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PERSONAL VIEWPOINT

Selling medical education to international students: time for review

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Abstract

Over 600 international medical students commence training in Australian medical schools each year. Government funding policies are driving medical schools to recruit more international students. The need to lobby for intern positions for domestic graduates and for international students has placed Australia's medical schools in conflicted positions. It is time for a thorough re-examination of all aspects of medical education in Australia.

Each year, over 600 international medical students (IMS) enrol at Australian medical schools, compared with approximately 3200 local students.[1] It is believed that this enterprise will collectively earn Australia's medical schools $180 m in 2019.[2] IMS come from a range of countries with Singapore (29.4%), Canada (23.2%), Malaysia (10.6%), China and Hong Kong (7.8%), Indonesia (3.1%) and South Korea (2.1%) making up 76% of the total.[1] It is estimated that in 2019, 576 IMS will graduate as doctors.[1] Of these, well over half (335 graduates in 2016 or the equivalent of two large medical schools) will obtain intern positions in Australian hospitals.[3] IMS now make up approximately 18% of the student intake compared with 6% of domestic full fee-paying students.[3] IMS are not evenly distributed among the medical schools as four take none or virtually none while in two schools IMS constitute 30% of students.[3] We have been unable to find recent data but in 2011 only 17% of IMS were funded by government scholarships from their home country, the majority from Malaysia, so presumably most of the cost of medical education of IMS is paid for by the students and their families. This medical education industry has evolved with little or no community awareness, community debate or consideration of the underlying issues. The current numbers of IMS represent a 242% increase since 1999[4] and a 26% increase since 2011.[1,3]

The issues include the use of the IMS-derived fees to subsidise the education of Australian medical students (assuming that the derived revenue is indeed spent in this manner) and the imposition of an additional burden on ill Australians who generously agree to be seen by medical students. A related issue includes the likelihood that purchase of medical education is a means of entry to Australia on a permanent basis, instead of representing an Australian contribution to providing trained doctors for the countries of origin of the students. As detailed below it is likely that most IMS who graduate succeed in obtaining a permanent residence skill visa. This outcome is consistent with student surveys which indicate that the majority seek to live in Australia permanently.[4] It is also consistent with a government workforce planning committee's assumption that 70% of IMS will remain here.[5]

There is also a question as to whether, on graduation here, IMS should be allowed access to internships. The intern or provisional registration year is a necessary prerequisite to full medical registration in Australia and in most other countries, a reality that is central to the successful marketing by Australia's medical schools to potential international students.

While the medical schools have not publicly stated that many are heavily dependent on full-fee paying IMS to subsidise the cost of educating domestic medical students, the reality is apparent. In a 2016 submission to a

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higher education review, Medical Deans Australia and New Zealand noted that the average revenue received for each domestic student totalled $32 912, made up of a government contribution of $22 472 and a student contribution of $10 440.[6] By contrast, IMS pay on average $80 000 per year for their medical education; for example, Monash Medical School charged $77 000 for the first year of the course in 2019.[7] The fees at Monash University are very similar to the other medical schools with the exception of Notre Dame which is an outlier at around $36 000 per year.

Medical schools, like the universities of which they are part, face increasing pressures to find revenue sources other than Commonwealth and state governments. Government revenues are diminishing in real terms at a time when universities have to spend more on their research activities if they are to maintain their local and global research ratings. The group of eight (Go8) universities are most under this pressure and have responded by rapidly increasing their overseas student enrolment levels, including their medical student enrolments. By 2017 (the latest year for which these figures are available), the share of commencing students who were overseas students at the University of Sydney had reached 42.9%, up from 27.3% in 2012. The situation in other Go8 universities was similar.[8] A complete listing of all medical schools (with the exception of the new medical school at Macquarie University) with data on enrolment of IMS is readily available.[3]

One of the strengths of Australian medical education has been its clinical component whereby students traditionally have had ready access to patients, originally mostly to those patients who are sufficiently ill to be hospitalised but more recently also to ambulant patients in non-hospital settings. This clinical component, which may make up 50% of the medical course, depends on the goodwill of patients agreeing to see medical students, sometimes repeatedly and sometimes with additional discomfort beyond that involved in their actual medical care. Patients are unlikely to be informed that medical schools derive income from selling their training programmes to fee-paying students from other countries. If patients were made aware of the growth of this industry, and that their generosity and goodwill is now contributing to the capacity of universities to earn international dollars, this goodwill might diminish.

There is another aspect of goodwill that the industry's growth is threatening. A large proportion of clinical teaching of medical students is done by senior medical clinicians whose teaching is usually added on to a demanding clinical load with in many universities little or no payment for teaching.[9] As governments demand increasing efficiencies from the health care system (making participation in teaching even more stressful) and as student numbers continue to increase, the goodwill of such teachers is also at risk.

Purchasing an Australian medical education is being used as a means of entry to Australia on a permanent basis. This may be the major factor that attracts IMS to study here. Described as 'two step' migration,[10] IMS first receive a student visa and after graduation as doctors then apply for a permanent entry visa, in most cases in one of the skilled migration visa categories. The official migration statistics do not allow us to identify which of the around 2000 doctors who succeed in obtaining a skill visa each year (2017 in 2016–2017) are former IMS (Department of Home Affairs, unpublished data). However, nearly half of the skill visas issued are granted to doctors already in Australia who are sponsored by medical employers (Department of Home Affairs, unpublished data). A substantial proportion of these are likely to be IMS graduates.

Anecdotally, IMS graduates are readily able to remain in Australia but, as indicated, data on the proportion that stay and seek permanent resident status are not available. In a survey of intention undertaken some years ago, 82% of IMS indicated that they wished to stay in Australia for their intern year.[10] More recent data reveal that most then stay on after the intern year joining Australian postgraduate training programmes. Australian medical schools are well aware of this attraction but are cautious in what they tell prospective IMS. For example, the University of Melbourne is silent on the matter but refers potential applicants[11] to the website of the Post Graduate Medical Council of Victoria where it is readily discernible that in 2017 nearly all IMS graduating from Victorian medical schools who applied for intern posts were successful.[12]

Medical Deans, with other peak bodies, lobbied government over unfettered access to the intern (pre-registration) year for their IMS graduates.[13] It was implied that without such access Australian medical schools would not be competitive in international marketing of medical education. This lobbying followed earlier concerns that not all local graduates would obtain an intern year placement.[13] (The latter lobbying was successful as all domestic medical graduates are now guaranteed an intern position.) This history indicates that government policy in regard to funding of medical education pushed Australia's medical deans into conflicted positions, viz. seeking to protect the career paths of domestic graduates while at the same time fostering the migration aspirations of IMS. While other factors may be at work, the degree of awareness of this conflict by the medical deans may partly explain the wide variation in the proportion of IMS recruited.[3]

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We recognise but do not agree with the arguments put in favour of marketing medical education to IMS. These arguments include the benefits of skilled migration for Australia and its economy, and financial benefits for cash-strapped universities. In addition, it is claimed that by training IMS who come here at their own expense, the nation may be able to reduce its reliance on recruiting medical graduates from other countries to fill workforce gaps in unpopular locations.[11] The latter seems a vain hope as the clear preference for IMS is to work and reside in our large cities.[4] In addition, if we as a nation are truly intent on recruiting the brightest international students to enrol in our medical schools we need to be open and honest about our intentions. This would mean not charging more than it costs to educate local students and having international students participate with Australian students in a single process of selection. At present, IMS usually take different entry examinations such as the Australian International Student Admissions Test or the American Medical Colleges Admission Test and it is not clear how these students compare academically with Australian students. If Australia's medical workforce estimates indicate a need for 3800 new medical students to enrol each year, and not just 3200, Australian students must be entitled to compete for those places.

Perhaps it is time for a dispassionate re-examination of all aspects of medical education in Australia with a particular focus on funding and the education of IMS in such large numbers? The last such major inquiry was the 1988 'Doherty review',[14] which proved to be very influential. Although universities and their medical schools, using the language of academic freedom, might object to the idea of such an inquiry, we argue that approached sensibly such an inquiry could assist medical schools resolve the dilemmas they face related to gaps in government funding of medical education.

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