
The Impact of Multilateral Agreements on Future Health Workforce Supply and Governance? Australia and ASEAN Region

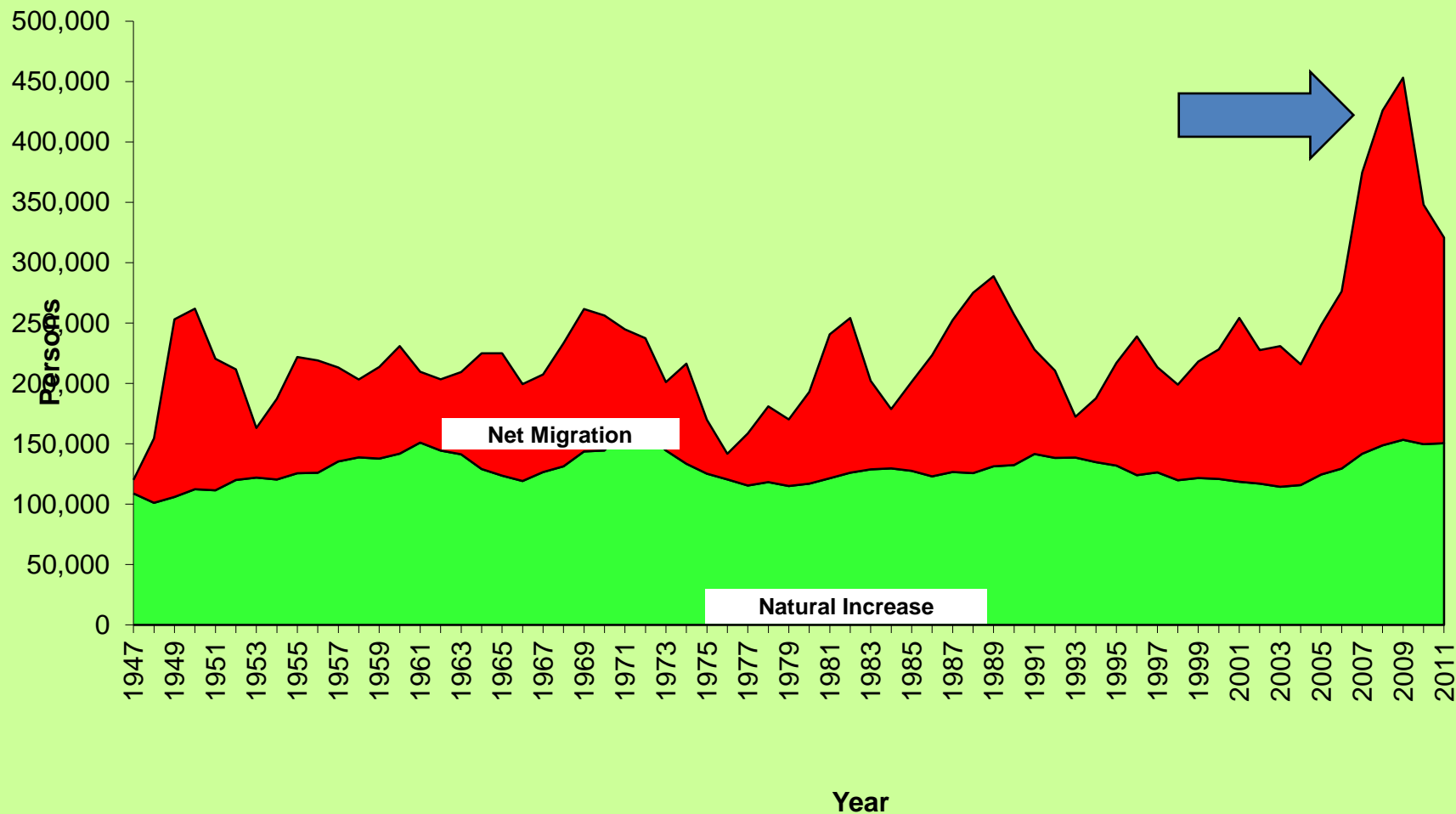


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Australia's Level of Reliance on Migrant Health Professionals – Recent Growth in Skilled Migration



Numbers – Recent Growth in Skilled Migration

Field	2001-2005 Arrivals	2006-2011 Arrivals
Engineering	18,790	41,407
Accounting	26,145	35,423
IT	22,630	31,968
Education	15,400	29,464
Nursing	8,584	16,154
Medicine	7,241	12,696
Nursing (Diplomas)	5,649	10,194
Pharmacy	1,798	3,005
Dentistry	1,063	2,343
Physiotherapy	755	1,556
Total (All Degrees)	192,940	347,611

Latest Trends – Arrivals 30 June 2013-2014

KEY POLICY ISSUE: WHICH IS THE 'BEST' SOURCE?

Temporary skilled migrants (no 'cap'):

8,120 doctors, nurses and dentists permitted to work up to 4 years (compared to 2,780 in 2008-09)



Permanent skilled migrants:

4,719 doctors, nurses and dentists selected (compared to 1,935 in 2008-09)



Family and Refugee migrants:

Uncounted by very substantial

Example: Myanmar, Afghan and Iraq-qualified doctors

ASEAN: Priority Goals 2007 + 2009 (Accelerated Activity and Pressure 2015+)

Goal of regional mobility/ recognition:

 7 priority fields including Medicine, Nursing, Dentistry

Range of members' on human capital development index:

1. **Very high development:** Singapore, Brunei
2. **High development:** Malaysia
3. **Medium development:** Thailand, Indonesia, Philippines
4. **Low development:** Vietnam, Cambodia, Laos, Myanmar

Regional free-trade agreement links with ASEAN:

China, Korea, Japan, Australia, New Zealand

Potential Impact of Trade-Driven ASEAN Multilateral Agreement – Including ‘Goods and Services’

Strong + growing demand:

 **For access to Australian health workforce employment**

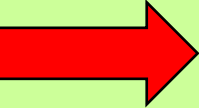
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Major regional workforce mobility challenges:

- **Educational resourcing**
- **Educators’ qualifications and experience**
- **Training quality assurance**
- **Private sector governance + over-production**
- **Clinical infrastructure**
- **Level of technological development**
- **Source country disease patterns (etc)**

Case Study: Calibre of Nurse Education in the Philippines (also the second top global source of medical migrants)

Quality assurance:

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- Voluntary (not mandatory)
 - Few institutions engaged

Nursing schools (1970s): 40 nationally

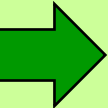
Nursing schools (2005): 441 nationally!

- 332,206 nurses trained (as export commodity)
- 29,467 employed nationally compared to 163,756 overseas
- Vast numbers unemployed (seeking migration)

Nursing school issues:

- Most = private colleges
- Many with lax entry standards, minimal QA, 'invisible' Faculty, linked to migration agents, infiltration of regulatory bodies....

Impact of language + training case study:



Filipino and Indonesian nurse migration to Japan (1-2% pass the national nurse registration exams compared to 80% from China)

Case Study: Medical Graduate Over-Production in Malaysia

Public sector medical schools:

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Entry standards:

4 A-Levels

Quality assurance:

Strong

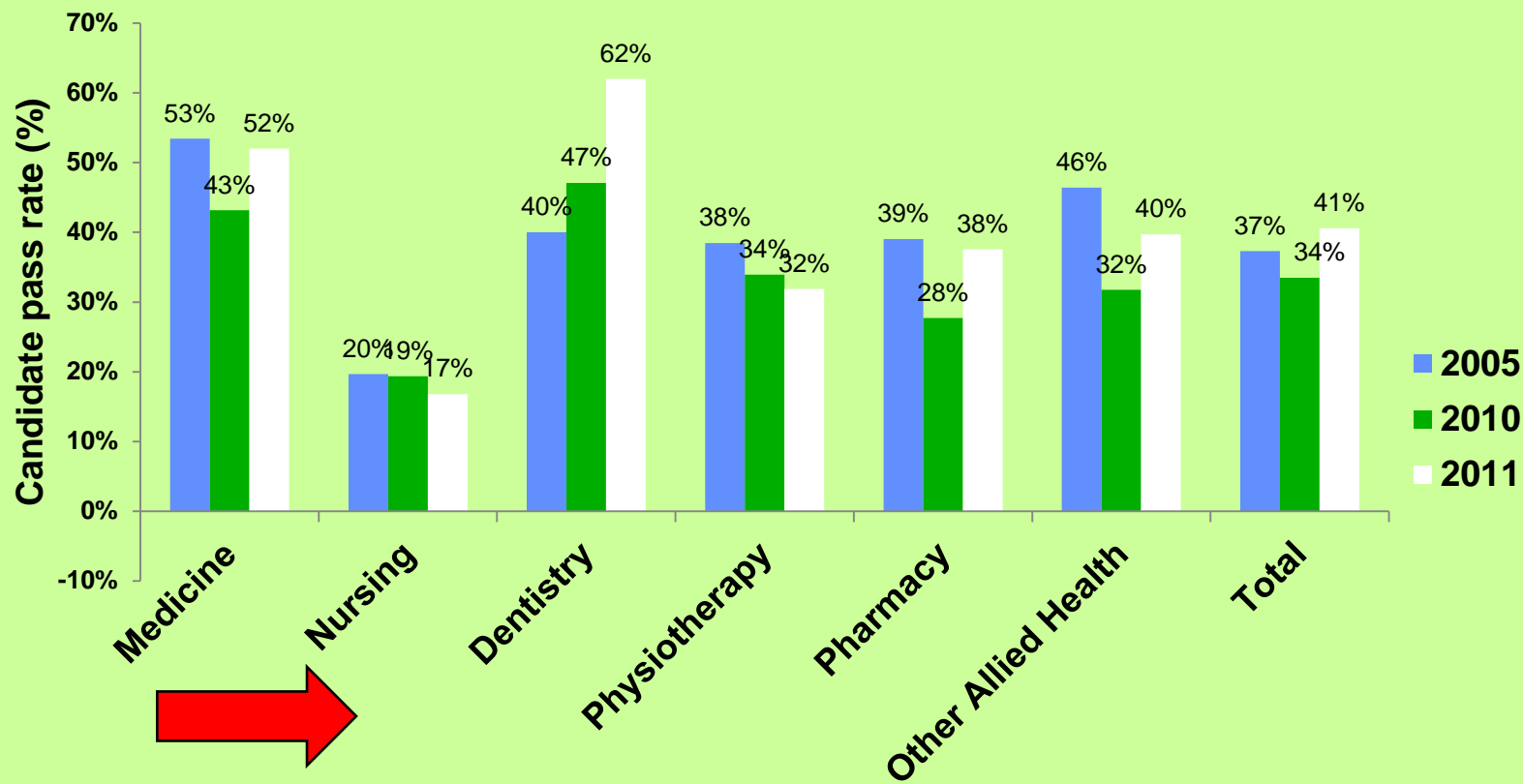
Growth in private sector:

- **Number of new medical schools approved**
- **Pipeline applications for approvals**
- **Lower entry levels**
- **Graduate destinations?**

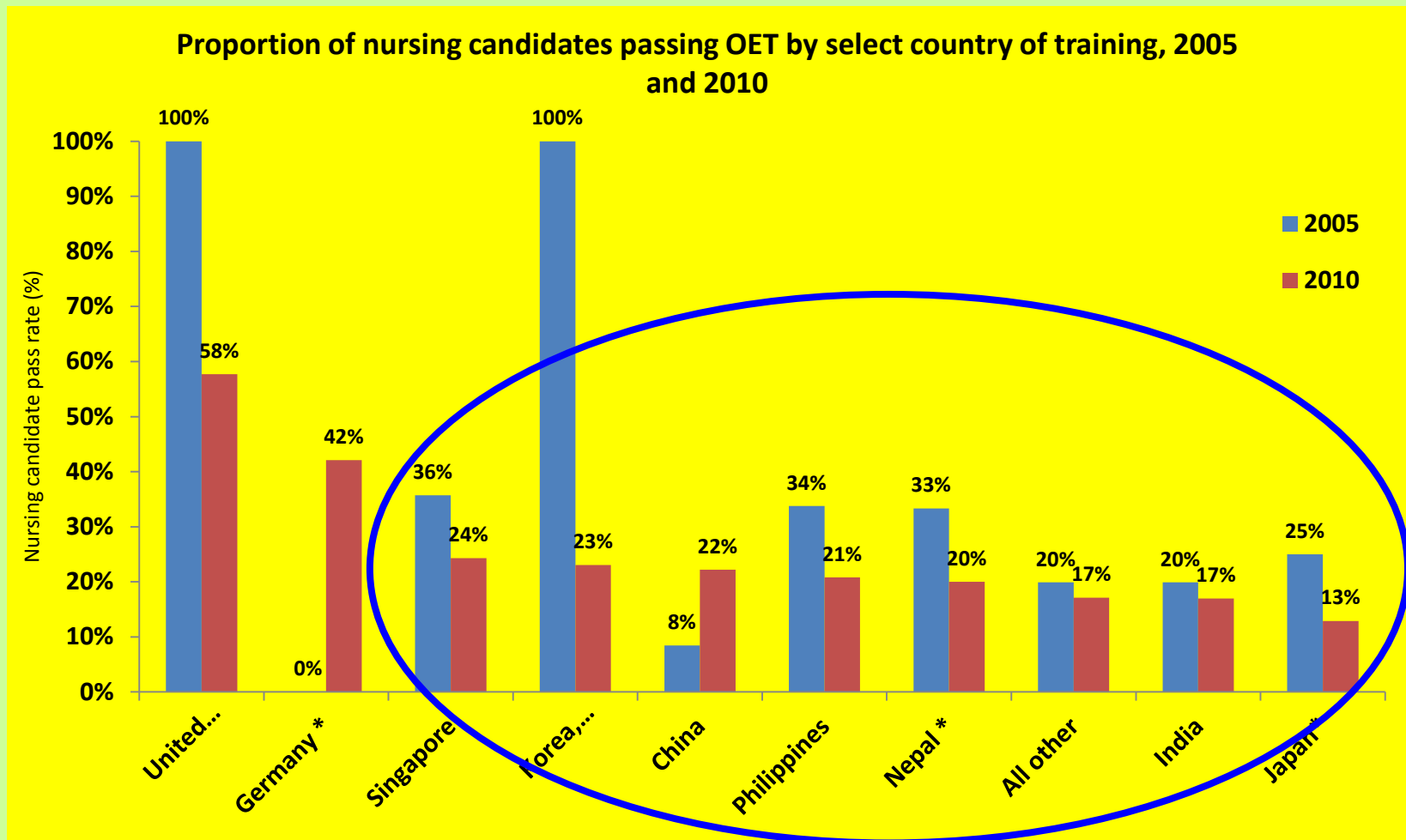


Regional Health Professionals' English Ability? (Occupational English Test Outcomes 2007-11)

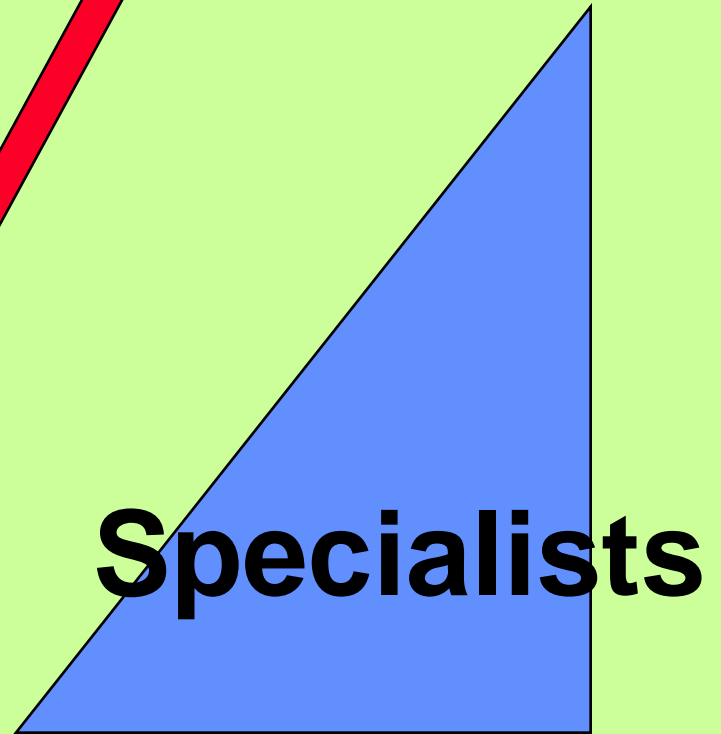
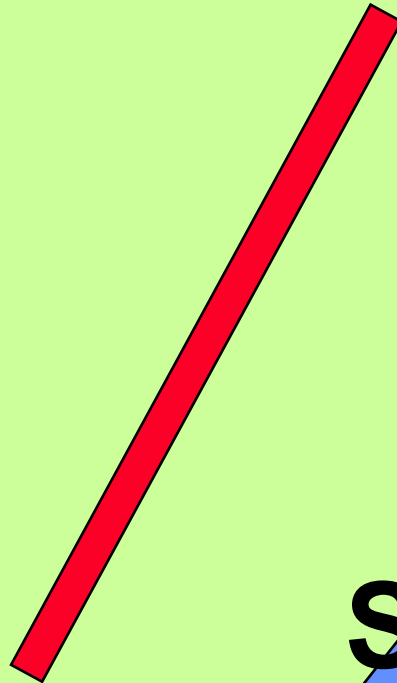
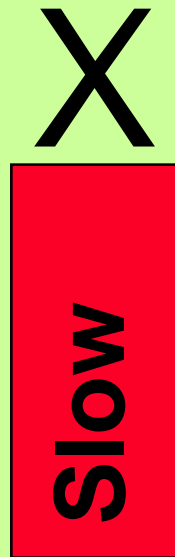
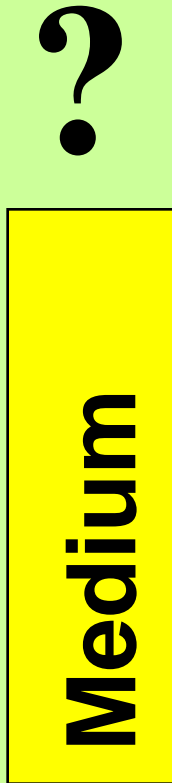
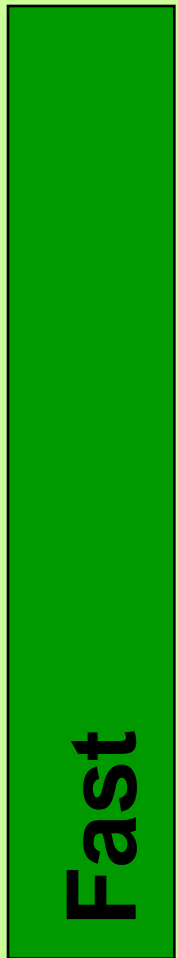
Nurses (17%) Pharmacists (38%), Doctors (52%), Dentists (62%)



Impact of Language Testing on Migrant Nurse Pass Rates: By Select ASEAN Country (2005 and 2010)

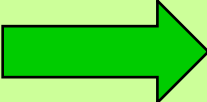

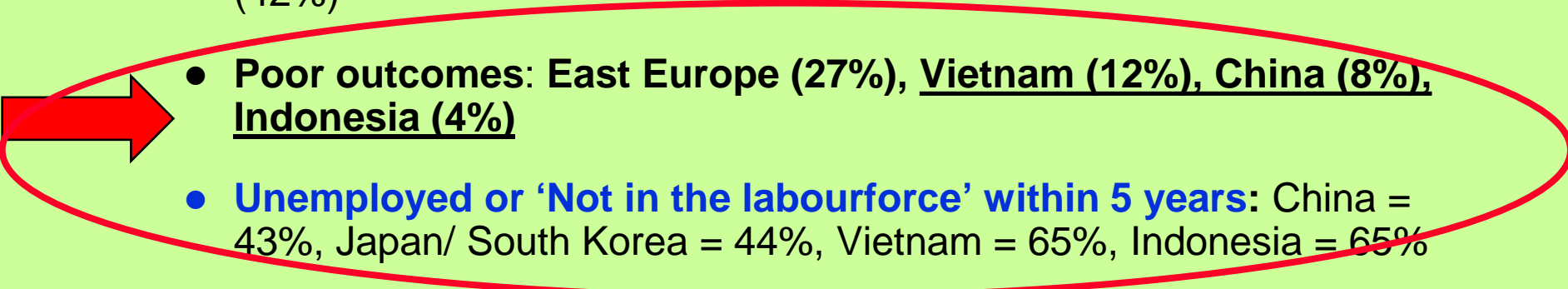


Doctors: Variable Registration Pathways



Migrant Doctors' Access to Medical Employment in Australia (First 5 Years) – Permanent Residents

2011 Census:

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- **Overall: 57%** of 2006-11 arrivals employed in medicine within 5 years
 - **Most likely to practice:** South Africa (83%), **Malaysia (75%)**, UK/Ireland (74%), SE Europe (61%), **India (61%)**, West Europe (59%), **Singapore (56%)**
 - **Modest performers:** **Philippines (46%)**, South/ Central America (42%)
 - **Poor outcomes:** East Europe (27%), **Vietnam (12%)**, **China (8%)**, **Indonesia (4%)**
 - **Unemployed or 'Not in the labourforce' within 5 years:** China = 43%, Japan/ South Korea = 44%, Vietnam = 65%, Indonesia = 65%
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Looming pressures – eg ASEAN (health sector focus)

Australian Medical Council MCQ + Clinical Pass Rates on 1- 4

Attempts - By Select Candidate Source Country 2013

(NB: UK, Ireland, US, Canada, NZ Registrants Largely Exempt)

MCQ Exam (No = 2,885)

1. Sri Lanka: 78%
2. Singapore: 75%
3. Myanmar: 69%
4. Malaysia: 67%
5. Germany: 66%
6. South Africa: 63%
7. Iran: 62%
8. Pakistan: 57%
9. India: 54%
10. Bangladesh: 52%
11. Egypt: 45%
12. China: 42%
13. Russia: 41%
14. Philippines: 33%

Average: 55%

Clinical Exam (No = 2252)


1. Germany: 82%
2. Sri Lanka: 54%
3. South Africa: 53%
4. Singapore (no candidates)
5. Malaysia: 50%
6. Iran: 47%
7. Myanmar: 47%
8. Pakistan: 46%
9. China: 46%
10. Egypt: 42%
11. India: 40%
12. Russia: 37%
13. Bangladesh: 35%
14. Philippines: 28%

Average: 43%

International Students as an Australian Health Workforce Resource:

The 'Study-Migration' Pathway

Compared to 'standard migrants' – self-funded to meet local requirements:

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- 1. Fully recognised qualifications**
 - 2. English testing exemption (IELTS 7 on enrolment)**
 - 3. Youth + future productivity (aged 24 years)**
 - 4. Local experience**
 - 5. Acculturation**

Former International Students: Full-Time Employment Rates 6 Months After Completing Australian Degrees by Field Compared to Domestic Students (2007-11)

Qualification Field	Australian Graduates (Sample = 371,000)	International Students (Sample = 79,000)
Accounting	83%	35%
Business	76%	40%
IT	78%	42%
Engineering	86%	44%
Medicine	100%	99%
Dentistry	94%	96%
Pharmacy	98%	96%
Physiotherapy	94%	67%
Nursing	92%	71%

Future - ASEAN Health Workforce Governance Challenges?

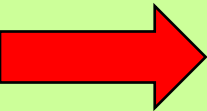
Australia and New Zealand:

Region: Increasing 'over-production' for remittance generation

Sector: Driven by private sector colleges (lower entry and achievement standards – eg Malaysian medical schools)

QA: Potentially conflicted QA and regulation strategies

Demand: Likely scale of ASEAN + regional demand for mobility/ recognition

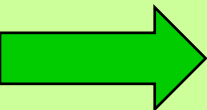


Trade pressures: Versus research evidence

Pathway and source country: Which health workforce migrants?

Medical tourism: 'Outsource' health services to cheaper regional providers?

Inappropriate pressure?



Case study: Nursing