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## Internships are not a privilege to be sold

Domestic and international medical students have revolted against suggested international medical students pay for the privilege of working as interns.

The state Health Minister, Jillian Skinner, suggested in this paper on Monday that my international medical student colleagues ought to pay for the privilege of working as interns in NSW hospitals. Domestic and international medical students alike have revolted in protest – the #interncrisis Twitter campaign taking off like a rabid virus.

Interns are the most junior doctors in our hospitals. They regularly work 16-hour overnight shifts, navigating cannulas through frail, elderly skin into torturous, collapsing veins; assessing agitated patients in the emergency department on Saturday nights; and arriving pre-dawn in readiness for the consultant surgeon's 7am ward round. Internship is not a privilege to be sold. It is an often gruelling experience, serving a community frustrated by bed closures and long waiting lists.

That a health minister would suggest interns pay for this is astounding. It devalues the hard work that all junior doctors do – very often without being paid the overtime stipulated in their contracts or having enough time to attend the "pager-free teaching" scheduled over their mythical lunch breaks.

I am a third-year Australian-born medical student who is concerned about the implications of denying international medical students internships. An internship is a requirement to gain general (full) registration with the Medical Board of Australia. Not only is it unfair to send them home unregistered (their degrees were sold to them on the implicit promise of internship), but it will significantly impair NSW universities' ability to attract international medical students in the future (who subsidise the cost of my medical education). It will also lead to an underservicing of our community's healthcare needs.

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Before switching careers to medicine three years ago, I was a corporate strategist, working shorter hours and earning a living more comfortable than any intern's, especially one in this state where our award wage is the worst in the country. Medicine has proved to be a fascinating and rewarding field of study for me. I gladly accept having traded my 19th-floor desk with harbour views for often smelly and dark wards. Patients welcome medical students and doctors into their lives, entrusting us to care for them and their family members. Australia's health and education systems have their problems, but they are generally something to be proud of and maintained – not neglected or abused.

The government's own modelling, in the Health Workforce 2025 report released in March, shows that to be self-sufficient in meeting future healthcare needs, we need more doctors. The elderly patient from outside Canberra who I met in a general practice last week knows this. She came all the way to Sydney because every one of the doctors near her home has closed their books. Her hypertension will need to be monitored by the local pharmacist.

The fact the federal and state governments dramatically increased the number of places at medical school last decade was no accident. In our state, we now have seven medical schools – there are 13

more across the rest of Australia. The doctor shortage has long been recognised, and up until now NSW has played ball, almost matching the increased number of graduates with additional intern places. It still isn't enough, though, which is why we continue the morally dubious practice of importing overseas-trained doctors on 457 visas. Figures to the end of August show Australia now has more than 2000 such junior medical officers, many poached from countries like Burma where they need them to stay.

In comparison, our international medical students have trained for four to six years in Australian hospitals. They know our system, they've sat our exams. And in the meantime they have each contributed hundreds of thousands of dollars to our universities, making up for some of the federal government's gross underfunding of medical education. Reminiscent of Australia's obesity problem, it seems our politicians all want to have their cake and eat it, too.

I am myself the grandson of Italian migrants and son of a nurse who understands the contribution foreigners can make to our healthcare system and country. I believe my international student colleagues would make excellent interns, residents, registrars and consultants. Ms Skinner, please don't be the first health minister to deny them a chance to stay and serve.

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By Benjamin Veness Sydney Morning Herald 25 October 2012

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