

SUBMISSION

EDUCATION SERVICES FOR OVERSEAS STUDENTS ACT 2000.

INSTITUTION/ORGANISATION

Sydney Medical School
University of Sydney

SECTOR

Higher Education

PREPARED BY

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CONTACT DETAILS

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Review of Education Services for Overseas Students (ESOS) Act 2000

The University of Sydney Medical School is one of the Asia Pacific region's most highly rated education and research institutions. In 2009, the School has 1089 enrolled medical students, 1950 postgraduate students, and more than 4000 teaching, research and clinical staff.

In recent years, a key strategic goal of the School has been to develop and enhance international programs and connections. It supports a growing portfolio of international health education and research activities and exchanges in SE Asia (including in Vietnam, China, India and Timor Leste). It has also increased the number of international students in medical or postgraduate research/courses.

In 2009, 16% or 179 of students in the four year postgraduate medical course are international students. A further 213 international students are enrolled in postgraduate courses ranging from pain management, public health, clinical epidemiology and surgery; or postgraduate research.

The majority of international medical students at Sydney Medical School are from Canada (62%) but other nationalities represented include United States, Singapore, UK, Hong Long, Saudi Arabia, Timor Leste and Mauritius. Postgraduate students come from a more diverse background including China, Vietnam and India.

International student contribution

- International students make a crucial financial contribution to Sydney Medical School and to the Australian economy. Medical students attending this University pay more than \$50,000 a year in fees, without which it could not continue to provide the quality and range of its courses. Many international medical students have also completed their undergraduate degrees in Australia. Including fees and living expenses, each student contributes a minimum of \$350,000 (over the four years of their course) to the Australian economy, and many contribute a great deal more.
- A significant percentage of medical graduates remain in Australia once their studies have been completed. An informal survey of recent international graduates of Sydney Medical School, undertaken earlier this year, showed approximately 33% had remained in Australia after completing internships, another 33% would like to have remained in Australia had they had the opportunity, and 33% had happily returned home. At a medical students' forum held at the University on 29 October 2009 international medical students reported that well over 70% wish to remain in Australia to practise medicine. Medical professionals remain in short supply in Australia. Having highly educated young graduates – who have paid for their own training – wishing to remain and work in Australia, is a major benefit to our health workforce.

- International students add a welcome diversity to the education experience of all students, and are a crucial component in the School's overall goal of educating outwardly focused medical graduates, who contribute locally and internationally to improving health and health care. Relationships forged between local and international students form the basis of connections that will serve the country and this institution well in the future.

Problems/issues for international medical students

International students express dissatisfaction with:

- Lack of access and uncertainty over internship positions
- Inability to participate in training at rural clinical schools
- Lack of transport concessions in NSW
- Requirement to pay fees for the education of their children in public schools in NSW

Threats to internship positions

The uncertainty over internship positions is the most serious concern expressed by international students. Prospective students say the lack of intern positions is a major negative factor for them and the uncertainty is influential in their decision over medical schools.

Word of mouth recommendation is a key means of recruitment of international medical students; at the forum on 29 October mentioned above, international students emphasised their love for Australia and their admiration for the quality of the medical education they are receiving in NSW medical schools. Without clarity about the availability of internships, however, they feel they cannot recommend Australia as a destination for other potential international medical students. The potential losses of foreign exchange for Australia and of highly qualified junior doctors – trained in the Australian healthcare system at their own cost – are obvious.

- Supervised hospital internships form a vital component of medical training. Without completing an internship, young graduates cannot be registered to practise medicine.
- At present, internships in NSW are only provided by the state's public hospitals with a few isolated exceptions such as in certain general practices. The state government only guarantees intern positions to local students (Australian citizens and permanent residents graduating from NSW medical schools or, if graduating from an interstate medical school, undertook their Year 12 examination in NSW).
- International students typically find it extremely difficult to secure internships in their home country.

- Following an increase of medical student places, including the funding and development of four new medical schools in NSW, the number of medical graduates looking to secure internship positions is rising. Already, rising numbers of medical graduates are putting pressure on the available intern positions in public hospitals. Pressure will increase dramatically when graduates of all new medical schools (Notre Dame, University of Wollongong, University of Western Sydney, University of New England) look for intern positions in 2012.
- International students are discriminated against in current intern allocations. Those completing their studies in 2009 ranked last in the queue for 2010 intern positions. They were only offered intern places after all Australian graduates seeking positions were accommodated, and if there were vacancies after offers to foreign-trained doctors, offers to New Zealand graduates and to foreign-trained doctors with New Zealand residency.
- After initial concerns there would not be intern positions available, all NSW international graduates who wanted an internship were able to gain a position. The level of anxiety and consequent disaffection towards Australia amongst the students has been high.
- Without reforms, the scramble for internship positions seen in recent months will be repeated with growing severity in next years. Without reform, by 2012 hundreds of highly educated medical graduates may not be able to secure the supervised intern positions that they require to be able to work as a doctor.

Training at rural clinical schools

International students express dissatisfaction that they do not have equal access to training at rural clinical schools. Rural clinical schools are funded by the Federal Government (Department of Health and Ageing), with the aim of providing greater numbers of medical students experience of medicine outside of major cities with the (quite realistic) expectation that those students who have a rewarding rural experience during their medical education will be more likely to practise in rural areas during their professional life.

- Local students have the opportunity to spend up to one year of their course located in Sydney Medical School's rural clinical school based in Dubbo and Orange as well as attending our two University Departments of Rural Health in Lismore and Broken Hill.
- Rural clinical placements are extremely popular with students because they offer opportunities typically not available in big city hospitals. In Broken Hill, for example, students have the opportunity to work with the Royal Flying Doctor Service in its emergency retrievals and air ambulance, and experience Indigenous health at close hand in communities outside Broken Hill and in northern NSW.
- Places in rural clinical schools are reserved for local students. They are available to internationals only if all local quotas are filled, but the positions in rural schools are always oversubscribed by local students.

Lack of transport concessions/school fees

- In NSW, despite the considerable contribution they make to the economy of the state, international students are further discriminated against. They are not able to obtain transport concession cards, and those with families are further penalised by public school fees.

Relevance to ESOS Act

- One of the three principal objectives of the ESOS Act is “to protect and enhance Australia’s reputation for quality education and training services.”
- The lack of a guarantee of the opportunity to complete their medical education through an internship has caused significant ill-feeling and criticism among international medical students across the university sector. Sydney Medical School has been contacted by media groups in Singapore and India, asking about discrimination against medical students. Some students have discussed the possibility of withdrawing from their courses, because of the uncertainty of postgraduate positions. Current students feel anxious about completing four years of study, a great proportion of them on borrowed money, but not sure about securing further training.
- The international student market is highly competitive. Without a guarantee that international medical students will be able to secure an intern position once they have graduated from medical school, future numbers of international medical students selecting an Australia university for their studies will remain uncertain.
- Students believe they have been discriminated against in other areas, including in their inability to participate in the rural clinical schools program and (in NSW) their lack of transport concessions. They are very public in their criticisms of the system which treats them as second class citizens.

Relevance to the National Health and Hospital Reform Commission recommendations

- The final report of the National Health and Hospital Reform Commission acknowledged the need to review and improve upon medical workforce education and training. The report noted: “There is growing support to strengthen and redesign how we train our health professionals.” (5.2.2)
- It recommended a new approach to funding the education and training of the health workforce, with a dedicated funding stream for clinical placements for undergraduate and postgraduate students.
- It recommended that funding should follow students and be concentrated at supporting training in quality environments.
- It said clinical training infrastructure must be available across all health settings – public and private – including hospitals, primary health care and other community settings.

Solutions

It is essential that governments accept that medical schools provide only one part of medical students' basic education. The other – and complementary - part is the continuation of their education acquired through the internship or period of post-graduation supervised training and experience. What is needed, if Australia is to be successful in attracting international medical students, is a "package" that can be offered that comprises both medical school education and a guaranteed internship.

Federal funding of training positions in public hospitals

- While the Federal Government is keen to promote Australia as a destination for international students, State government policies that deny internships to international students have precisely the opposite effect. The cost of postgraduate supervised training positions in hospitals is borne by state governments. If the Federal Government is serious about supporting the international student market, and especially the high quality medical student market, then a commitment to support state governments financially such that they can fund intern positions in hospitals, would remove a major hurdle for already cash-poor public hospitals in provide positions.

Expand training options, Federal funding for non-public hospital training

- The lack of internship positions has highlighted a much broader issue for medical educators and governments. That is that traditional internships in public hospitals no longer prepare young doctors for the realities of modern health care and for the medicine that most will eventually deliver. Changes in the way medicine is practised, the growth in the private hospital sector, and the shift from people being treated in hospitals into ambulatory care settings, all require that the role of internships be rethought so that new doctors are trained to deliver health care in a range of non-public hospital settings..
- Instead of focusing all postgraduate training on hospitals, internships which include the public and private sectors, general practices, specialist rooms and health centres, including Aboriginal health services, would provide a broader and more relevant training program. It would also relieve the pressure on public hospitals as the only source of training.
- In keeping with the point above, Medical Boards need to acknowledge the value to be derived from accepting a wider range of training modalities as suitable for meeting internship requirements, and to be more flexible in their requirements for registration of medical practitioners. As an example, the

NSW Medical Board currently requires all interns to undertake an Emergency term in a public hospital; there are alternative venues such as major general practices which could offer similar, if not better, training experiences for interns.

- Improving health care through research is a priority for governments. A scheme has been proposed whereby newly graduated doctors would undertake a two-year period of education and research completing their internship at the end of the 24 month period in which would be added a 12 month period of research, ideally funded by the NHMRC. Such a scheme would both reduce pressure on internship positions and provide a valuable impetus to medical research in Australia. Details of the proposal are contained in the attached letter from Professor Bruce Robinson, Dean of Sydney Medical School, to the Chief Executive Officer of the NHMRC.
- If funds could be made available by the Federal Government (and state governments) to support broader training programs, and those funds were allocated on a per intern basis without discrimination, training programs could be developed which were more relevant to modern demands, as well as allow for expanded numbers of intern positions for international (and local) students. Such an arrangement would enable medical schools to “guarantee” internships to international students

Dedicated funding streams which follow students, not institutions

- The National Health and Hospital Reform Commission recommended that funding should follow students and be concentrated at supporting training in a wide variety of health settings. If a fund stream could be established which followed students, it would be possible for medical education to develop postgraduate training programs which provided students with broader and more relevant training across public and private settings.
- Expanding training beyond public hospitals would allow more positions to be provided, and could be easily expanded to accommodate the larger numbers of graduates emerging from medical schools in the next years.

Priority in registrations to Australian-trained international graduates

- With ongoing medical workforce shortages in Australia, having well trained medical graduates who have studied in Australia and are familiar with the Australian health system, provides a very strong alternative to continuing registration of international medical graduates. Language/communication issues and poor understanding of the culture and health system have been difficult hurdles for a number of foreign trained graduates and their patients in recent years.
- That there is a shortage of medical practitioners in Australia is acknowledged by all governments. What is not yet acknowledged by governments is the suitability of graduating international medical students for further training in the Australian healthcare system and for subsequent service to the Australian community. In contrast to International Medical Graduates (IMGs) the international students generally come from English-speaking countries, have

already spent a minimum of four years in Australia and hence are well acculturated and familiar with the Australian healthcare system. They are "work ready" in contrast to IMGs who can only seek employment after navigating their way through the examination system of the Australian Medical Council which, for many, can take a number of years. The international medical students are also younger than IMGs and hence available for service to the Australian community for a longer period. If international students are to remain in Australia post-medical school, they need to be guaranteed an internship position.

Flexibility with rural placements

- Expanding the number of places in rural clinical schools would also allow international students the opportunity to participate in education and training that is uniquely Australian. Changing funding arrangements, such that medical schools were given more flexibility in the training they offered to local and international students, may allow international students to participate in rural medicine.