
The Looming War for Skills: Global Demand for Foreign-Qualified Health Professionals



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Growing OECD Demand for Migrant Health Professionals

Host country drivers:

- Declining fertility rates
- Changing professional workforces:
 - Ageing
 - Feminising
 - Work/ life balance
- Changing patient base and consumer expectations
- Workforce maldistribution

Source country drivers:

- Individual agency
- Public to private sector, rural to urban, developing to developing countries
- Hyper-mobility

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, Australia, UK, Finland	1.8
The Netherlands	1.7
Canada	1.5
Switzerland	1.4
Germany, Italy, Spain, Portugal, Japan, Czech Republic	1.3
Republic of Korea	1.1
Shanghai (City)	0.9



Australian Case Study: Age of Surgeons (42% = 55 years+ by 2003) Compared to Surgical Patient Demand

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

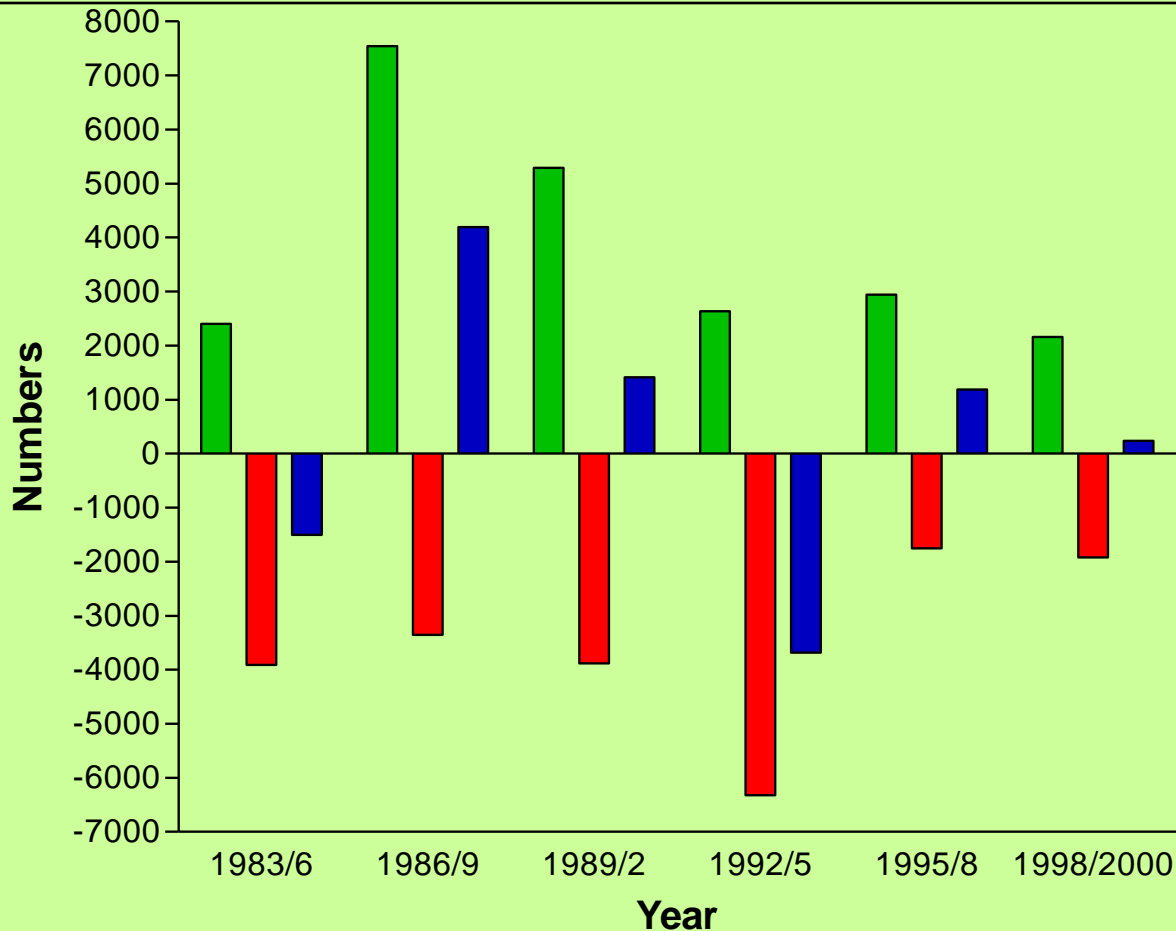
Source: 'The Outlook for Surgical Services in Australasia', B Birrell, L Hawthorne and V Rapson, Royal Australasian College of Surgeons, May 2003

Australian Case Study –Medical Workforce Maldistribution 2003 (2009 Physicians and Dentists)

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Source: Department of Immigration, Multicultural and Indigenous Affairs, unpublished 2004

Australia's Growing Reliance on Nurse Migration: 18,000 Migrants = 450 Net Gain (2009 Update?)




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

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

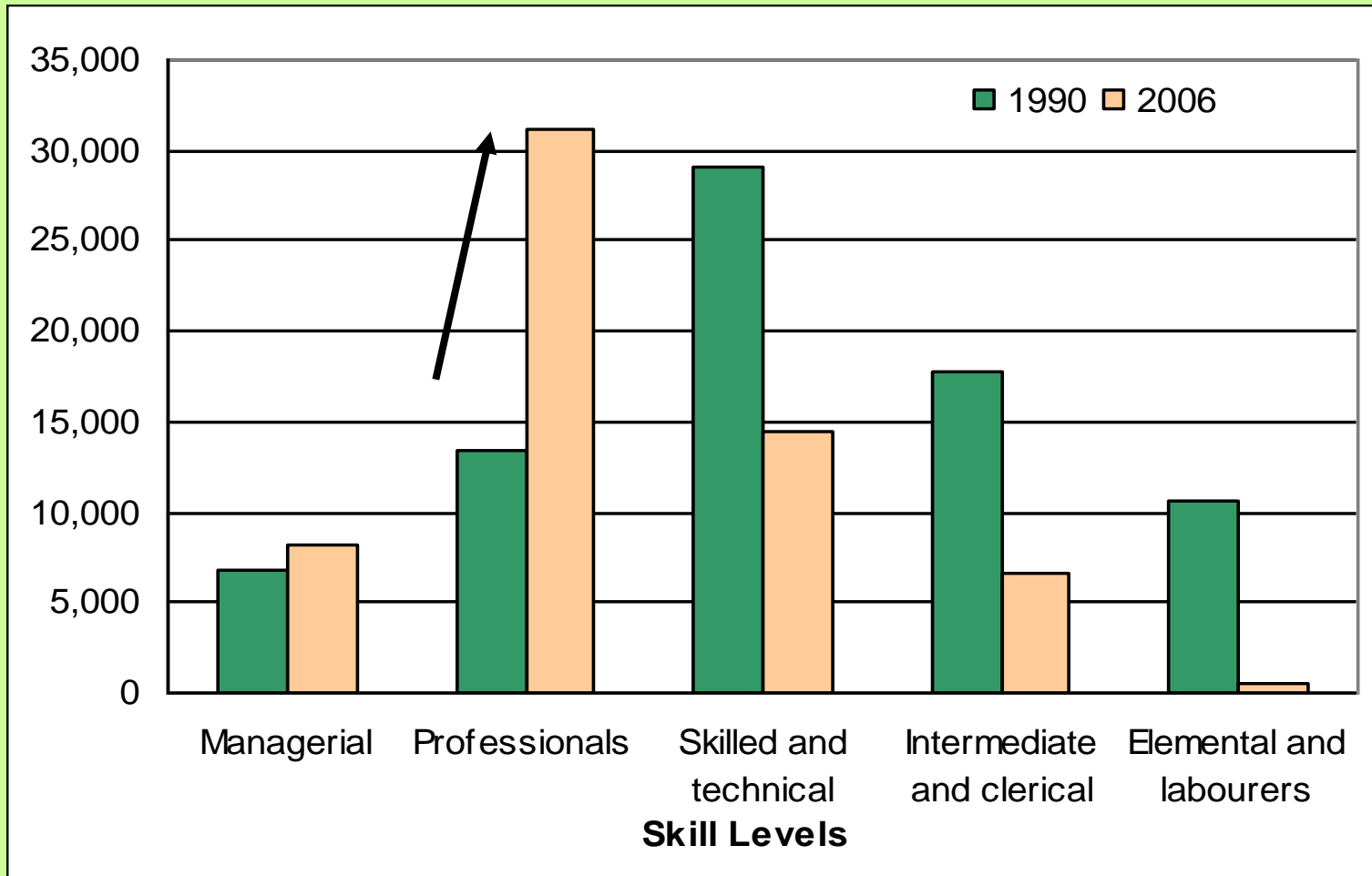
2007:

- **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)



Canada: Trends in Immigration by Skill Level, 1990 Compared to 2006 (2009 Predictions?)



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

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

Nurse migration (degree-qualified): 6,358

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%)

Temporary physician migration: 1,627 in 2008

Dentist migration: 327 in 2008 (temporary & permanent)

Research on Globalisation and Health Workforce Accreditation?

Access to Medical Employment for 1996-2001 IMG 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

UK: 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 UK, 2007



UK: Recent Scale of Medical and Nurse Migration - 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

Australia: Scale of Medical and Nurse Migration (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%)

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

US Retention of Foreign Doctoral Students: Health Researchers

Overall international student 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.

USA: 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

Research to Date on Globalisation and Dental Workforces?

The OECD policy context: Skill migration policy development 2000+

'Glimpses':

- **Polish dentists to the UK** in the 900,000 flow (negotiated model) – other examples?
- **ADEE – EU/EEA** 'harmonisation' strategic focus, but future 'third country national' trends?

Likely relevance to Europe?

- **Hamburg meeting:** Foreign physicians (February 2009)
- **Case studies:** Germany, Netherlands, UK
- **Databases? Structures?**
- **Effective interventions?**

Policy significance? Current OECD and WHO research -

The Potential Speed of Change: Transforming Australian Demand for Internationally Qualified Dentists

Growth in demand for medical/ allied health migrants:

- **Physicians:** 6,500 imported per year
- **Registered nurses:** 6,500 imported per year
- **Total migration program:** Around 300,000 people (2/3 permanent, 1/3 temporary)
- **Main employer-nominated category:** Health/ community services

Dental migration:

- **2006:** 53% of dental workforce overseas-born (**22%** arriving 2001-06)
- **1996-2001 arrivals:** **540** (plus 476 dental technologists)
- **2001-2006 arrivals:** **1,125** (plus 496 dental technologists)
- **Main source regions:** India, North Africa/ Middle East, UK/Ireland



Assessment Processes for Overseas Trained Dentists (Source: ADC August 2009)

Australian Dental Council:

- **Formed** - 1993
- **Main purpose** - To accredit courses in Australian University Dental Schools on behalf of Dental Boards
- **1996** – Adds assessment of overseas trained dentists for registration purposes (transferred to the ADC by the Australian government)
- **Authorisation** – As ‘the assessing authority’ for visas for skilled migrants, and on arrival

Assessment Pathways for Overseas Trained Dentists (2009)

Assess basic dental qualifications and registration:

- Recognised or not recognised

If not recognised:

- Occupational English Test (profession-specific)
- Preliminary examination
- Clinical examination
- Eligible for registration

Demand for ADC Assessment and Examinations: 2000 Compared to 2009

2000:

- Preliminary exam (MCQ): 105 candidates, 34 completions
- Final exam (Clinical): 69 candidates, 51 completions

2008:

- Preliminary exam (MCQ): 587 candidates, 257 completions
- Final exam (Clinical): 496 candidates, 171 completions

2009:

- 19 exams, 500+ candidates (biggest demand = India)
- Typical candidate (both exams):

Gender: Equal % male and female

Age: Early to mid 30s, in practice around 5-6 years

Qualified specialist: Unlikely

Accreditation Challenges: Candidate Source Countries (ADC)

Profile:

- **120 countries**, 400+ dental schools
- **Multiple schools** within a single university (eg India)

Outcomes:

- **Success:** 844 candidates found eligible for Australian registration since 2000 (ADC pathway)
- **Trend:** Rapid growth – 485 found eligible in past 3 years
- **Pass rates:** Around 80-86% of candidates pass exams within 2 attempts

Area of need/ public hospitals:

- **‘Conditional’ and ‘limited’ licenses:** 3 year government sponsored program for defined countries/ universities – South Africa, Canada, US, UK, Ireland, Malaysia, Singapore

Additional migration impacts – international dental students:

- Around 350 per year remain to practise

Challenges to Regulation Posed by Dental Migration: Australian Dental Council (2009)

Access to professional dental employment:

37% average in first 5 years

Best dental employment outcomes:

South Africa (89%)

UK/ Ireland (83%)

Malaysia (84%)

Other Sub-Saharan Africa (70%)

North East Asia (69%)

(No dentist arrivals from US or Canada)

Below average dental employment outcomes:

Sri Lanka/ Bangladesh (34%)

India (23%) – 44% 'not in the labour force' (NILF)

China (21%) – 46% NILF, 21% in low-skilled work

Philippines (7%) – 27% NILF, 53% in low-skilled work

Central/ South America (5%)



OECD Challenge: 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)
- 

Assessment Strategy 1: 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:** ?Capacity to impose 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/ EEA:

- Scale of movements from Poland
- Training comparability? (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!'

NAFTA:

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

Impact of registration in one jurisdiction on registration in another?

- Eg German nurse — England — Australia
- Possible future Canada-Australia mutual recognition in dental science?



Assessment 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

Assessment Strategy 3: Global Collaboration with 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

Future dental science options?

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

Assessment Strategy 4: 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

Assessment Strategy 5: Conditional Licensure for Practice

Case study - 'Area of need' registration for temporary resident doctors (Australia)/ Dental Science comparator

- **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%

Assessment 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

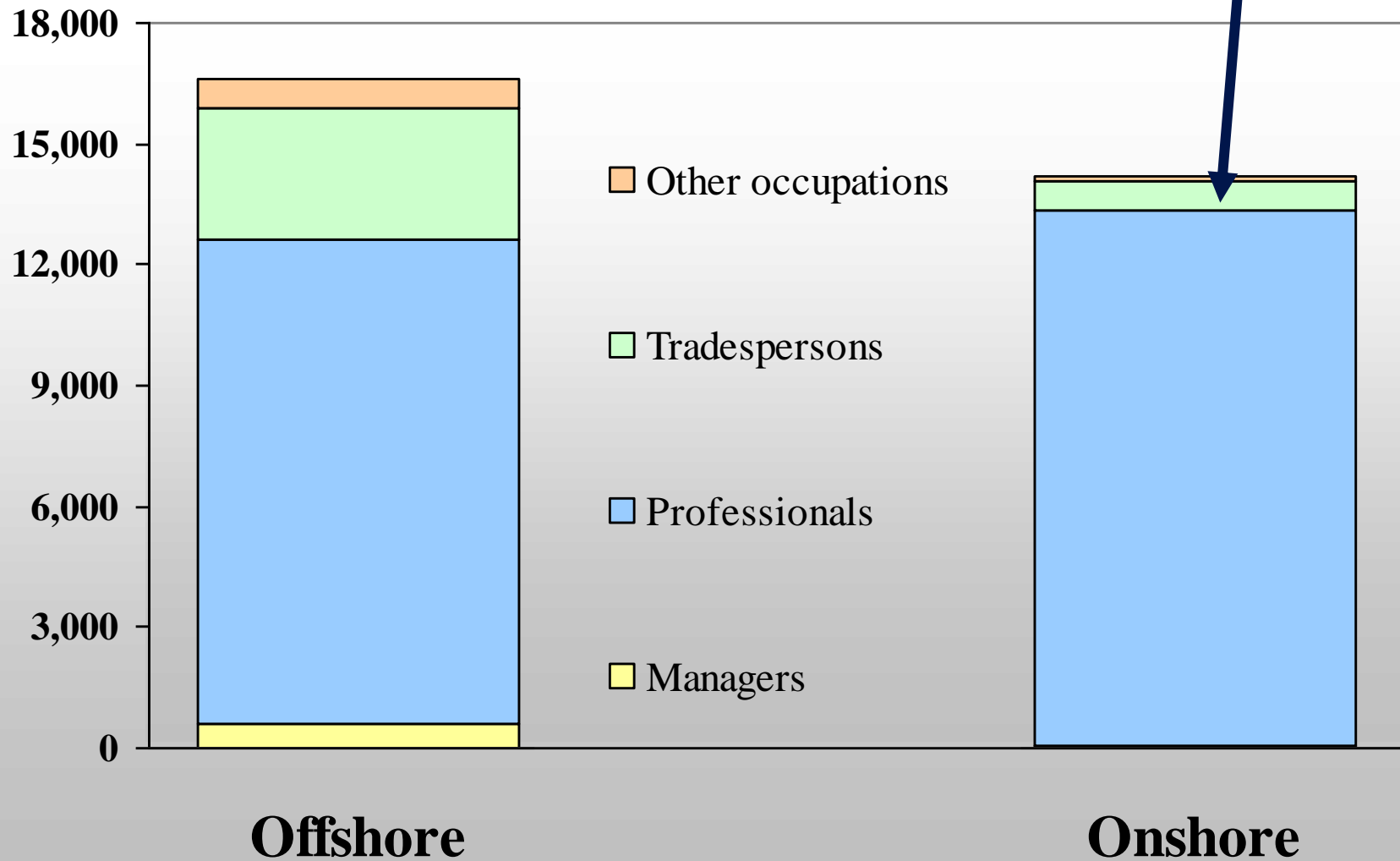
OECD Skill Migration Policy Trends in Relation to International Students

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 +
- Capacity to stay
- Prioritised processing
- (In a range of countries) Uncapped migration categories
- Global promotion 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



International Student Demand for Australian Entry to Practice Medical, Dental Science and Allied Health Courses (December 2007)

Field	1996	2000	2002	2004	2007	% Change 2004-2007	% Change 1996-2007
Dental science	98	124	155	227	331	+46%	+238%
Medicine	963	1117	1287	1505	2304	+53%	+139%
Medical science	41	171	405	1072	966	-10%	+2256%
Nursing (basic)	762	839	790	1623	4546	+180%	+497%
Nursing (post-bas.)	545	2336	3591	3109	2090	-33%	+283%
Physiotherapy	79	173	197	239	370	+55%	+368%

International Student Enrolments in Select OECD Tertiary Sectors (2006)

US (2006)	UK (2006)	Australia (2006)	Japan (2006)	New Zealand (2005)
India (76,503)	China (50,755)	China (63,543)	China (74,292)	China (26,546)
China (62,582)	India (19,205)	India (36,078)	S Korea (15,974)	US (2,480)
S Korea (58,847)	Greece (17,675)	Malaysia (18,074)	Taiwan (4,211)	India (1,886)
Japan (38,712)	Ireland (16,790)	HK (16,558)	Malaysia (2,156)	S Korea (2,094)
Canada (28,202)	US (14,755)	Indonesia (13,025)	Vietnam (2,119)	Japan (2,040)
Taiwan (27,876)	Germany (13,265)	S Korea (12,352)	US (1,790)	Malaysia (1,329)
Mexico (13,931)	France (12,455)	US (11,901)	Thailand (1,734)	Thailand (654)
Turkey (11,622)	Malaysia (11,450)	Thailand (10,934)	Indonesia (1,553)	Fiji (644)
Germany (8,829)	Nigeria (9,605)	Japan (9,110)	Bangladesh (1,456)	Hong Kong (432)
Thailand (8,765)	HK (9,455)	Singapore (8,906)	Sri Lanka (1,143)	Taiwan (425)

France: 15,963 China students by 2006 (compared to 2,111 in 2000)

Germany: 27,390 by 2006 (compared to 6,256 in 2000)

Source: Prepared by L Hawthorne based on data in a range of tables included in *International Student Mobility: Patterns and Trends*, V Lasanowski & L Verbik, The Observatory on Borderless Higher Education, UK, September 2007

The Growing Global Trend to International Student Migration

Australia:

- 1999+ near 'automatic' selection for skill migration
- Medical students: Around 66% stay (internship+)
- Nursing: Around 1/3 stay
- Dental science: Around 350 per year stay (2009 data)

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)

Canada:

- Canadian Experience Class 2008+

Attracting International Students: Global Fee Differentials

Destination Country	Course/ University	Fees in \$US
Australia	University of Sydney	
	Business/ Management	\$US18,383
	Mechanical Engineering	\$US20,164
Canada	Laval University	
	Business/ Management	\$US10,634
	Mechanical Engineering	\$US11,852
China	Shanghai Jiaotong University	
	One fee for all courses	\$US3,300
France	University of Paris (Sorbonne)	
	One fee for all courses	\$US235
Germany	University of Heidelberg	
	No fees for courses at this stage (policy under review)	Nil
Japan	University of Tokyo	
	One fee for all courses	\$US4,652
Malaysia	University of Malaya	
	Business/ Management	\$US1,704
	Mechanical Engineering	\$US1,464
New Zealand	University of Otago	
	Business/ Management	\$US12,120
	Mechanical Engineering	\$US13,687
United Kingdom	Oxford University	
	Business/ Management	£10,360
	Engineering	£11,840
United States	University of California	
	General UG course per year	\$US27,335

Source: Adapted from *International Student Mobility: Patterns and Trends*, V Lasanowski & L Verbik (op cit), with extra data sourced from Oxford University and University of California websites (Nov 2007)

Assessment 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 Pathway to Full Registration

- **Selection criteria:** English levels, registration status in source country, 'acceptable' level of prior training
- **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 nurse registration status

Assessment 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: Continuing professional education capacity; universities

Globalisation in the Health Professions: The Future for Regulation?

Certainties:

- Growing impact of demographic shift on provider and patient base
- Growing global workforce mobility
- Intensification of global competition for the 'best' human resources: attraction and retention
- Direction of flows – Public to private/ Developing to developed
- Unanticipated sources: Selection from unprecedentedly diverse countries

Key planning issues:

- Predicting future workforce shifts
- Establishing appropriate policy frameworks
- Investing in effective transition strategies

Ethical Significance: The Impact of OECD Competition for Global Health Workforce Supply

Impact on capacity-building in source countries:

- **Indonesia:** Medical, dental science and nursing faculty expansion
- **Botswana:** Attracting a Foundation Medical Dean
- **Gulf States:** September 11+ security concerns (competition to expatriate workforce) – **Sharjah** and attracting a Foundation Dental Science Dean

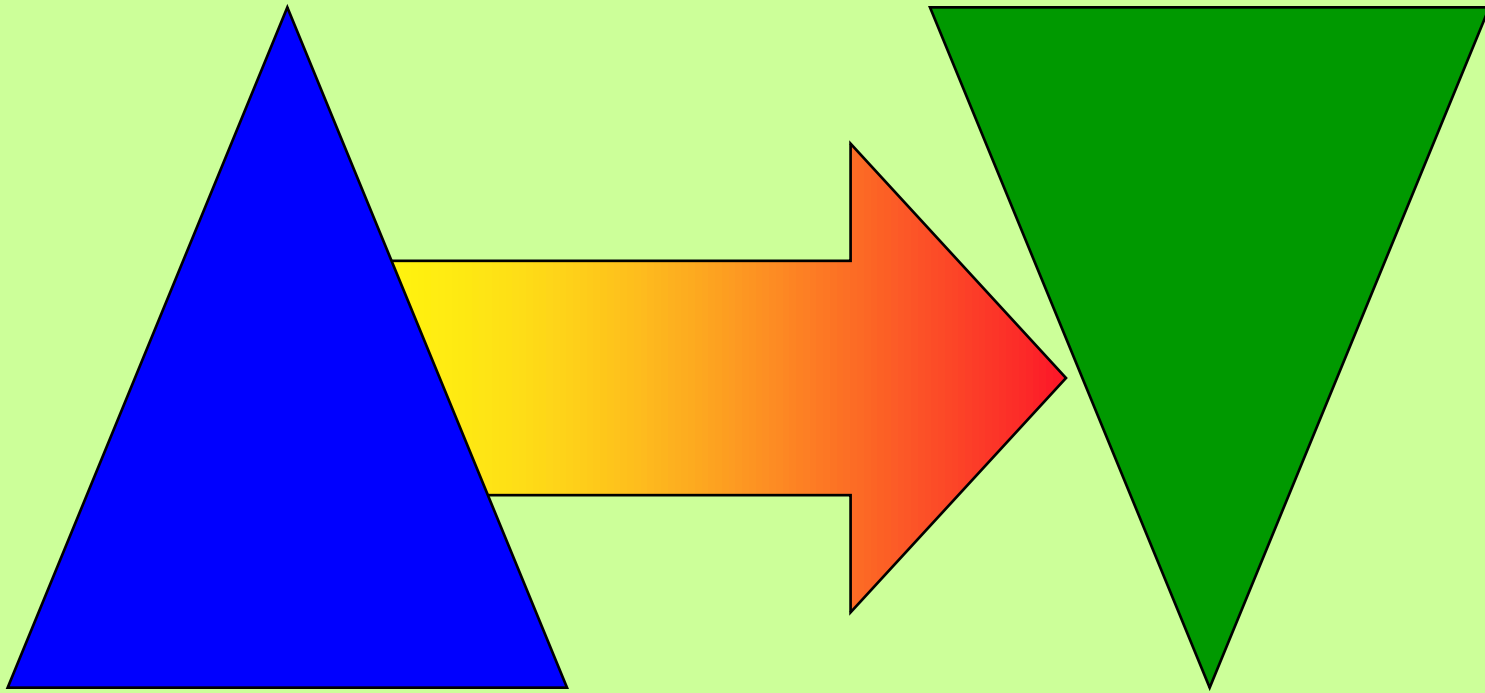
Ethics of:

- Recruitment and skills utilisation

The research imperative:

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

Demographic Momentum



Traditional population structure

Emerging population structure

Preliminary Examination (ADC)

Acts as screening exam:

- Frequency: 2 per year (March and September), up to 27 locations (Australia and overseas)
- Number of attempts: Unlimited
- Valid: 3 years as pre-requisite for Clinical Exam

Tests:

- Knowledge of dentistry, plus clinical and technical procedures relevant to practice in Australia
- Two MCQ papers (x 80 questions per paper)
- One SAQ paper (3 questions on clinical scenarios/ practice)

Clinical Examination (ADC)

Conducted:

- **Length:** 6-7 day assessment period, in dental teaching hospitals
- **Frequency:** Rapid growth
- **Standard:** Equivalent to local recent dental graduate
- **Examiners:** Experienced dentists and dental academics, select specialists
- **Number of attempts:** Unlimited