private Hospital
Mid North Coast Local Health District	Calvary Health Care Riverina
Bairnsdale Regional Health Service	Mater Hospital Sydney
South West Healthcare	St Vincent's Private Hospital Sydney
Easter Victoria GP Training Limited	MQ Health
Barossa Hills Fleurieu Local Health Network Incorporated	St John of God Ballarat Hospital
Central Australia Health Service	Ramsay Health Care
Northern Territory of Australia	
Darling Downs Hospital and Health Service	
Ingham Family Medical Practice Pty Ltd	
Royal Flying Doctor Service of Australia Limited	
Ochre Health Pty Ltd	
Pioneer Health Albany Torch Bearer Pty Ltd	

*Adapted from: Rural Junior Doctor Training Innovation Fund. Australia Government Department of Health and Aged Care. Updated December 14, 2021. Accessed May 9, 2023. https://www.health.gov.au/our-work/junior-doctor-training-program/rural-primary-care-stream/rural-junior-doctor-training-innovation-fund

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