

Policy Document

Overseas Medical Placements

Position Statement

The Australian Medical Students' Association (AMSA) believes that:

- Overseas medical placements provide valuable learning opportunities for students studying medicine in Australia.
- Overseas medical placements allow students to develop clinical skills, gain new perspectives into global health inequity, experience new cultures and engage in social justice.
- Overseas medical placements have the potential to cause significant harm to both students and host communities without proper considerations.
- Overseas medical placement providers (inclusive of universities and private providers) play an important role in ensuring that overseas placements foster student education, as well as preparing students for possible challenges they may face while on placement.

Policy

AMSA calls on all Australian medical students, medical schools, overseas placement providers (inclusive of universities and private 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. Overseas placement providers to:
 - a. Facilitate and promote placement opportunities that provide a high level of educational benefit for student and are, ethical, safe and sustainable;
 - b. Prioritise long term benefits of the host country and the medical student above financial gain, particularly with regard to private organisations;
 - c. Pre-departure training (PDT):
 - i. Ensure PDT covers the following areas: global health knowledge, ethics, introspection, critical thinking, cross-cultural communication, placement-specific knowledge, personal health (medical and mental) , and safety;
 - ii. Maintain transparency when informing students of the potential beneficial as well as negative impacts of their placements;
 - iii. Ensure PDT is regularly reviewed to reflect the most up to date information;
 - iv. Deliver learning materials through a combination of methods, such as: didactic, reflective, and simulation methods;
 - v. Engage students in an incremental and sustainable education program that prepares them adequately for the placement.
 - d. During medical placements:
 - i. Ensure placements are environmentally, socially, and financially sustainable;
 - ii. Ensure protocols are in place to ensure medical students do not practise beyond their scope of competency;

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- iii. Ensure that local medical students in host countries are not disadvantaged as a result of Australian student placement;
- iv. Ensure that students have an avenue to comfortably relay any concerns or raise any questions throughout the placement.
- e. Post-return debriefing (PRD):
 - i. Discuss and reflect on the ethical dilemmas that were experienced or witnessed during placements;
 - ii. Provide students with resources to manage any issues encountered during placements;
 - iii. Encourage students to provide feedback to the host facility including reporting any issues or concerns that should be rectified for future placements;
 - iv. Direct students toward the suitable avenues for escalating legal concerns around their overseas placement experience.
 - v. Encourage students to report any illness or injury sustained while overseas.

2. Australian medical schools to:

- a. Develop policy and guidelines for overseas medical placements that ensure student safety and wellbeing, and adhere with ethical practice;
- b. Regulate and mandate student participation in appropriate pre-departure training and preparation before undertaking overseas medical placements by:
 - i. Ensuring that robust pre-departure training (PDT) and post-return debriefing (PRD) programs are in place, and are guided by the relevant research in the field;
 - ii. Ensuring that the curation of PDT is a collaborative process involving all stakeholders in the placement process to ensure the consideration of social, economical and cultural contexts for both countries.
- c. Develop sustainable, ethical, and long-term relationships with placement providers that host Australian medical students and promote mutually beneficial placements;
- d. Ensure compliance with health regulations (including that relating to pandemics and epidemics) before, during and after overseas medical placements;
- e. Provide students with adequate opportunities to contribute to and be educated about global health within Australia by:
 - i. Facilitating the development and implementation of medical curricula that incorporate global health considerations in line with AMSA's policy on Global Health and the Medical Curriculum;
 - ii. Providing students with other pathways for contributing to/participating in global health other than clinical placements (e.g research, policy work, etc.);
 - iii. Promoting awareness and educating students about the ethical challenges associated with overseas medical placements;
 - iv. Promoting sustainability and community empowerment in overseas host countries;
 - v. Encouraging students to consider the risks of medical "voluntourism", and the potential role they play in this.
- f. Publicise the existing financial support that may assist students with their overseas placements.

3. Australian medical students to:

- a. Follow recommendations in relevant Australian Health Practitioner Regulation Agency (AHPRA) and World Medical Association (WMA) guidelines (particularly the WMA Medical Ethics Manual) when participating in overseas medical placements;

- b. Ensure preparation and compliance with regards to training and understanding the host country's culture and traditions;
- c. Undertake appropriate health assessments, immunisations and prophylactic treatments;
- d. Obtain valid overseas medical insurance;
- e. Act in accordance with personal and professional limits in the provision of care, prioritising an ethical and culturally sensitive practise;
- f. Participate in appropriate debriefing, reporting and evaluation procedures after returning from overseas medical placements.

Background

Introduction

Overseas medical placements refer to student clinical education undertaken in another country that contributes to the completion of a medical degree. These placements have become increasingly popular among Australian medical students. 53% of Australian graduate entry (GE) program students and 35% of high school entry (HSE) program students undertook overseas medical placements in 2013, and in the globalised economy, the demand for these programs continues to grow [1].

Overseas medical placements are generally undertaken by students in their senior clinical years and are self-funded. In Australia, the majority of students opt for placements in low-income countries; with 59% of GE program students and 56% HSE program students selecting for low- or middle-income countries for their overseas placements [2]. The placements are offered by overseas placement providers which include both university medical faculties and private providers. Each provider establishes their own set of requirements and readings for students to complete prior to, during, and after their international placement. Between universities, resources and training exist on a spectrum, from brief website pages to training modules and referrals to in-person simulation sessions (see Appendices A and B). Currently, given the lack of standardisation for overseas medical placements [2], student safety and experience are extremely dependent on the quality of the preparation and program delivered by the school or provider.

Students

Benefits

Overseas medical placements provide medical students with opportunities for professional and personal development. Working within different healthcare systems allows students to gain a greater appreciation for the strengths and deficiencies within varying clinical contexts; it enriches their understanding of overlying public health challenges. Particularly in countries of lower socio-economic status, there are a wider range of medical conditions that may present at more advanced stages [3, 4].

Overseas medical placements can support the global health curricula by reinforcing existing knowledge and provide new perspectives on global health inequity and resource allocation injustice, improving the reflective practice of the medical student. This grants students a more holistic and diverse clinical experience and may present students with more opportunities to improve on their fundamental or specialty-specific clinical abilities [5-7]. In terms of personal development, visiting students may find an improvement in their teamwork, collaboration skills, cultural competence, and compassion toward patients. In places with a language barrier, students are faced with a unique opportunity to pick up a new language or refine their non-verbal communication skills. Additionally, working overseas allows medical students to better establish an international network of contacts which is invaluable in an increasingly globalised world. Finally, medical students that have practised abroad have also reported greater development in self-confidence, self-efficacy, and independence [4,

8-10]. As such, overseas medical placements allow students to engage in medicine from diverse perspectives, thereby broadening their understanding, and encouraging critical thinking [3].

Medical placements can also be beneficial for international medical students studying in Australia. Placements in the student's home country can facilitate obtaining acceptance for post-graduate training programs as outlined in the AMSA International Students Policy [11].

Drawbacks

Living and working in a country where a student is not familiar with the environment holds some concerns regarding student wellbeing. Unsafe environments may pose physical risks and undue psychological stress for students [3, 4, 12]. When faced with uncertainty or challenges, students may struggle to escalate their concerns with local staff due to cultural or language barriers [3, 4, 8]. Furthermore, there is a lack of proper communication between the sending institution and host country regarding the level of experience and competency of the visiting students. In such cases, students may find themselves in situations where they have to practise above their level of experience and assume the role of doctors, which directly contradicts the AHPRA's guideline of recognising and working within the limits of competence mentioned below [13, 14].

Overseas medical placements present a number of drawbacks for visiting students. These include barriers to the learning experience of students and the lack of reciprocity between host and sending institutions [13]. Barriers that were mentioned by the host countries include the lack of details regarding learning objectives, aim and purpose of the placement, given by the sending institutions [13].

It is not uncommon for financial barriers to stand in the way of students and their overseas medical placements, and discrepancies in overseas medical placement participation between students can exacerbate already existing disparities between students of different socioeconomic backgrounds. A study from Auckland University found that students have limited financial resources to support their overseas placements, and those who do end up travelling overseas are more likely to undertake low or middle-income countries due to these financial strains [15]. Furthermore, mature aged students (>25) who had additional financial pressures and family commitments which influenced their placement destination [15]. Currently, OS-Help is the sole financial support available to all Commonwealth Supported Place (CSP) students who want to study some of their course overseas [16].

Host Country

Low and middle-income countries

Although it has been found that hosting a student on placement can be overwhelmingly positive for those in the destination country [13], the unequal balance of high income countries sending students and low income countries receiving students has come to be referred to as 'voluntourism', whereby students undertake overseas placements for the purpose of furthering their own knowledge and international experiences, rather than considering the impact that their overseas travel may have on local communities. In these situations, the main benefit is to the student rather than the receiving institution [17].

Due to limitations in communication, cultural awareness and clinical skills, visiting students may not offer any benefit to patient care, and may instead act as a drain on already limited resources [3]. 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 [4]. Furthermore, a communication barrier holds ethical implications, particularly with regards to issues of consent [18, 19].

Medical students also detract from local employment opportunities in some cases by fulfilling jobs that could easily be done by people living locally [4, 20, 21]. Additionally, reliance on volunteer services may decrease the incentive for governments to invest in healthcare and preventative health [22, 23].

There is also the opinion that these communities are used as a 'practising ground for students' [24], with research showing medical students often feel pressure to undertake tasks above their skillset, placing both them, the patient and the community at risk [8].

There is increasing awareness of the burden and ethical harm placed on some developing country host placements [3, 25]. The approach to supporting low- and middle-income countries is often a paternalistic approach, with limited regard for the priorities of the community [21, 26, 27], and programs are unlikely to effectively contribute to better health outcomes for host communities unless they are driven by the communities themselves [28].

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 [29]. Volunteer medical placements that are not participatory in nature run the risk of weakening existing community health systems [30]. 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.

High Income Countries

Opportunities are available for Australian medical placements in high income countries including Singapore, Canada and US.

While healthcare settings and education programs in high income countries may be similar to the Australian healthcare setting, there is limited research on medical student placements in high income countries and as a result, its impact on student learning and host institutions remains unclear.

Existing Policy and Ethical Frameworks

There are several policy frameworks that students can use to guide their overseas medical placement experience, such as The Medical Journal of Australia's *Guide to Working Abroad for Medical Students and Junior Doctors* [31]. The AHPRA's *Good Medical Practice* guidelines states that doctors must recognise and work within the limits of their competence and ensure that they have adequate knowledge and skills to provide safe clinical care [14]. This is also applicable to student doctors, especially medical students undertaking medical placements. Furthermore, the World Medical Association's *International Code of Medical Placements* reinforces the need for physicians, and by extension medical students, to respect the local and national codes of ethics [32], and is relevant to overseas medical placements.

Generally, policy written by universities in collaboration with global health partnership institutions guides a legal duty of care that addresses risks and hazards that may be encountered by patient and student. This ideally works hand in hand with the applicable policy encompassing the whole medical school experience, for example: professional standards [33].

Pre-Departure Training

Students preparing for overseas placements require extensive training for handling challenging situations. This may include where they are treating complex health conditions and can be compounded by unfamiliar socio-cultural factors [34].

Pre-departure training (PDT) is a program that students complete before they leave for overseas medical placement. PDT aims to ensure students are aware of possible negative impacts of their placement both on themselves and on the healthcare system of the host community.

PDT is provided by the organiser of the placement (ie. universities or third-party placement providers) Effective PDT will use this awareness as a backdrop to ensure students are engaged in developing long-term solutions and collaborations. Student ownership of their own efforts in developing global sustainability builds a base for future global health contribution [32].

Whilst overseas, students encounter unfamiliar clinical and ethical scenarios which can lead to adverse or stressful outcomes if the student is unfamiliar and unqualified. Unexpected guilt, self-doubt and psychological distress caused by these situations, or simply from other cultural changes are a risk for the student [35]. Students should be prepared for the personal health impacts, including the psychological toll, that overseas placement can precipitate. Before leaving Australia, students who seek advice from a travel health practitioner and are additionally provided with written resources in their PDT are able to recall and fall back on these health care strategies [12]. Adequate mental health care can be difficult to access abroad, and communicating symptoms with a language barrier can be almost impossible when describing sensitive and subjective experiences [36].

Students considering overseas placement who already have underlying psychiatric illness are at higher risk of requiring assistance while in a foreign setting and should take this into account. It is imperative for these students to be provided with tools that they can use in an isolated setting [12]. University faculties who produce PDT are not guaranteed to have sufficient training or experience to offer mental health inclusive pre-travel advice, which is why travel health experts should be consulted in this process [12]. Mental health specific PDT inclusions identified by Journal of Travel Medicine are basic stress management skills, recognition of early signs of anxiety and depression, and skills to deal with potential effects of culture shock [12]. While cultural competence is often included to some extent in the medical curriculum, it is important for it to be reinforced in PDT programs [37].

The American College of Physicians and the Association for Medical Education in Europe, along with other global institutions, have published their positions imploring a high standard of PDT [38-41]. Specific learning methods have enhanced the PDT quality, wherein a combination of components such as didactic, reflective and simulation-based learning is integrated into an education program, as opposed to single-day online training. Essential learning in PDT can be broken down into the following areas: global health knowledge; ethics, introspection, and critical thinking; cross-cultural communication; placement-specific knowledge; personal health and safety [34].

Institutions that provide PDT often do not conduct evaluations of these programs. Some institutions provide PDT of reduced quality due to barriers including the lack of dedicated faculty, finances, and institutional support [42]. Lack of evaluation and follow up on feedback can lead to sub-standard programs that do not recognise the need for continual improvement. This may result in the overseas placement programme not being beneficial for the student or the host country, which can lead to a lack of interest in participation.

Post-Return Debriefing

Post return debriefing (PRD) ensures that students reflect upon knowledge learned during placements and address their physical and mental wellbeing including issues of reintegration. General capabilities deemed essential for reflection and critiquing include: cultural capabilities; professional skills; and global citizenship capacity [41].

Medical educators have reported debriefing as a fundamental aspect of clinical and simulation education. Experiential learning attained through overseas placements involve a heightened affective component which requires an adequate attention to debriefing to reflect this [43]. The most common incidents involve negative immersion experiences, cultural shock, and cultural dissonance, which can negatively impact student psychosocial wellbeing, and are essential to address in PRD [43]. Student reflections will position universities to be better equipped to provide adequate support for students following their placements [33, 41].

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Appendices

Appendix A: University Policies and Protocols

- External: Based on online search with the key words: 'overseas placement', 'clinical elective', 'placement policy', 'medical placement'
- Internal: Based on responses from MedSoc Presidents

University	Overseas Placement Policies and Protocols (External)
University of Sydney	<p>Overseas placements are arranged by the Office for Global Health, and require the completion of certain checks and clearances:</p> <ul style="list-style-type: none"> • Overview and NSW Ministry of Health verification • Vaccination and immunisation • National police check • Privacy and confidentiality • First aid and CPR
University of New South Wales	<ul style="list-style-type: none"> • UNSW Study Abroad and Exchange Office • How to Prepare for Departure Guide • Learning abroad Pre-departure tutorial • Personal Safety & Risk assessment guides • It is compulsory for student to register their travel with International SOS to ensure they are kept up to date with the latest travel alerts
Western Sydney University	<ul style="list-style-type: none"> • Student Placement Policy - Australia & Overseas <ul style="list-style-type: none"> ○ Purpose and context of placements ○ Definitions: Placement, Placement Organisation, Placement Coordinator, School ○ Policy Statement ○ Procedures - placements must be managed in accordance with the procedures of this document. Parties that are called on include: the school, the students, placement organisations ○ Criteria for Approving Placement Sites ○ Assessment of Placements ○ Unsatisfactory Performance of Placement Breakdown ○ Non-Payment of Placement Levy ○ Guidelines <ul style="list-style-type: none"> ■ Department of Home Affairs ■ ESOS National Code ■ Fair Work Ombudsman - Student Placements ■ Fair Work Act 2009 ■ Work Health and Safety Act 2011 (NSW) • Travel Policy • WSU Travel Procedures Document
University of Notre Dame Sydney	<ul style="list-style-type: none"> • Nil
University of Newcastle	<ul style="list-style-type: none"> • Website briefly covers the travel aspect of placements; namely insurance and funding applications • Policy base does not include any policy for overseas placements • Placement contact • Student Placement FAQs
University of New England	<ul style="list-style-type: none"> • Office for Professional Learning - for advice regarding an overseas placement • Professional Experience Policy & Guidelines - Although comprehensive, this policy only applies to UNE Teacher Education Students, Representatives, and Supervisors. No

	<p>policy was found for general overseas placements, or medical placements.</p>
Macquarie University	<ul style="list-style-type: none"> • MQ Health Elective Placement website page - very brief, no policies or guidelines
University of Wollongong	<ul style="list-style-type: none"> • Nil
Australian National University	<ul style="list-style-type: none"> • Nil
University of Melbourne	<ul style="list-style-type: none"> • Western Clinical School Medical Elective Placement PDF - not specific to overseas placement, not applicable to clinical placements in general • Students are to provide evidence of indemnity cover for the elective period, or an alternative insurance organisation (coverage must amount to AUD 10 million per occurrence for professional indemnity insurance)
Monash University	<ul style="list-style-type: none"> • Nil
Deakin University	<ul style="list-style-type: none"> • Nil
University of Tasmania	<ul style="list-style-type: none"> • The School of Medicine Internationalisation and Elective (SMILE) Program - through a variety of activities associated with internationalisation, the program brings electives beyond its classic curricula <ul style="list-style-type: none"> ○ Learning Objectives ○ Workplace Integrated Learning Placement Agreement ○ Process of Getting Elective Approved ○ Pre-departure Workshop ○ In Country Security Information ○ Electives in a Tropical or Developing Region ○ Insurance ○ Financial Assistance ○ Recommended Guidebooks & EBooks ○ Checklist ○ Student Performance Review Information Sheet ○ Infectious Disease Form for Period of Elective Study • SMLE Curriculum Maps
University of Queensland	<ul style="list-style-type: none"> • International Student Placement Acknowledgement Form <ul style="list-style-type: none"> ○ Students should be aware of travel advice from DFAT • Reference to A Guide to Working Abroad - For Australian Medical Students and Junior Doctors • Placement Documentation - to be completed by student <ul style="list-style-type: none"> ○ Student Placement Agreement ○ Letter of Good Standing ○ Home School Verifications ○ Insurance Evidence ○ Immunisation forms ○ Respiratory Equipment Fit Testing (P2 or N95) Certification ○ Confirmation of Enrolment ○ Academic Transcript
Griffith University	<ul style="list-style-type: none"> • Overseas Pre travel Checklist <ul style="list-style-type: none"> ○ Awareness <ul style="list-style-type: none"> ■ Student must attach travel advice obtained from DFAT for their destination ○ Travel Documents

	<ul style="list-style-type: none"> ○ Travel Itinerary and Task Schedule ○ Health ○ Security ○ Safe Havens ○ Finance ● Travel advice for International placements - Information Sheet ● International Placement Travel Declaration Form - students must declare they have: <ul style="list-style-type: none"> ○ Read the <i>Travel advice for International placements - Information Sheet</i> ○ Completed the <i>Overseas Pre-travel Checklist</i> ○ Considered the security and health and disease issues pertaining to their travel
Bond University	<ul style="list-style-type: none"> ● Global Experiences page <ul style="list-style-type: none"> ○ Students should visit the Career Development Centre to discuss options available with third party providers, to undertake an internship where you will have a variety of locations to choose from across the globe
James Cook University	<ul style="list-style-type: none"> ● Overseas Placements page <ul style="list-style-type: none"> ○ JCU Overseas Travel Plan Diary - to be completed and uploaded by students ○ Subscribe to DFAT and Trade's Smart Traveller website - to receive travel advice and regular updates ○ Travel and Itinerary documents are uploaded to Concur or Tripit Accounts ○ Chubb Assistance - students can phone anytime and from anywhere in the event of an emergency ○ Student Overseas Travel Submission form ○ Overseas Travel Pre-departure Briefing ○ Student Personal Accident Brochure ○ Student Travel Insurance Brochure
University of Adelaide	<ul style="list-style-type: none"> ● Clinical Placement Deed Poll - to ensure students have met their required clearances, and that patient information is treatment with confidentiality ● Criminal Clearances ● Immunisations/ Prescribed Communicable Infections (PCI) Screening ● Tuberculosis Screening ● Training around Responding to Abuse and Neglect ● Safe Environments - Through their Eyes Training - recommended for students that intend to work with children or young people. The program navigates child protection, legislative obligations, responding to disclosure etc. ● Clinical Placement Non-Attendance Form - must be completed by students if they are absent from placement or seeking approval for leave ● Insurance - Medical Indemnity, Travel ● National Hand Hygiene Initiative Online Training Modules ● Basic Emergency Life Support
Flinders University	<ul style="list-style-type: none"> ● Year 4 Medical Student Exchange Program page ● FAQ PDF
University of Western Australia	<ul style="list-style-type: none"> ● International Elective Placement page ● Checks <ul style="list-style-type: none"> ○ MRSA testing ○ Working with Children Check ○ English language ○ Fees, Insurance, Visa ○ Accommodation
University of	<ul style="list-style-type: none"> ● Nil

Notre Dame Fremantle	
Curtin University	<ul style="list-style-type: none"> • Nil - information is more general (i.e. study abroad for undergraduate courses)

Appendix B: Private Organisations Policies and Protocols

Based on information derived from their respective websites

Organisation	Overseas Placement Policies and Protocols
Work the World <ul style="list-style-type: none"> • Griffith University • University of Sydney • James Cook University • University of Queensland 	<ul style="list-style-type: none"> • Nil
Projects Abroad	<ul style="list-style-type: none"> • Medical Electives Abroad page • Ethics and Code of Conduct for Medical Volunteering and Internships • Management Plans - centred around UN's sustainable development goals • Global Impact Database - enables Projects Abroad to track their progress and evaluate the work that they are doing
GPSN	<ul style="list-style-type: none"> • Nil
Volunteerforever	<ul style="list-style-type: none"> • Nil

Appendix C: General Policies & Protocols

Organisation	Overseas Placement Policies and Protocols
The Medical Journal of Australia	A Guide to Working Abroad - For Australian Medical Students and Junior Doctors <ul style="list-style-type: none"> • Principles for working abroad • Entering a global arena • Deciding how to contribute • Regional Information • Organising and preparing to work abroad • Working on the ground • Debriefing • Practising global health in Australia
Queensland Health	Organising and Administering Student Placements

Policy Details

Name: Overseas Medical Placements

Category: B – Medical Education

History: Reviewed, Council 1, 2021
Annora Kumar, Shahzma Merani, Evan Ng, Rakshat Sawhney,
Elly Schoff, Terra Sudarmana, Fergus Stafford (Policy Officer)
Reviewed, Council 3, 2017
G. Behrens, J. Thomson, C. Ventura, R. Le, M. Leow, J. Wong,
P. Walker
Adopted, Council 2, 2013