Australia is currently facing an internship placement (PGY1) crisis for 2013, with 3326 Australian-trained medical graduates (2,828 domestic and 498 international) applying for the 3,091 available internship places – however, the shortfall of internships is 180 places based on updated data. Internships are crucial for graduates both in New Zealand and Australia. Graduates must satisfactorily complete an internship year to obtain registration with their respective States’ statutory registration body. The respective State Governments fund these intern places.

The discrepancy between medical graduate numbers and internship places is set to increase, with the Federal Government and the State Governments at an impasse regarding the funding for internship places for 2012, and Australia projected to graduate 3,800 students in 2015. Many observers in New Zealand are concerned that the current internship crisis in Australia this year marks the beginning of an impending “tsunami” of Australian medical graduates flooding into New Zealand, competing with New Zealand-trained medical graduates for PGY1 jobs.

Admissions to medical school in Australia have been static since the 1980s, before significant increases in medical school admissions were undertaken in 2000, following reports that the Australian medical workforce was in undersupply. Since then, medical school admissions have more than doubled from 1,600 in 2000, through to 3,469 in 2010 – admissions are set to plateau at about this level for the near future. At the same time, numbers of students graduating from Australian medical schools have increased from 1,587 in 2005, through to 3,326 in 2012. Meanwhile, internships places have steadily increased, although not at the same pace at which graduate places have – from 1,531 in 2004, through to 3,091 in 2012.

In Australia, all Commonwealth Supported domestic medical students are guaranteed to receive internships, but not full-fee paying domestic or international students. Following a high-profile campaign by the Australian Medical Students’ Association (AMSA), the shortage of 235 internships has become a topical issue, given the medical workforce shortage in Australia and the large growth in graduate numbers without corresponding increases in internships. In response to the AMSA campaign, the Federal Government Department of Health and Ageing promised $10 million of funding for 100 extra internship places on the proviso that the State Governments provide the funding for the rest of the shortfall. At this stage, the State Governments have refused to do so.

So, how will this affect New Zealand medical students?

Currently, the Advanced Choice in Employment (ACE) scheme is structured (following changes proposed by NZMSA) to make it difficult for Australian medical graduates to be eligible for ACE, as candidates are expected to start work in New Zealand before the academic year ends for many Australian medical schools. This, theoretically, allows New Zealand domestic students to be preferred to Australian citizens/permanent residents, even though under the immigration law, citizens/permanent resident Australian and New Zealand medical students are equivalent in ACE. The legislation does not allow New Zealand international-student graduates to be preferred over Australian citizen/permanent resident graduates under ACE, however.

NZMSA is currently engaging with Health Workforce New Zealand to ensure that the DHBs provide sufficient internship places for all New Zealand trained medical students.

REFERENCES