

New South Wales  
Medical Students' Council



**PRIORITIES FOR NSW STATE ELECTIONS  
2015**

# 1. A guaranteed internship position for every NSW-trained medical graduate

Under section 52 of the Health Practitioner Regulation National Law (NSW), an individual can obtain general registration in a health profession if the individual has successfully completed a period of supervised practice required by an approved registration standard for the health profession<sup>1</sup>.

The Medical Board of Australia grants general registration to medical graduates who have completed their internship – defined as “a period of mandatory supervised general clinical experience. It allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care. Diagnostic skills, communication skills, management skills, including therapeutic and procedural skills, and professionalism are developed under appropriate supervision. Internship also informs career choices for many graduates by providing experience in different medical specialties including general practice, and providing a grounding for subsequent vocational (specialist) training.”<sup>2</sup>

Medical graduates who undertake their internship outside of Australia or New Zealand are not able to obtain general medical registration, unless they undertake a period of 12 months approved supervised practice within the Australian health care system.

NSWMSC acknowledges the significant amount of work and resources that goes into workforce planning, and believes that it would greatly benefit the health system, and ultimately our patients, to keep students who have proven they are perfectly suited to work in NSW. Our international medical student graduates spend up to six years training in the NSW healthcare system and immersing in the Australian culture, and are ready to contribute to easing the workforce maldistribution. Not obtaining the required internship position would be a waste of taxpayer money and resources, and a tragedy for students who have invested their lives training to treat patients. Eventually, it could also cause a funding problem for NSW universities, should these full-fee paying students choose to study elsewhere, where they have higher chances of obtaining the mandatory clinical exposure.

## 2. Reviewing the NSW priority ranking system for internship applications

Medical graduates eligible to obtain an internship are considered for available positions according to priority categories. Each state has its own priority list.

In Victoria, Priority Group 1 consists of Australian permanent resident graduates of Victorian universities including domestic full fee paying students and New Zealand citizens, and Priority Group 2 includes international students graduating from Victorian universities. Lower categories include domestic and international students graduating from interstate or New Zealand universities, and graduates from overseas universities<sup>3</sup>. A similar model applies in Tasmania, where graduating Australian citizen/permanent residents occupy the top priority position, followed by Tasmanian trained international medical graduates, ahead of interstate trained domestic/international graduates.

In Western Australia (WA), Priority Group 1 consists of all Australian & New Zealand residents of WA medical schools, Priority Group 2 includes domestic & New Zealand residents from interstate medical schools, who completed secondary school education in WA. International students graduating from WA medical schools form part of Priority Group 3, while domestic & New Zealand residents from interstate medical schools and international graduates and international students from other Australian medical schools form the lower priority groups.

ACT Health has guaranteed places for graduates of the Australian National University (ANU), who demonstrate their commitment to working in the ACT, by not applying interstate – domestic and international students alike. Lower on the priority list are graduates of interstate universities who completed Year 12 in the ACT, and interstate graduates completing Year 12 in a different state.

In New South Wales<sup>4</sup>, first priority is given to Australian & New Zealand medical graduates from NSW (guaranteed place for CSP and domestic full fee paying), then interstate or New Zealand medical graduates who completed Year 12 in NSW, followed by interstate or New Zealand medical graduates who completed Year 12 outside of NSW. International students training in NSW hospitals and graduating from NSW universities are ranked 4th on the list, followed by international students graduating interstate/in

New Zealand and international medical graduates from AMC accredited campuses outside of Australia.

Due to the different priority groups being used in other states, the NSW health system faces two issues: Australian & New Zealand medical students completing Year 12 in NSW and graduating from NSW medical schools have lower chances of working interstate if they wish to do so, while NSW potentially loses skills from international students graduating from NSW universities, who trained in our hospitals and who chose NSW as their preferred study destination.

The NSWMSC welcomes and supports the guarantee for all NSW graduating Australian/New Zealand citizens, and calls upon the State Government to review the priority listing, so that:

- Priority Group 1 includes all medical graduates of NSW universities who are Australia/New Zealand citizens (or permanent residents)
- Priority Group 2 includes interstate or New Zealand medical graduates who completed Year 12 in NSW and who are Australian/New Zealand citizens (or permanent residents), and international students graduating from NSW universities
- Priority Group 3 includes interstate or New Zealand medical graduates who completed Year 12 outside of NSW and who are Australian/New Zealand citizens (or permanent residents)
- Priority Group 4 includes international students graduating from interstate or New Zealand universities
- Priority Group 5 includes international medical graduates of AMC accredited campuses located outside of Australia/New Zealand

### 3. Improved financial support for medical students during prevocational training

Medical students have a more intensive university curriculum, study load and contact hours than many other university students. These demands significantly reduce a students' ability to cover costs of study and living. Unlike many other university students, medical students are often unable to seek paid employment, as placements undertaken in the clinical setting are often unpredictable in terms of the hours and may include after-hours and weekend shifts. Students are also required to undertake rural placements and Indigenous Health rotations, which are often several hours away from their usual location and result in inability to undertake work shifts.

In addition, costs of medical textbooks and clinical equipment, as well as the costs involved in travelling to placements located in distant locations result in medical students also having the greatest study debt when compared to other students.

Ironically, accessing government student income support proves to be harder for medical students, as many of them are under the age of 22 years or work less than 15 hours per week over 2 years – prerequisite for Youth Allowance eligibility<sup>5</sup>. Improved support through State Government initiatives would ensure that students are able to progress through their medical degrees in a timely manner, without compromising academic performance and their personal wellbeing. Providing financial assistance to NSW medical students undertaking placements within remote communities, incentives for others to choose rural teaching schools – increasing the likelihood they will eventually practise in those sites, and scholarships to students from a lower socioeconomic background would be appreciated.

## 4. Greater funding for mental health support during all aspects of a doctor's training

The National Mental Health Survey of Doctors and Medical Students<sup>6</sup> has produced significant data on the prevalence of mental health concerns amongst medical students. Some of the findings of the study include almost half of all medical students reported a minor psychiatric disorder (considerably higher rate than in doctors), significantly higher rates of experiencing depression compared to the general population, reported anxiety rates higher than the general populations, approximately one in five medical students experienced suicidal ideation in the previous 12 months of the study, and half experienced emotional exhaustion and burnout.

Greater funding at a state level would ensure that vital information can be collected on NSW medical students, and may provide greater support for universities and medical societies to develop and implement schemes that effectively equip every student with the appropriate means to manage all aspects of being the future NSW medical workforce. Specific high quality online resources need to be developed as there are currently a number of hurdles preventing medical students from seeking help either at their university level or from their general practitioner – privacy and confidentiality often being quoted as the main barriers.

Other initiatives that could be implemented as a result of funding grants include community based initiatives, risk assessment training for non-medical professionals as well as making education projects more accessible, where individuals can learn how to apply a suicide intervention model and carry out lifesaving interventions, for example. The NSWMSC would welcome the opportunity to assist in both data collection, provide logistical support and contribute to measures undertaken, ensuring medical students' health and wellbeing is a priority for the State Government and other key stakeholders.

## 5. Improving the quality of medical education across all medical schools in New South Wales

Studies by medical students have indicated that there is significant variation in anatomy teaching across medical schools in Australia. Calls have been made to implement a standardised anatomy curriculum for all medical schools. The NSWMSC believes that given that NSW has the highest number of medical schools in any state, the NSW Government should lead in helping to provide appropriate funding and resources to ensure all future doctors are best equipped for clinical practice and service to the community, via improved and standardised anatomy teaching.

The NSWMSC also supports the call from NSW doctors in training for protected teaching time for directors and supervisors of training, consistent with recommendation 32 of the Garling Report which states “NSW Health should ensure that all hospital directors and supervisors of training for prevocational doctors are provided with protected time each week to carry out their duties in relation to training and formal teaching within the hospital. This time should be protected as part of the terms of employment and through the employment performance management process.” Protected teaching time has a number of benefits, including ensuring safe working hours for doctors in training, as well as improved medical education for students, who will be taught by junior doctors.

Medical graduate expansion has a negative impact on the quality of medical education and requires the health system to have adequate capacity to train these additional doctors<sup>7</sup>. While the number of Commonwealth-supported places and domestic full fee students are allocated via agreements between the Commonwealth Government and the universities, there is currently no cap on the international student intake every year. The NSWMSC also calls for the State Government to work closely with NSW medical schools, in ensuring that the number of medical students being trained does not exceed capacity for internships available, and vocational training positions. While “the higher education sector, including university medical education and training, is a significant Australian export industry”<sup>8</sup>, we call for careful planning and collaboration between the different stakeholders, in ensuring that the NSW healthcare system does not lose manpower from a skilled and highly qualified medical workforce.



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