From State-Based Regulation to a Federal System: Australia's New Strategy for Regulating International Medical Practitioners

Professor Lesleyanne Hawthorne
Associate Dean International
Faculty of Medicine, Dentistry and Health Sciences
Annual Conference of Council on Licensure, Enforcement and Regulation, Denver, 10-12 September 2009

Global Competition for Migrant Health Professionals

Fertility rates: Declining
Professional workforces and populations: Ageing
Gender: Professions (eg medicine) feminising
Geography: Health workforce maldistribution
Lifestyle trends: Demand for rational work hours
Consumer expectations: Quality health care to end point in life

Current research:

- WHO (2006), OECD (2007+), UNESCO (2008+)
- 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

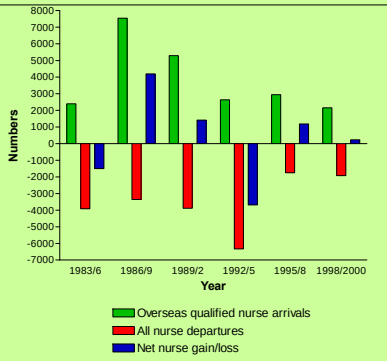
Case Study: Age of Australian and New Zealand Surgeons by 2003 (42% = 55 years or over)

Number of Surgeons by Specialty and Age Group, Australia (2003)

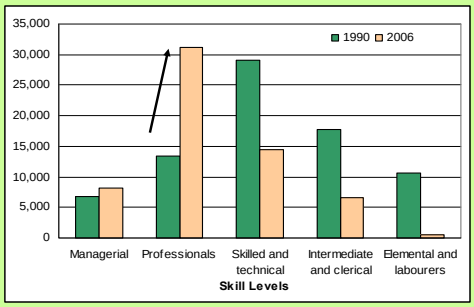
		% by age group					
Main Specialty	Number	32-34	35-44	45-54	55-64	65+	Total
General Surgery	1,119	4	23	26	32	15	100
Cardiothoracic	110	1	28	37	25	8	100
Neurosurgery	126	3	35	29	23	10	100
Orthopaedic	756	2	34	30	22	13	100
Otolaryngology	279	5	28	24	33	10	100
Paediatric	84	1	24	26	36	13	100
Plastic & Reconstructive	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

Alternative Career Choices for Women: Australia's Reliance on Nurse Migration to Offset Attrition



Migration as a Solution: Trends in Immigration to Canada by Skill Level, 1990 Compared to 2006



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

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

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

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

Canada's Level of Reliance on Foreign Qualified Health Professionals: 24,315 Arrivals in 2008 (Economic Categories)

Canada	2007	2008
Physicians:		
Temporary	1,498	**1,627**
Permanent	1,137	**1,444**
Nurses:		
Temporary	576	**1,108**
Permanent	665	**853**
Nurse Assistants/ Live-in Caregivers:		
Temporary	13,746	**12,864**
Permanent	2,841	**4,909**
Pharmacists/ Allied Health:		
Temporary	218	**282**
Permanent	692	**710**
Dentists:		
Temporary	69	**77**
Permanent	210	**250**
Dental Technicians:		
Temporary	84	**92**
Permanent	107	**99**

Source: Table prepared based on data purchased from Citizenship and Immigration Canada August 2009

Scale of Medical and Nurse Migration to the UK to Address 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**

2008-09:

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

Source: Department of Health 2005, United Kingdom

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)

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

Immigration Categories of Arrival – Significance to the Regulation Process in Host Countries

Permanent migrants:

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

Temporary migrants:

- **Private agents – eg the Philippines**
- **'Recruit-a-doc'**
- **State governments – eg young medical graduates x 2 years**

Select Challenges – OECD Countries 2009

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

Document fraud:

- Prevalence
- Political and technical surveillance
- Detection
- Site checks

Documentary Fraud – A Case Study

China:

- Joint Canada-Australia study (past decade)
- Level of fraud found – application audit
- Characteristics – eg 'elite' institutions, 'original' documents
- 2006 case study – 'referee checks' and the booth!
- IELTS English language testing security measures

Philippines:

- $5,000 the 'going price' for complete academic identity

Level of government investment in fraud detection?

- Capacity for agencies to secure expert advice?

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 (61% 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; L Hawthorne, *The Impact of Economic Selection Policy on Labour Market Outcomes for Degree-Qualified Migrants in Canada and Australia,* Institute for Research on Public Policy, Vol 14 No 5, 2008, Ottawa, 50pp

Current Level of Australian Reliance on Internationally Qualified Health Professionals

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 and 3,270 registered nurses**
- **2008-09: 2,890 doctors and 3,850 registered nurses**

The Australian Context – Medical Workforce Maldistribution by 2003 (and 2009?)

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

Globalisation and Dentistry: Australia

- **2001-06 arrivals: 1,125 arrivals 2001-06 (double the rate of previous 5 years)**
- **By 2006: 53% of the Australian dental workforce born overseas (22% of all dentists arriving in the previous five years)**
- **Growth in demand: 221 Australian Dental Council Examination candidates in 2000, and 786 in 2009**
- **By 2009: 19 clinical exams necessary per year (compared to 2 a few years earlier)**
- **Main sources = India, North Africa/ Middle East, UK/Ireland, Philippines**
- **Dental technologists: Around 500 migrate permanently every 5 years**

Current Regulation Challenges for Australia: International Medical Migrants

Forecast continuing dependence on IMG's:

- At least 10+ more years
- Large remote states: eg Queensland in 2009 estimates 600+ required per year

Modes of IMG entry:

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

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

Key Elements in Commonwealth-Led Reform Process for IMG's

Led by:

- Council of Australian Governments (2006+)

Implementation Committee:

- Established late 2006

First steps:

- July 2007

Principles:

- Maintenance of pre-existing AMC examination pathway and specialist pathway
- Two additional pathways to be created for non-specialists
- Assessment of competence against a standardised position description
- Orientation to the job, and the Australian medical workforce
- Workplace based assessment

Source: 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

A. Constructing Pathways to Practice 2008+: 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)

A. Constructing Pathways to Practice 2008+: Competent Authority Pathway (cont..)

In Australia:

Awarded Australian Medical Council Advanced Standing Certificate

Next: 12 months accredited workplace assessment (light touch)

Leads to full registration

By 2009:

- 2,500 applicants, and 1,000 selected to participate (55 countries of training)

Outcomes:

- Very positive to date, 'creaming' best candidates from the AMC examination system

B. Constructing Pathways to Practice 2008+: Work-Based Assessment

Funding:

- Commonwealth government

Eligibility to participate:

- English language test
- Primary source country qualification verification
- MCQ screening examination pre-commencement
- (Some jurisdictions) Pre-employment structured clinical interview

Competitive selection:

- Supervision: Intensive in high-risk locations
- Work-based assessment: Around 12 months

B. Constructing Pathways to Practice 2008+: Work-Based Assessment (cont..)

Current trials:

- **Two states –** Victoria and Western Australia

Implementation challenges:

- **A fair amount of resistance' in some jurisdictions** (which may lack assessment/ education/ training infrastructure)
- **Assessment guidelines** – in development
- **Assessor skills and cross-validation across sites -** training and cross-validation protocols being developed
- **Assessment instruments** – a range of instruments being used (eg mini CX, 360 degrees etc)

C. Constructing Pathways to Practice 2008+: Australian Medical Council Examinations

AMC MCQ outcomes 1978-2005 by candidate birthplace:

Pass rates:

- **51%** on 1st attempt, **47%** on 2nd attempt, **81%** overall
- **But many don't continue to Clinical Examination)**

Highest pass rates:

- UK/Ireland (95%), South Africa (86%), USA/Canada (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)

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%

C. Constructing Pathways to Practice 2008+: Australian Medical Council Examinations (cont..)

Requirements for candidates deemed ineligible to be fast-tracked:

1. **English language test**
2. **Pass in MCQ exam**
3. **Pass in Clinical exam**
4. **12 months supervised practice**
5. **Full registration**

Issue:

Level of IMG access to 12 month supervised places given level of competition from Australian graduates and fast track IMG's?

D. Constructing Pathways to Practice 2008+: Specialist Practice

Major fields of demand:

- Eg psychiatry, surgery, emergency medicine, family medicine (general practice)
- Smaller demand in other fields

Governance:

- Specialist colleges
- Experimentation: bridging programs (eg psychiatry)
- Scope: examination and/or supervised practice

Outcomes?

- Potentially challenging

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

The International Student 'Two-Step Migration' Pathway

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 Student Enrolments in Australia by Top Source Countries (October 2008)

Nationality	Enrolments	% of Total	Growth on YTD August 2007
China (38% migrate)	**112,172**	**23.6%**	**18.8%**
India (66% migrate)	**80,291**	**16.9%**	**47.4%**
Republic of Korea	31,667	6.7%	**3.6%**
Malaysia	20,449	4.3%	**6.3%**
Thailand	18,564	3.9%	**9.8%**
Hong Kong	16,827	3.5%	**-5.0%**
Nepal	14,605	3.1%	**101.8%**
Indonesia	14,071	3.0%	**4.1%**
Vietnam	13,367	2.8%	**62.7%**
Brazil	12,493	2.6%	**26.4%**
Other Nationalities	139,883	29.5%	**9.2%**
Total Enrolments	**474,389**	**100.0%**	**18.5%**

Source: Australian Education International Statistics sourced December 2008

The Way Forward in Terms of Health Workforce Regulation

Certainties: Imperative for state and/or private investment in career 'conversion'

- **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**
- **Case study: Health Canada's $C75 million (bridging courses)**
- **New horizons: Move the service (not the practitioner); move the patient (eg medical tourism); competency based assessment….**

Select References

The Registration and Training Status of Overseas Trained Doctors in Australia, L Hawthorne, G Hawthorne & B Crotty, Department of Health & 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 Impact of Economic Selection Policy on Labour Market Outcomes for Degree-Qualified Migrants in Canada and Australia, L Hawthorne, Institute for Research on Public Policy, Vol 14 No 5, 2008, Ottawa, 50pp

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

'The Global Health Workforce Shortages and the Migration of Medical Professionals: The Australian Policy Response', S Smith, *Australian and New Zealand Health Policy*, Vol 5 No 7 2008, pp 1-9