
A Global Perspective on Foreign Credential Recognition Strategies

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Growing OECD Demand for Migrant Health Professionals

Drivers:

- Declining fertility rates
- Ageing professional workforces
- Ageing populations
- Consumer expectations
- Workforce maldistribution

Current research:

- WHO (2006), OECD (2007+), UNESCO (2008+), WHO (QA in health professional education 2008+), IOM, ILO....
- Nation states, regulatory bodies (sending and receiving countries)

Global 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

Australian Case Study: Age of Surgeons (42% = 55 years+ by 2003)

Number of Surgeons by Specialty and Age Group, Australia (2003)							
Main Specialty	Number	% by age group					Total
		32-34	35-44	45-54	55-64	65+	
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

Australian Case Study – Medical Workforce Maldistribution 2003 (2007 Update)

Number of 'Area of Need' Medical Migrant Nominations by State 2000-2001 to 2002-2003			
State	2000-01	2001-02	2002-03
Western Australia	456	472	597
Victoria	406	508	581
New South Wales	58	89	176
Tasmania	94	82	89
South Australia	60	68	133
Capital	7	12	50
Northern Territory	84	98	97
Queensland	899	716	1,016
Total	2,062	2,045	2,739

Source: Department of Immigration, Multicultural and Indigenous Affairs, unpublished 2004

Impact of Growing OECD Competition for Health Workforce Supply

Recruitment priorities:

- **Primary health care and medical/ allied health academic workforce**

Impact on select Non-OECD competitors:

- **Indonesia:** Medical and nursing faculty expansion (eg PG clinical nursing @ Gadjah Mada)
- **Botswana:** Attracting a Foundation Medical Dean
- **Gulf States:** September 11+ security concerns (competition to expatriate workforce)

Medical Workforce Demand for International Medical Graduates (IMGs): New Zealand

2007:

- **Number of practising doctors:** 11,854 (7,000 NZ trained)
- **New NZ trained doctors registered:** 296
- **New overseas trained doctor registrations:** 1,065 (68 different source countries)

Source: Medical Council of New Zealand unpublished data (May 2008 Auckland Health Workforce Symposium)

Scale of Recent Medical and Nursing Migration to Canada (1996-2001)

Physician migration: 21,799

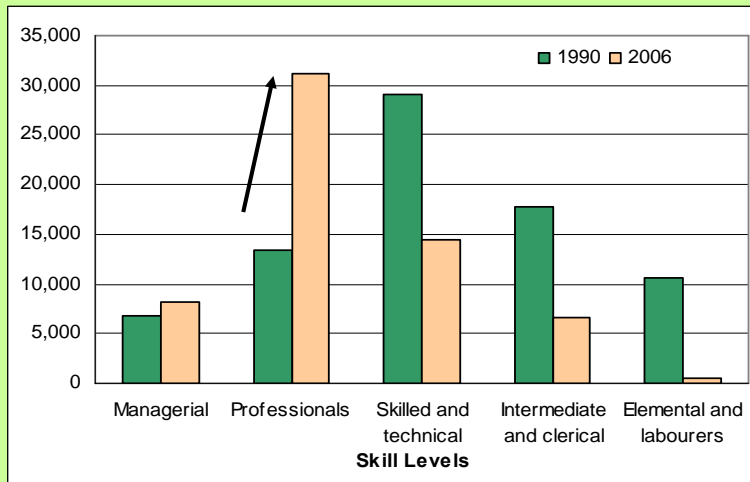
Top 5 sources: China (3,587), India (1,604), Other South/ Central Asia (3,052), Philippines (1,612)

Least likely to secure medical employment within 5 years:
↑ Philippines (3%), China (4%), E Europe (8%), SE Europe (10%), Other South/ Central Asia (12%), India (19%)

Most likely to secure medical employment within 5 years:
South Africa (81%), Australia/ New Zealand (60%), UK/Ireland (48%), USA (46%)

Nurse migration (degree-qualified): 6,358

Trends in Immigration to Canada by Skill Level, 1990 Compared to 2006 (15 Years+)



Source: *Facts and Figures 2006*, Citizenship and Immigration Canada

Scale of Medical and Nurse Migration to the UK: National Health Service Shortfalls

2000:

- **Global recruitment strategy:** 20,000 nurses, 9,500 medical consultants, 6,500 allied health workers
- **Bilateral agreements:** Signed with India, Philippines, Spain (to avoid inappropriate reliance on Sub-Saharan Africa)

2005:

- 86,660 medical staff employed in the NHS
- 62% UK-trained, 32% 'third country' trained and 6% EEA-trained
- **'Third country' trained = 63% of all staff grade, 59% of all associate specialists, 43% of all senior house officers**

2008:

- **NHS third country recruitment dropping to negligible levels:** Shortages eased/ domestic training etc

Source: Department of Health 2005, United Kingdom

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Source: Department of Health 2005, United Kingdom

United Kingdom: Number of New General Medical Council Registrations by Birthplace (Select Year)

Year	UK	EEA	Overseas	Total	UK as % of Total
1986	3637	650	1664	5951	61
1996	3822	2084	4047	9953	38
2003	4443	1770	9336	15549	29
2006	2788	2788	5547	13489	38

Source: General Medical Council

United States: Pass Rates for Internationally Educated Nurses Taking NCLEX Exams (January 2006 to July 2008): 8,850

	2006 No.	2006 % Passing	2007 No.	2007 % Passing	2008 No.	2008 % Passing
1 st time	1801	49%	1641	49%	807	45%
Repeat	1955	26%	1883	25%	763	23%
Total	3756		3524		1570	

Source: National Council of State Boards of Nursing NCLEX Examination Statistics, 28 July 2008

Scale of Medical Migration to Australia (2001-2006)

Physician migration: 7,596 (compared to 4,392 1996-2001)

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%)

Most likely to secure medical employment within 5 years: South Africa (75%), Other Sub-Saharan Africa (71%), UK/Ireland (71%), Singapore (63%), Malaysia (62%), India (61%)

Scale of Degree-Qualified Nurse Migration to Australia (2001-2006)

Nurse migration: 6,680 (compared to 3,100 1996-2001)

Top sources: UK/Ireland (2081), Philippines (1009), India (455), Japan/ Korea (383), China (356), Sub-Saharan Africa (335), South Africa (330)

Least likely to secure nursing employment within 5 years: Indonesia (24%), Vietnam (25%), Central/ South America (31%), N Africa/ Middle East (33%), Japan/ South Korea (42%), E Europe (44%),

Most likely to secure nursing employment within 5 years: Singapore (86%), South Africa (79%), UK/Ireland (76%), India (72%), Sub-Saharan Africa (68%), N Europe (65%), Malaysia (64%), Sri Lanka/ Bangladesh (63%), Philippines (58%)

The Impact of Differential University Training Systems on Registration Outcomes

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)
- **August 2008 rankings data:** India (still 2 in top 400) compared to China (now 17)

Source: Jiao Tong University (2006), 'Academic Ranking of World Universities 2006', Institute of Higher Education, Jiao Tong University, Shanghai, August and August 2008

Human Resource Challenges - Medical Outcomes for 1996-2001 Medical Arrivals in Canada and Australia (2001 Census)

South Africa: 81% employed in Canada (81% in Australia) ✓

UK/Ireland: 48% employed in Canada (83% in Australia)

India: 19% employed in Canada (66% in Australia)

HK, Malaysia, Singapore: 31% employed in Canada (59% in Australia)

Eastern Europe: 8% employed in Canada (24% employed in Australia)

China: 4% employed in Canada (5% in Australia)

Source: *Labour Market Outcomes for Migrant Professionals – Canada and Australia Compared*, L Hawthorne, Citizenship and Immigration Canada, Ottawa (2007); *Foreign Credential Recognition - Canadian Issues*, Spring, Toronto, 2007

Employment Outcomes for 1996-2001 Degree-Qualified Nurse Arrivals in Canada and Australia (2001 Census)

North West Europe: 32% employed in Canada (45% in Australia)

Philippines: 22% employed in Canada (35% in Australia)

India: 22% employed in Canada (66% in Australia)

Other South/Central Asia: 14% employed in Canada (49% in Australia)

Eastern Europe: 9% employed in Canada (33% in Australia)

2007+ Strategy: \$C75 million on bridging programs (1000 IMGs and 800 nurses)

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

Strategy 1: Pre-Registration Exams with Multiple Acceptable Entry Pathways

Case Study - US NCLEX Exam (Nurses)

- **Pathway to RN status:** For internationally educated and US-educated registered nurses, governed by Nursing Boards in all states, territories and districts
- **Prior study:** Minimal concern to filter applications by prior study type/ qualification for RN's
- **Qualification types:** Degree, community college diploma, hospital-based training all acceptable)
- **Pass rates:** Almost identical
- **PN exam:** Also available

Strategy 2: 'Predictive' Offshore Exams for Visa and Employment Purposes

Case study: USA Nursing (CGFNS International)

- **Business model:** Commission on Graduates of Foreign Nursing Schools
- **Long-established:** 30 years+, 55 countries by 2008
- **Aim:** 'To protect the safety of the US public and protect the internationally educated nurse from exploitation'
- **Focus:** Predictive exam (proxy for the NCLEX, estimated 95% correlation), delivered off-shore
- **Value:** Visa access; statement to prospective US employers
- **Current development:** Likely redundancy, given offshore administration of NCLEX exam

Strategy 3: Global Collaboration for Common Exams

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

Strategy 4: Bilateral and Multilateral Agreements (Goods and 'Services')

Case Study - European Union Flows to the UK

- **Migrant categorisation:** 'EU/EEA members' and 'Third country nationals'
- **Model:** Forced subservience of national or provincial regulatory body powers (regardless of employer preference)
- **Case study:** 'Rubber-stamping' – eg General Medical Council's registration of EU medical graduates in the UK
- **'Fit for practice?':** Assessed by employers in situ, not the regulatory bodies
- **Language testing:** Cannot be imposed as a condition of registration

Potential Registration Issues Associated with Bilateral/ Multilateral Agreements

Include:

- Comparability of training systems?
- Level of system resourcing?
- Medical/ nursing technology?
- Scope for exploitation ('second tier' medicine)
- **EU case study:** Scale of movements from Poland (eg Canadian and Australian examination data)
- **APEC region:** Vast disparities
- **Pressures:** 'The pig and cotton farmers want access to those markets so they want us to give automatic recognition!'

NAFSA:

- Free movement of goods, but no automatic rights to recognition or worker entry (job contingent)

Strategy 5: Conditional Licensure for Practice

Case study - 'Area of need' registration for temporary resident doctors (Australia)

- **State competition for IMGs:** Variability!
- **2009:** Permanent (200,000) vs temporary (110,000) migration
- **Medical migration 2007:** 6,500 (most temporary)
- **Motivation and length of stay:** 'Adventure medicine' and the 'backpacker doctors'
- **Registration requirements:** Temporary vs permanent doctors
- **MCQ and Clinical exam pass rates (if taken):** Highly differential
- **2001:** 27 source countries (including China)

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%

Australian Medical Council MCQ Outcomes 1978-2005 by IMG Birthplace

Pass rates:

51% on 1st attempt, 47% on 2nd attempt, **81% overall**

Highest pass rates:

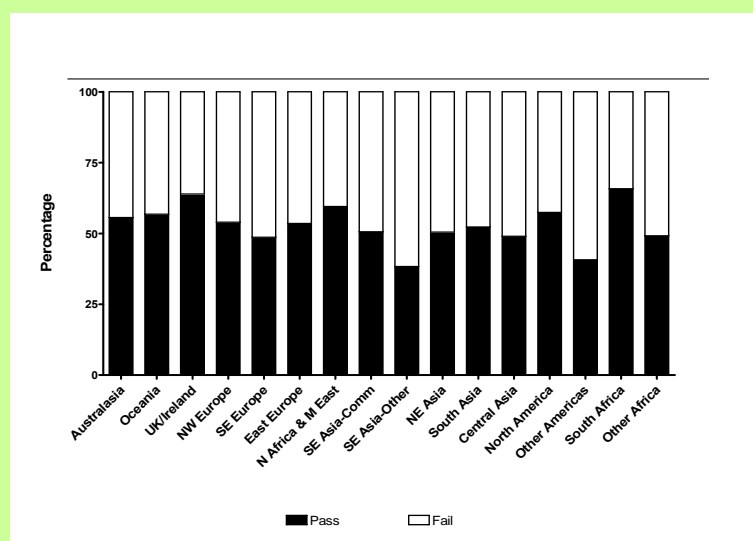
UK/Ireland (95%), South Africa (86%), North America (86%)

Lowest pass rates:

Other Americas (67%), SE Asia non-Commonwealth (70%), East Europe (70%)

Source: *The Registration and Training Status of Overseas Trained Doctors in Australia*, L Hawthorne, G Hawthorne & B Crotty, Department of Health & Ageing, Canberra 2007)

IMGs Passing the AMC Clinical Examination by Birthplace, Percentages (1978-2005)



Select Issues

Pros:

- **Use of IMG skills** - Employment and earnings, examination preparation
- **Status:** Scope for transition to permanent status
- **But:** Readiness for practice? Level of supervision? Exploitation?

2008+ national policy:

- **Nationally consistent** detailed pre-employment assessment of IMG's (paper and structured clinical interview relevant to position)
- **Initial orientation**, then defined levels of supervision
- **Increasing scope of assessment/ supervision** for different IMG categories (from 'employer' to 'AMC-accredited provider')
- **Progression** from initial registration to 'renewal' to general registration by Australian Medical Council

Source: 'Nationally Consistent Assessment of International Medical Graduates', R McLean and J Bennett, *Medical Journal of Australia*, Vol 188 No 8, April 2008

Strategy 6: International Student Pathway to 'Two-Step Migration'

Top 10 International Student Destination Countries	International Students Enrolled in Higher/Vocational Education	World Market Share
US	565,000 (2006)	22%
UK	330,000 (2005-06)	12%
Australia	281,633 (2005-06)	11%
Germany	248,000 (2006)	10%
France	201,100 (2006)	10%
China	141,000 (2005)	7%
Japan	118,000 (2006)	5%
Singapore	66,000 (2005)	2%
Canada	62,000 (2006)	2%
Malaysia	55,000 (2006)	2%
New Zealand	42,700 (2006)	3%

Source: Adapted from V. Lasanowski and L. Verbik 2007, *International Student Mobility: Patterns and Trends*, Observatory on Borderless Higher Education, London and 'Citizenship and Immigration Data on International Students in Canada', 2007

International Students as a Preferred Source of Skilled Migrants

Human capital attributes:

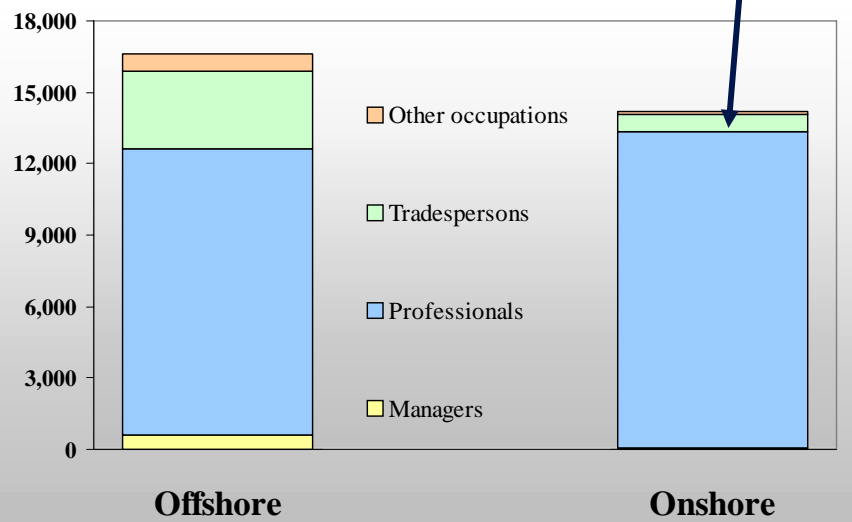
1. Young
2. Self-funded to meet host country employer demand
3. Advanced host country language ability
4. Full credential recognition
5. Significant acculturation
6. Relevant professional training/ experience

OECD Skill Migration Policy Trends in Relation to International Students

- Fertility trends as a 'driver'
- Monitoring successful global models (eg 'the aggressive Australians')
- Formation of high skill migration policies
- Work rights during study
- Automatic access to 'job search' PG year +
- Constructed pathways to PR status
- Prioritised processing
- Liberalisation of field of qualification and sector
- (In a range of countries) Uncapped migration categories
- New structures and global promotional strategies

International Student Response to Economic Migration Opportunities in Australia Within 4 Years (2005)

Source: *Evaluation of the General Skilled Migration Categories*, B Birrell, L Hawthorne & S Richardson, Commonwealth of Australia, Canberra, 2006



Case Studies in International Student Migration

Canada:

- Canadian Experience Class 2008+

Australia:

- 1999+ near 'automatic' selection for skill migration
- Medical students: c66% intention to stay internship+
- Nursing: Around 1/3 stay

UK:

- Fiscal incentive (compared to UK/ EU student grant)
- 1999 and 2006 Blair initiatives (1999+ 116,300 new IS within 5 years, 2006: 100,00)
- British Council promotion (110 offices)
- February 2008: New 5 tier labour migration policy, focused on 'two step migration' (Tier 4→Tier 1 or Tier 2)

International Student Demand for Australian Entry to Practice Medical and Allied Health Courses (2004)

Field	1996	2000	2002	2003	2004	% Change 2003-2004	% Change 1996-2004
Dental science	98	124	155	184	227	+23%	+132%
Medicine	963	1117	1287	1400	1505	+8%	+56%
Medical science	41	171	405	788	1072	+36%	+2515%
Public health	No data	n/d	88	90	77	-14%	-17%
Nursing (basic)	762	839	790	1120	1623	+45%	+113%
Nursing (post-basic)	545	2336	3591	4006	3109	-22%	+470%
Physiotherapy	79	173	197	215	239	+11%	+203%
Psychology	136	335	641	982	1258	+28%	+825%

US Retention of Foreign Doctoral Students: Health Researchers

Overall numbers (582,984 2006-07): \$US14.5 billion industry

Contemporary policy trends:

Claw-back

New strategic initiatives: China, Morocco, Chile etc; 'Vigorous efforts at the national, state and campus levels...' including high level global promotional visits

Doctoral student enrolments:

World share (13.5% → 28.3% by 2003)

Fee access/ cross-subsidisation (eg China, India)

Pathways into permanent residence (Green Card)

Case study: National Institutes of Health

Sources: *Science and Engineering Indicators 2008*, National Science Foundation, February, Washington; *International Students in the United States*, Open Doors Report 2007, Institution of International Education (IIE), 13 November 2007, Washington DC; Foreign Scientists at the National Institutes of Health: Ramifications of US Immigration and Labor Policies', S Diaz-Briquets & C Cheny, *International Migration Review* Vol 37 No 2, Summer 2003; 'Immigration in High-Skill Labour Markets: The Impact of Foreign Students on the Earnings of Doctorates', George J Borjas, Working Paper 12085, National Bureau of Economic Research, March 2006; 'Stay Rates of Foreign Doctorate Recipients From U.S. Universities: 2005', Michael Finn, Oak Ridge, TN: Oak Ridge Institute for Science and Education, 2007.

Strategy 7: Competency-Based Assessment (On-Shore)

Case study – Migrant nurses in Australia

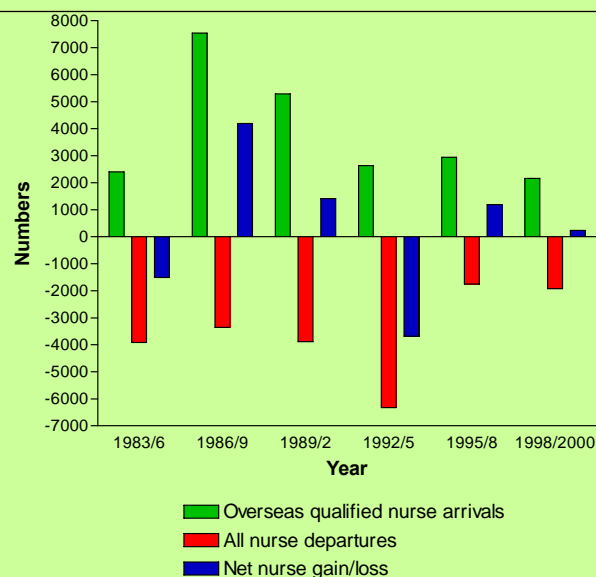
Qualification recognition rates (1990s)

Former Yugoslavia - 0% (total n = 19)
 Poland - 3% (total n = 39)
 Fiji - 4% (total n = 113)
 West Germany - 10% (total n = 39)
 India - 10% (total n = 173)
 Philippines - 15% (total n = 531)
 Malaysia - 25% (total n = 157)
 Singapore - 31% (total n = 98)
 Denmark - 40% (total n = 50)
 Hong Kong - 53% (total n = 963)

Cf

UK/Ireland = 97% recognition

The CBA Context: Australia's Growing Reliance on Nursing Migration (1983-2000)



The CBA Pathway to Full Registration

- **Selection criteria:** English levels, RN status in source country, 'acceptable' level of prior training
- **Goal:** Addresses fact that 71% of NESB nursing qualifications not immediately recognised for registration
- **Length:** 3 month CBA courses strongly supported by both government and the profession
- **Outcomes:** **90-95%** of nurses secure positive outcome within 3 months of intensive training (Victoria) cf **63%** (NSW)
- **Efficiency:** Cheap, flexible, fully accredited, delivered by university or professional body
- **Status:** Provides full registration (RN)

Strategy 8: Regulatory Bodies as Global Training Providers?

Case study - Trends in UK accounting (ACCA)

- **Example:** Association of Chartered Certified Accountants
- **Model:** UK-based regulatory body = accrediting across 47 countries
- **Curriculum:** Written by ACCA (UK), delivered by global providers
- **Examinations:** ACCA-prepared and controlled, with multiple country-specific modules (eg specific taxation, law and auditing courses)
- **Global portability:** Designed into course: scope for study in multiple countries, with 'add-on' modules to support future migration (eg Hong Kong or Indian accountant planning migration to Australia, the UK or Canada)
- **Facilitates:** Global careers (eg Indian accountant with multiple-country ACCA recognition auditing UK companies from Delhi)

Current health sector examples: US business consortium to Australian medical providers; 'Scottish Knowledge' etc

The Way Forward in Terms of Regulation

Certainties:

- Growing impact of demographic shift on provider and patient base
- Intensification of global competition for the 'best' human resources: attraction and retention
- Selection from unprecedentedly diverse source countries
- Investment in career 'conversion'
- **Case study:** Health Canada's \$C75 million
- **Risks?**