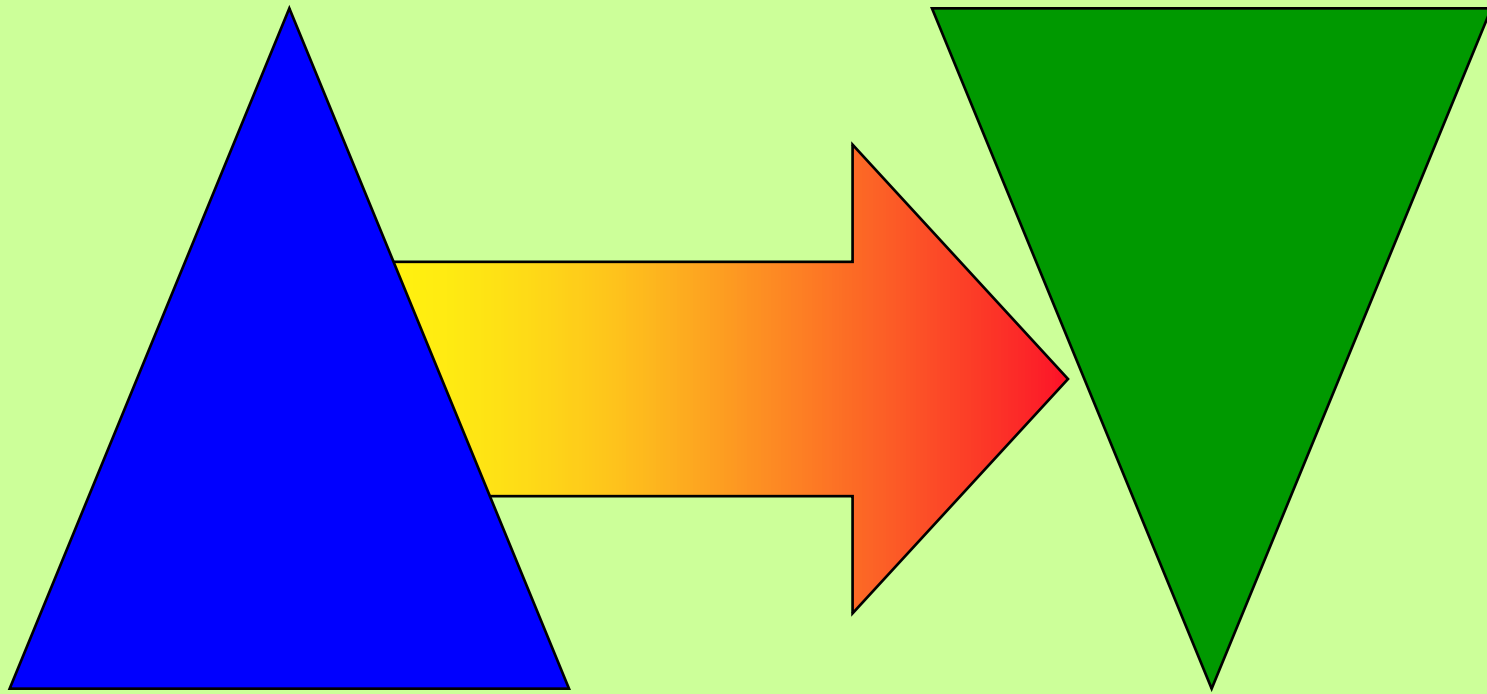

Australian Approaches to Foreign Credential Assessment and Recognition: Beginning Off-Shore



Lesleyanne Hawthorne
University of Melbourne
14th International Metropolis Conference
Copenhagen, 14-18 September 2009

The **Demographic** Transformation: Western and Select Asian Nations




Traditional population structure

Emerging population structure

Declining Fertility Rates: Select OECD Nations (OECD 2007 'Health At a Glance')

Country	Fertility Rate
Mexico	2.2
US	2.1
New Zealand	2.1
France	1.9
Norway	1.8
Australia	1.8
UK	1.8
The Netherlands	1.7
Canada	1.5
Switzerland	1.4
Germany	1.3
Italy	1.3
Spain	1.3
Czech Republic	1.3
Japan	1.3
Republic of Korea	1.1



Case Study: Age of Australian and New Zealand Surgeons by 2003 (42% = 55 years or over)

Number of Surgeons by Specialty and Age Group, Australia (2003)							
		% by age group					
Main Specialty	Number	32-34	35-44	45-54	55-64	65+	Total
General Surgery	1,119	4	23	26	32	15	100
Cardiothoracic	110	1	28	37	25	8	100
Neurosurgery	126	3	35	29	23	10	100
Orthopaedic	756	2	34	30	22	13	100
Otolaryngology	279	5	28	24	33	10	100
Paediatric	84	1	24	26	36	13	100
Plastic & Reconstructive	239	2	33	25	31	10	100
Urology	218	3	33	28	27	9	100
Vascular	72	0	21	18	54	7	100
Other	13	0	0	8	62	31	100
Australia Total	3,016	3	28	27	29	13	100

Source: 'The Outlook for Surgical Services in Australasia', B Birrell, L Hawthorne and V Rapson, Royal Australasian College of Surgeons, May 2003

Proportion of Migrant Professionals by Field: Australia (2001 & 2006) Compared to Canada (2001)

Occupation	2006 Overseas-Born	2001 Overseas-Born (cf Canada)
Computing	57%	48% (50%)
Engineering	52%	48% (51%)
Medicine	45%	46% (35%)
Accounting	44%	31% (35%)
Commerce/ business	40%	36% (27%)
Architecture		36% (49%)
Science		36% (36%)
Arts/ humanities		37% (24%)
Nursing	25%	24% (23%)
Teaching	25%	20% (15%)

Source: 2001 and 2006 Census data analysis, Australia and Canada

However - Labour Market Outcomes for Degree-Qualified 1996-2006 Migrant Arrivals in Australia in First 10 Years, by Select Birthplace (2006)

Select Birthplace	Employed in Own Field	Other Profession	Low Skilled	Unempl.	NILF	Total Number
Australia	48.6	8.0	13.0	1.3	9.8	931644
UK/Ireland	42.8	9.5	12.1	1.7	11.9	102311
South Africa	44.2	9.9	11.6	2.0	9.3	18617
Malaysia	39.1	12.0	16.6	3.3	12.8	26744
E Europe	31.3	10.7	20.8	4.1	14.9	15478
India	24.8	9.5	32.0	5.9	13.3	49283
Philippines	22.0	6.7	39.9	3.2	15.8	28899
China	17.8	9.1	26.7	7.9	21.9	46504

Source: Derived from 2006 Census data (Australia), *Migration and Education: Quality Assurance and Mutual Recognition of Qualifications – Australia Report*, L Hawthorne, UNESCO, <http://unesdoc.unesco.org/images/0017/001798/179842e.pdf> , Paris, pp 1-70

Immigration Categories of Arrival – Significance to the Credential Assessment Process


Permanent migrants:

- **Refugees/ Humanitarian entrants** – eg China and Tianenman Square 1989+, Afghanistan, Bosnia
- **Family migrants**
- **Economic migrants**

Temporary migrants:

- **Employer and state/ territory sponsorship**
- **Private agents** – eg ‘Recruit-a-doc’
- **State governments** – eg young medical graduates x 2 years for ‘adventure medicine’

Labour Market Barriers in Knowledge Economies (Research Evidence 1990s-Current)

1. **Host country language ability/ effective communication skills**
in a 'lean' workforce without 'backroom' jobs
 2. **Credential recognition**
 3. **Technological 'fit'** (eg IT, engineering, medicine, nursing)
 4. **Ancillary professional knowledge:**
 - **Management style**
 - **Industrial relations/union issues**
 - **Occupational health and safety**
 - **Duty of care (etc)**
 5. **Interview style** (type and location of information)
 6. **Discrimination, labour market protectionism etc** (challenge of effective measurement)
- 

Impact of Differential University Training Systems (Length of Academic Tradition, Level of Resources)

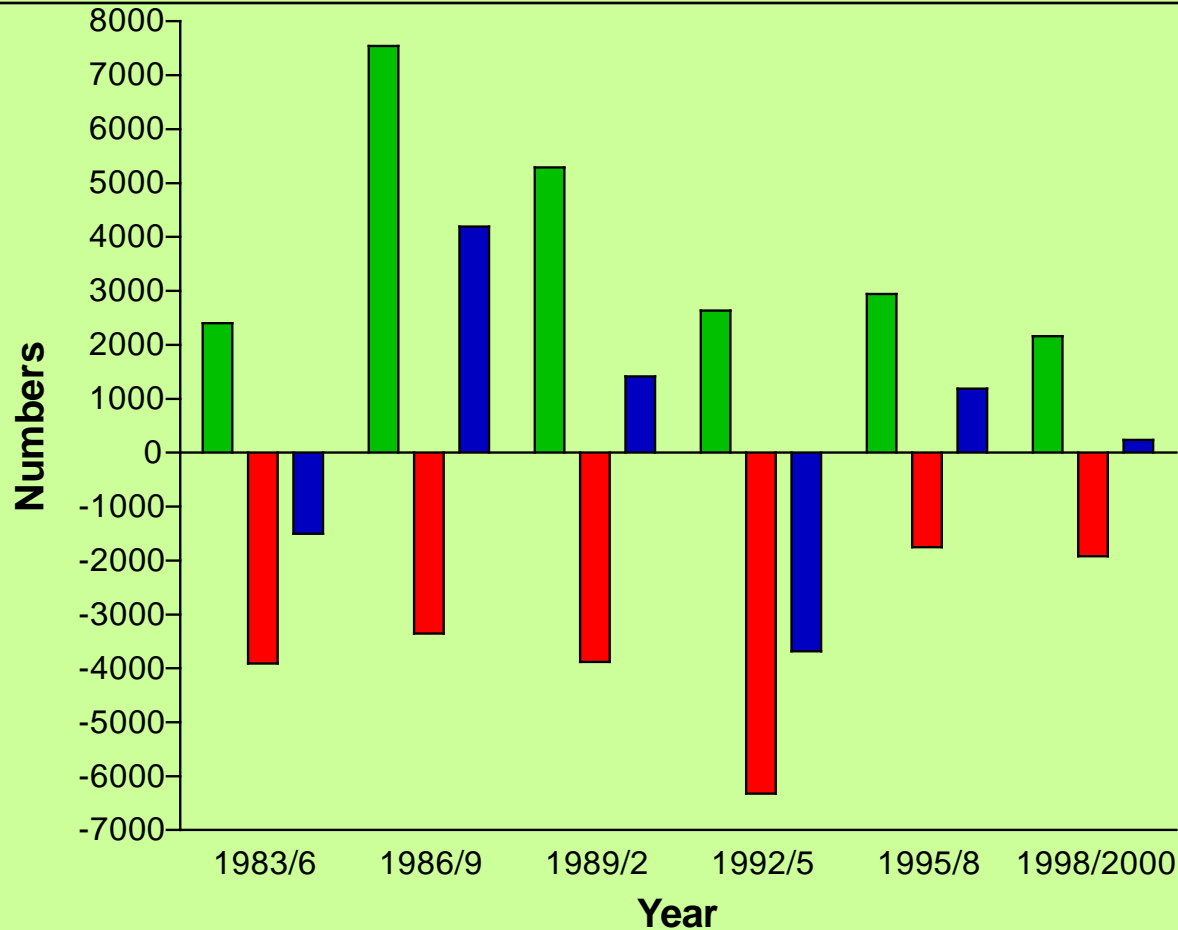
Ranking of top 500 world universities (Shanghai Jiao Tong 2006):

- **206 in Europe** (overwhelmingly located in North West Europe), including 43 in the UK, and 40 in Germany
- **197 in the Americas** (167 in the US, 22 in Canada, and just 7 in all Central or South America [including 1 in the top 150])
- **92 in the Asia-Pacific** (32 in Japan, 16 in Australia, 14 in China (none ranked in the top 150, and with 2 of the top 4 ranked institutions in Hong Kong), 9 in South Korea, 7 in Israel, 5 in New Zealand, 4 in Taiwan, 2 in Singapore, and just 2 in India (neither ranked in the top 300))
- **5 in the Africas** (4 in South Africa, 1 in Egypt, with no other African or Middle Eastern country listed)

Minimal change evident by 2008



Case Study: Australian Recognition of Migrant Nurse Qualifications in a Context of Growing Reliance (1990s)



- Overseas qualified nurse arrivals
- All nurse departures
- Net nurse gain/loss

Immediate Credential Recognition Rates for Migrant Nurses by Select Country of Origin 1990s (Hawthorne 2001)

Former Yugoslavia - 0%

Poland - 3%

Fiji - 4%

West Germany - 10%

India - 10%

Philippines - 15%

Malaysia - 25%

Singapore - 31%

Denmark - 40%

Hong Kong - 53%

Cf

UK/Ireland = 97% recognition

Competency-based courses x 3 months

Australia's Attempt to Reform Foreign Credential Recognition (1989-1996)

Governance:

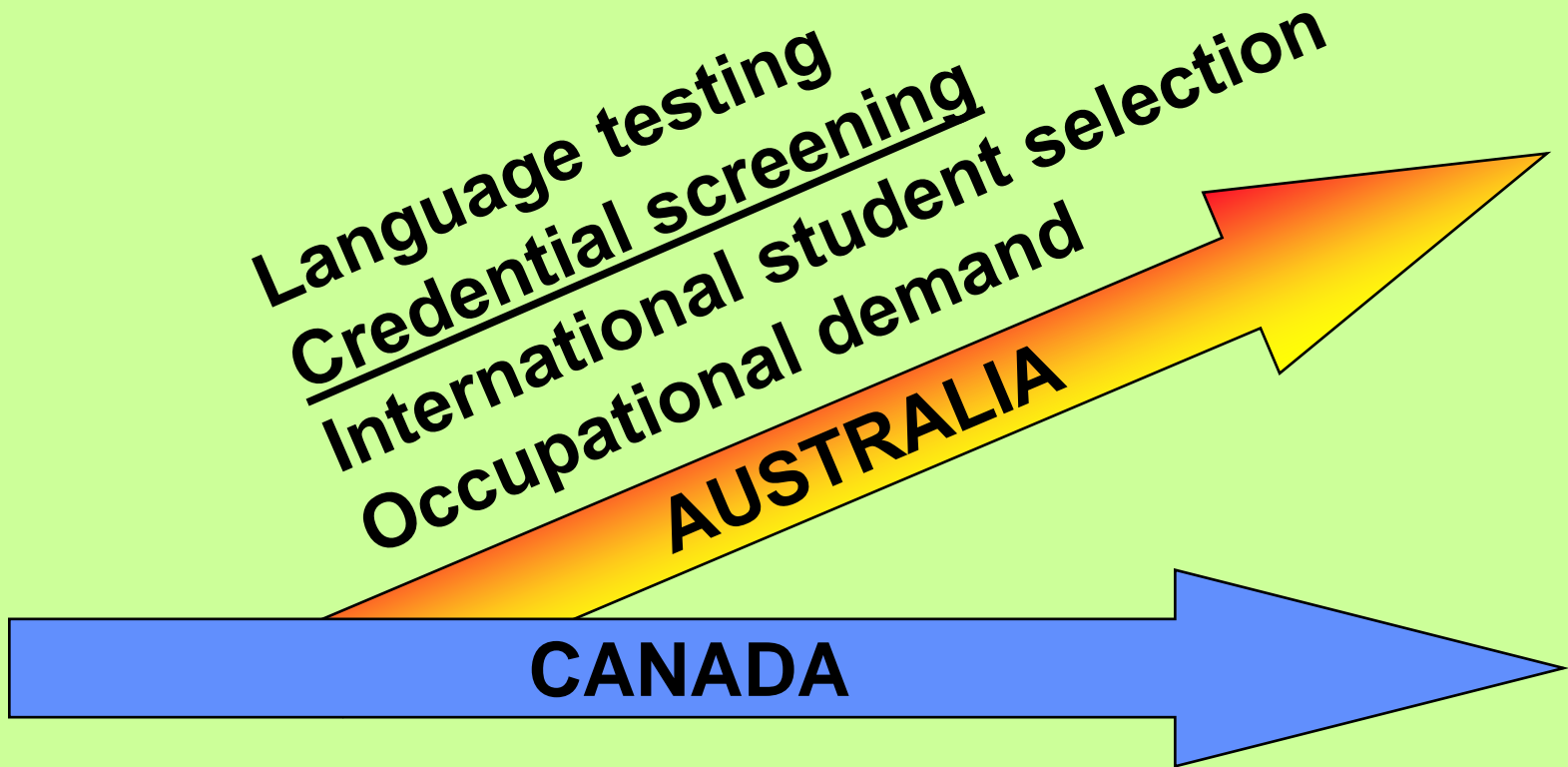
- Led by Federal government, on an advocacy basis
- No power to force behaviours of regulatory bodies

Target: 9 professions, plus all key trades:

- Nursing, Medicine, Physiotherapy, Occupational Therapy, Psychology, Dietetics, Pharmacy, Veterinary Science
- Engineering, Architecture

Source: Hawthorne, L (2002), 'Qualifications Recognition Reform for Skilled Migrants in Australia: Applying Competency-Based Assessment to Overseas-Qualified Nurses', International Migration Review, Volume 40 (6): 55-92, Geneva

'Selecting for Success': Australia's Changed Skilled Migrant Selection Criteria (1999+)



Operationalising the Pre-Migration Credential Screening Process

Participating migrants:

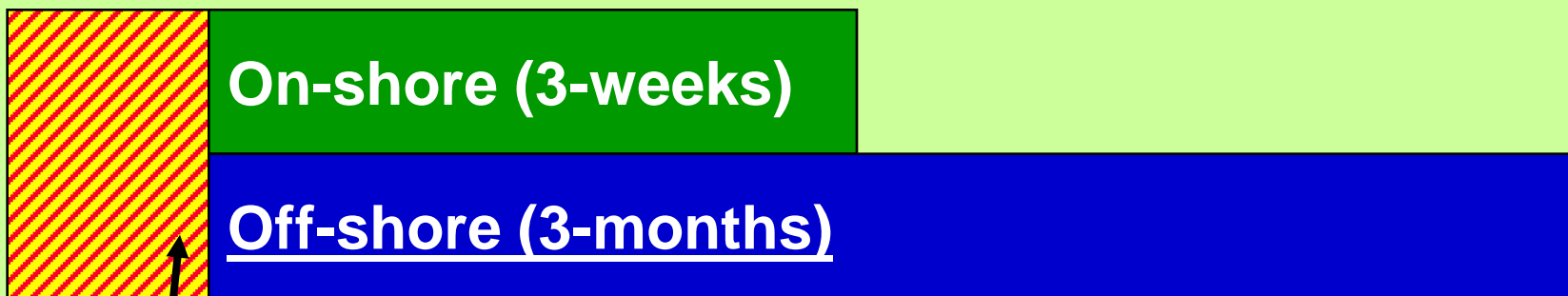
- Mandatory – Economic category primary applicants (PA's)
- Voluntary – All other migrants (including dependants)

Process for economic category primary applicants:

- Externally validated English language test (IELTS 5; 2007 IELTS 6)
- Pre-application assessment by regulatory body in Australia (around 3 months, around \$A300)
- If no regulatory body, assessment by NOOSR (National Office of Overseas Skills Recognition in Canberra)
- Where required (health migration), clinical assessment on-shore
- Positive assessment: condition of lodging eligible application

Competing Through 'The Total Migration Package': Australia's Skilled Category Operational Principles (2006)

1. Speed
2. Efficiency and integrity
3. Certainty of outcome
4. No backlog (pool = maximum 2 years)
5. Points rising (110→115→120); e-based 2005+



Case Study 1: Medicine (Level of Reliance on International Medical Graduates)

Doctors migrating permanently (family physicians and specialists):

- **1996-2001: 4,392**
- **2001-2006: 7,596**
- **Top sources:** India (1378), UK/Ireland (1004), Sri Lanka/ Bangladesh (691), China (590), North Africa/ Middle East (564), South Africa (496), Other Sub-Saharan Africa (342)
- **Least likely to secure medical employment within 5 years:** China (6%), Indonesia (8%), Japan/ South Korea (14%), Vietnam (23%), E Europe (31%)

Additional employer-sponsored temporary doctors and nurses:

- **2007-08: 3,310 doctors**
- **2008-09: 2,890 doctors**

Significance of Entry Modes to Credential Recognition Status

Forecast dependence on IMG's:

- **At least 10+ more years** (workforce maldistribution and undersupply), eg Queensland

Modes of IMG entry:

- **Up to 6,500 per year** (all immigration categories)
- **Attraction of temporary migrants** (eg 'adventure medicine' for 'backpacker doctors') for 'conditional' registration
- **Immediate access to work** (in 'areas of need')
- **Permanent migrants** (unrestricted location)
- **International students** (around 3,000 enrolled per year, up to 66% currently migrating)

Source: *The Registration and Training Status of Overseas Trained Doctors in Australia*, L Hawthorne, G Hawthorne & B Crotty, Department of Health and Ageing, Canberra, 2007, 179pp,
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/D949ABAA95DCE77FCA2572AD007E1710>;
'Nationally Consistent Assessment of International Medical Graduates', R McLean & J Bennett, under the auspices of the Australian Health Ministers' Advisory Council, *Medical Journal of Australia*, Volume 188 Number 8, 21 April 2008, pp 464-468

The Traditional Accreditation Pathway for International Medical Graduates

- 1. Occupational English Test** (speaking, listening, reading, writing)
43% of candidates fail, or take multiple attempts to pass
- 2. Multiple Choice Question Examination** (theoretical knowledge)
- 3. Clinical Examination** (knowledge and medical practice)

Degree-Qualified Arrivals from English Speaking Background Source Countries: Australia and Canada Compared by Select Fields

Period of Arrival	Degree-Qualified Canada	% ESB Countries	Degree-Qualified Australia	% ESB Countries
<1991 (all fields)	537,565	(25%) 136,280	347,815	38% (131,803)
Engineers		15%		24%
Doctors		27%		30%
Nurses		25%		56%
IT		2%		21%
1991-96 (all fields)	154,160	7% (11,477)	70,702	20% (13,999)
Engineers		3%		11%
Doctors		13%		22%
Nurses		5%		38%
IT		3%		11%
1996-2001 (all fields)	257,714	5% (12,762)	116,986	28% (32,777)
Engineers		2%		22%
Doctors		6%		30%
Nurses		4%		43%
IT		2%		18%

Source: Hawthorne, L (2007), *Labour Market Outcomes for Migrant Professionals – Canada and Australia Compared*, Citizenship and Immigration Canada, Ottawa (based on 2001 Census data)

<http://www.cic.gc.ca/english/resources/research/2006-canada-australia.asp>

Australian Medical Council Pass Rates (1st and Repeat Attempts) by Select Country, 1978-2008

Select Country of Training	MCQ Candidates	MCQ Passed	Clinical Candidates	Clinical Passed	Overall % Passed
Iraq	482	94.0%	368	87.5%	66.8%
UK	686	93.9%	479	95.4%	66.6%
S Africa	516	87.8%	363	93.4%	65.7%
Egypt	766	81.3%	536	90.3%	63.2%
Ireland	138	86.2%	87	90.8%	57.3%
China	667	84.3%	411	90.3%	55.6%
Sri Lanka	947	88.3%	548	86.9%	50.3%
Bangladesh	705	87.4%	457	77.0%	49.9%
India	2,509	78.3%	1,310	84.5%	44.2%
Philippines	585	61.7%	251	71.3%	30.6%
Nigeria	140	65.0%	57	82.5%	33.6%

Off-Shore Versus On-Shore Assessment Processes 1999+

Off-shore:

- English language test
- MCQ examination as 'filter'

On-shore:

- Clinical examination
- Access to specialist bridging courses for preparation
- Hospital-based
- Fee for service (loans repaid when candidate in well-remunerated employment)

Challenge:

- Level of Australian demand/ thousands of IMG's securing 'conditional' registration for immediate practice

From State-Based Regulation to a Federal System – The Policy Context (2008)

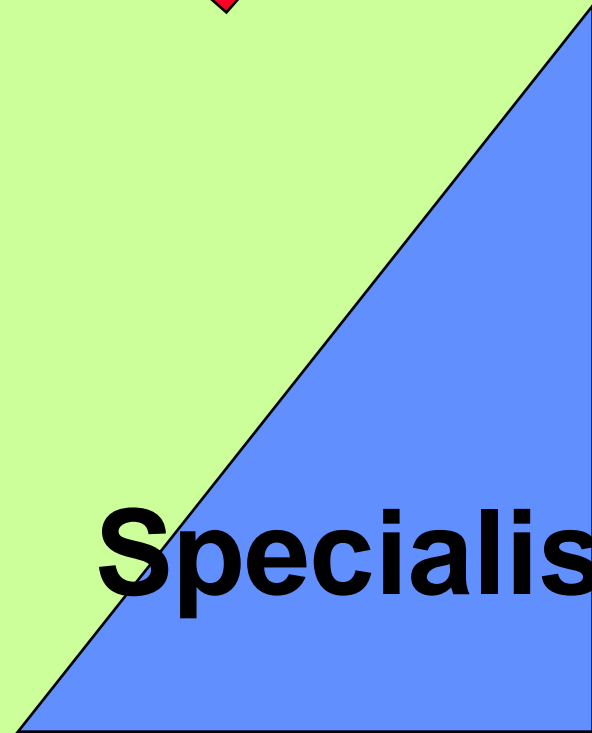
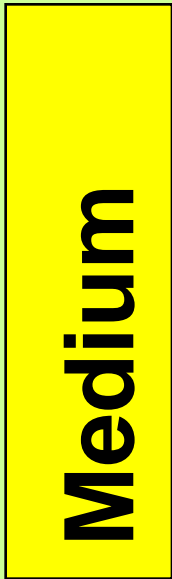
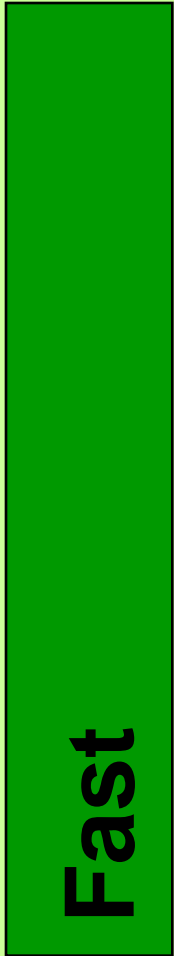
State competition for IMGs:

- Differential recruitment strategies
- Differential examination requirements
- Scope for ‘conditional’/ ‘limited’ registration
- Incentive payments
- Fear of introducing a ‘level playing field’

Findings of the main study on IMGs’ accreditation (2007):

- Marked differentiation of requirements for temporary versus permanent resident IMGs
- Just a third of all IMG’s attempt the Australian Medical Council examinations
- Irrelevance? of the examination process

~~One size fits all~~



Constructing Pathways to Practice 2008+: Eg 'Fast-Track' Competent Authority Pathway

Fast track:

- Introduced Australia-wide 2008

Participating countries:

- Canada, US, UK, Ireland, New Zealand ('top quality systems')
- Capacity for any country to apply

Eligibility:

- Qualification screening, English assessment
- 12 months+ clinical experience required pre-arrival
- Full passes in country of training medical exams (PLAB, USMLE, MCC, NZREX)

Case Study 2: Nursing

Scale of nurse migration:

- Around 6,500 migrant nurses per year

Entry mode 2008-09:

- 3,850 = temporary (sponsored), remainder permanent

Diversity of training systems:

- Eg Bosnian nurses pre-war, during war, post-war
- Eg South African nurses, 1990s compared to now

Level of resourcing in training systems:

- Speed of development – eg East Europe
- Quality of equipment, staff, technologies – eg Africa, Asia

Off-Shore Assessment

Assessment body:

- Australian Nursing and Midwifery Council
- Representation: all state/territory Nursing Boards

Pre-migration:

- Australian Nursing and Midwifery Council
- Determination of eligibility for registration

Post-migration:

- Automatic recognition? Direct practice
- Conditional licensure? Eg temporary entry sponsored nurses
- Additional training needs? Three month competence based bridging courses (all states)

Case Study 3: Engineering

Qualifications:

- Assessed pre-migration by national peak body (Engineers Australia)

Mode:

- Paper-based, fee for service (around 3 months)
- Profitable for assessing body

Outcomes:

- Full pre-migration recognition for around 80% of migrants
- No requirement for Australian experience
- In select fields (eg civil engineering) potential for additional subjects to be taken on shore (eg building codes)
- Bridging courses (available on a fee for service basis to address employment-related needs – repayment after employment)

Additional On-Shore Strategies to Bridge Migrant Engineers into Professional Work

1. **Language training:** English for engineers
2. **Accreditation updates:** Eg taking additional subjects in local engineering standards
3. **Examination preparation:** Intensive training to prepare for any specific registration examinations (if mandated)
4. **Technical upgrades:** Computer skills for engineers (eg AutoCAD)
5. **Employment:** Job-seeking strategies for engineers, including orientation to professional engineering in the host country
6. **Further engineering study:** eg Masters of Computer Engineering, PhD
7. **Career conversion:** IT graduate diplomas or management degrees

Off-Shore Assessment Processes in Other Fields

Comparable to engineering:

- Accounting, architecture (etc)

State-based regulatory authorities:

- Teaching, law

Trades:

- Federal screening body with state-based links

No regulatory body?

- NOOSR (National Office of Overseas Skills Recognition)
- Currently training 600 credential assessment officers per year (primarily university admission officers, employers, professional bodies, government departments and agencies, recruitment agencies, and interested individuals)
- Fieldspecific grants provided to national regulatory bodies, to allow more informed assessments to be undertaken in specific fields (most recently, for example, nursing bodies in Philippines and China)

NOOSR's Country Education Profiles

Asia-Pacific:

Australia, Brunei Darussalam, Cambodia, China, People's Republic of, Cook Islands, Fiji, Hong Kong, Indonesia, Japan, Kiribati, Korea, Republic of, Macau, Malaysia, Mongolia, Myanmar (Burma), New Zealand, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, Taiwan, Thailand, Tonga, Vietnam

Europe:

Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France (see also Administrative Divisions: Reunion, French Antilles [Guadeloupe and Martinique], French Guiana, New Caledonia, French Polynesia), Georgia, Germany, Greece, Hungary, Ireland, Italy, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Macedonia, FYR, Malta, Moldova, Montenegro, Netherlands, Norway, Portugal, Romania, Poland, Russian Federation, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkmenistan, Ukraine, United Kingdom, Uzbekistan

NOOSR's Country Education Profiles

Sub-Continent and the Middle East:

Bangladesh, Egypt, India, Iran, Iraq, Israel, Jordan, Lebanon, Libya, Nepal, Oman, Pakistan, Palestinian National Authority, Saudi Arabia, Sri Lanka, Syria, Turkey, United Arab Emirates

Americas:

Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Peru, Uruguay, United States of America, Venezuela

Africa:

Botswana, Ethiopia, Ghana, Kenya, Malawi, Mauritius, Nigeria, Sierra Leone, South Africa, Sudan, Tanzania, Uganda, Zambia, Zimbabwe

Emerging Options: Scope for Global Collaboration with Common Exams in an Age of 'Hyper-Mobility'

Case study: Joint MCQ examination (Medicine)

- Canada (Medical Council of Canada) and Australia (Australian Medical Council)
- 2 years+, 7,000 items (reviewed/ revised)
- Global and in-country administration
- Enhanced integrity, cost-effectiveness, efficiency
- Differential delivery systems
- Scope for adaptive testing
- Post-arrival: Clinical examination
- Application to other health professions?

Facilitating Adaptive Testing?

Potential to define the type of medical skills required for specific employment contexts and locales:

'The most powerful innovation would be a purely adaptive test, where each question is based on your response to the previous question. If you get it right (the test) would ask you a harder question. If you get it wrong it would ask you an easier question, and somewhere between 10 and 20 questions you have actually got the person's pass or fail determined. So adaptive testing has the potential to be an extremely powerful way of getting a very quick and very accurate and reliable result on a candidate.'

Source: Senior informant, Australian Medical Council, interviewed
September 2008

Conclusion

Challenges to government:

- Creating national accrediting bodies
- Ensuring cross-national recognition
- Assessing full rather than partial qualifications off-shore (eg health professionals)
- Assuring bridging for additional accreditation requirements (eg local tax law, local building codes)
- Securing early positive outcomes
- Achieving socially just and policy efficient outcomes through **advocacy** rather than coercive approaches