

Policy Document

International Students (2024)

Executive Summary

Internships for International Students

While the number of medical graduates in Australia continues to rise, the number of international graduates (replace “International graduates” with “international students graduating in Australia”) remains relatively stable. A shortage of internship positions is predicted in the near future. States categorise internship applicants into priority groups based on residency status and the state where they completed their medical degree. In this increasingly competitive environment, international students are less likely to be matched to their preferred health services. While programs like the Junior Doctor Training Program provide additional opportunities for international medical students graduating from Australian and overseas universities to intern in Australia, international students remain vulnerable. This is compounded by the rising demands of the International English Language Testing System (IELTS) and associated costs. AMSA calls upon the Australian Federal Government, State and Territory Governments to provide all International Medical Students graduating from Australian Universities with equal opportunities to their domestic counterparts during the internship allocation process, and strive to lessen other vulnerabilities faced by international students relating to financial and social stress.

Visas for Work and Training

Although international students are eligible for a variety of visas, including subclass 485 Temporary Graduate Visa, subclass 482 Temporary Skill Shortage, and Subclass 491 and Subclass 494 Skilled Regional visas, these incur significant costs and are limited in their timespan. Additionally, the timeliness of visa processing has the potential to impact an international medical graduate’s ability to commence work. Although the Federal Government remains committed to providing skilled temporary residents with a pathway to permanent residency as part of the Commonwealth Government’s migration strategy, junior doctors still have fewer options early on in their career. AMSA calls on the Australian Government Department of Home Affairs (DHA) to recognise that all graduates of all Australian medical schools as already having met English language requirements for the purposes of their visa applications, as well as to: revise current visas to provide temporary resident junior doctors lawful stay and work in Australia for at least the duration of their



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postgraduate clinical training; and, revise the eligible occupations for the medium-term stream Temporary Skills Shortage Visa (subclass 482) and Skilled Independent Visa (subclass 189) to include Resident Medical Officers.

Health of International Students

Ensuring timely, affordable healthcare for international students remains an ongoing issue. The Overseas Student Health Cover (OSHC) is a private healthcare insurance purchased as a student visa prerequisite (before applying for visa) by any international student and their dependents. This must be maintained throughout the period stated in the student visa and is necessary to continue studying within Australia. However, the OSHC will only cover 85% of the fee stated within the MBS for outpatient services, such as diagnostic imaging, pathology and specialist consultations. Unfortunately, the OSHC also does not cover physiotherapy, dental treatment, and optometry services and also enforces waiting periods for certain services (excluding emergency treatment) covered under its policies. Healthcare services will only be covered once the waiting period is over, however this can range from 2 (for pre-existing psychiatric conditions) to 12 months (for pregnancy or pre-existing health conditions). This can place many students with health conditions at financial risk, increasing stress, and may impact education if treatment is delayed out of financial worries. Compounding their health vulnerabilities, many international students must learn to adapt and adjust to a new environment, resulting in an increased risk of mental disorders due to separated cultural identity, loss of close family ties and stress associated with adjusting to a new country. The emotional and mental stress of being a medical student should not be overlooked as the psychological distress, burnout and the prevalence of mental health disease is significantly greater in medical students compared to the general population. AMSA calls on the Australian Federal Government, State and Territory Governments to regulate private insurers providing Overseas Student Health Cover (OSHC) and ensure appropriate access to healthcare for international students by waiving the requirement for full fee upfront payment in public hospitals, providing adequate pharmaceutical reimbursement, and reducing the waiting time for international students after arriving in Australia to access insured medical care.

Ethical Recruitment and Admissions

Ethical recruitment and admissions of international students is an important topic. Education providers in Australia, including medical schools, are required to comply with the National Code of Practice for Providers of Education and Training to Overseas Students 2018, which stipulates ethical requirements for attracting international students. However, international students continue to raise concerns about relocating for study, including housing affordability, particularly during



periods where the costs of accommodation rose rapidly, and other transitional issues, highlighting the need for transparency during recruitment. While the National Code now requires education providers to give prospective students current information about accommodation options and indicative costs of living in Australia, this is likely to continue being an area of ongoing concern due to the inherent conflict between universities' interest in attracting as many students as possible and the requirement that they are transparent in doing so. AMSA calls on Australian medical schools and universities to be transparent regarding: the total financial cost of studying and living in Australia, ensuring that information provided to students is up to date reflecting the most recent changes to cost of living data; admission requirements for medicine; the availability and distribution of medical internship positions in Australia; the likelihood of returning to their home country to practise after graduation; and the number of international medical students recruited annually.

Returning to Home Country

International Medical Students studying in Australia face a number of challenges and require support to return to practice in their home countries. Overseas medical placements are essential for their post-graduate training prospects, should they wish to return to their home country. For this reason Australian universities must facilitate these placements and provide resources for licensing exams to ensure international medical students competitiveness in training programs abroad. During emergencies such as the COVID-19 pandemic, international medical student experienced heightened financial pressures, course disruptions, and travel restrictions have affected this educational progress. Delays in securing internships, visas, and Australian Health Practitioner Regulation Agency (AHPRA) registration further complicate their career progression, exacerbated by stringent requirements and shutdown-related barriers. AMSA calls upon Australian medical schools to accommodate these challenges to safeguard international medical student education and career pathways, ensuring they can fulfil their aspirations in global healthcare practice despite adversities.

10 Year Moratorium

Section 19AB of the Health Insurance Act imposes a 10-year moratorium on international medical students trained in Australia, preventing them from billing Medicare unless they work in designated rural or underserved areas or they hold a section 19AB exemption. The moratorium aims to alleviate healthcare workforce shortages in rural Australia but has been criticised for limiting professional autonomy and career opportunities for affected doctors. Concerns have been raised about its discriminatory impact and sustainability, with calls from medical organisations to abolish the moratorium in favour of alternative solutions to rural

workforce shortages. AMSA calls upon the Australian Federal Government, State and Territory Governments to repeal Section 19AB of the Health Insurance Act (the 10-year moratorium) or, in the alternative, implement legal reforms which include the restriction on medicare billing ceasing after an affected doctor becomes an Australian Citizen. AMSA also calls upon universities to provide information in regard to the 10-year moratorium and its effect on future training and practice prior to enrolment.



Policy Points

AMSA calls upon:

1. Australian Federal Government, State and Territory Governments to:
 - a. Provide all International Medical Students graduating from Australian Universities with equal opportunities to their domestic counterparts during the internship allocation process;
 - b. Conduct research into the outcomes of utilising international students and temporary resident doctors as a resource in the rural health workforce;
 - c. Repeal Section 19AB of the Health Insurance Act (the 10-year moratorium) or, in the alternative, implement legal reforms which include the restriction on medicare billing ceasing after an affected doctor becomes an Australian Citizen;
 - d. To regulate private insurers providing Overseas Student Health Cover (OSHC) by:
 - i. Waiving the requirement for full fee upfront payment in public hospitals;
 - ii. Providing adequate pharmaceutical reimbursement;
 - iii. Reducing the waiting time for international students after arriving in Australia to access insured medical care;
 - e. Introduce student concessions (i.e. public transport travel concessions) and financial relief for International Medical Students;
 - f. Ensure that health services, medical accreditation bodies, and universities within their oversight are compliant with applicable anti-discrimination laws when implementing or amending policies and procedures which impact international medical students and temporary resident doctors.
2. Australian Government, Department of Home Affairs (DHA) to:
 - a. Recognise that all graduates of all Australian medical schools as having met English language requirements for the purposes of their visa applications;
 - b. Remove the work restriction attachment on the spouses and dependents of international medical students studying under the subclass 500/573 student visa;



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- c. Revise current visas to provide temporary resident junior doctors lawful stay and work in Australia for at least the duration of their postgraduate clinical training;
- d. Create an accelerated pathway for Australian-trained temporary resident doctors to obtain permanent residency after graduation;
- e. Revise the eligible occupations for the medium-term stream Temporary Skills Shortage Visa (subclass 482) and Skilled Independent Visa (subclass 189) to include Resident Medical Officers;

3. Australian Government, Department of Health and Age Care to:

- a. Recognise graduates of all Australian medical schools as already having met English language requirements for the purposes of their AHPRA Registration;
 - i. Or in the alternative, consider expanding the list of recognised countries for which English language requirements do not apply;

4. Australian Government Department of Education, Skills and Employment to:

- a. Enforce the National Code of Practice for Providers of Education and Training of Overseas Students (2018) through ongoing monitoring;

5. Australian medical schools and universities to:

- a. Where practicable, provide students with comprehensive and up-to-date information on the following at the time of enrollment:
 - i. The total financial cost of studying and living in Australia, ensuring that information provided to students is up to date reflecting the most recent changes to cost of living data;
 - ii. Admission requirements for medicine;
 - iii. The availability and distribution of medical internship positions in Australia;
 - iv. The likelihood of returning to their home country to practise after graduation;
 - v. The number of international medical students recruited annually;

- vi. If students require to relocate to different clinical sites as part of their training;
- b. Conduct ethical recruitment of international students in line with The National Code of Practice for Providers of Education and Training to Overseas Students (2018);
- c. Advertise the Junior Doctor Training Program to graduating international medical students;
- d. Provide International Medical Students with more Overseas Student Health Cover (OSHC) providers, giving students ability to choose policy best suited to their needs and financial limitations;
- e. Empower international student representatives of Australian medical schools and ensure open communication channels with them;
- f. Create emergency response planning specific to international medical students for future states of emergencies;
- g. Provide resources for international medical students to electively complete foreign licensing;
- h. Allow leave for students undertaking travel for foreign licensing processes, internship applications, and exams;
- i. Facilitate away rotations for international medical students to create competitive application for foreign post graduate training;
- j. Conduct and facilitate research regarding the mental health of International students, focusing on issues specific to International Medical Students;
- k. Provide financially accessible and culturally appropriate health and mental health services for international medical students;
- l. Provide financial support to international students on rural placement equal to their domestic student counterparts;
- m. Once Commonwealth requirements have been met for domestic quotas for rural placements, offer both domestic and international students equal access to remaining places;
- n. Provide information in regard to the 10-year moratorium and its effect on future training and practice prior to enrolment;

6. Australian specialist colleges to:

- a. Recognise applicants for specialist training by their university accreditations and clinical experience, rather than their nationality or permanent residency status;
- b. Remove permanent residency requirements when applying for all specialist training programmes;

7. Australian Hospitals to:

- a. Ensure that temporary resident doctors will continue being sponsored for their visa for the entire duration of their training, unless otherwise deemed unfit to remain employed;

8. Prospective and current international medical students to:

- a. Seek information about internships and visas from credible sources, including universities, AMSA, state medical student councils and registered migration lawyers;
- b. Consider all internship opportunities beyond the state of their graduation, such as interstate applications, Junior Doctor Training Programme and overseas job opportunities;

9. AMSA, AMSA International Student Network (ISN) and Australian Medical Student Societies to:

- a. Research the mental health burden of international medical students in Australia and the associated risk factors;
- b. Advocate for the continual review of the Junior Doctor Training Program in keeping with workforce demand and international student numbers and admissions;
- c. Provide up-to-date information on post-graduate visas to international medical students, and clearly explain how these changes might affect them;
- d. Provide open feedback channels with international representatives of Australian medical schools;
- e. Communicate openly during times of crisis to better escalate international student advocacy;
- f. Support the international student representative role in terms of advocacy of international students;
- g. Provide international medical students with information regarding how to access relevant services for acquiring visas after graduation.



Background

Internships for International Students

Number of Medical Students

Over the past decade, there has been a notable increase in the number of all medical graduates in Australia, rising from 3,441 in 2013 to 3,608 in 2023. During this time, the number of international graduates has remained relatively stable, from 497 in 2013 to 498 in 2023. It is predicted that there will be a further escalation in graduate numbers, as reflected in the increase in first-year student enrolments, which jumped from 3,745 in 2014 to 4,302 in 2023. Add “this increase suggests that international medical school admissions have risen since pre-COVID, with international student admissions climbing from” 637 in 2014 to 804 in 2023. It is anticipated that by 2027, the number of medical school graduates in Australia will reach 4,372.

The proportion of international students among the total medical student population in Australia has remained relatively stable, around 14% in both 2013 and 2023 (1).

Current Internship Situation

All medical graduates in Australia must complete an accredited intern training program to be eligible for general registration (2). Each state uses slightly different priority systems during the allocation process, but all prioritise domestic students over international students (3–10).

States categorise applicants into priority groups based on residency status and the state where they completed their medical degree. Applicants are matched to health services in order of these priority groups. As of 2024, international students are placed in a lower priority group than Australian citizens and permanent residents from universities within the state. Consequently, international students are less likely to be matched to their preferred health service.

However, some states prioritise international students more favourably than domestic students from interstate universities. Victoria, Western Australia, South Australia, and Tasmania prioritise international students trained within the state above domestic students from interstate universities. In Victoria, international students can apply for the Victorian Rural Preference Allocation Round, which may increase their chances of obtaining an internship but restricts them from preferencing metropolitan hospitals.



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In contrast, New South Wales and Queensland prioritise international students below interstate domestic students.

Despite a previous crisis in 2010 described by the AMA as a "medical internship position shortage at crisis point," there is no current shortage of internship positions in 2024 (11,12). The number of available intern positions exceeds the number of applicants, with the Australian Capital Territory being the only jurisdiction to fill all available positions (13). However, with the rapid increase in medical student admissions, it is projected that by 2027 there will be 4,372 graduates compared to 3,608 in 2023 (1). This increase may lead to future shortages of internship positions. Given that all domestic students are guaranteed an internship, any potential shortage is likely to disproportionately affect international students, who may miss out on these crucial opportunities required for general registration.

Junior Doctor Training Program

As part of the Stronger Rural Health strategy aimed at improving access to medical services in rural communities, a junior doctor training program provides an additional 115 internships primarily to International Medical Students graduating from Australian Universities. If vacancies remain, international medical graduates from foreign universities are then offered positions. This program funds private hospitals in rural, regional, and remote areas to deliver training to interns. The expression of interest (EOI) opens after state and territory governments have filled their internship positions (14,15).

Assessing the program's effectiveness is challenging due to limited publicly available research in this domain. Presently, with a surplus of internship positions, it is uncertain how many international students would have availed themselves of this program since the issue of internship position shortages has been resolved. Nonetheless, one could argue for its long-term viability, especially considering the escalating number of medical students. It serves as a safety net, providing internship opportunities to international students who might miss out on public placements in the future.

English Requirements for Visa, Internships and General Registration

The temporary graduate visa has raised the English language requirement, increasing the IELTS score from 6.0 to 6.5, with a minimum score of 5.5 in each component (or other approved tests). Additionally, the test validity window has been reduced from 3 years to 1 year. Exemptions are given to passport holders from certain countries, but many students are still required to take the IELTS exam (or other approved tests) (16).



AHPRA has a different set of English requirements. Previous education in recognised countries may suffice to prove English proficiency if:

1. English is the primary language and the medium of instruction from primary to tertiary education in a recognised country.
2. Completion of at least two years of secondary education and tertiary education in a recognised country.
3. Six years of continuous study in a recognised country (including Australia, Canada, New Zealand, Ireland, the United Kingdom, the United States, and South Africa).

If these requirements are not met, international medical students must prove their proficiency by taking an approved exam such as the IELTS, with a minimum overall score of 7 and a minimum score of 7 in each of the four components within a two-year period. Once met for provisional registration, these requirements are considered fulfilled for the transition to general registration (17).

This contrasting eligibility criterion can be confusing for international medical students deemed proficient according to AHPRA criteria, if they do not hold citizenship from recognised countries as per visa requirements, they are still required to take the exam. Furthermore, the recent changes mandate that the English test must be taken no more than a year before the visa application date. Given the final year of medical school is often very stressful for IMGs, involving internship applications, interview preparations, long hours in placements, and extracurricular activities to strengthen their CVs, this can be an added burden.

Many international medical students have prior secondary education qualifications or have taken an English exam before entering medical school. Given the competitive nature of medical school admissions, these students arguably meet the aforementioned English requirements. For instance, Monash University requires applicants to score at least 7.0 overall, with no individual band less than 6.5 in the IELTS, or the equivalent in other approved exams (18).

Furthermore, the cost of the exam, combined with increasing living costs and university fees, exacerbates the financial stress on international medical students (19). As medical students have already met the English language requirements as part of the medical school application and have undertaken medical studies and placements in English they have already demonstrated sufficient English competency.

Visas for Work and Training

Postgraduate Visa Situation

International medical students must have a valid visa to be able to work in Australia after graduating. As such, graduating international medical students must obtain a visa with sufficient duration before commencing their medical internship. As of 2024, most graduating international medical students who currently or have recently held an Australian student visa are automatically eligible for the subclass 485 Temporary Graduate Visa (TGV) (20). The subclass 485 visa does not require employer sponsorship or prior work experience, lasts for an initial 2–4-year period, and may be extended once for an additional 2-year period (20). These factors make it the preferred visa for international students entering their medical internship. However, it is important to note that visa applicants must have held a student visa within the past 6 months. As such, international medical students considering a gap year or considering completing an internship outside Australia should carefully consider the implications of these plans on their visa options.

The subclass 482 Temporary Skill Shortage (TSS) visa is another visa option which may be available to former international students nearing the end of their 485 visa, as well as those who have left Australia to complete an internship and later seek to return as medical practitioners. The TSS requires applicants to have an occupation on the skilled occupations list, 2 years of relevant experience, and sponsorship from an employer (21). The TSS is divided into several streams including a short-term stream, where visa holders can stay up to two years, and a medium-term stream, where visa holders can stay up to 4 years. Eligibility for these streams depends on a person's occupation, which the Department of Home Affairs assesses using ANZSCO codes (22). While Resident Medical Officers are only eligible for the short term stream, most consultant-level doctors and some registrars are eligible for the medium-term stream (22). It is important to note that because medical interns are not on the skilled occupations list and would generally not have the 2 years of work experience required by the visa, the TSS visa would not typically be an option for graduating international medical students seeking a visa to cover their internship.

Doctors working in regional areas may also be eligible for the Subclass 491 and Subclass 494 Skilled Regional visas. The Subclass 491 requires a nomination from a State or Territory government, while the Subclass 494 requires sponsorship from an employer. Both visas provide a pathway to permanent residency after the visa holder has lived and worked in a designated rural area for three years (23,24).

A key issue faced by international medical students is that applying for a new visa to continue working in Australia often incurs significant costs. The TGV has an

application fee of \$1895, while the short and medium-term streams of the TSS visa have fees of \$1455 and \$3035 respectively (20-22). Many visa applicants will also be required to undergo mandatory language tests and health exams at their own expense as part of the visa application process, further adding to the costs.

Additionally, the timeliness of visa processing has the potential to impact an international medical graduate's ability to commence work. While the Department of Home Affairs publishes indicative timeframes for visa processing, actual processing times may differ and the stated timeframes may not always be met (25,26). Factors impacting timeframes include complex cases, changes to the volume of applications, and Ministerial Directions (25). While some visa applicants can request priority processing in compelling and compassionate circumstances, there is ultimately no obligation for the Department to process an application within a given timeframe.

Coverage of Visas for Duration of Training

A key implication of the current visa eligibility criteria is that many junior doctors still in training would only be eligible for the TGV and TSS short-term stream, due to Resident Medical Officers being eligible for fewer visa subclasses and streams. Temporary residents on TGVs may extend their visa for a second two-year period for a total of four years of coverage (20). While this would typically be sufficient for completing internships and gaining general registration, most training programs beyond this cannot be completed within an extended TGV's duration. After the TGV expires, most temporary resident doctors are likely to rely on short-term stream TSS visas to complete training programs beyond their internship. As the short-term stream TSS must be renewed every two years for a cost of \$1455 and requires an employer sponsorship, this is costly for junior doctors and introduces additional uncertainty in the early stages of a junior doctor's career (21).

Permanent Residency Pathways

Many international medical students have the long-term intention to seek permanent residency in Australia. In December 2023, the Albanese Government stated that it aimed to provide skilled temporary residents with a pathway to permanent residency as part of the Commonwealth Government's migration strategy (27). Several permanent visa subclasses currently exist for skilled temporary residents, including doctors. These include the subclass 189 Skilled Independent visa, the Subclass 186 Employer Nominated Scheme visa, and the Subclass 190 Skilled Nominated visa (28-30). Additionally, doctors working in rural areas may be eligible for the Subclass 491 and Subclass 494 visas, which enable visa holders to apply for a permanent visa after they have worked in a designated regional area for 3 years (23,24).

Unlike temporary visas, most permanent visas in the skilled migration program cannot be applied for directly. Instead, those who meet the requirements can submit an expression of interest (EOI), after which the Department of Home Affairs may invite a person to apply for the visa (28-31). It is important to note that meeting eligibility requirements and submitting an EOI does not guarantee that an invitation will be made, as the number of invitations granted by the Department may be limited by the number of places in the migration program at the time (31).

While most temporary resident medical practitioners now have a pathway to permanent residency, junior doctors have fewer options early on in their career. EOIs for the Subclass 189 visa can only be made by consultant-level doctors and some registrars in advanced training; while RMOs are only eligible to submit EOIs for subclass 186 and 190 visas, which respectively require sponsorship by one's employer or nomination by a State or Territory government (22). While the Australian Government's commitment to providing skilled temporary residents with a pathway to permanent residency is a welcome development, pathways to permanent residency continue to be an area of uncertainty and ongoing concern for junior doctors.

Implications for Specialist Training

Some specialist colleges require applicants to be a permanent resident or citizen of Australia or New Zealand before they can be considered for certain training programs. The RACS Surgical Education and Training program requires permanent residency or citizenship of Australia or New Zealand at the time of registration for all surgical specialties. [JC37] Similarly, RANZCO's Vocational Training Program requires applicants to have citizenship or permanent resident status in Australia or New Zealand by the 1st of April in the year of application. [JC37] As such, any difficulties a junior doctor encounters in gaining permanent residency may delay their career progression if they are seeking to enter certain specialties.

Rural Health Placements

Rural Paradox

Internship positions in metropolitan areas are generally preferred over rural ones, leaving international medical students seeking placements after Commonwealth Supported Place (CSP) students and other domestic counterparts within their states and territories, often securing opportunities primarily in rural areas.

During their medical training, international medical students encounter limited support in securing rural placements. While some universities allow international students to participate in rural placements, the availability and support depend on individual university policies. Priority is often given to domestic students, and many grants and scholarships, such as the NSW Rural Allied Health Clinical Placement Grants, specifically exclude international students.

Furthermore, current rural training policies in Australia often overlook international medical students graduating from Australian universities (33). The Australian government aims to boost rural placements through funding initiatives like the Rural Health Multidisciplinary Training (RHMT) program. This program mandates universities to enhance rural medical training and maintain a robust rural training network. It ensures that all Commonwealth-supported medical students have the opportunity to undertake a structured rural training experience, with at least half participating in at least four weeks of consecutive rural training. Additionally, at least 25% of a university's Commonwealth-supported medical student cohort is expected to complete a minimum of one year of clinical training in a rural area, with at least 25% of these students originating from rural backgrounds (34).

However, while the RHMT program aims to facilitate effective rural training experiences, it does not specifically address or support the inclusion of international students. Despite their frequent involvement in rural internships upon graduation, international students often struggle to integrate into the rural healthcare system, lacking prior rural exposure and social connections (33).

FGAMS in Rural Workforce and Retention Strategies

A significant proportion of Foreign Graduates of Accredited Medical Schools (FGAMS) undertake rural internships, with nearly three-quarters placed in rural settings. This trend is primarily driven by the aforementioned internship matching system, which grants FGAMS access to leftover internship positions, often located in rural areas. Additionally, there is a 10-year moratorium that restricts FGAMS from accessing Medicare billing unless they work in distribution priority areas, which are mostly rural (35).

Despite these strategies, career retention rates for FGAMS in rural practices remain low. This suggests that many FGAMS choose to transition to urban sites over time to practise after completing their internship, despite the 10-year moratorium, as working in public hospitals does not require FGAMS to access a Medicare provider number. National-level graduate intention data suggested that FGAMS are significantly more likely to express a preference for urban over rural.

Studies suggest both non-professional and professional satisfaction are crucial for retaining healthcare professionals in rural areas. However, FGAMS often face insufficient support for completing internships rurally, despite a significant proportion of interns being FGAMS. Furthermore, with limited opportunities to pursue rural placements during medical school, they lack social networks in rural communities. Additionally, FGAMS frequently graduate with substantial debt, which research suggests diminishes their likelihood of choosing rural practice. Consequently, achieving satisfaction and the intended goal of rural retention remains doubtful.

Currently, research on how provider number restrictions specifically impact FGAMS' rural career choices is limited. International evidence emphasises the necessity of multifaceted rural workforce retention strategies, beyond regulatory measures alone. These strategies should include education, personal and professional support, and financial assistance (33).

Furthermore, the 10-year moratorium policy is not without flaws. Exceptions for specialty training and working in public hospitals may unintentionally deter FGAMS from entering general practice – a field already experiencing shortages. Thus, this calls for policy adjustments to address these issues and enhance rural workforce retention.

Vocational Training Challenges

The rural training pipeline of FGAMS brings its own set of challenges. Vocational training is generally urban centric, which impacts the ability and willingness of FGAMS to relocate rurally. There has been a recent push by the Australian Department of Health to provide vocational opportunities in regional areas, but with the financial stress of hefty loan repayment for international full fee paying students, and the expected lack of income growth in rural spaces, the likely placement of FGAMS into those areas may directly impact career progression. This suggests that the current health infrastructure is not able to adequately balance the needs of its FGAMS workforce with the needs of its rural health consumer base, and requires further investigation into solutions that best serve both of these populations.

Health of International Students

Overseas Student Health Cover (OSHC)

The OSHC is a private healthcare insurance purchased as a student visa prerequisite (before applying for visa) by any international student and their dependents (36). This must be maintained throughout the period stated in the student visa and is

necessary to continue studying within Australia (36). As according to the Deed for the Provision of OSHC by the Australian Department of Health and Aged Care, the OSHC aims to 'ensure adequate and affordable healthcare for all students', 'minimise personal financial risk and debt', and 'ensure the cost of health insurance does not serve as a disincentive to prospective overseas students choosing to study in Australia' (37). The Deed further outlines that OSHC policies must provide minimum benefits as Medicare, the universal healthcare insurance for Australian citizens (37). Free or subsidised health services can be provided through the Medicare Benefits Schedule (MBS), including 100% basic coverage for hospital or general practitioner fees under the MBS and medications under the Pharmaceutical Benefits Scheme (37).

However, the OSHC will only cover 85% of the fee stated within the MBS for outpatient services, such as diagnostic imaging, pathology and specialist consultations (37,38). Considering that these services may cost between \$600-\$100, 85% of the MBS fee may still equate to a high out-of-pocket fee for international students requiring these services as part of their healthcare treatment, especially if these services are repeated (38,39). OSHC also does not cover physiotherapy, dental treatment, and optometry services (40). Overseas students are further ineligible to receive subsidised prices for medications under the PBS unless receiving treatment through a Medicare entitlement, of which only \$50 per pharmaceutical item is allowed to be claimed with a maximum of \$500 per year (40). Medicare users are able to claim up to \$1000 per year (40).

Although some healthcare providers can cover treatment through bulk-billing or direct claims to insurers, many providers require upfront payment before treatment, and patients will then apply for reimbursement from their OSHC provider (40). Claims may take between days to months depending on OSHC provider and the assessment process, adding on another financial burden on international students if there are more than one claim to the insurer (40). Additionally, reimbursement can only be refunded to Australian bank accounts (41). Not all claims can be refunded to non-Australian accounts or credit cards (41). As some international students may not have Australian bank accounts when treatment is needed, healthcare treatment can be extremely expensive. For example, within NSW, emergency departments providing care without admission (outpatient care) require a \$338 upfront payment (\$169 triage fee and \$169 consultation fee) before treatment can begin (42). Emergency departments within Victoria charge \$568 for care without admission (43). If settlements are not prompt by insurers, the financial burden on international students will be increased.

More importantly, the OSHC enforces waiting periods for certain services (excluding emergency treatment) covered under its policies (44). Healthcare services will only

be covered once the waiting period is over, however this can range from 2 for pre-existing psychiatric conditions to 12 months for pregnancy or pre-existing health conditions (44). Worryingly, the waiting period for overseas students suffering from pre-existing conditions is 12 months, meaning that any continuing treatment required will be out-of-pocket. This can place many students with health conditions at financial risk, increasing stress, and may impact education if treatment is delayed out of financial worries. Taking into account the need to aid Australians with long-term health conditions, there should also be a consideration of allowing overseas medical students with disabilities to continue education without bias, as these students can bring important perspectives into medical school and future careers which local students may not have.

Another issue for the OSCHC is that some universities have a strong preference for one OSCHC provider despite costs to students. Currently, there are 6 OSCHC providers within Australia with varying quotes with an average 5-year OSCHC cover for international medical students from 2025 to 2030 costing around \$5000 - \$5300 (45). Universities typically recommend one insurer for international students, with provider offices on site to aid international students with OSCHC policies, such as Medibank for University of New South Wales, Bupa for University of Melbourne, Allianz for Monash, and Bupa/Allianz for University of Sydney. This strong preference can reduce students' choices for OSCHC and may limit policy benefits if there are significant differences between providers.

Fees and Work Restrictions

In 2021, there was a 11.3% increase of international medical student graduates in Australia by 2020 (16.3%), while 14.9% international medical students began in 2021, a decrease from 2020 (15.9%) (46). Of this percentage, all international medical students were full fee-paying students (46). Annual tuition fees as of 2023/2024 ranged from \$74,445 to \$92,000, amounting to about \$446,670 to \$460,000 for a full medical degree (46). The tuition fee is subject to an annual review, and an increase is commonly seen from year to year. It's important to consider that rapidly increasing tuition fees could discourage international students from choosing to study in Australia. Fees do not include the Student Services and Amenities Fees, OSCHC, rent or living expenses, and students must continue paying full fees to continue studying the course (46). Meanwhile, the average living cost for 12 months is an extra average \$25,000, ranging from \$29,000 in NSW to \$24,000 in WA (47). Breakdown costs in a week include rent (\$400-\$1200), public transport (\$50-\$100), food (\$100-\$150), and utilities (\$40-\$80), with a total of \$590 to \$1530 per week (47). Add:

Considering the high costs to live in Australia, many overseas students choose to partake in part-time work to alleviate financial burden. During the COVID-19

pandemic, work restrictions had relaxed due to the work shortage within Australia (48). Students working in the aged care sector were allowed unrestricted hours until 31 December 2023 due to work shortages (48). In 2023, the Department of Home Affairs increased work restrictions in Condition 8105 of visa subclass 500 (student visa) from 40 hours to 48 hours per fortnight due to workforce shortages, meaning overseas students are now eligible to work 3 days a week during term (48). These restrictions are placed to allow students to balance studies and work, with no restrictions during holidays (48). Students must maintain course enrolment and ensure satisfactory course attendance and progress. Should they fail to meet these conditions, they may risk breaching their visa conditions (48).

With the current minimum wage at \$23, if students were to work the maximum 48 hours per fortnight, average wages are about \$552 per week (49,50). Keeping in mind the average weekly cost of living can range from \$590 to \$1530, this may not be able to cover expenses and may add to financial stress for students if other expenses such as healthcare or educational courses are added on. In comparison, students studying a master's degree by research or doctoral degree have no work restrictions despite a comparable heavy workload (48). Medical school is further intense during term-times, which can limit the ability to work. Handling both studies and financial burden from fees and living expenses (amounting to a total average of \$10,000 per week) can impact poorly on students, leading to increasing stress and possibly decreased educational gain. Despite the increased work hours restriction, more can be done to support international medical students to continue their studies in Australia.

Travel Concessions

Many international students use public transport as a cost-effective method of travel. Some states offer concession rates for eligible tertiary students. In Victoria, all undergraduate tertiary students are offered a 50% concession rate on public transport, where a 365-day pass costs \$1034 for zone 1 and 2 compared to \$2067 for a normal adult 365-day pass (51,52). There are further options for a zone 1 pass if the student's university is only within one zone (52). However, only a physical card is allowed for concessions, and there is a 3-week waiting period for card delivery, where students still must pay the normal adult fare (52). Payment must be given upfront before the concession card is sent to the student (52). Students must further have an address to send the card to. In NSW, only overseas students with Australian Government scholarships, Endeavour scholarships, an Australian Awards scholarship, or an International Postgraduate Research Scholarship are eligible for concession rates (53). Rates for eligible tertiary students are capped at \$25 a week, with a \$8.90 cap per day and \$4.45 on Fridays, weekends, and public holidays (54). Meanwhile, normal adult rates are capped at \$50 a week, with a \$17.80 cap per day and \$8.90 on Fridays, weekends, and public holidays, nearly twice as much more

than concession rates (50,54). Although there is a 30% off outside peak hours and discounted days, an average \$50 per week can amount to \$2600 per year for public transport in NSW. As international medical student usually need to travel far for placements a considerable amount of times per week, this extra cost is an increased financial burden on students. Due to the necessary travel to hospital placements, this financial burden cannot be lessened for NSW students unless concessions are further widened to include international medical student.

Mental Health

Many international medical student must learn to adapt and adjust to a new environment which can be challenging and confronting. Health is defined as a state of complete physical, mental and social well being (55). Hence, while much emphasis is often put on physical health, an equivocal focus should be placed on mental health given its close relationship to physical health.

Risk factors found to be associated with an increased risk of mental disorders amongst immigrants include separated cultural identity, loss of close family ties and stress associated with adjusting to a new country (56-58). International medical student are similar to immigrants in many ways as they are settling into Australia as well.

In addition to these risk factors, the emotional and mental stress of being a medical student should not be overlooked as the psychological distress, burnout and the prevalence of mental health disease is significantly greater in medical students compared to the general population (59). A BeyondBlue study in 2013 revealed medical students experience very high rates of depression and psychological distress compared to the general population, with approximately one in five reporting suicidal ideation in the last 12 months (59). A study showed that a sense of belonging to the community coupled with perceived social support has been found to be positively associated with better mental health amongst immigrants (60). While many universities offer general mental health support services, options catered specifically for international medical student are unclear. This represents a potential looming problem as display multiple risk factors for mental health issues and is relatively unstudied as a potential group at risk.

Ethical Recruitment and Admissions

Education providers in Australia, including medical schools, are required to comply with the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (the National Code) (61,62). The National Code forms part

of the Education Services for Overseas Students (ESOS) framework, which governs all registered educational institutions offering courses to international students, and is made legally binding by the ESOS Act 2000 (61,63).

Under Standard 1 of the National Code, education providers are prohibited from making false or misleading claims in their marketing to international students, and must ensure marketing is consistent with the Australian Consumer Law. (JC14) Standard 2 of the National Code also requires education providers to provide certain information to international students before enrolment (Appendix A) (62).

In addition to being referenced by the National Code, certain provisions of the Australian Consumer Law (ACL) are directly applicable to the recruitment of international medical students by Australian universities. Notably, section 18 of the ACL prohibits “conduct that is misleading or deceptive or is likely to mislead or deceive” in trade or commerce (64). Section 21 of the ACL also prohibits “unconscionable conduct” (64). There is no definitive legal definition of unconscionable conduct, as courts assess if conduct is unconscionable on a case-by-case basis, making it challenging to identify (65,66). However, courts have previously found dealings to be unconscionable when they are deliberate, involve serious misconduct, or are clearly unfair or unreasonable (66,67).

Notably, while the National Code requires universities to provide information about qualifications and course outcomes to prospective students under Standard 1, this is unlikely to cover information about the additional barriers faced by international medical students during the transition to medical practice in Australia. As such, there is no universal requirement for medical schools to disclose to prospective students information about international medical students’ prospects of completing a medical internship and the 10-year moratorium (61).

Prior to the implementation of the National Code, international students raised concerns about housing affordability, particularly during periods where the costs of accommodation rose rapidly, highlighting the need for transparency about costs of living during recruitment (67). While the National Code now requires education providers to give prospective students current information about accommodation options and indicative costs of living in Australia under standard 9, this is likely to continue being an area of ongoing concern since costs of living can rise significantly over the course of a medical degree (67).



The 10-year Moratorium

Most doctors who were former international medical students in Australia are not able to attract Medicare benefits for services they provide for a minimum period of ten years under section 19AB of the Health Insurance Act, unless they hold a section 19AB exemption (68-71). To obtain an exemption, those affected must work in a distribution priority area or a district of workforce shortage, which are areas identified by the Department of Health (70,71). This regulatory regime is called the 10-year moratorium, and its effect is that affected IMGs working in private practice cannot bill Medicare without working in areas designated by the government (72).

The Health Insurance Act defines who is affected by the moratorium. This includes “overseas trained doctors” and “foreign graduates of an accredited medical school”. The latter of these is a special term defined by the act which includes any graduate from an accredited Australian medical school who was a temporary resident when they first enrolled (68). As such, all current international medical students, as well as former international students who subsequently become permanent residents, will be affected by the moratorium when entering medical practice.

Under section 19AB, the restriction on Medicare billing applies for a minimum period of 10 years from the time an affected doctor is first registered with an Australian medical board (68,69,73). If the doctor has become a permanent resident or Australian citizen at that time, the restriction will be lifted. However, for temporary residents, the restriction will continue to apply until they become permanent residents (68,69,73).

The underlying policy objectives of Section 19AB are to address health workforce shortages in rural areas of Australia (72,74). However, research into the origins of the 10-year moratorium has found that a large reason behind the introduction of the policy was a perceived excess of general practitioners in metropolitan areas during the 1990s, as well as a belief that overseas trained doctors were contributing to the oversupply (72,74-76). Today, it is nonetheless acknowledged by many in the medical community that there is a significant rural shortage in Australia and that international medical graduates make valuable contributions to rural communities (71). As a result of the 10-year moratorium, international medical graduates now make up 41% of the medical workforce in rural and remote areas (72,77).

Focusing on the impact on former international medical students in Australia, Section 19AB is problematic for several reasons. Firstly, the policy restricts the autonomy of affected doctors and significantly impacts their wellbeing and professional career (74,78). According to Zubaran and Douglas:

“This restriction is unparalleled in the developed world. Not only does it cause significant personal hardship, family stress and cultural isolation, it also places limits on professional development and career opportunities.” (78)

This is supported by surveys of Australian medical practitioners, which have found that doctors who are restricted in their choice of practice location by Section 19AB are ‘significantly unsatisfied’ in their current work location (72).

Secondly, international medical students are generally less familiar with living rural communities and are often isolated from support networks when made to relocate there as doctors (78). A survey of GPs in the rural Bogong region found that many overseas-born doctors there came from urban backgrounds but were located there primarily because of the ten-year moratorium. Although some of the participating overseas-born doctors later made a deliberate choice to remain in the rural community, many relocated to urban areas, citing educational opportunities and isolation from friends and family as driving factors (79).

A related issue is that international medical graduates working in rural areas have limited support and supervision, which has implications for both doctors and the communities served. The RACGP notes that while many international medical graduates ultimately provide high quality medical care to rural communities, they often do so without adequate professional support (71). Similarly, the AMA has stated that:

“This policy means that IMGs are often recruited to work in some of the most professionally challenging clinical environments, despite limited preparation for this experience and more restricted access to professional support and oversight and supervision. This presents possible risks to patient safety and simply encourages the development of a transient medical workforce in rural and remote Australia.” (80)

Finally, using compulsive mechanisms to effectively dictate where Section 19AB-affected doctors, including former international medical students, live and work can be considered contrary to Australian community values such as individual freedom, equity, and mateship (74,78,81). Many also regard the moratorium as discriminatory (74,82). As doctors affected by S19AB continue to be restricted even after they become Australian citizens, the moratorium potentially creates distinctions between Australians based on their past residency status, which may constitute a form of discrimination against overseas-born Australian doctors.

The above factors have led to concerns being raised about the moratorium’s sustainability as a long-term solution to rural workforce shortages,[JC32][JC24] and calls from the medical community to dismantle the moratorium (72,78,80). During

the 14th National Rural Health Conference in 2014, the Chair of RACGP Rural identified a need to focus on retaining international medical graduates working in rural communities beyond the moratorium period while calling for alternative non-compulsive measures for addressing workforce shortages and increased support for international medical graduates working regionally (83). The RACGP states that it has never endorsed or supported the moratorium, while the AMA passed a resolution in 2010 calling for it to be abolished (71,80).

Equal Opportunity and Anti-Discrimination Law

As international medical students come from ethnically and culturally diverse backgrounds, certain provisions under Federal and State anti-discrimination laws may be applicable to them. Under the Racial Discrimination Act (1975), (RDA) it is unlawful to treat someone less favourably because of their race, colour, descent, national or ethnic origin or immigrant status (84,85). The RDA also prohibits indirect discrimination, which is where a condition, practice, or requirement has the effect of disadvantaging people because of their race (84,85). While the RDA does not prohibit distinctions based on citizenship or nationality,[JC39] there can nonetheless be limits on the extent to which a person cannot be treated differently due to their immigrant status. According to the Australian Human Rights Commission, it may not be lawful for an employer not to offer someone employment solely because they are an immigrant (85).

States and Territories also offer additional protections under their own legislation, which may be more extensive than the Federal RDA. Examples of State-level equal opportunity laws include the following: (86)

- New South Wales – Anti-Discrimination Act (1977)
- Victoria – Equal Opportunity Act (2010)
- New South Wales – Anti-Discrimination Act (1977)
- Queensland – Anti-Discrimination Act (1991)
- Western Australia – Equal Opportunity Act (1984)
- South Australia – Equal Opportunity Act (1984)
- Tasmania – Anti-Discrimination Act (1998)
- Australian Capital Territory – Discrimination Act (1991)

These laws may have implications for many aspects of an international medical student's journey, including education, employment, and medical training. However, applying them to specific issues or circumstances is complex and may require legal expertise. Definitions of protected attributes including "race", what is covered by law, specific legal wording, and exceptions vary between states (86). Identifying potential breaches of anti-discrimination law also requires consideration of a wide range of factors specific to each case, and sometimes requires courts to determine whether

an act was “reasonable”(86, s9(1A)(a);87,88). Additionally, there may be interactions between anti-discrimination laws and other legislation. Nonetheless, universities, health services, accreditation bodies, and state governments should ensure that their procedures and requirements with regard to international medical students and graduates are at all times compliant with applicable legislation.

International Student Support for Returning to Practise in Home Country

International Medical Placements in Home Country

Overseas elective medical placements are a large part of many medical school programs across Australia, with 53% of graduate entry (GE) and 35% of high school entry (HSE) students taking part in an overseas placement in 2013 (89). This provides an important opportunity for students to explore a new setting of clinical medicine, and broaden their understanding of overseas healthcare. These placements, usually undertaken by seniors in their clinical years, are most of the time taken in low-resource settings in places like Nepal, Cambodia, and the Philippines – 59% and 56% in GE and HSE programs respectively (90).

Australia is fortunate to host many international medical student at its medical schools every year. In 2019, there were 2,870 international medical students studying in Australia, just over 17% of all medical students (91). While placements are an important part to every medical student’s education, these placements can be especially vital to international medical students who plan to return to their home country for post graduate training and the application for.

In countries where there are very strict and specific requirements for FGAMS returning for residencies, such as the U.S. and Canada, not undertaking a placement in a student’s home country can have adverse effects on their chances of matching into a post graduate training program. Research shows that for the U.S. match in 2018, the number of relevant work experiences undertaken by U.S. FGAMS that matched to a training program was on average 4 (92)]. There is a similar trend in Canada. In 2019 just 15% of students without any local placement experience matched to a program (93).

Support for International Licensing Exams & Vocational Training Program

In addition to placements, there are many other hurdles that international medical students must overcome when planning to go back to their home country to practise. With the obvious need for international medical students to return to their home countries for placements to ensure positive post-graduate training program match results, it then behoves Australian universities to facilitate such placements, give support in the way of resources for licensing and/or recognition of the



necessary time away for licensing exams. These additional hurdles include the necessity of additional study time for international licensing exams, as well as both the time and financial burden of international travel for taking the licensing exams. One study estimated the financial burden associated with USMLE (United States Medical Licensing Exam) testing, application fees, interview travel costs, ECFMG (Educational Commission for Foreign Medical Graduates) certification, etc. for some foreign medical graduates undertaking a residency in the U.S. to be \$25,000 USD (94). While this may not be representative of every IMG, it does clearly illustrate that there are undoubtedly additional costs, be they financial, stress-related, time-related or otherwise, for international medical students seeking licensure outside of Australia.

Emergency Response Planning and Advocacy

As seen through the COVID-19 pandemic, international medical students can be disproportionately affected by states of emergency, due to the many hurdles of studying abroad. Most notably, international medical students felt increased financial pressures due to a halting economy, threatened course progression, restricted travel and further strain on their mental and physical health (95-97). Any of these factors individually can place the huge financial and personal investment of studying in Australia at huge risk. This policy is intended to be an addition to previous AMSA policies such as COVID-19 and the Pandemics policy with special consideration for international medical students (98).

Financial Burden and Disruption in Funding

Emergencies that threaten the supply chain of funding for international medical students can cause financial vulnerability (99). Commonwealth initiatives such as jobkeeper payments and student support were readily offered to domestic students in 2020, but not international medical students (100). With a considerable proportion of Australia's GDP derived from the export of international education, a strain on international medical student' finances can heavily impact the higher education sector and economy as a whole, and in turn will affect the quality of education for all students (101).

Travel Restrictions

Travel restrictions imposed due to COVID-19 caused problems to the progression of international medical students. This particularly impacted some international medical students who have decided to pursue post-graduate training in their home country, as they are typically required to complete numerous rotations in their home country prior to graduation (93). During COVID-19, many international medical students who returned back to their country of origin were later trapped overseas

due to travel restrictions. This can result in serious delays to their medical progression as many were unable to return back to Australia for clinical placements (102). International medical students are particularly vulnerable to this, as attendance at clinical placements is a requirement for progression through medical courses.

Obstacles for Registration

With a nationwide shutdown of non-essential services, many final year international medical students faced additional barriers in securing internship, visas and AHPRA registration. Delays were seen with regards to certifying application documents, sitting required English examinations, and accessing immigration services. While the application requirements for referees were loosened in several states, some states still required clinical references for applications. For international medical students who are stuck overseas and hence unable to attend placements, they encounter barriers in obtaining referees needed for application. During crises, international medical students often face more challenges in providing a competitive application. Accommodations should be made that acknowledge these challenges in times of crisis.



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Appendix

Standard 2.1 of the National Code of Practice for Providers of Education and Training to Overseas Students 2018:

2.1 Prior to accepting an overseas student or intending overseas student for enrolment in a course, the registered provider must make comprehensive, current and plain English information available to the overseas student or intending overseas student on:

- 2.1.1 the requirements for an overseas student's acceptance into a course, including the minimum level of English language proficiency, educational qualifications or work experience required, and course credit if applicable
- 2.1.2 the CRICOS course code, course content, modes of study for the course including compulsory online and/or work-based training, placements, other community-based learning and collaborative research training arrangements, and assessment methods
- 2.1.3 course duration and holiday breaks
- 2.1.4 the course qualification, award or other outcomes
- 2.1.5 campus locations and facilities, equipment and learning resources available to students
- 2.1.6 the details of any arrangements with another provider, person or business who will provide the course or part of the course
- 2.1.7 indicative tuition and non-tuition fees, including advice on the potential for changes to fees over the duration of a course, and the registered provider's cancellation and refund policies
- 2.1.8 the grounds on which the overseas student's enrolment may be deferred, suspended or cancelled
- 2.1.9 the ESOS framework, including official Australian Government material or links to this material online
- 2.1.10 where relevant, the policy and process the registered provider has in place for approving the accommodation, support and general welfare arrangements for younger overseas students (in accordance with Standard 5)
- 2.1.11 accommodation options and indicative costs of living in Australia



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Name: International Students

Category: F – Public Health in Australia

History: Reviewed Council 2, 2024

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Reviewed, Council 2, 2020

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