Australian Regulatory Requirements for Migration and Registration of Internationally Qualified Health Practitioners

Melissa Kaye Cooper

Adelaide Nursing School

Faculty of Health and Medical Sciences

The University of Adelaide

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Peer-reviewed journal articles

Cooper M, Rasmussen P, Magarey J. Governance of skilled migration and registration of internationally qualified health practitioners: an Australian policy perspective. *Australian Health Review*. 2020;44(2):178-9. https://doi.org/10.1071/AH19018

Cooper M, Rasmussen P, Magarey J. Regulation, migration and expectation: internationally qualified health practitioners in Australia – a qualitative study. *Human Resources for Health*. 2020;18:74. https://doi.org/10.1186/s12960-020-00514-7

Cooper M, Rasmussen P, Magarey, J. A shared dream: lived experiences of internationally qualified health practitioners navigating the Australian regulatory processes to professional registration and migration. *Globalization and Health*, submitted for review 8 November 2020.

Conference presentations

Cooper M, Rasmussen P, Magarey J. Internationally qualified health practitioners – education, migration and workforce expectation in Australia (oral presentation, M. Cooper). *Australian & New Zealand Association for Health Professional Educators (ANZAHPE),* Hobart, Australia, 2–4 July 2018.

Cooper M, Rasmussen P, Magarey J. Regulation, migration and expectations: challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration of internationally qualified nurses, midwives and doctors in Australia (poster presentation, M Cooper). *World Health Professions Regulation Conference (WHPRC)*, Geneva, Switzerland, cancelled due to COVID-19 pandemic, originally scheduled on 16 May 2020.

Thesis abstract

Internationally qualified health practitioners (IQHP) seeking to live and work in Australia are required to obtain the appropriate skilled migration visa through an assessment by the Department of Home Affairs and the approved assessing authority and registration by the relevant health practitioner board. Regulators create policy frameworks, standards and assessment models to meet the requirements of the Health Practitioner Regulation National Law (as in force in each state and territory) and the legislation governing Australia's General Skilled Migration program.

This research investigated the current policies and processes governing skilled migration and registration for internationally qualified nurses, midwives and doctors in Australia. The study was informed by rich qualitative data extracted from 28 in-depth semi-structured participant interviews. Shared experiences were mapped and examined for four key participant groups: assessors operationalising the current policies and processes governing skilled migration and registration; educators offering preparatory and training programs to IQHP; workforce agencies engaging with and recruiting IQHP; and internationally qualified doctors, nurses and midwives from across the globe.

Key themes and points of intersection between the participants' experiences and the regulatory frameworks were identified using theory and data-driven coding and thematic analysis via NVivo 12 plus software. The findings were presented in three papers. Paper one, a policy perspective, examined current views, regulatory reviews and overall governance of skilled migration and registration of IQHP in Australia. Paper two, a case study, presented key themes and points of intersection identified between regulatory frameworks and shared experiences of 28 research participants separated into four discrete groups. The final paper presented the lived experiences of the second participant group, 15 IQHP, who described their complex, culturally challenging and costly journeys seeking their shared dream of living and working in Australia.

The research provides information and recommendations to assist regulators in ensuring that the standards, policy frameworks and organisational processes used to assess the suitability of IQHP for skilled migration and entry onto the Australian health practitioners register and ultimately into the health workforce are fair, transparent, consistent, equitable and robust, and assist in ensuring IQHP demonstrate the necessary qualifications and experience for protection of the Australian public. It is clear from the research that further exploration and more innovative and evidence-based solutions are required to support and reform the standards, guidelines and policy which are used to regulate and assess IQHP.

Thesis declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name in any other university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint award of this degree.

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I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search, and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

Signed: Dated: 9 November 2020

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Personal statement

As a former internationally qualified health practitioner (IQHP), gaining my qualification in Australia then working as a registered nurse in the United Kingdom, my experience navigating the assessment processes to live and practise in my desired destination seemed, at the time, to be overly complicated, expensive, protracted and lengthy. It would take the benefit of time, more than 25 years, varied employment opportunities and a privileged PhD position researching and interviewing other, profoundly less fortunate, IQHP seeking entry into my home country, to gain a much broader and balanced perspective.

Upon my return to Australia and over those many years after my early transition to practice, I have worked as an acute health service clinician, educator and executive, then a senior regulatory advisor and associate director/project lead contributing to the development, review and implementation of standards, policy and principles which inform Australian accreditation and regulatory frameworks governing health practitioners, particularly those who gained their qualifications and experience offshore.

To assist in a contemporary understanding of the translation of workforce planning and policy through the active recruitment of internationally qualified health practitioners, at the beginning of this research journey, I also made the decision to navigate a return, after almost 15 years, to a former employer and major health service within the Central Adelaide Local Health Network. As a registered nurse working within a high acuity clinical environment, staffed with a significant number of IQHP across a diverse intra/interdisciplinary team, I was able to observe first-hand the complex interplay between a health service's need to address workforce shortages with IQHP, and the expectations for and of those practitioners, coupled with a willingness on the part of the service and its people to offer cultural support, acceptance and safety.

The motivation for this thesis stemmed from a deep desire to reflect on and understand the direct and indirect impacts of my and my organisation's work and whether it in fact achieved what was

intended, that is, the promotion and protection of the health and safety of the Australian community. I wanted to choose a dissertation that acknowledged and furthered an understanding of the complexities of IQHP migration and registration, with a focus on the enormous personal, professional and cultural challenges faced by those who are often rejected by the very country that relies on their skills, knowledge and experience to address a service need.

Thesis overview

In accordance with the University of Adelaide's program rules for the Doctor of Philosophy and the Adelaide Nursing School's guidelines for a thesis by publication, this dissertation contains three papers. Two are presented as published papers, while the third has been submitted for publication and is in manuscript format. These research chapters are preceded by introductory, literature review and research aims chapters. The final chapter discusses the significance of the research, implications, and potential applications of the research findings.

Key abbreviations

The following are commonly used acronyms within the areas of regulation and assessment of internationally qualified health practitioners or are abbreviations used in this thesis.

AHMAC Australian Health Ministers' Advisory Council

Ahpra Australian Health Practitioner Regulation Agency

AMC Australian Medical Council

ANMAC Australian Nursing and Midwifery Accreditation Council

AQF Australian Qualifications Framework

COAG Council of Australian Governments

COVID Coronavirus disease

DET Department of Education and Training

DHA Department of Home Affairs

ELP English language proficiency

GSM General Skilled Migration

HWA Health Workforce Australia

IELTS International English Language Testing System

IMG International medical graduate

IQHP Internationally qualified health practitioner

IQM Internationally qualified midwife

IQN	Internationally qualified nurse
IQNM	Internationally qualified nurses and midwives
MBA	Medical Board of Australia
MCQ	Multiple choice question
MSF	Multiple Streams Framework
NFRC	National Federation Reform Council
NHHRC	National Health and Hospital Reform Commission
NMBA	Nursing and Midwifery Board of Australia
NRAS	National Registration and Accreditation Scheme
OBA	Outcomes-based assessment
OECD	Organisation for Economic Co-operation and Development
OET	Occupational English Test
PLAR	Prior learning assessment and recognition
PTE	Pearson Tests of English
TOEFL	Test of English as a Foreign Language
WBA	Workplace-based assessment
WHO	World Health Organization

Chapter 1. Introduction

Internationally qualified health practitioners

Internationally qualified health practitioners (IQHP) seeking to live and work in Australia are required to obtain the appropriate skilled migration visa through an assessment by the Department of Home Affairs (DHA) and an approved assessing authority and also registration by the relevant board. Regulators create policy frameworks, standards and assessment models against the requirements of the Health Practitioner Regulation National Law (as in force in each state and territory) and the legislation governing Australia's General Skilled Migration (GSM) program.

The Report on the audit of health workforce in rural and regional Australia, produced by the Commonwealth Department of Health and Ageing(1) found most IQHP enter through the temporary skilled visa category, for initial periods of up to four years. During that period, some will seek additional assessment and will apply to migrate to Australia permanently following a positive assessment by the relevant professional body and/or registration board.

The movement of IQHP throughout the world is significant and subject to considerable study and discussion in international forums. The Department of Health and Ageing describes the concept of 'push and pull' factors encouraging IQHP to seek to work in Australia. For example:

> IQHP often value the Australian lifestyle, strong economic growth, and opportunity to work in a technologically advanced health sector. In addition, health professionals may be experiencing 'push' factors in their own countries, such as limited economic opportunities, conflict and warfare.(1)

It is also known that some countries, such as the Philippines, have a policy of training for an oversupply of some professions, which encourages emigration following graduation.

Australian healthcare workforce

Researchers argue countries like Australia can strengthen their workforce by employing foreign health workers(2, 3). However, in 2012, Health Workforce Australia (HWA), the Commonwealth statutory authority formerly established to assist in the development of a skilled, innovative and flexible health workforce, indicated that, unless there is nationally coordinated reform in assessment of IQHP, Australia is likely to experience limitations in the delivery of high-quality healthcare services(4).

The National Health and Hospital Reform Commission estimates that the number of health professionals would need to almost treble over the next few years to ensure adequate health services to the Australian public(5). However, the Rural Workforce Agency argued that the complexity of the current regulatory and administrative application and approval processes at multiple stages delays or impedes the recruitment of IQHP(6).

Assessment of IQHP

Australian assessing authorities currently assess applications for IQHP against a variety of standards, frameworks and guidelines, which must be aligned to the provisions articulated by both the Department of Education and Training (DET) and DHA. The DET reports, the criterion by which an assessing authority undertakes different types of skills assessments is determined by the assessing authority in accordance with relevant professional standards(7).

In accordance with the requirements of the DET and DHA, IQHP are required to apply to and provide evidence addressing criteria prescribed by the relevant authorities. These criteria usually include:

- proof of identity
- English proficiency requirements

- educational equivalence
- professional practice experience
- fitness to practice.

In 2019, the Australian Medical Council (AMC) and Australian Nursing and Midwifery Accreditation Council (ANMAC), two of the largest assessing authorities out of the 18 operating in Australia, reported continued growth in the number of IQHP seeking assessments. For example, ANMAC completed over 6,400 assessments for skilled migration in 2018/19, while the AMC reported 5,052 portfolios created for international medical graduates (IMG) in 2018/19(8).

National registration boards and accreditation authorities, such as the Medical Board of Australia (MBA), AMC, Nursing and Midwifery Board of Australia (NMBA) and ANMAC, state that the two application processes are entirely separate. The NMBA and ANMAC further advise that 'success in one does not guarantee success in the other'(9). Their discrete roles and functions are summarised in Table 1.1.

Table 1.1: Legislative functions for IQHP assessment

MBA and NMBA	**MBA/AMC and ANMAC**
Authorised under the Health Practitioner Regulation National Law Act (as in force in each Australian state and territory) to assess an applicant's eligibility for registration as a doctor, registered nurse, enrolled nurse or midwife in Australia. Standards must be approved by the Council of Australian Governments – Ministerial Health Council (for the National Registration and Accreditation Scheme).	Authorised under the Migration Regulations 1994, Migration (LIN 19/051: Specification of Occupations and Assessing Authorities) Instrument 2019, to assess an applicant's eligibility for the GSM program as a doctor, registered nurse or midwife in Australia. Standards must be aligned to the provisions articulated by the Department of Home Affairs (DHA) (formerly the Department of Immigration and Border Protection)(7).

Medicine

As described above, the AMC is one of 18 approved assessing authorities in Australia and receives a significant number of applications from IMGs per annum. IMGs seeking registration to practise medicine in Australia, whose medical qualifications were obtained via a medical institution outside of Australia or New Zealand, are assessed against one of the following three pathways:

> **Standard Pathway** is for IMGs seeking general registration with the Medical Board of Australia. IMGs are required to have a primary qualification in medicine and surgery awarded by an educational institution recognised by the AMC.
>
> **Specialist Pathway** is for IMGs who have a primary qualification in medicine and surgery from an educational institution recognised by the AMC, and who have satisfied all the training and examination requirements to practise in their field of specialty in their source country.
>
> **Competent Authority Pathway** is for overseas-trained non-specialists, but it is also available to specialists, including general practitioners. It is a pathway to general registration and does not result directly in recognition or registration as a specialist in Australia.
>
> **Note**: IMGs must apply for primary source verification of their qualifications prior to applying for the Specialist or Competent Authority Pathways.

Primary source verification is mandated under the National Law for all IMGs seeking registration in any visa category in Australia. The Educational Commission for Foreign Medical Graduates assists international organisations and authorities involved in medical registration, licensing and

assessment by obtaining primary source verification of the medical education and registration credentials of IMGs who have completed their medical education outside their jurisdictions(10).

Table 1.2: IMG pathways

Standard Pathway	Specialist Pathway	Competent Authority Pathway
AMC examination: Assessment is by examination only – the AMC Computer Adaptive Test (CAT) MCQ Examination and the AMC Clinical Examination. Most non-specialist applicants will be assessed through this method. **Workplace-based assessment**: Assessment is by examination (the AMC CAT MCQ Examination) and a program of workplace-based assessment of clinical skills and knowledge by an AMC-accredited authority. Currently, assessment programs in four states have been accredited to conduct workplace-based assessment. Relatively few applicants are assessed through this pathway.	1. IMGs applying for: - assessment of comparability to the standard of a specialist trained in that specialty in Australia (specialist recognition) - an area of need position in Australia (area of need). 2. Overseas-trained specialists or specialists-in-training wishing to undertake a short period of specialist or advanced training in Australia (short-term training).	Overseas-trained non-specialists, but it is also available to specialists, including general practitioners. It is a pathway to general registration and does not result directly in recognition or registration as a specialist in Australia.(10)

The AMC argues that the assessment process for each discrete pathway evaluates the knowledge and clinical skills of IMGs seeking eligibility for general or specialist registration in Australia. IMGs who successfully meet the requirements of either of the three pathways are issued with the AMC Certificate and then are able to apply for registration with the Medical Board of Australia.

Nursing and midwifery

The Australian Nursing and Midwifery Council's *Final report: development of national standards for the assessment of internationally qualified nurses and midwives for registration and migration*

2009 described six national standards for assessing internationally qualified nurses and midwives (IQNM) seeking migration and/or registration in Australia. The 2009 report provided a framework that could be consistently applied to all IQNMs seeking migration and/or registration. With the introduction of the National Registration and Accreditation Scheme in July 2010, the NMBA adopted Standards 1 to 5 from the 2009 final report into an assessment model and this model was used to determine the suitability of the qualification of IQNMs for registration until the introduction of the new model in February 2014.

The Revised Standards for Assessment of Nurses and Midwives for Migration Purposes: June 2013, used by the ANMAC for skills assessments, are also based on Standards 1 to 5 of the 2009 final report.

Changes to the registration pathway under the National Law in 2014

The new model for IQNM gaining registration to practise as a nurse and/or midwife in Australia, introduced by the NMBA in February 2014, mandated that all qualifications provided as evidence by IQNMs must meet set criteria 1–8 based on the ANMAC Accreditation Standards for the Registered Nurse 2012 and Midwife 2009. Applicants seeking registration as a nurse and/or midwife in Australia are now assessed against the current standard expected of an Australian graduate. For example, for applicants seeking registration as a registered nurse, the educational level of their qualification must be equivalent to a bachelor's degree as a minimum and align with the Australian Qualification Framework (AQF) level 7.

Table 1.3: 2014 changes for IQNM

Applicants who ...	**will be ...**
- meet all criteria including holding a qualification at AQF level 7	- considered to have met the requirements of s 53(b) - qualified for registration.

- hold a qualification at AQF level 7 in a specialty area of practice from the UK (such as mental health nursing/paediatric nursing/learning disability nursing)	- qualified for registration - have a notation placed on their registration. **Note:** The notation will be in line with the NMBA fact sheet: nurses with a sole qualification in mental health nursing, paediatric nursing or learning disability nursing
- hold a qualification at AQF level 6 e.g. diploma of higher education, advanced diploma, associate degree	- required to complete a course to upgrade their qualification to an Australian AQF level 7 or a bridging program under s 53(c).(11)p.105)

The NMBA's approach is supported by the clauses and provisions of the National Law and the model applies a set of clear expectations about the educational standards to be met by all international applicants for registration, regardless of where their study was undertaken.

NMBA/Ahpra are introducing an outcome-based assessment of competence to practise for all internationally qualified registered nurses, midwives and enrolled nurses. The model has been more than six years in the making, with the project commencing in September 2014. The NMBA defines outcomes-based assessment as: 'assessing what the nurse or midwife should be capable of doing. This means measuring the nurse or midwife's knowledge, skills and attributes against the relevant NMBA standards for practice, previously termed national competency standards'(12).

Review of the National Regulation and Accreditation Scheme

On 7 August 2015, the Australian Health Ministers' Advisory Council (AHMAC) considered the final report of the Independent Review of the National Registration and Accreditation Scheme for health professions – the NRAS Review(13).

In a communique published by the COAG Health Council, ministers raised concern about the high cost of accreditation, lack of scrutiny, duplication, and the prescriptive approach to regulation and accreditation functions highlighted in the final report(14). The NRAS Review identified 33 key

recommendations, which the health ministers believed would go some way to improving Australia's regulation and accreditation arrangements(13).

The health ministers also indicated the need for a more substantive reform of accreditation functions and requested AHMAC commission further advice and undertake a comprehensive review of accreditation functions.

AHMAC Independent Review of Accreditation

The terms of reference for the review, which considered 7 key recommendations (14–20) from the NRAS Report, sought to provide information and advice to health ministers on governance, structure, cost, and reporting arrangements to improve the efficiency, transparency and cost effectiveness of the health professions accreditation system, to support a sustainable health workforce that is flexible and responsive to the changing health needs of the Australian community.(15) Whilst the review focuses on the national accreditation system, the inclusion of Recommendation 19 within the project's scope provides an opportunity for the reviewers to examine the funding and assessment of IQHP by the relevant profession-specific agencies.

Alignment of this research with the national policy agenda

The independent review's February 2017 discussion paper identified 37 key issues for consideration and national consultation aligned to the terms of reference. Four of the 37 issues directly relate to this research, as they highlight the complexities of assessing IQHP for skilled migration and registration. The process is governed and operationalised by 'numerous organisations responsible for immigration, as well as state and territory governments, recruitment agencies and potential employers'(15) p.67). In accordance with published timelines for the completion of the independent review, advice was due to be provided to health ministers by October 2017(16).

AHMAC observations

The AHMAC independent reviewers sought submissions from key stakeholders on the following observations related to the assessment of IQHP for the purposes of skilled migration and registration:

1. The considerable variety of pathways and assessment techniques across professions.
2. Differing approaches to progressing and applying overseas competent authority pathways between professions (noting that only four of the external accreditation councils were funded in 2015/16 for management and development of this function).
3. Few assessments for registration pathways (including competent authorities) lead to general registration, without either supervised practise requirements or undertaking exams (noting that applicants with New Zealand qualifications are covered by the Trans-Tasman Mutual Recognition Agreement).
4. Clarity on the availability and processes for appeal as it is sometimes not clear whether an appeal should be related to the registration or the initial skills assessment decision.

Written submissions from key stakeholders, addressing all 37 key issues (including 32–35), were provided to the independent reviewers by 1 May 2017 and were made publicly available on 26 June 2017. Notably, of the 108 submissions received by 1 May 2017, none were from IQHP required to navigate the assessment processes.

The finalised report, entitled *Australia's health workforce: strengthening the education foundation*, was provided to the AHMAC on 30 November 2017.

Independent Review NRAS

When designing this project and developing the research question: Do current regulatory requirements ensure IQHP gaining entry onto the Australian register to practise possess the necessary qualifications and experience for protection of the public?, approaches were made, in late March 2017 and again in mid July 2017, to the lead independent reviewer of the accreditation systems within the National Registration and Accreditation Scheme for health professionals for COAG. Although indicating a willingness to provide advice and state in-principle support for the research, unfortunately this commitment did not eventuate.

To further inform the research design, recognition and consideration was given to the following:

1. Activities, outlined within Bulletin 1, October 2016, undertaken by the Independent Review Team:

a) Map and examine the governance arrangements through which:

- the equivalence of qualifications of overseas trained practitioners is determined
- national examinations and other assessments are conducted for the purposes of entry to practice in the Australian health professions
- 'competent authorities' in other countries are recognised.

b) '[A] comparative analysis of key features of the systems for delivery of health professions accreditation functions in selected international jurisdictions. This should include an analysis of the scope, governance, cost and performance of these systems compared with the Australian system'(16).

2. Outcomes outlined within the discussion paper, February 2017, determined by the Independent Review Team:

On qualification assessment for registration:

> ‘Overall, processes and responsibilities for this function vary by profession. As outlined in Section 1, given the time and resources available, it is intended that the Review will focus on decisions, processes and governance relating to function assignment, monitoring and reporting across the variety of accreditation arrangements and assessment of overseas practitioners, rather than the specific operational performance of the assessment processes for overseas practitioners or institutions for either general or specialist registration’(15).

To this end, whilst the research considered the observations, mapping, analysis and findings of the independent review for the assessment of IQHP, it extended beyond this linear view and examined the impacts of and interrelationships between these assessments.

The major observations/issues highlighted by the independent review, and preliminary national benchmarking of the roles and functions of assessing authorities and national boards, gave me a greater understanding of the current models for assessment and identified the three professions selected for this research: medicine, nursing and midwifery. Notably, these professions possess the largest number of:

1. registrants in Australia, i.e. 380,208 registered nurses and/or midwives (57.8% of the registrant base) and 107,179 registered medical practitioners (16.3% of the registrant base)
2. board-approved programs/pathways leading to registration and endorsement
3. international applicants applying for skilled migration and registration.

The three professions were also selected due to the variation in the policy frameworks, standards and models applied by the Medical Board of Australia/AMC and NMBA/ANMAC when assessing

and determining suitability of internationally qualified medical graduates, nurses and midwives for skilled migration and entry onto the Australian health practitioners register.

Chapter 2. Literature review

This chapter provides a critical review of the literature and research related to the current requirements for IQHP seeking to practise in Australia. One aim of the review is to determine whether the existing regulatory requirements are informed by the best available evidence or indeed need updating and enhancing. A systematic review was not considered for this study due to the breadth of the research question. As part of the completion of an earlier master's degree and two complex projects reviewing the national requirements for internationally qualified nurses and midwives seeking skilled migration and registration in Australia 2015 and English language proficiency requirements for skilled migration 2016, a comprehensive review of the literature directly related to the research area had already been conducted. The review identified a significant lack of published peer-reviewed literature on the complexities of skilled migration and registration of internationally qualified nurses, midwives and doctors.

Literature review phases

To extend the previous review and capture any further key literature, at the commencement of this PhD in 2017, assistance was sought from the University of Adelaide, Faculty of Health & Medical Sciences research librarians. This collaborative approach again produced limited published material. Valuable support was also provided for the search of available literature to inform the planned papers, including relevant policy perspectives or studies on the journeys of IQHP seeking migration and registration in Australia. Additional support was also provided to obtain texts not freely available through the university library.

To locate the available evidence, which informed the development of the current regulatory requirements for IQHP, search terms for this review included: health practitioners, international, qualified, regulation, migration, registration, experiences, qualitative research(17). To ensure that all relevant literature related to the research topic would be identified, the term 'regulatory

requirement' was also added to the search. Further, to reduce the notable repetition of words and the large quantity of material obtained from searching terms such as regulation and nurse, related statements were grouped accordingly, for example, assessment of competency and international nurse.

Table 2.1: Search strategy

Question or issues to be addressed	To determine the quality of the evidence used in the development of the current regulatory requirements for internationally qualified medical graduates, nurses and midwives seeking entry onto the Australian health practitioners register.
Eligibility criteria	1. Individual databases 2 Policy papers 3. Commentary papers 4. Government and professional reviews 5. Current national and international regulatory frameworks, reports, guidelines, requirements 6. Plain text English only
Exclusion criteria	Any studies which did not address the research question or its aims and objectives or received a poor appraisal rating. Records published before 2008 or retrieval of information located: within foreign language literature or additional health-related databases, through personal approaches to experts in the field to find unpublished reports or via regulatory authorities/systems in countries outside those selected.
Key terms	Health practitioner, Migration, Regulation, Experience, Registration, International, English language proficiency, Health professionals, Qualitative research, Regulatory requirement
Search	**Key dates** 1. Initial literature review conducted January – July 2017 2. Extended December 2018 – July 2020 to inform Papers 1–3
	Individual databases <u>only</u>: Cumulative Index to Nursing and Allied Health Literature (CINAHL via EbscoHost), PubMed, Medical Subject Headings (MeSH), EMBASE, Scopus, Joanna Briggs Institute and Web of Science Reference lists were also retrieved from published literature with secondary articles reviewed and considered for inclusion.
	Google Scholar Alerts Alerts were initiated at the commencement of the project (March 2017) and cancelled July 2020. All papers received were reviewed then excluded or included as secondary articles. To ensure relevant literature was obtained, key terms were revised throughout 2017–2020, with the most effective key terms including: Policy, Health, Professional, Regulation, Migration
	Websites World Health Organization and international health practitioner regulatory, statutory and professional websites including: Australia, New Zealand, United Kingdom, Ireland, United States, Canada and South Africa
Literature collection and synthesis	Information was grouped into **4** content themes: 1. Migration of the health workforce

	2. Global regulation and assessment 3. English language proficiency 4. Education, adaption and acculturation

Citations and abstracts were screened and those meeting the eligibility criteria were imported directly into the Endnote software package. Articles were grouped according to the source databases. Where databases did not possess the functionality to import directly into Endnote, abstracts selected were imported individually. Full articles were retrieved based on the eligibility criteria and relevance to the research topic. Information contained within article abstracts assisted in the selection process.

Literature themes

The comprehensive literature review, with a critical analysis of the available information, identified four content themes: migration of the health workforce, global regulation and assessment, English language proficiency and education, adaption and acculturation. The process of grouping the literature into themes assisted in a synthesis of the topics and identified similarities and differences in the topic findings. It also highlighted how each topic related to the issue of regulatory requirements for IQHP.

The research question provided the basis for the content themes: Do current regulatory requirements ensure IQHP gaining entry onto the Australian register to practise possess the necessary qualifications and experience for protection of the public?

Migration of the health workforce

Trends in workforce migration

The published literature discussing the migration of the health workforce is extensive. Material related to the international movement of nurses, midwives and doctors was broadest and

discussed many topics including trends in migration(18, 19), workforce recruitment, and a shift toward self-sufficiency(20) and sustainability to address shortages in destination countries, including Australia(6). The factors that influence workforce mobility are complex and intertwined, as governments, regulators and policy makers struggle to balance economic, social, ethical, international and political agendas(21). Over the past decade(6) p.13) health workforce migration into Australia has markedly increased to meet Australia's current and projected health workforce shortfall(22) resulting from the needs of an ageing population, retirement of skilled health professionals, inadequate retention strategies, and insufficient domestic production. To meet the current and projected health workforce shortages(22) in Australia, skilled migration appears to remain a national priority(23), with a policy imperative to recruit internationally qualified health practitioners (IQHP) who can contribute safely and effectively across the healthcare environment(24).

Ethical workforce recruitment

Skilled health practitioners frequently seek employment, once qualified, in countries offering more attractive salaries and working conditions. This type of professional migration has an extensive impact on source countries, such as the Philippines, India, and many other South Asian countries, often depleting the numbers of trained health professionals required to address high population healthcare needs. It should also be acknowledged that this type of migration has the potential to render source countries economically dependent on the income earned by expatriates(25).

To reduce the significant impact of health workforce movement on source countries, the World Health Organization (WHO) encourages countries such as Australia to implement effective health workforce planning, education, training and retention strategies 'to sustain a health workforce that is appropriate for the specific conditions of each country, and to reduce the need to recruit

migrant health personnel'(26) p.7). The Australian Productivity Commission's report *Australia's health workforce* (27) p.39), acknowledges the issue of ethical health workforce recruitment. However, the commission argues that, provided Australia complies with ethical protocols, it is very appropriate to draw on suitably qualified, overseas trained health professionals to supplement the locally trained workforce. Further, the commission argues that access to internationally trained health workers provides a valuable avenue for skills transmission. Finally, the commission justifies the recruitment of overseas qualified health professionals by arguing that some of Australia's own health workers will be lost or migrate to other countries either temporarily or permanently as part of their professional development and career trajectories.

Sustainability for destination countries

A number of strategies have been proposed to reach the aims of health workforce sustainability and self-sufficiency, including:

- increasing investment in the skills of the domestic population to reduce the reliance on international staff, such as increasing onshore training
- improving international coordination and reducing current global imbalances of supply and demand(3, 28).

A sustainable Australian health workforce has been described as a situation in which all of Australia's requirements for medical, nursing and midwifery professionals in 2025 can be met from the supply of domestically trained graduates without the need to import overseas trained doctors, nurses and midwives to meet a supply gap(24).

The National Health and Hospital Reform Commission (NHHRC)(5) supported the sustainable health workforce model more than a decade ago, arguing that a reliance on IQHP is neither sustainable nor ethical. Furthermore, NHHRC maintained that Australian workforce policy should

aim for self-sufficiency on a net basis across all professions including nursing, midwifery and medicine.

The model would require an increase in education and training of domestic residents of Australia. Whilst this is admirable and not beyond the realms of possibility, without substantial targeted policy changes and initiatives(28) it will be difficult to achieve due to a number of complex factors such as the:

- cyclic fluctuation in the required number of health care professionals
- need to increase local higher and vocational education and training places, which remain restricted by longstanding and endemic problems including a lack of quality professional experience placements and the dependence on international fee-paying students(25)
- continuing requirement to meet skilled-worker shortages through the General Skilled Migration program.

Global regulation and assessment

The literature concurs that the primary role of health practitioner regulators and assessing authorities is to ensure public safety by complying with national and international laws, standards, guidelines and policy. This position is taken by Australian regulators that purport overseas-trained practitioners are subject to rigorous assessment processes(29) which restrict registration and skilled migration to only those IQHP who can demonstrate the necessary qualifications and experience for competent, safe and effective practice. The challenges for regulators and policy makers entrusted with ensuring the rigour of assessments for IQHP include: the complex nature of and difficulty measuring competency; the sheer volume of doctors, nurses and midwives seeking assessment for the purposes of migration; determination of what standards should be used; identification of who should be financially responsible for the assessment; use of a

generalised or specialised approach; and variability of international laws, rules and regulations surrounding competency.

To ensure an understanding, identification, examination and comparative analysis of national and international frameworks and models of assessment for IQHP, extensive material was reviewed, including policy papers, government and professional reviews, commentary/opinion papers, current national and international regulatory frameworks/reports/guidelines and peer-reviewed literature. In addition to the critical role of protecting the public, the literature suggests that the rigorous models and methodologies promoted by and used to assess IQHP for skilled migration and registration must be evidence based(30) and promote patient health and safety(31). The review further produced evidence that there are multiple regulatory systems and authorities, pathways for entry to practice, points of entry into initial education programs, and divisions of the professional register, providing a range of standards and criteria for IQHP seeking registration in destinations, such as Australia, New Zealand, the United States, Canada, the United Kingdom, Ireland, the European Union and South Africa. When synthesised, the national and international regulatory standards and criteria generally required IQHP:

- to provide evidence of successful completion of applications to the relevant immigration authorities
- to meet a predetermined level of language proficiency, by completing (either onshore or offshore within a specified timeframe) a range of English testing, e.g. International English Language Testing System (IELTS), Test of English as a Foreign Language (TOEFL), Pearson Tests of English (PTE) and Occupational English Test (OET)
- to submit a range of personal and professional documentation which verifies their identity, experience, fitness to practise and educational qualifications

- to complete additional educational programs, in cases where equivalence of qualification cannot be assured by the relevant regulatory authority
- to apply for entry onto a single register or a division within the register. Using nursing as an example, IQN registration or a division can range from 3 in the UK and Australia to, a maximum of 10 in Ireland(32).

For the purposes of this study, the comparative Australian regulators include the Medical Board of Australia (MBA) and Nursing and Midwifery Board of Australia (NMBA) and the assessing authorities comprise the Australian Medical Council (AMC) and Australian Nursing and Midwifery Accreditation Council (ANMAC). A further review of the structure and delegated roles and responsibilities of the national boards (and their committees) of each regulator and assessing authority was then undertaken to identify the interconnectedness of pathways and processes used to assess IQHP for skilled migration and registration(29).

English language proficiency

One of the most researched, debated and contentious regulatory requirements attached to IQHP registration is the agreed standard for English language proficiency (ELP)(33, 34). The literature discusses the nature of second language learning, the importance of language proficiency(35), the gap in ELP experienced by IQHP(36), and arguments for and against the tests(37, 38) used to determine language proficiency, namely IELTS, TOEFL, PTE and OET. However, other than to direct IQHP to the ELP requirements mandated by specific regulatory authorities for the purposes of migration (determined by the DHA) and profession-specific registration (determined by the MBA and NMBA), a search of the available literature failed to clearly identify how Australian regulatory requirements for ELP are determined by regulators and with what evidence.

The lack of evidence to support the specific requirements for ELP(33, 37) can be juxtaposed with a wide consensus that nursing, midwifery and medicine are professions where ELP is essential(6,

39) and effectively assessing language proficiency prior to IQHP entering the practice setting(40) is critical to enable safe and competent patient care. However, adequate time to become aware of the different policies and practices is a luxury not always afforded IQHP prior to or following entry into a healthcare environment. Research(37) indicates that this lack of confidence to communicate or limited language proficiency hinders some IQHP from entering or staying in their chosen professions and may even lead to some IQHPs taking employment below their qualifications or experience.

The journey from language learned within a classroom environment to language used in the healthcare environment is a process that goes beyond the concept of language proficiency(41). Researchers suggest(40) that IQHPs are constructing new cultural and professional identities, and that bridging the gap between ELP preparation and practice within the Australian healthcare setting involves making complex linguistic, cultural(42) and social choices, often unsupported(43-45). Finally the literature revealed(33, 46) that ELP, much like complexion, was often used as a social marker to classify, categorise and negatively evaluate non-native speakers of English.

Education, adaption and acculturation

Educational preparation of IQHP

The literature describing the theme of education of IQHP appeared to focus on three main areas: educational preparation, integration or adaption programs, and a push for global education standards for individuals seeking entry to practice in health professions. The lack of globally agreed standards for initial profession-specific education creates significant challenges for governments, regulators, policy makers and the healthcare industries delegated the tasks of determining equivalence of educational preparation for the purposes of registration and workforce employment. It also creates issues for a number of IQHP, who experience obstacles to their entry

to practice, career mobility or desire to migrate despite possessing appropriate levels of education and experience(47-49).

The challenges raised regarding educational preparation are also identified within a number of published media releases(50) and research papers(25, 51-53), which further highlight the ongoing concerns regarding alignment of profession-specific entry to practice requirements with an IQHP educational preparation/experience and the subsequent work readiness of migrant health professionals. The move to a minimum set of internationally relevant education standards(53) could alleviate a number of these areas and would facilitate equity, fairness and a clearer understanding of the education preparation required for all health practitioners to practise safely and effectively. However, this approach remains only aspirational, as more than a decade on regulators and governments are yet to introduce the 2009(54) proposal by the WHO of a global set of standards for nursing and midwifery education. The WHO proposal focused on five main areas: programs admission criteria, program development requirements, program content, faculty qualifications and program graduate characteristics.

In addition to the WHO standards, an approach to licensure and applications for registration, piloted in Canada(55) and never fully implemented, proposed significant changes to the recognition of IQNs' education. The approach consisted of the implementation of a Prior Learning Assessment and Recognition (PLAR) tool for IQN, comprised of two stages. The first step guided applicants through a self-assessment to determine qualification equivalence, and this was followed by a multiple-choice examination and narrative evaluation to objectively assess the IQNs' level of competency. The PLAR, which was linked to the national competency standards, also helped IQN identify any professional areas where additional experience or education may be required by identifying competencies that had not been achieved through prior learning. This initiative, which embraces and utilises the online environment, demonstrates one way to bridge the geographic and professional chasms experienced by IQN before they immigrate to a new

country. IQN would be able to easily access online self-assessment tools offshore and pre-migration. This type of online instrument, which guides IQN through the creation of a portfolio of evidence to support their self-appraisal, promises a more objective regulatory assessment, and provides a more realistic picture of the requirements to enter and practise in a destination country(55).

Acculturation of IQHP

Experiences of IQHP are well documented within the available literature(56) and include issues related to language(36), financial disadvantage, isolation(42), discrimination(33) and other intercultural issues(21). However, the focus of this initial search was to expose literature describing the experiences of IQHP engaging with the various regulatory pathways leading to registration or entry to practice as a nurse, midwife, or doctor in a destination country. Meeting regulatory requirements is the first of many steps faced by IQHP. Researchers(57), p.130) have described a three-phase journey in an IQHP's quest for registration, including (1) hope – wanting the dream of living and working in a destination country, (2) disillusionment – discovering that their qualifications and experience do not meet the destination country's entry to practice requirements and (3) navigating disillusionment – living the redefined dream such as undertaking additional education to upgrade their nursing and/or midwifery qualifications. Even following the completion of all regulatory requirements or stages, many IQHP who have been successful in gaining their registration feel only partially prepared(58) for entry into the Australian healthcare workforce.

Literature informing papers 1, 2 and 3

To inform each of the three papers included within this thesis, the extensive literature review described above, which was completed in early 2017, was extended in 2019 and 2020. The policy perspective (Paper 1), presented in Chapter 4, was supported with an examination of the

current views, regulatory governance and recommendations affecting skilled migration and registration of IQHPs. Analysis of the policy frameworks, standards and assessment models applied by regulators against the requirements of the National Law(11) and the principles and legislation(59) governing Australia's General Skilled Migration program was completed to support the case study (Paper 2) presented in Chapter 5. A review of the structure and delegated roles and responsibilities of the national boards (and their committees) of each regulator and assessing authority was then undertaken to identify the interconnectedness of pathways and processes used to assess IQHP for skilled migration and registration(29).

For the final paper (Paper 3), presented in Chapter 6, the literature review was again broadened to identify further published qualitative studies exploring the theme of lived experiences of IQHP(33, 39, 42, 45, 60). As discussed in Chapter 6, these studies identified clear issues related to language, financial disadvantage, isolation and discrimination, as well as distinctions between socio-cultural and professional contexts(61). The literature highlighted the multilayered factors(21) influencing an IQHP's decision to migrate coupled with the multitude of challenges to overcome(57) to achieve a shared dream of living and working in Australia.

Limitations

To further build on the literature review undertaken as part of this research project and to assist in ensuring contemporary, consistent and accurate information was presented in this thesis, a formal data request was made to Ahpra in December 2018 for a copy of the literature review undertaken to inform the new model of OBA for IQNM. However, the request was declined in July 2019, with the NMBA/Ahpra determining the review was an internal organisational document that could not be provided/published externally as it provides the regulatory foundation and evidence base of the new model of assessment for IQNM.

Summary

Overall, the process of identifying, reviewing and critically analysing the relevant literature spanned almost the entire duration of the research project. Literature cited in this review were from Australia, NZ, US, Canada and the UK and comprised a variety of documents such as: critical analyses, case studies, opinion papers, government reports, regulatory standards/frameworks/guidelines, triangulated studies, discussion papers and systematic reviews. The literature discussed issues related to global migration, the standardisation of regulation and education, assessment of IQHP for the purposes of registration in destination countries, ELP, competency assessment and a move to the workforce sustainability required to maintain healthcare services in Australia.

Chapter 3. Research aims and outline

Aims

This study aimed to create a set of recommendations for regulators governing processes for skilled migration and registration of internationally qualified nurses, midwives and doctors. The recommendations were informed by national and international benchmarking of assessment models and experiences of assessing authorities, internationally qualified health practitioners (IQHP), educators and the Australian healthcare workforce. Furthermore, these recommendations, if enacted, would promote greater synergy between regulators, reduce duplication and contribute to the consistency of application of the assessment processes. The research analysed the:

1. policy frameworks, standards and assessment models applied by regulators against the requirements of the National Law and the principles and legislation governing Australia's General Skilled Migration (GSM) program
2. principles of access, equity and transparency in the assessment models for IQHP
3. experiences of IQHP when navigating the frameworks, standards and organisational processes when applying for skilled migration, professional registration and employment within the Australian healthcare context
4. experiences of educators when engaging with IQHP requiring upskilling to enter the professional register
5. experiences and expectations of Australian health service providers when engaging with and employing IQHP.

Research design

As described within Chapter 1, when developing the research question and design for this project, whilst the research considered the observations, mapping, analysis and findings of the Independent Review for the assessment of IQHP only, it extended to the examination of the impacts and interrelationships between these assessments. Figure 3.1 illustrates the research methods and sequence for the study.

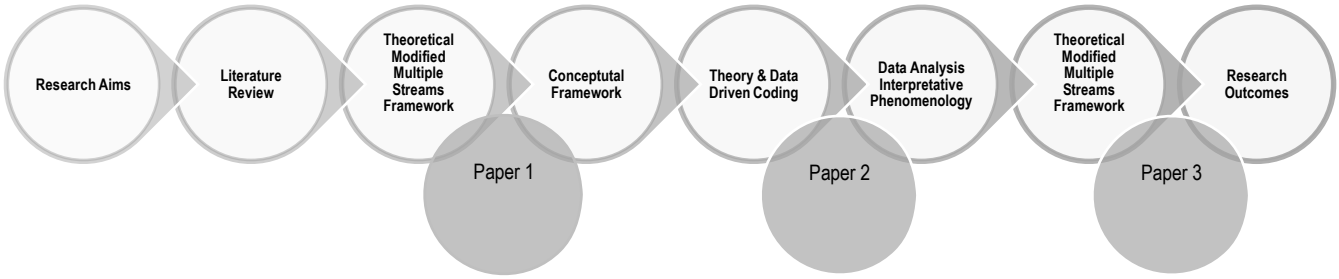

Figure 3.1: Research design and sequence

Theoretical frameworks

Selecting a suitable theoretical framework(s) which would underpin the research aims, conceptual framework, theory, and data-driven coding and thematic analysis via NVivo 12 plus software was both critical and challenging. The selection was assisted by the concept that: 'Theory is an organising tool. It makes claims about what is important, and why. If the connections made are relevant and interesting, theory points the way to the collection of additional evidence and advances understanding'(62) p.43).

In this study, a number of theories of policy making were advanced as a preliminary framework; however, to adequately consider both the regulatory and the qualitative component of the research, the theoretical rationale was re-configured as the conceptual framework emerged. The conceptual

framework explained how the theory was operationalised and the qualitative data was analysed and the phenomenon interpreted(63). A common aim of interpretative methodologies is to come to some understanding or truth of a situation through the self-understandings of the participants(64).

Theoretical policy making

Theories of policy making seek to determine how and why policies develop, and 'elucidate the role of institutions, individuals, strategy, coalitions and networks in setting agendas and arriving at solutions'(65) p.4). To determine a suitable theoretical framework, as the foundation for this research, a brief comparative analysis was undertaken of eight possible policy theories, frameworks and models, including the three most widely utilised and published: Multiple Streams Framework (MSF), Punctuated Equilibrium Theory and the Advocacy Coalition Framework. The findings of the analysis were then supported by a systematic comparison(66).

The MSF(67) was selected due to its applicability to:

1. the conditions under which policy making now occurs in advanced democracies(68)
2. the policy frameworks, stages and systems utilised by regulators for assessing IQHP
3. the linear policy review process conducted by the AHMAC Independent Review, as articulated below(69).

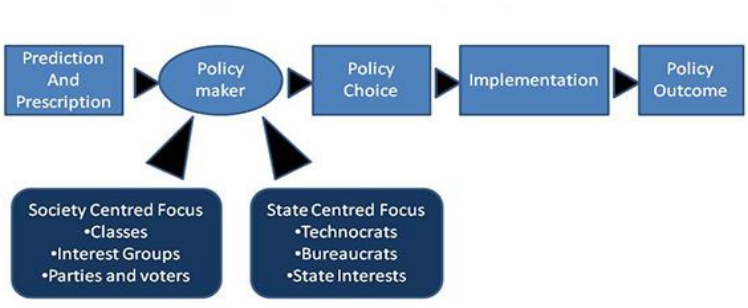

Figure 3.2: Multiple Streams Framework

To assist with policy analysis and implementation the MSF has been extended to decision making by a two-coupling process (one for each policy stage)(68). The first coupling process comprises

agenda setting whereby a draft proposal is ready for decision (referred to as the agenda window in Figure 3.3). The second coupling process focuses on the decision-making stage whereby a concrete design of the policy proposal is released for debate/bargaining (referred to as the decision window in Figure 3.3). Should decision coupling be successful, it ends with the acceptance of the proposed policy and recommendations. The second coupling process allows for an analysis of both the agenda-setting and decision-making processes, which are distinct but related. The introduction of the decision-making stage provides researchers an opportunity to 'derive hypotheses concerning conditions under which (1) a policy is adopted, and (2) a proposal is substantially altered in the decision-making stage'(68) p.444).

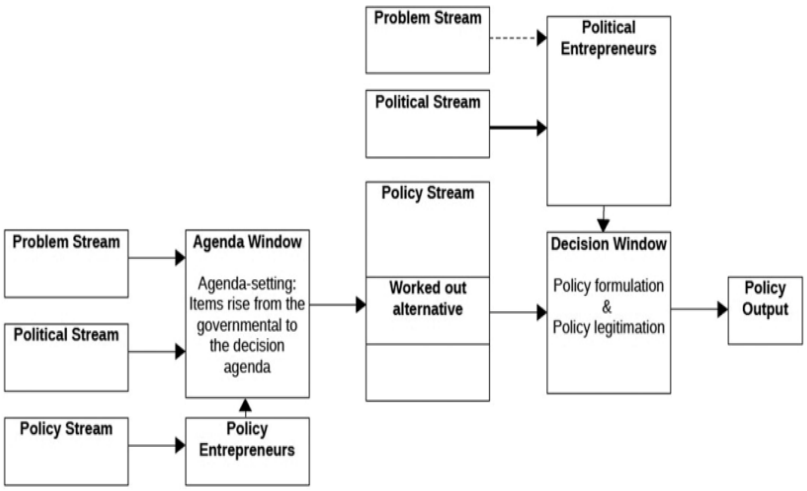

Figure 3.3: Modified Multiple Streams Framework

Interpretive phenomenology

Qualitative inquiry is a customised, inductive, emergent process, with researchers 'purposely adopting different lenses, filters and angles to view social life so as to discover new perceptions and cognitions about the facet of the world being studied'(70) p.3). As many academics note, qualitative exploration asks the key question: What is really going on here(71)? Further, a collection

of definitions(62, 63, 70-72) for qualitative research implies that this type of research 'allows us to uncover the meaning individuals ascribe to their experiences, through close interactions, rich conversations and multi-faceted interpretations'(71) p.5).

By extension, phenomenological qualitative research design explicitly focuses on the essence of the 'lived experience' of the participants. Exploring the participants' stories as they live through these phenomena assists the researcher to uncover the unexplored or subconscious aspects of those experiences(71). This research methodology was therefore determined to be the most suitable to examine the collective lived experiences of the participants. To understand and analyse these experiences an interpretive phenomenological approach was adopted(73). 'From the qualitative, interpretive lens of viewing phenomenon, the focus of attention for qualitative research must revolve around the individual and unique experiences of the participants'(71) p.1).

The Modified Multiple Streams (theoretical) Framework was used to interpret the significance of the participants' individual and unique experiences (refer Appendix 1). Interpretation was bought to the fore in the analysis by listening and interpreting the data given by the participants(74). To sensitively obtain and credibly interpret the personal profession-specific experiences and stories, cultural competence and awareness programs(75, 76) were also undertaken (pre and post interviews), coupled with a diary of self-reflection to understand the phenomenon under scrutiny (governance of skilled migration and registration of IQHP)(74).

Full-text papers, presented as Chapters 4–6, provide significant additional detail. A short introduction to the aims and methods of each phase and paper is provided in Table 3.1.

Table 3.1: Research phases, methods and papers

Phases	Methods	Papers & presentations
1 – Interviews and data collection	**28** face-to-face/telephone interviews were conducted with 4 groups, within the 3 areas of: 1. **Regulation** (assessment of IQHP) 2. **Experience** (application journey of IQHP and educators of IQHP) 3. **Expectation** (workforce employers of IQHP)	**Paper 1** – Perspective article Governance of skilled migration and registration of internationally qualified health practitioners: an Australian policy perspective – accepted by ***Australian Health Review*** **Conference** – Australian and New Zealand Association for Health Professional Educators, Hobart, Australia, 2018 **Abstract and presentation** – Regulation, migration and expectations: challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration of internationally qualified nurses, midwives and doctors in Australia
2 – Data analysis	Key themes and points of intersection between participants' experiences and the regulatory frameworks were identified using **theory and data-driven coding** and thematic analysis via NVivo 12 plus software, coupled with an **interpretive phenomenological approach**.	**Paper 2** – Regulation, migration and expectation: internationally qualified health practitioners in Australia – a qualitative study – accepted by ***Human Resources for Health*** **Conference** – World Health Professions Regulation Conference Geneva, Switzerland, 2020 **Abstract and presentation** – Regulation, migration and expectations: challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration of internationally qualified nurses, midwives and doctors in Australia.
3 – Research outcomes	The creation of a **set of recommendations** which inform national standards, policy frameworks and organisational processes, used to assess suitability of IQHP for skilled migration and entry onto the Australian health practitioners register.	**Paper 3** – A shared dream: lived experiences of internationally qualified health practitioners navigating the Australian regulatory processes to professional registration and migration – submitted to ***Globalization and Health***

Chapter 4. Governance of skilled migration and registration of internationally qualified health practitioners: an Australian policy perspective

Please note: The published article is included as Appendix 2

Statement of authorship

Title of paper:	Governance of skilled migration and registration of internationally qualified health practitioners: as Australian policy perspective
Publication status:	Published (submitted 23 January 2019; revised 5 March, 29 March, 15 April 2019; accepted 14 June 2019)
Publication details:	Cooper M, Rasmussen P, Magarey J. Governance of skilled migration and registration of internationally qualified health practitioners: an Australian policy perspective. *Australian Health Review*. 2020;44(2):178-9.. https://doi.org/10.1071/AH19018

PRINCIPAL AUTHOR

Principal author name:	Melissa Cooper
Contribution to paper:	Developed the research proposal; conducted searches and retrieved papers; conducted all participant interviews; coded, appraised and extracted data; acted as corresponding author; wrote and revised the manuscript based on supervisor and reviewer feedback.
Overall percentage:	85%

Certification: This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.

Signed: Dated: 7 November 2020

CO-AUTHORS

By signing the Statement of Authorship, each co-author certifies that:

The candidate's stated contribution to the publication is accurate (as stated above)

Permission is granted for the candidate to include the publication in the thesis; and

The sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Co-author name: Philippa Rasmussen

Contribution to paper: Provided guidance, assistance, and critical feedback throughout all steps of this research.

Signed: Dated: 7 November 2020

Co-author name: Judith Magarey

Contribution to paper: Provided guidance, assistance, and critical feedback throughout all steps of this research.

Signed: Dated: 7 November 2020

Abstract

This paper presents a policy perspective on the topical issue of migration and registration of internationally qualified health practitioners (IQHP), with a focus on international medical graduates and internationally qualified nurses and midwives. Current views, regulatory governance and recommendations affecting skilled migration and registration of IQHPs were examined, specifically whether current and proposed practices are transparent, consistent, equitable, robust, cost-effective and assist in ensuring IQHP demonstrate the necessary qualifications and experience for protection of the Australian public. The complexity of the current regulatory and administrative application and approval processes for IQHP seeking to live and work in the Australian healthcare setting provides significant opportunities for future research, particularly those areas of reform under consideration by the Health Ministers' Advisory Council.

Perspective

To ensure adequate health services for the Australian public, the National Health and Hospital Reform Commission estimates that numbers of health professionals would need to almost treble over the next few years(5). A longstanding regulatory approach to strengthening the workforce requirements has been the employment of internationally qualified health practitioners (IQHP), particularly international medical graduates and internationally qualified nurses and midwives(24). Recently, the governance of skilled migration and registration of IQHP seeking to live and work in Australia has been subject to significant media coverage(3), several government inquiries[4] and two major tax payer-funded independent reviews into the National Registration and Accreditation System (NRAS) in 2014 and 2017(13, 34).

Major and consistently held concerns relate to a reliance on poorly coordinated policies to meet essential workforce requirements(6) and the high cost, lack of scrutiny, duplication and prescriptive approaches to regulation applied by the national boards of the Australian Health

Practitioners Regulation Agency and Australian authorities responsible for the accreditation and assessment of IQHP for skilled migration.

Several key recommendations have been made to address these ongoing concerns, particularly focusing on costs borne by and effects on IQHP, including the following:

> *Recommendation 19: The fee structures for the accreditation functions associated with standard setting and assessment of overseas-trained health professionals and the accreditation of university programs of study should be clear and transparent as to which functions are funded by the National Boards from registrant fees and which are being met by the higher education sector(34)*.

However, few recommendations have been either partially(77) or completely accepted, progressed or implemented by Australian regulators. In addition, there is duplication in the findings and recommendations outlined within the NRAS reviews(13, 34) and the 2012 Parliamentary Inquiry(34) into the registration processes for overseas-trained doctors. Opinion and written submissions from key stakeholders, attempting to lobby government and inform these recommendations, are extensive. However, notably, of the 108 submissions received as part of the most recent 2017 NRAS review, no feedback was received from IQHP required to navigate the skilled migration and registration assessment processes. It is unclear whether the significant absence of this critical feedback was due to a reluctance by IQHP to engage in the review or a lack of awareness of its existence through a failure in the consultation strategies to ensure IQHP were targeted.

The public release of the 2017 NRAS report(78), on 12 October 2018 and more than 12 months after completion, was accompanied by a brief statement within the Council of Australian Governments (COAG) Health Council's Meeting Communiqué(79) indicating an intention to undertake further stakeholder consultation on key areas and recommendations under

consideration. A month-long stakeholder consultation(80) was then directed by Health Ministers, in February 2019, that sought selected stakeholder feedback on the costs, benefits and risks of implementing the proposed governance models and each of the 35 recommendations.

For authorities operationalising the current policy and processes governing skilled migration and registration, the introduction of Recommendation 25 would be one of the most significant, because it argues for establishing a one-step approach to the assessment of IQHPs for skilled migration and qualifications for registration:

> *Recommendation 25:* [Australian Health Practitioner Regulation Agency (AHPRA)]*, in partnership with the national health education accreditation body, health profession accreditation bodies and National Boards, should lead discussions with the Department of Education and Training and the Department of Immigration and Border Protection to develop a one-step approach to the assessment of overseas trained practitioners for the purposes of skilled migration and registration and pursue other opportunities to improve system efficiencies(78).*

This was an approach recommended 7 years earlier by the 2012 Parliamentary Inquiry:

> *Recommendation 43: The Committee recommends that Health Workforce Australia (HWA), as part of its National Strategy for International Recruitment program, examine options for establishing a one-stop shop for international medical graduates (IMGs) seeking registration in Australia. Serious consideration should be given to the feasibility of providing an individualised case management service for IMGs(34).*

However, by comparison, the decision by health ministers to accept or decline Recommendation 25 would be informed by those stakeholders deemed suitable and invited to consult, and not by

those directly affected by the outcome (the IQHPs), who would provide valuable information and perspectives for consideration by policy makers and government.

Although the notable caveat to the funding and implementation of any reform is further consideration and agreement by health ministers, clearly there appears a desire for greater collaboration between government agencies in the development and implementation of policies and processes affecting the migration and registration of IQHP(81). This desire and the continued complexity of the current regulatory and administrative application and approval processes for IQHP, seeking to live and work in Australia, provides significant opportunities for future research.

Chapter 5. Regulation, migration and expectation: internationally qualified health practitioners in Australia – a qualitative study

Please note: The published article is included as Appendix 3

Statement of authorship

Title of paper:	Regulation, migration and expectation: internationally qualified health practitioners in Australia – a qualitative study
Publication status:	Published (submitted 28 April 2020; revised and resubmitted 28 June 2020 and 9 September 2020, accepted 15 September 2020)
Publication details:	Cooper M, Rasmussen P, Magarey J. Regulation, migration and expectation: internationally qualified health practitioners in Australia – a qualitative study. *Human Resources for Health*. 2020;18:74. *https://doi.org/10.1186/s12960-020-00514-7*

PRINCIPAL AUTHOR

Principal author name:	Melissa Cooper
Contribution to paper:	Developed the research proposal; conducted searches and retrieved papers; conducted all participant interviews; coded, appraised and extracted data; acted as corresponding author; wrote and revised the manuscript based on supervisor and reviewer feedback.
Overall percentage:	85%

Certification: This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.

Signed: Dated: 1 November 2020

CO-AUTHORS

By signing the Statement of Authorship, each co-author certifies that:

The candidate's stated contribution to the publication is accurate (as stated above)

Permission is granted for the candidate to include the publication in the thesis; and

The sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Co-author name: Philippa Rasmussen

Contribution to paper: Provided guidance, assistance, and critical feedback throughout all steps of this research.

Signed: Dated: 7 November 2020

Co-author name: Judith Magarey

Contribution to paper: Provided guidance, assistance, and critical feedback throughout all steps of this research.

Signed: Dated: 7 November 2020

Abstract

Background: The global movement of internationally qualified health practitioners (IQHP), seeking to live and work outside of their place of origin, is subject to considerable study and scrutiny. Extensive published material exists, from government enquiries and print news media articles to peer-reviewed papers, reporting on the views and impacts of migration and practitioner registration. Unsurprisingly much of the research focuses on the two largest groups of health professionals, international medical graduates (IMG) and internationally qualified nurses (IQN). This paper presents a unique case study examining the challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration in Australia.

Discussion: The study comprised a review and analysis of the current policy frameworks, standards and assessment models applied by regulators affecting skilled migration and registration of IQHPs. To target the triangulated themes of regulation, experience and expectations, a phenomenological component was also conducted with the mapping of shared experiences of four key participant groups comprising the following: assessors operationalising the current policies and processes governing skilled migration and registration, educators offering preparatory and training programs to IQHP, workforce agencies engaging with and recruiting IQHP and internationally qualified doctors, nurses and midwives. The study was informed by rich qualitative data extracted from twenty-eight in-depth semi-structured participant interviews. Key themes and points of intersection between participant experiences and the regulatory frameworks were identified using theory and data-driven coding and thematic analysis via NVivo 12 plus software.

Conclusion: From studying the complexities of current regulatory processes for skilled migration and practitioner registration and informed by participants with first-hand knowledge and experience, this research found a clear argument for a re-examination and update of the current

regulatory requirements for IQHP. Without greater innovation, harmonisation, evidence-based solutions and reform, it is likely that Australian regulators, policymakers, employers, and the nursing, midwifery and medical professions at large will continue to experience challenges in registering, employing and supporting IQHP, while maintaining the safety of the public requiring care in the Australian healthcare system.

Keywords: Health practitioners, International, Qualified, Regulation, Migration, Registration, Experiences, Qualitative research

Introduction

Recent trends, reported by the Organisation for Economic Cooperation and Development (OECD)(18), indicate a continued rise of health practitioner migration worldwide. Of the 111 116 medical practitioners registered in Australia in 2016(82), the OECD assigns 28 283 to international medical graduates (IMG) up from 24 892 in 2012 and 14 808 in 2007(18). Of the 386 289 nurses registered in Australia in 2016(82), the OECD assigns 51 180, a notably smaller increase from 45 364 in 2012 and 38 108 in 2007(18). A preliminary review of these numbers would suggest a steady reduction in Australia's reliance on the recruitment of IMG and IQN to address the 2009 National Health and Hospital Reform Commission projected workforce shortages(5). This reduction would align with the 2010 call by the World Health Organisation(26), for a more ethical recruitment of health practitioners to avoid sourcing skilled health workers from countries with acute shortages. However, on closer inspection, in terms of absolute numbers, of the OECD countries, Australia had the third largest upward swings in the percentage of internationally qualified doctors and nurses.

Regulatory, statutory and assessing authorities have key roles in facilitating or restricting IQHP access to registration, migration and employment in their trained profession in the country of destination. Host countries, such as Australia, face challenges in maintaining professional

practice standards and ensuring the safety of their health care consumers, whilst also accommodating the ever-changing patterns of workforce need through the use of IQHP skills(83). In an attempt to achieve these outcomes, by imposing particular regulatory or assessment models, authorities may unwittingly penalise those with equivalent overseas qualifications or experience(84). Consequently, many internationally trained professionals, especially from the Global South, find it difficult to gain registration or migration in the host country due to having to fulfil various long, costly and complex regulatory requirements(84).

An extensive review of the available published material related to skilled migration and registration was undertaken to inform this paper, ranging from government enquiries(13, 34, 78) and recent print news media articles(50) to peer-reviewed papers. The literature clearly indicates that the challenges and complexities of migrating, registering and entering workforce co-exist for health practitioners. One study captured a common finding that migration appears 'a complex and dynamic process of mobility which starts with the initial aspirations and hopes of the migrant, and is never quite over even when the desired destination has been reached successfully'(21).

In recent years, there has been an increase in the study of lived experiences of IQHP entering the Australian healthcare setting(43, 45, 85-90). Unsurprisingly, the research focuses on the globe's two largest groups of health professionals, IMG and IQN, with limited available literature on the migration, registration and integration of internationally qualified midwives(85). However, there appears to be limited material available recently examining and comparing the challenges and complexities of IMG and internationally qualified nurses and midwives (IQNM) navigating the regulatory processes for both skilled migration and practitioner registration in Australia. The lack of contemporary research is significant considering the number of government-funded enquiries and reviews(91) and the long-standing Australian immigration policy encouraging the migration of

internationally qualified nurses, midwives and doctors, by listing each profession on the skilled occupations list(88).

Regulators and assessing authorities, such as the Australian Health Practitioners Regulation Agency (Ahpra), report(29) that overseas-trained practitioners are subject to rigorous assessment processes to determine whether they have the knowledge, skills and professional attributes necessary to practise their profession in Australia. This case study was designed to examine the veracity of this statement and comparatively analyse two opposing models of assessment within the National Registration and Accreditation Scheme (NRAS) framework for IMG and IQNM. In addition to an extensive review of the literature, the researchers also examined the policy frameworks, standards and assessment models applied by the regulators against the requirements of the National Law(11) and the principles and legislation(59) governing Australia's General Skilled Migration programme by assessing authorities. For the purposes of this study, regulators included the Medical Board of Australia (MBA) and Nursing and Midwifery Board of Australia (NMBA), and assessing authorities comprised the Australian Medical Council (AMC) and Australian Nursing and Midwifery Accreditation Council (ANMAC). A further review of the structure and delegated roles and responsibilities of the national boards (and their committees) of each regulator and assessing authority was then undertaken to identify the interconnectedness of pathways and processes used to assess IQHP for skilled migration and registration(29). Whilst the standards for registration and skilled migration appear clear for IQHP, the principles of access, equity and transparency and the claim by regulators and assessing authorities to possess robust assessment processes are not.

Methods

The case study methodology(92) comprised an examination of the current views, regulatory governance and recommendations affecting skilled migration and registration of IQHPs. Analysis

of the policy frameworks, standards and assessment models applied by regulators against the requirements of the National Law(11) and the principles and legislation(59) governing Australia's General Skilled Migration programme was completed. To target the triangulated themes of regulation, experience and expectations, a phenomenological component was also conducted through the completion of twenty-eight semi-structured interviews conducted with four participant groups. The four groups, outlined within Table 5.1, comprised the following: assessors operationalising the current policies and processes governing skilled migration and registration, educators offering preparatory and training programmes to IQHP, workforce agencies engaging with and recruiting IQHP, and internationally qualified doctors, nurses and midwives. Interviews were conducted face-to-face and via tele/videoconference across Australia and internationally, from June 2018 to October 2018.

In accordance with the study's ethics approval, each participant was approached via an invitation by a third-party organisation. To assist in participant deliberations, each person was provided with access to the approved information sheet and consent form. Personal information of potential participants was provided from the third-party organisations; only once consent had been obtained. The number of interviews, assigned to each of the four groups, was aligned to the specific qualitative research aims, questions and theoretical framework. Recruitment was continued until data saturation was achieved(93). The years 2011, 2016–2018 were the focus of this study as the NRAS was introduced on 1 July 2010 for regulating health practitioners across Australia, including doctors, nurses and midwives. The years 2011 and 2016–2018 were also selected as it allowed for a 1-year implementation and a five to seven operational period for the scheme.

The interview questionnaire included semi-structured contextualised questions and areas of exploration which further assisted in addressing research aims and obtaining required data. The questions were applied to understand participant views and experiences (positive and negative)

at each stage within the assessment process, timeframes for completing the processes (often commencing whilst applicants are located offshore), associated costs and types/sources of assistance provided and received. Furthermore, data was collected on whether most applicants successfully completed the processes, then registered, migrated and entered the Australian healthcare workforce. Recommendations for improvement were also sought and most significantly whether each participant, including the assessors, could describe the key differences between an assessment for skilled migration and registration.

To reduce the risk of unconscious bias, to assist in effective cross-cultural communication(94) and to ensure an understanding of the concept and phases of cultural adaptation(95), the primary researcher completed cultural competence and awareness programmes(75, 76) pre- and post-interviews where participants were asked to share their personal profession-specific experiences. The collection of insightful and rich data was achieved by, often unexpectedly lengthy, interviews where participant's and researcher's shared motivation was the opportunity to inform and improve the assessment processes used by regulators and assessing authorities. An unexpected outcome expressed by the IQHP participants was a therapeutic or cathartic experience in telling their individual story through the interview process(96).

Conceptual framework

A framework(97) for creating a robust codebook assisted in establishing and analysing the interview data. A sequential process was used to create concepts aligned to the models of assessment then code the demographic data and experiences of each of the twenty-eight participants within the NVivo 12 plus software. At key points within the extensive coding process, such as before each participant group was commenced then midway through the process and again at completion, the quantity and relevancy of the concepts were reviewed to ensure alignment to the research aims. Several concepts were amended, amalgamated/extended and

duplicates deleted resulting in a framework with a mixture of theory and data-driven themes and ideas. Throughout the month-long coding process, where every hour of interview time took-up-to 5 h to code, the integrity of the data was further assured by cross-checking and comparing all interview transcriptions with over 38 h of audio, expanding abbreviations to full text and repairing over nine hundred discrete sections of inaudible and unintelligible language text. The conceptual framework created from the coded data allowed for a comparison of the models of assessment, the identification of points of intersection and assisted in analysing the research data to validate theories on the complexities of navigating each process.

An interpretive phenomenological approach(73) was used with recognition that 'participants hold the power of knowledge since they are the only experts with the lived experience'(98). At specific points within data collection, namely participant interviews, verbatim transcription, and theory and data-driven coding(97), the primary researcher documented non-verbal information, areas for further investigation or data generation, and personal experiences about each unique participant encounter. A reflective journal was also created to assist the primary researcher in debriefing from the often-difficult realities (Fig. 5.1).

Table 5.1: Participants and data collection

<table>
<tr><td rowspan="3">All groups/participants</td><td>Inclusion:
1. Age – Over 18
2. Gender – male and female
3. Ethnicity – native speakers of English
4. Locations – nationwide (metropolitan, community and rural and remote)</td><td rowspan="2">Primary interview aims:
Participants were asked to describe personal experiences related to the following:
1. Assessment processes for skilled migration and registration
2. An understanding of the registration and skilled migration requirements/processes for IQHP
3. Points of difference between assessment processes conducted by the regulators and assessing authorities
4. Contexts or situations (positive or negative) which influenced their experiences
5. Opportunities for improvement/harmonisation and the assessors own re-designed assessment processes</td></tr>
<tr><td>Exclusion:
Contrary to inclusion</td></tr>
<tr><td colspan="2">Total participants, n = 28</td></tr>
</table>

<table>
<tr><td rowspan="3">Group 1: Assessors for skilled migration and registration</td><td>Inclusion:
1. Experience – permanent and temporary assessors, employed in the role for no less than 12 months
2. Profession – assessors for skilled migration and registration</td><td rowspan="2">Areas of exploration via contextualised questions:
Assessors determining suitability of IQHPs for skilled migration and registration were also asked to describe the following:
1. Current responsibilities related to the assessment of IQHP, commencement dates and preparation of their roles and responsibilities aligned to their qualifications and experience
2. Organisational quality improvement strategies, including the following:
How their organisations identify and rectify issues related to assessment processes
When changes to the processes had occurred
And their effectiveness
How change is received and implemented
Responsiveness to a changing regulatory landscape
3. Opportunities for stakeholder feedback on the assessment processes</td></tr>
<tr><td>Exclusion:
Australian Health Practitioner Regulation Agency state-based offices in Tasmania, Australian Capital Territory and Queensland</td></tr>
<tr><td colspan="2">Group 1 participants, n = 4</td></tr>
<tr><td rowspan="3">Group 2: Internationally qualified health practitioners</td><td>Inclusion:
1. Profession – nine nurses, one midwife and five doctors
2. Nationality – including but not limited to the following: United Kingdom, India, China and the Philippines. These have been identified as the top four source countries for IQHP seeking migration and registration by the Australian Nursing and Midwifery Accreditation Council and Australian Medical Council
3. Residential state – onshore and nationwide
4. To reduce the risk of bias, such as survivorship bias, a combination of successful and unsuccessful applications made for assessment for the following:
a. Skilled migration with the relevant authority, i.e. Australian Nursing and Midwifery Accreditation Council or Australian Medical Council
b. Registration with the Australian Health Practitioner Regulation Agency
c. Skilled migration and professional registration in 2011, 2016, 2017 and 2018 only</td><td rowspan="2">Areas of exploration via contextualised questions:
IQHPs navigating through the application processes for skilled migration and registration in Australia in 2011, 2016, 2017 and 2018 were also asked to describe the following:
1. Motivations to move to another country such as Australia
2. Commencement and completion of the processes, e.g. offshore or onshore
3. Sources and types of assistance and support received
4. Consistency of assessment approaches used by the regulators and assessing authorities
5. Transparency, timeframes and associated costs
6. Successful/unsuccessful completion
7. Entering workforce</td></tr>
<tr><td>Exclusion:
1. IQHP residing offshore</td></tr>
<tr><td colspan="2">Group 2 participants, n = 15</td></tr>
<tr><td rowspan="2">Group 3: Educators of IQHP</td><td>Inclusion:
1. Experience – core and temporary individuals, employed in the role for no less than 12 months
2. Profession – educators responsible for upskilling IQHP</td><td>Areas of exploration via contextualised questions:
Educators engaging with and upskilling IQHP were also asked to describe suitability of IQHP seeking preparatory programmes or referred to bridging programmes.</td></tr>
<tr><td colspan="2">Group 3 participants, n = 5</td></tr>
<tr><td rowspan="2">Group 4: Workforce</td><td>Inclusion:
1. Experience – core and temporary individuals, employed in the role for no less than 12 months
2. Profession – health care recruitment and workforce representatives responsible for determining the suitability of IQHP</td><td>Areas of exploration via contextualised questions:
Australian healthcare workforce representatives/agencies engaging with and employing IQHP were also asked to describe the suitability of IQHP for employment and entry into the Australian health care workforce.</td></tr>
<tr><td colspan="2">Group 4 participants, n = 4</td></tr>
</table>

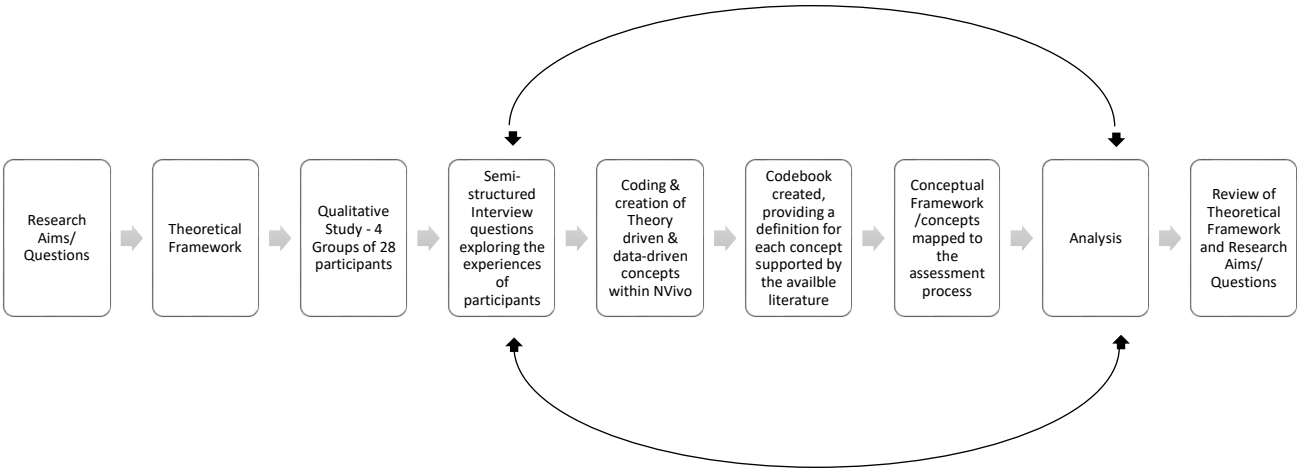

Figure 5.1: The research pathway

Results

Using NVivo's analytical capabilities, from simple word searches to the more complex content matrices and matrix query tables, clear and immediate patterns appeared in the data validating the anticipated research results within the three key themes of regulation, experience and expectation. Multiple points of common intersection were identified, as participants described the processes as complex, duplicated, expensive, inconsistent and challenging. Participants in this case study also highlighted that familiarisation of one process through un/successful navigation then influences the experiences navigating the other. These preliminary findings supported further interrogation of the assessment processes for both skilled migration and registration, with each regulatory practice currently failing to meet the expectations of the participants across all four groups.

Based on the intersecting commonalities, within all twenty-eight participants interviews, six sub-themes emerged from the rich data, comprising expectations, cultural orientation, harmonisation, communication, workforce demand, and education, assessment and accreditation. With the aim to address and improve the multiplicity and complexities of assessment processes and outcomes

for IQHP, the data contained within these key concepts will be used to create a set of recommendations which will, for the first time, be critically informed by those who are directly responsible for: operationalising the current policies and processes governing skilled migration and registration, delivering preparatory and training programmes to IQHP, and engaging with and recruiting IQHP and critically the internationally qualified nurses, midwives and doctors.

In addition to the shared dream of moving to Australia and the intersection of shared experiences related to navigating the assessment processes, each of the fifteen IQHP exhibited common personal attributes including resilient, persistent, motivated, resourceful and adaptable. Furthermore, all IQHP described experiencing stages of cultural adaptation(99), declaring feelings of isolation, shame, hope and hopelessness, fear, culture shock, lack of cultural safety, racism, financial hardship, professional displacement and significant impacts on their mental health. One participant describing a deeply personal experience of a fellow IQHP taking their own life as a result of a failure to gain registration and employment as a health practitioner in Australia. These participants' stories will be presented in a subsequent paper which will provide the audit trail for the findings presented here.

Discussion

In a 2018(100) discussion paper by the United Kingdom's Professional Standards Authority on the perspectives of international regulators applying the six principles of right-touch regulation – proportionate, consistent, targeted, transparent, accountable and agile(101) – Ahpra, along with nine other regulators, stated that they had applied the principles of right-touch regulation to help them overcome the problems and challenges faced by their organisations(101). Further, Ahpra justified the move to a risk-based approach as one of the solutions to effectively address and manage the number and complexities of practitioner notification, as well a number of planned operational changes and the overall strategic plan which considers the principles of right-touch

regulation. However, other than stating that the assessment of IQHP was one of Ahpra's legislated functions, none of the key problems highlighted in this case study was acknowledged or indeed overcome for multiple assessment pathways operationalised for 16 regulated health profession groups across Australia. The results informing this paper reported an opposing view to Ahpra, with participants describing a range of long-standing complex problems still to overcome.

In 2019, the AMC and ANMAC, two of the largest assessing authorities out of the 18 operating in Australia, reported continued growth in the number of IQHP seeking assessments, e.g. ANMAC completed over 6400 assessments for skilled migration in its 2018/2019 financial year with a total revenue of $1 984 380, while the AMC reported a total revenue of $18 265 384 for the examination fees of IMG in 2018/2019 and 5052 portfolios created(8). The transparency of revenue earned by these two authorities, a request in the most recent review into the NRAS(78), is critical when evaluating the impacts on IQHP. By comparison, the revenue declared by Ahpra, the MBA and NMBA does not publicly report on the apportioned income derived from overseas assessments for registration.

A review of revenue accrued by regulators and assessing authorities through the application of models of assessment when compared with the experiences and cost born by IQHP is particularly relevant when considering completion rates. The data on how many applicants are unsuccessful in gaining registration/skilled migration and make an undefined number of attempts to successfully complete the process is unidentifiable. The AMC reported that the pass rate for IMG undertaking their clinical exam in 2018/19 was only 21.7% or a total of 1978, with several IMG re-presenting and re-siting the tests and just under 50% presenting for the first time. Notably, there is a much higher success rate for the workplace-based assessment with 123 successful completions from 125. Furthermore, there appears no publicly available data on the number of applications received by Ahpra from any IQHP across the 16 regulated professions.

The national registration boards and accreditation authorities assert that the two application processes for determining suitability for registration and skilled migration are and should be entirely separate with each organisation possessing a discrete role and function governed by independent legislation(11, 59). The NMBA and ANMAC caveat their separate functions by advising IQNM that successful completion in one application does not guarantee success in the other(9) (Table 5.2).

Table 5.2: Legislative functions for IQHP assessment

MBA and NMBA	MBA/AMC and ANMAC
Authorised under the Health Practitioner Regulation National Law Act (as in force in each Australian State and Territory) to assess an applicant's eligibility for registration as a doctor, registered nurse, enrolled nurse or midwife in Australia. Standards must be approved by the Council of Australian Government - Ministerial Health Council (for the National Registration and Accreditation Scheme).	Authorised under the Migration Regulations 1994, Migration (LIN 19/051: Specification of Occupations and Assessing Authorities) Instrument 2019, to assess an applicant's eligibility for the general skilled for migration as a doctor, registered nurse or midwife in Australia. Standards must be aligned to the provisions articulated by the Department of Home Affairs (DHA) [formerly the Department of Immigration and Border Protection](7).

Whilst the four key participant groups confirmed an entirely separate assessment process, many participants described frustration with the requirement to submit and assess duplicate evidence against the same criteria applied for registration and skilled migration, comprising proof of identity, English proficiency requirements, educational equivalence, recency of professional practice and fitness to practice and indemnity insurance. For the IMG, these requirements may extend further to completing parts 1 and 2 of the AMC process and provide additional evidence for limited registration with supervised practice.

Whilst the regulators and assessing authorities advocate for separate processes, only two assessors within group 1 and one IQHP could provide a key point of difference – professional references. This research found no clearly justifiable point of difference between the standards, criteria and process used by the regulator and assessing authorities when charging and

assessing IQHP for registration and skilled migration. However, the authenticity of the information provided within the reference, contributing to an assessment of the IQHP skill, is difficult to ensure.

Future directions

In 2020, the NMBA/Ahpra is introducing changes to the current Australian registration requirements. These changes which will have significant implications for all internationally qualified registered nurses, midwives and enrolled nurses, as it will replace the current process operationalised and experienced by research participants. A new outcomes-based assessment (OBA) model will set a new framework for how competency to practise is assessed and ensured. The model has been more than 5 years in the making, with the tendered contract project initially due to commence in September 2014 and complete September 2015(12). The NMBA defines OBA as: 'assessing what the nurse or midwife should be capable of doing'. This means measuring the nurse or midwife's knowledge, skills and attributes against the relevant NMBA standards for practice, previously termed national competency standards(35).

The OBA model aligns to the regulatory frameworks used both nationally, by several other profession-specific groups – particularly medicine – and internationally by countries such as New Zealand, Canada, the United Kingdom, Ireland and South Africa. However, the decision by the NMBA to follow the MBA down a pathway where overseas-qualified practitioners are required to complete an exam (National Council Licensure Exam for IQNM and Multiple Choice Question exam for IMG) is likely to lead to many of the same process issues highlighted in this paper as well as a new risk of the introduction of unaccredited/regulated preparatory courses to replace the already costly bridging programmes offered to upskill practitioners with non-equivalent entry-to-practice qualifications and experience.

Notification of the NMBA's planned transition to the new OBA model, was made publicly available(77) by Ahpra from 2014. However, a common theme highlighted in this paper regarding a lack of regulatory transparency appears to remain with limited/changing information made publicly available regarding proposed assessment charges, transition time frames/defined end dates to approved bridging programmes, key stakeholder and consumer consultation on the model and most significantly research literature and evidence to support the change. Finally, and as identified in the recently published Commonwealth Report(35) of the Review of Nursing Education, 'Australia will simultaneously use two diametrically opposite approaches to determine suitability for practice — outcome-based individual assessments for nurses educated abroad and input-based institutional accreditation for nurses educated in Australia'.

Limitations

Overall the literature retrieved and reviewed to inform this paper could have been wider ranging as it excluded records published before 2008 and did not allow for retrieval of information located: within foreign language literature or additional health related databases, through personal approaches to experts in the field to find unpublished reports or via regulatory authorities/systems in countries outside those selected. Furthermore, in accordance with the ethics approval for this study, strict limitations were placed on participant inclusion and exclusion criteria (listed in Table 5.1). Although this requirement assisted in ensuring a focus on the aims and objectives of the research, it limited the study to a defined set of criteria. It should also be noted, despite several formal requests, the researchers were unable to secure participation of assessors (for group 1) from the multiple case workers employed at Ahpra throughout the pre-determined jurisdictional State and Territory offices.

To build on the literature review undertaken as part of this research project and to assist in ensuring contemporary, consistent and accurate information was presented in this paper, a

formal data request was made to Ahpra, in December 2018, for a copy of the literature review undertaken to inform the new model of OBA for IQNM. However, the request was declined in July 2019, with the NMBA/Ahpra determining the review was an internal organisational document that could not be provided/published externally as it provides the regulatory foundation and evidence base of the new model of assessment for IQNM. Further, as described in the 'Future directions' section, it should be noted that the statistical data published by Ahpra or the profession-specific boards, including the MBA and NMBA, does not include details of the number of completed applications for overseas assessments or successful/unsuccessful applications for professional registrations of internationally qualified doctors, nurses and midwives.

Finally, it should be acknowledged that although this paper provides systematically assembled, quality appraised and appropriately synthesised information to guide changes to the policies and guidelines related to the governance of IQHP, the scale and limitations would suggest value in conducting a larger scale prospective study examining the area of regulation and IQHP.

Conclusion

The process of changing government policy is inherently political(102) and so to exert influence requires a sound understanding of the policy and an ability to engage actively with it. Furthermore, complex changes to policy require a whole-of-government approach, as no single organisation/agency/government department has all the pieces of the puzzle(103). Changing mindsets of organisations and people involved in the operationalisation of assessment models is as important as a change to the policy(103) or regulatory practice. The findings obtained through this research clearly support the argument for a re-examination and update of the current regulatory requirements for IQHP. Greater innovation, harmonisation and evidence-based solutions are required to support and reform the standards, guidelines and policy which are used to regulate IQHP. Without this, it is likely that Australian regulators, policymakers, employers and

the nursing, midwifery and medical professions at large will continue to experience challenges(83) in registering, employing and supporting IQHP, while maintaining the safety of the public requiring care in the Australian healthcare system.

Abbreviations

Ahpra: Australian Health Practitioners Regulation Agency; AMC: Australian Medical Council; ANMAC: Australian Nursing and Midwifery Accreditation Council; DHA: Department of Home Affairs; IMG: International medical graduates; IQHP: Internationally qualified health practitioners; IQNM: Internationally qualified nurses and midwives; MBA: Medical Board of Australia; NMBA: Nursing and Midwifery Board of Australia; NRAS: National Registration and Accreditation Scheme; OBA: Outcomes-based assessment; OECD: Organisation for Economic Cooperation and Development

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Authors' contributions

MC developed the research proposal; conducted the searches and retrieved the papers; conducted all participant interviews; coded, appraised and extracted the data; acted as the corresponding author; and wrote and revised the manuscript based on supervisor's and reviewer's feedback. PR (principal) and JM co-supervise the current study and contributed to the review and final version of the manuscript. The authors read and approved the final manuscript.

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Availability of data and materials

The data generated, analysed and supported the findings of the current study are held by the University of Adelaide, but restrictions apply to the availability of this information, which were used under the ethics approval for the current study, and so are not publicly available.

Ethics approval and consent to participate

The Low Risk Human Ethics Review Group (Faculty of Health and Medical Sciences), the University of Adelaide, H-2017-233, project title: Australian regulatory requirements for migration and registration for internationally qualified health practitioners.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests. The views and opinions expressed in this article are those of the authors.

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Chapter 6. A shared dream: Lived experiences of internationally qualified health practitioners navigating the Australian regulatory processes to professional registration and migration

Statement of authorship

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PRINCIPAL AUTHOR

Principal author name:	Melissa Cooper
Contribution to paper:	Developed the research proposal; conducted searches and retrieved papers; conducted all participant interviews; coded, appraised and extracted data; acted as corresponding author; wrote and revised the manuscript based on supervisor and reviewer feedback.
Overall percentage:	85%
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would

constrain its inclusion in this thesis. I am the primary author of this paper.

Signed: Dated: 1 November 2020

CO-AUTHORS

By signing the Statement of Authorship, each co-author certifies that:

The candidate's stated contribution to the publication is accurate (as stated above)

Permission is granted for the candidate to include the publication in the thesis; and

The sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Co-author name: Philippa Rasmussen

Contribution to paper: Provided guidance, assistance, and critical feedback throughout all steps of this research.

Signed: Dated: 7 November 2020

Co-author name: Judith Magarey

Contribution to paper: Provided guidance, assistance, and critical feedback throughout all steps of this research.

Signed: Dated: 7 November 2020

Abstract

Background: Australia has long been viewed as one of the preferred destination countries for internationally qualified health practitioners (IQHP). However, successfully achieving the dream of permanently living and working in Australia within the country's healthcare context is dependent upon an IQHP successfully navigating the required regulatory processes for migration and professional registration. Recent years have seen a broadening of the published quantitative research on global migration and registration of IQHP to include qualitative phenomenological studies exploring the lived experiences of IQHP.

This case study is the third in a series of peer-reviewed papers from a broader study examining whether national standards, policy frameworks and organisational practices used by regulatory agencies ensure IQHP entering the healthcare workforce possess the necessary qualifications and experience for the protection of the Australian public.

Discussion: Paper one, a policy perspective, examined current views, regulatory reviews and overall governance of skilled migration and registration of IQHP in Australia. Paper two, a case study, presented key themes and points of intersection identified between regulatory frameworks and shared experiences of 28 research participants separated into four discrete groups. This paper presents the lived experiences of the second participant group, 15 IQHP, who described their complex, culturally challenging and costly journeys towards their shared dream of living and working in Australia.

Conclusion: The study created a set of recommendations which were, for the first time, critically informed by those who are directly responsible for: operationalising the current policies and processes governing skilled migration and registration; delivering preparatory and training programs to IQHP; and engaging with and recruiting IQHP. The perspectives and recommendations contained in this paper provide valuable considerations for policy makers and

government. Furthermore, if accepted and implemented each would promote greater synergy and consistency between regulators, whilst reducing duplication and the impact on IQHP who are relied upon to meet the continuing shortfall in Australia's healthcare workforce.

Keywords: health practitioners, international, qualified, regulation, migration, registration, experiences, qualitative research

Introduction

Several terms are used globally and within the available literature to identify health practitioners who obtained their education outside of the destination country where they intend to or are living and working. These include overseas qualified, internationally educated or foreign educated, internationally recruited, and culturally and linguistically diverse. For the purposes of this paper, internationally qualified health practitioners (IQHP) are defined as nurses, midwives and doctors who obtained their primary qualifications outside of Australia. The topic of this paper is of strategic importance not only to the workforce, but for the individuals concerned, as one of the participants stated:

> Looking at people's journey and their story and what they bring, I think that gets missed in the process. If we did a little bit better in that area that's a small piece, but it's a piece of how we could be doing things better for people. Really recognising what they need in order to be safe and competent. (Group 4, Participant W_43)

Ongoing projections of shortages in Australia's healthcare workforce have prompted policy initiatives to address this issue by increasing the number of qualified health practitioners, particularly nurses, midwives and doctors. Strategies and recommendations that recognise the

importance of workforce sustainability, self-sufficiency and self-reliance(104) by strengthening retention and replacement rates(35) exist within both the extensive available literature and government policy. However, these initiatives have not solved Australia's reliance on the active recruitment of IQHP(23, 105, 106). Australia continues to adopt and operationalise policy options such as the General Skilled Migration program, employer-sponsored visa pathways and creative employment contracts to recruit IQHP. Furthermore, even though these initiatives continue to widen the gap between developed and underdeveloped countries(107), government agencies argue that, provided Australia complies with ethical protocols, it is very appropriate to draw on suitably qualified, overseas-trained health professionals to supplement the locally trained workforce(27).

Literature generated in the past decade explores the complex interplay(108) between global migration, recruitment – ethical or otherwise – and workforce demand for highly qualified and experienced IQHP. Recent years have seen a broadening of the published quantitative research to include qualitative phenomenological studies exploring the lived experiences of IQHP which lie behind their assigned statistical data(33, 39, 42, 45, 60). Studies identify clear issues related to language, financial disadvantage, isolation and discrimination, as well as distinctions between socio-cultural and professional contexts(61). An IQHP's individual decision to migrate is multi-layered in nature(21) and influenced by a wide range of institutional and contextual factors(57). However, all encounter a myriad of challenges to achieving their shared dream of living and working in Australia. Meeting regulatory requirements is the first of many steps faced by IQHP. One study described a three-phase journey in an IQHP's quest for registration, including (1) hope – wanting the dream of living and working in a destination country, (2) disillusionment – discovering that their qualifications and experience do not meet the destination country's entry to practice requirements, and (3) navigating disillusionment – living the redefined dream such as undertaking additional education to upgrade their qualifications. Even following the completion of

all regulatory requirements or stages, many IQHP who have been successful in gaining their registration feel only partially prepared for the workforce(58).

To inform this paper, its findings and overall outcomes, a search of the literature supporting the broader study was expanded to ensure a deeper understanding of IQHPs' lived experience. This paper provides an exploration of the human stories of migration and professional registration of 15 IQHP, comprising eight internationally qualified nurses, two internationally qualified midwives and five international medical graduates. While other research has reported on the experiences of IQHP, this paper is unique because the experiences reported here are clearly linked with recommendations.

> My dream from the start, from even when I finished my high school, my dream was to travel abroad (Group 2, Participant IMG_22).

Methods

With the aim of capturing the lived experiences of IQHP as they navigate the complexities and challenges of current regulatory processes for migration and professional registration in Australia, in-depth semi-structured interviews were conducted with 15 research participants, recruited as part of a broader study. The broader study included interviews with assessors operationalising the current policies and processes governing skilled migration and registration; educators offering preparatory and training programs to IQHP; and workforce agencies engaging with and recruiting IQHP. An interpretive phenomenological approach(73) was used to recognise that 'participants hold the power of knowledge since they are the only experts with the lived experience'(98) p.54). At specific points within data collection, namely participant interviews, verbatim transcription, and theory and data-driven coding(97), the primary researcher documented non-verbal information, areas for further investigation or data generation, and personal experiences about each unique participant encounter. A reflective journal was also created to assist the primary researcher in

debriefing from the often-difficult realities described by the participants: 'embracing what internationals often bring is something that we lack. There's no recognition that they might be able to bring something that we don't have, and we do need' (Group 4, Participant W_43).

Each participant was approached via an invitation by a third-party organisation. To assist IQHP to decide whether to participate in the study, and in accordance with the broader study's ethics approval, everyone was provided with access to the Participation Information Sheet and Consent Form. Personal information of potential participants was provided from the third-party organisations only once consent had been obtained from the IQHP. Participants in group 2 – IQHP comprised eight nurses, two midwives and five doctors. Interviews were then conducted face-to-face and via tele/videoconference across Australia and two internationally (from the United Kingdom and Singapore), from June 2018 to October 2018.

Areas of exploration

To assist in obtaining an in-depth theoretical understanding, rather than merely a description, of the IQHPs' views and experiences at each stage of the assessment process, the semi-structured interviews were framed with contextualised questions and specific areas of exploration comprising:

1. **Motivation** to migrate to another country, e.g. lifestyle, career and professional advancement, higher income and an opportunity to work within a technologically advanced health sector.
2. **Models of assessment** used by regulators, including Ahpra (Australian Health Practitioner Regulation Agency), Medical Board of Australia and Nursing and Midwifery Board of Australia (NMBA), and assessing authorities, including Australian Medical Council and Australian Nursing and Midwifery Accreditation Council (ANMAC).

3. **Points of difference** between assessment processes used by regulatory and assessing authorities.
4. **Assistance** received to navigate assessment processes, including online platforms and forums.
5. **Associated costs** borne by IQHP and related to migration, assessment and obtaining professional registration, or skilled migration.
6. **Education** pathways or programs assisting IQHP to obtain professional registration and skilled migration.
7. **Completion** of assessment processes, successful or otherwise.
8. **Timeframes** for undertaking and completing each model of assessment.
9. **Workforce:** challenges with entering, orientating and adapting to culture.
10. **Quality improvement** recommendations for assessment processes and practices.

Using an interpretive phenomenological approach, supported by NVivo 12 plus software and coupled with a framework(97) for creating a robust codebook, a sequentially created set of concepts emerged from the unique experiences of each of the 15 IQHP participants. At key stages within the comprehensive coding process, such as before, midway and at completion, the number and relevancy of the concepts were reviewed to ensure alignment to the research aims. Several concepts were modified, combined/expanded and replicates removed, resulting in a conceptual framework with a mixture of theory and data-driven themes and ideas related to regulation, experiences and expectations. The framework created from the coded data and NVivo's analytical capabilities assisted in identifying clear and immediate patterns in the data that related to research theories on the complexities faced by IQHP when navigating assessment processes.

Findings

The researchers aimed to recruit a broad sample of research participants from across the globe and successfully recruited IQHP from four continents: Asia, Africa, South America and Europe. They had migrated from a total of 11 different countries, with the greatest number from India, Iraq and the United Kingdom. Participants' ages ranged from 26 to 50 years, with 73.3% of participants aged between 26 and 35. Participants were asked to identify their gender as male, female or self-defined, with the highest number of participants declaring female. Unremarkably, 100% of participants were found to be bilingual; however interestingly 33% of participants were found to be trilingual and 13.3% were quadrilingual. In terms of education leading to their specific professions, most participants (73.3%) stated bachelor-level qualifications, with 20% possessing a postgraduate diploma or master's degree. The greatest proportion of IQHP (66.6%) resided equally across Victoria and South Australia, with participants identifying their current employment as permanently/casual employed (26.6%), contract (13.3%) or currently unemployed (20%).

Table 6.1: Demographic characteristics of IQHP

Categories	IQN (n = 8)	IQM (n = 2)	IMG (n = 5)	Total (n = 15)
Gender				
Female	8	2	1	11
Male			4	4
Age				
26–35	5	1	5	11
36–40	1	1		2
41–45	1			1
46–50	1			1
Ethnicity and native language				
Philippines (Tagalong)	1			1
Iraq (Arabic)			2	2
India			2	2
Egypt			1	1
United Kingdom	2	1		3
Singapore	1			1
Zimbabwe	1			1
Colombia	1			1

United States of America	1			1
Brazil	1			1
Japan		1		1
Primary language				
Tagalong	1			1
Chaldean			1	1
English	4	1	2	7
Arabic			2	2
Malay	1			1
Spanish	1			1
Japanese		1		1
Portuguese	1			1
Multilingual				
Second	3 English, 1 Shona, 1 Spanish	1 English	1 Arabic, 1 Hindi, 1 English, 1 Tamil	10
Third	1 Mandarin, 1 Spanish		2 English, 1 Nepali, 1 French	6
Fourth	1 Bahasa Indonesian		1 Gujarati	2
Highest level of qualification				
Bachelor's degree	7		5	12
Postgraduate	1			1
Master's		2		2
Residential state				
Victoria	2		3	5
South Australia	3	1	1	5
New South Wales		1	1	2
Queensland	1			1
Employment				
Permanent	4	1		5
Contract	2			2
Casual	2	1	2	5
Unemployed			3	3

Participant abbreviations: IQN – internationally qualified nurse, IQM – internationally qualified midwife, IMG – international medical graduate
Other foreign languages: Arabic, Hindi, Tamil, Nepali, French, Spanish, Mandarin, Shona, Gujarati and Bahasa Indonesian

Overall experiences

The governance framework and processes for skilled migration and registration navigated and described by the 15 participants of this study are a product of the landmark 2010 initiative by the

Council of Australian Governments to introduce a National Regulation and Accreditation Scheme (NRAS). The initiative was intended to streamline regulatory processes and practices and to increase health workforce flexibility, whilst eliminating jurisdictionally based regulation that was identified as hindering the transferability of the workforce into and across Australia(13). However overall, this study, conducted almost a decade on, found that IQHP describe the regulatory processes as costly, inconsistent, challenging and lacking transparency. In addition to their shared dream of moving to Australia and the intersection of shared experiences related to navigating the assessment processes, each of the 15 IQHP exhibited common personal attributes including resilience, persistence, motivation, resourcefulness and adaptability. Furthermore all IQHP described experiencing stages of cultural adaptation(99), declaring feelings of isolation; shame; hope and hopelessness; fear; culture shock; lack of cultural safety; racism; financial hardship; professional displacement; and significant impacts on their mental health. The findings from this study have been affirmed in a number of studies, with one researcher describing how, following immigration, the changes in the realities of the participants meant that they had left behind aspects of their previous selves and possibly the sense of pre-eminence they had once possessed in their country of origin, and past accomplishments/experience were erased as if they had never occurred(109).

In addition to the considerable number of difficulties expressed, the participants were also provided with an opportunity to describe their positive experiences. Overall, IQHP believed regulators and authorities were attempting to make improvements to their models of assessment through the implementation of online examinations, verification of international qualifications/registration and replacing costly, repetitious and often lengthy traditional paper-based assessment approaches, whereby applicants were formerly required to source and post an exhaustive number of hard copy pieces of evidence to support their individual applications. A number of participants received support from educators including support to apply for and gain

employment in an Australian healthcare setting. A notable and unexpected experience described by a number of participants related to unforeseen and invaluable opportunities for intraprofessional engagement and support from educators and peers when completing preparatory/bridging programs for registration. Ultimately, all 15 IQHP advocated for robust and rigorous assessment processes to ensure only appropriately qualified and experienced healthcare professionals can register and migrate, thus ensuring the Australian healthcare consumer remains protected.

Implications and recommendations

Rich data was obtained from this study regarding the multiplicity and complexities of assessment structures and informed feedback on how these areas could be improved. To assist in the creation of key recommendations for quality improvement, all 28 participants from the study, including the 15 IQHP, were provided with an opportunity to respond to the following two open-ended questions:

1. How could the assessment processes (for skilled migration and registration) be improved/harmonised?
2. If you were re-designing the assessment processes, what would it look like?

The findings, which were based on commonalities within the participants' personal stories, were grouped into themes which informed the construction of specific recommendations for improvements to migration and regulatory practices. The responses were grouped into six key concepts: expectations; cultural orientation; harmonisation; communication; workforce demand and education; and assessment and accreditation.

Expectations

The study identified a dichotomy between the IQHPs' expectations and the lived experience of navigating the assessment processes for skilled migration, professional registration and entering an unfamiliar workforce setting. Participants recommended that the accuracy of individuals' expectations should be assessed(60), prior to them committing time and resources in the pursuit of migrating and working as a registered practitioner in Australia:

> You've had a long time … almost half your life of education and experience, and the expectation is that you will perform and be able to manage under any circumstance, even when you've migrated from another country. That's completely unrealistic, nobody can manage that. (Group 2, Participant IMG_21)

The introduction of a self-assessment may assist in shaping and setting expectations, particularly related to timeframes, financial burdens and the realities of working within the Australian healthcare setting. One study found using a psycho-social intervention or framework, such as a cognitive behaviour therapy framework, that identified IQHPs' expectations of their destination workplaces was linked to improved job satisfaction(110).

Cultural orientation

Almost all the study participants recommended a cultural orientation, adaptation or safety program, particularly the IQHP who went on to report experiences of inadequate resources for orientation, a lack of ongoing training and supervision, and suboptimal support for their families(107):

> There's just so much more life learning that needs to happen beyond that. I think that they can be a really safe practitioner in what we've taught them, but understanding how to work and move within the clinical setting, going on from

that, is where they need to continue to grow to be able to have a successful career. (Group 1, Participant A_12)

Findings from several other studies(41, 86, 111) support this proposition(111) and propose that well-developed culturally constructed support programs are crucial for the wellbeing of individuals and their smooth transition to a foreign healthcare setting. Furthermore, these programs can mitigate adverse workforce dynamics within culturally diverse healthcare teams to enable provision of culturally congruent and safe quality health care(41, 86): 'a longer time to adjust, a longer time to be acculturated, a longer time to learn the system, to increase their confidence in their practice' (Group 3, Participant E_29).

In March 2020, the Nursing and Midwifery Board of Australia announced progress(77) in the development of an orientation program for internationally qualified nurse and midwives (IQNM). All IQNM will now be required to undertake a two-part online program. Part one, to be completed prior to registration, will introduce IQNM to Australia and the Australian healthcare system. Part two, to be completed within the first 12 months post-registration, will cover the diversity of Australian culture. Although not a requirement for registration, the NMBA has also set an expectation that all employers of IQNM will provide workplace orientation based on yet-to-be-published NMBA guidelines: 'they [IQHP] still need, almost like their own graduate program, going into the real world, just to allow them to have that grace period of understanding the Australian healthcare system' (Group 3, Participant E_12).

Whilst the progress made by the NMBA in 2020 is an important development, there remains a lack of a consistent approach to orientation or adaption. As with many other destination countries, Australia's process of transitioning IQHP is fundamentally no different from domestically educated health practitioners and remains almost entirely the responsibility of health service employers. Due to a lack of human or financial resources these services appear unwilling or unable to

provide essential customised orientation or post-employment training to newly recruited IQHP. The reluctance, by government and regulators, to implement a consistent approach to assist IQHP to obtain a greater understanding of the Australian culture(45) is unfortunate considering the support and evidence provided by the best available literature.

Harmonisation

One of the primary recommendations agreed across all four participant groups, particularly group 1 – assessors and group 2 – IQHP, was for greater harmonisation(48), collaboration, consistency and overall improvements in system efficiencies by authorities delegated the role of determining suitability for skilled migration and registration:

> if they [the regulatory/assessing authorities] could communicate with each other or whether it was all uploaded to one central system where both – I was going to say companies – organisations would be able to access that information from. (Group 2, IQM_26)

Unsurprisingly, the concept of harmonisation and a one-step approach to assessment was also a key recommendation from both the 2012 Australian parliamentary inquiry(34) into the policy and processes governing skilled migration and registration for IMG and two independent reviews into the NRAS in 2014(13) and 2017(78). Clearly these recommendations have not been accepted, progressed or implemented by Australian regulators(91). In 2019 Australian health ministers requested further selected stakeholder consultation and analysis of the costs, risks and benefits of implementing the related recommendation provided in the 2017 report(79, 112), but this has not been completed. In contrast, this research sought insights from those directly impacted by any outcome – IQHP(91).

> if I was registered with Ahpra and … provided all that was needed to be provided, why do I have to go through ANMAC and provide the same things again and tell them again I'm qualified in this and give proof again and all this. I'd probably match them just to be one place, and then they just all do the one process. Once the process is done, then, at least, people are not going through the same things over and over again. (Group 2, IQN_33)

Communication

The four predetermined participant groups ensured that the study could interrogate the complexities of communication between assessors and their agencies governing skilled migration and registration; educators offering preparatory and training programs to IQHP; workforce agencies engaging with and recruiting IQHP; and most significantly the internationally qualified doctors, nurses and midwives:

> communication could be improved on from my own personal experience. If I'm asking a question, I don't want to receive a cut and paste answer that I've already read off the website. The websites are quite comprehensive in what they have on there. I'm not stupid. I'm masters educated. (Group 2, IQM_26)

A number of recent studies supported the common experiences of the IQHP who described how information was sourced beyond the traditional method of searching the relevant governing body's website. To assist in the successful navigation of assessment processes, IQHP stated that they sourced information from ubiquitous social media platforms, particularly Facebook groups and forums(21, 45, 113), and sought informal support from family, friends and colleagues(21).

> It was like you blinked and the person you'd just spent six months working with was gone …. people changed positions so often that you just think you've got

somebody who gets it, and they've moved, and you start all over again. (Group 2, IQN_34)

Workforce demand and education

An unexpected recommendation provided by participants across all four groups related to the importance of a culturally competent healthcare environment, where systems, agencies and consumers are educated to value the expertise(89) and needs of IQHP, which may differ significantly from the dominant Australian culture(60, 114).

Researchers suggest the complexity underlying intercultural understanding suggests that both IQHP and the Australian healthcare workforce 'need to develop "cultural intelligence" that comprises metacognitive (cultural theory), cognitive (cultural facts), motivational and behavioural dimensions via education, practice and critical reflection'(115). The following participant agreed: 'I think that needs to happen so that we're culturally prepared and culturally intelligent because I don't think we're the most tolerant of nations in the world' (Group 3, Participant E_12).

The severity of cultural adaptation(99) experienced by the IQHP manifested in declared feelings of isolation; shame; hope and hopelessness; fear; culture shock; lack of cultural safety; racism; financial hardship; professional displacement; and significant impacts on their mental health.

Assessment and accreditation

Participants described a perceived resistance from regulatory authorities, assessing agencies, education providers and the healthcare workforce in the development of contemporary learning and assessment, such as exams and objective structured clinical examination content setting and content assessment. The participants strongly supported greater formalised engagement, by authorities, agencies and providers, with registered IQHP who possess first-hand knowledge and experience in navigating the process of registration and skilled migration: 'an observation towards

the end of it, what can be done to make these assessment bodies, these accreditation bodies have a better profile in the educational world? How it can be accepted in the education world' (Group 1, Participant A_23).

Limitations

The literature retrieved and reviewed to inform this paper excluded records published before 2008 and did not allow for retrieval of information located within foreign language literature or additional health-related databases, through personal approaches to experts in the field to find unpublished reports or via regulatory authorities/systems in countries outside those selected. Furthermore, in accordance with the ethics approval for this study, strict participant inclusion and exclusion criteria were adopted. Although this requirement assisted in ensuring a focus on the aims and objectives of the research it limited the scope of the study.

Finally, it should be acknowledged that, although this paper provides systematically assembled, quality appraised and appropriately synthesised information to guide changes to the policies and guidelines related to the governance of IQHP, the study was small in scale. A larger-scale prospective study examining the area of regulation and IQHP as well as any potential outcomes of the above recommendations would be valuable.

Conclusion

Whilst this article, and the broader study, focus on the Australian experience of the regulation of health practitioners, clearly many of the issues are of international significance. Global governance frameworks, standards and policy that is focused on public safety is critical, however, we should recognise the value and essential contributions IQHP make to our communities and to the provision of high quality health care to Australian consumers(107). As one workforce participant stated: '[IQHP] are the backbone of the Australian healthcare system, especially in

country areas and areas of need. We need to support them more for them to be very successful in the country. We have a long way to do that.'

Chapter 7. Conclusion

Introduction

Evidence does not necessarily result in changes to policy and it is the individual, whether it is the clinician, researcher, regulator or policy maker, who chooses one intervention over another based on their interpretation of the available evidence(116). This proposition has been exhibited throughout this study, with the selection, appraisal and analysis/interpretation of particular sources of evidence over others in accordance with the study's predetermined eligibility criteria. This is further demonstrated by a set of recommendations (interventions) selected to replace the current regulatory requirements for IQHP seeking skilled migration and entry onto the Australian health practitioners register.

Contribution and overall significance

This research study resulted in three papers examining the key research question:

> Do current regulatory requirements ensure IQHP gaining entry onto the Australian register to practise possess the necessary qualifications and experience for protection of the public?

Paper one, a policy perspective, examined current views, regulatory reviews and overall governance of skilled migration and registration of IQHP in Australia. Paper two, a case study, presented key themes and points of intersection identified between regulatory frameworks and shared experiences of 28 research participants separated into four discrete groups. Paper three, also a case study, presented the lived experiences of the second participant group, 15 IQHP, who described their complex, culturally challenging and costly journeys towards their shared dream of living and working in Australia.

For papers 2 and 3, case studies were selected as they provided an opportunity for situational analysis. The viewpoints of the 4 participant groups were integrated: the findings are an intricate, collective perception that contributes to understanding the phenomenon under study. The deep exploration, where multiple sources of data were collected and corroborated, led to a comprehensive understanding of the complexities of the policies and processes governing skilled migration and registration of IQHP. Qualitative researchers argue that studying cases from multiple perspectives lends a richness and a multidimensional picture of how people function within and navigate organisational or historical incidents and a particular circumstance(71). The study design, which incorporated case studies, was effectively guided by the question: how did the 28 participants describe the process and how does that inform future practices/processes(71, 72, 117)?

While the evidence provided within the previous chapters of this thesis clearly supports an argument for change, the recommendations outlined within Chapter 6 provide a plan for how this could be achieved. Seeking a solution to a problem(s) which is both academically interesting and practically/politically important, such as a solution to the complexities of skilled migration and registration, is significant because it helps to resolve practitioners or policy makers' problems and contributes to theoretical explanations(62).

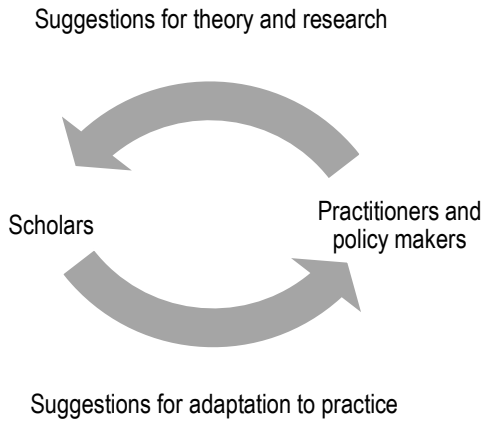

Figure 7.1: A Virtuous Circle Interaction with Practice and Policy

Research strengths, limitations and challenges

While various strengths, limitations and challenges related to this research are noted in the papers (Chapters 4–6), other areas are discussed in further detail below.

The strength of this study was the use of the qualitative method of inquiry, without subjectivity, which sought rich description, meaning, qualified arguments, context-specific descriptions, reflection and connection(62). The research resulted in an explanation of how or why things happen, adding detail and depth to abstract theoretic explanations, while promoting empathy or interpretation to connect human ideas to human experiences. The study also provided an opportunity for exploration, seeking unacknowledged antecedents and unanticipated consequences. The qualitative research completed within this study also strongly aligned with the principles of qualitative research, which uses content analysis, semi-structured interviews, case studies, coding visual data, life stories/experiences (histories) and phenomenology.

Throughout this study, and using the theoretical/conceptual frameworks and interpretative phenomenological approach described within Chapter 3, I had the opportunity to immerse myself in one specific area of regulatory policy to enable a deep understanding of the significance key participant groups give to events, processes and issues, that is, personal constructions of a phenomenon being studied.This opportunity was significant as it was the first time any researcher had examined and published regarding the complex and interconnected regulatory policy governing both skilled migration and registration of IQHP.

Although this study provides meaningful and significant recommendations to guide changes to the policies and guidelines related to IQHP, the small scale of the study and the lack of participation by assessors of IQHP for registration by Ahpra is acknowledged as perhaps the major limitation to this study. However, historically drivers for change in regulatory policy and

processes as recommended in government-commissioned reviews, reports and research studies(91) are dependent upon national priorities and affected by stakeholder fatigue. The investment of time and resources in the numerous reports that are commissioned means recommendations are often repeatedly identified but never realised. Should the recommendations from this thesis be acknowledged, considered and introduced by the Australian regulators and assessing authorities, there would be significant value in conducting a larger-scale prospective study examining the process and outcomes of implementation.

Future directions

The future directions explored at length in Chapters 4–6, written prior to the global outbreak of the COVID-19 pandemic, remain significant. However, undeniably there needs to be consideration of the current domestic and international political agenda, which is focused on addressing the human and economic impact of COVID-19. In Australia, one of the most significant regulatory changes influencing the political appetite for any proposed changes in regulatory processes for the assessment of registration and skilled migration for IQHP was the dissolution of COAG on 29 May 2020. In a statement made by the Australian government's Department of Prime Minister and Cabinet on 2 June 2020, following the agreement by Premiers, Chief Ministers and the Prime Minister, COAG was replaced by the National Federation Reform Council (NFRC)(118). As with COAG, the National Cabinet remains at the centre of the newly formed NFRC, with a primary focus on employment in response to the COVID-19 pandemic.

The future focus on employment, due to the global pandemic, could certainly be a driver for considering the recommendations for change in the regulatory requirements for IQHP proposed in this thesis. An introduction of a number of the recommendations from this study would streamline the regulatory processes and in turn provide greater and faster access to appropriately qualified and experienced nurses, doctors and midwives for what is now termed the 'essential

healthcare workforce'. However, to adequately address Australia's national healthcare priorities, the COVID-19 pandemic and the current crisis in the Australian aged care sector, the key question remains whether the government's approach will be active recruitment (including those qualified offshore), or national sustainability via a combination of replacement, recruitment and retention of onshore IQHP. Effectively balancing this supply and demand dilemma is arguably always dependent upon a robust national workforce plan which is connected to timely and accurate data from the healthcare industry.

Concluding statement

The findings obtained through this study clearly support the argument for a re-examination and update of the current regulatory requirements for IQHP. This thesis provides essential information, evidence and recommendations to assist Australian regulators in ensuring that those IQHP gaining entry onto the Australian register do possess the necessary qualifications and experience for protection of the public. It is therefore evident from the research that more innovative and evidence-based solutions, such as those presented in this thesis, are required to support and reform the standards, guidelines and policy which are used to regulate IQHP. If this does not occur, it is likely that Australian regulators, policy makers, employers, and the nursing and midwifery professions at large will continue to experience challenges in registering, employing and supporting IQHP, while maintaining the safety of the public requiring care in the Australian healthcare system.

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Appendix 1: Preliminary meetings, organisational visits and participant profiles

Preliminary meetings and organisations visited

Australian Medical Council	To gather preliminary information and clarity regarding the AMC processes for assessment, the following was formally negotiated and completed: 1. Preliminary meetings were conducted with representatives from the Innovation and Assessment Team on 6 June 2018, Australian Head Office, Majura, Canberra, Australian Capital Territory. 2. A face-to-face meeting was conducted on 6 August 2018 with an executive from the Innovation and Assessment Team. 3. A tour of the National Testing Centre was conducted on 6 August 2018, whilst examinations were being conducted with international medical graduates (IMG).
Australian Nursing and Midwifery Accreditation Council	To gather preliminary information and clarity regarding the ANMAC processes for assessment, face-to-face preliminary meetings were negotiated and conducted on 6 June 2018, with representatives from Skilled Migration Assessment at the organisation's Australian head office, Majura, Canberra, Australian Capital Territory.
Alan Roberts International Medical Graduates Support and Advisory Service	To gather further information regarding the educational preparatory programs available to IMG, the Alan Roberts International Medical Graduates Support and Advisory Service supported preliminary meetings with relevant staff and a tour of the facilities at 5th Floor, 3 Bowen Crescent, Melbourne, Victoria on 6 August 2018. The service offers courses including: 1. 7-Day Intensive Preparation Course 2. 8- and 10-Week Clinical Preparation Courses 3. MCQ Preparation Courses and Trial Exams.
Australian College of Rural & Remote Medicine	To gather further information regarding the processes for IMG recruitment and engagement, a teleconference was supported by the college and conducted on 7 August 2018, with a Senior Policy and Development Officer.

Participant profiles

All groups/participants	Primary interview aims
Inclusion 1. Age – over 18 2. Gender – male and female 3. Ethnicity – native speakers of English 4. Locations – nationwide (metropolitan, rural and remote) **Exclusion** Contrary to inclusion	Participants were asked to describe personal experiences related to: 1. Assessment processes for skilled migration and registration 2. An understanding of the registration and skilled migration requirements/processes for IQHP. 3. Points of difference between assessment processes conducted by the regulators and assessing authorities 4. Contexts or situations (positive or negative) which influenced their experiences 5. Opportunities for improvement/harmonisation and the assessor's own re-designed assessment processes. **Total participants n = 28**

Group 1 – Assessors

Assessors for skilled migration and registration **Participants n = 4**	**Inclusion** 1. Experience – permanent and temporary assessors, employed in the role for no less than 12 months 2. Profession – assessors for skilled migration and registration **Exclusion** Australian Health Practitioner Regulation Agency state-based offices in Tasmania, Australian Capital Territory and Queensland	**Areas of exploration via contextualised questions** Assessors determining suitability of IQHP for skilled migration and registration were also asked to describe: 1. Current responsibilities related to the assessment of IQHP, commencement dates and preparation of their roles and responsibilities aligned to their qualifications and experience. 2. Organisational quality improvement strategies, including: - how their organisations identify and rectify issues related to assessment processes - when changes to the processes had occurred - and their effectiveness - how change is received and implemented - responsiveness to a changing regulatory landscape.

			3. Opportunities for stakeholder feedback on the assessment processes. **Confidentiality** – As the number of suitable individuals within the specialised area of IQHP assessment for registration and skilled migration is limited, to ensure confidentiality the information within the participant profiles has been restricted.
Participant 180605_0003	1 hr 33 min face-to-face interview conducted in June 2018 Words transcribed and coded: 12,533	Assessor for skilled migration – internationally qualified nurses and midwives.	
Participant 180605_0005	1 hr 17 min face-to-face interview conducted in June 2018 Words transcribed and coded: 11,231	Assessor for skilled migration – internationally qualified nurses and midwives.	
Participant 180727_0013	1 hr 24 min face-to-face interview conducted 27 July 2018 Words transcribed and coded: 10,709	As an assessor, senior academic/educator, employer and IMG, this participant was able to provide one of the most unique personal and professional perspectives on the processes and experiences of IMG.	
Participant 180816_0023	1 hr 46 min face-to-face interview conducted 16 August 2018 Words transcribed and coded: 15,208	As an assessor, senior academic/educator, MCQ and clinical examination developer, and IMG originating from the United Kingdom, this participant was able to provide in-depth information regarding the AMC examination processes.	
Planned participants	Formal request was made for interviews with state and territory–based assessors for IQHP registration with the Australian Health Practitioner Regulation Agency. No response was received from the regulator.		

Participant Group 2 – Internationally qualified health practitioners

Internationally qualified health practitioners **Participants n = 15**	**Inclusion** 1. Profession – 8 nurses, 2 midwives and 5 doctors 2. . Nationality – including but not limited to: United Kingdom, India,	**Areas of exploration via contextualised questions** IQHP navigating through the application processes for skilled migration and registration in Australia in 2011, 2016, 2017 and

	China and the Philippines. These have been identified as the top four source countries for IQHP seeking migration and registration by the Australian Nursing and Midwifery Accreditation Council and Australian Medical Council 3. Residential state – onshore and nationwide 4. To reduce the risk of bias, such as survivorship bias, a combination of successful and unsuccessful applications made for assessment for: • skilled migration with the relevant authority, i.e. Australian Nursing and Midwifery Accreditation Council or Australian Medical Council • registration with the Australian Health Practitioner Regulation Agency • skilled migration and professional registration in 2011, 2016, 2017 and 2018 only **Exclusion** IQHP residing offshore	2018 were also asked to describe: 1. Motivations to move to another country such as Australia 2. Commencement and completion of the processes, e.g. offshore or onshore 3. Sources and types of assistance and support received 4. Consistency of assessment approaches used by the regulators and assessing authorities 5. Transparency, timeframes and associated costs 6. Successful/unsuccessful completion 7. Entering workforce.
10 internationally qualified nurses and midwives		
Participant 180806_0015	1 hr 28 min face-to-face interview conducted 6 August 2018 Words transcribed and coded: 13,720	The 27-year-old female participant was an IQN from the Philippines, who had used a migration agent to move to Australia to firstly complete a Certificate III then IV vocational qualification in aged care to work casually in private home care. The IQN was also working casually in an administration role since early late 2017. The casual employment lightened the financial burden on the participant's family, who remained offshore and had been supporting her migration. To gain registration and be eligible for skilled migration this participant completed a conversion to a bachelor of nursing program with Deakin University. To build her confidence and ultimately work within an acute practice setting within a large healthcare service, once registered this IQN began employment within a local general practitioner clinic.
Participant 180817_0026	1 hr 26 min video & teleconference interview conducted 17 August 2018 Words transcribed and coded: 10,424	The 45-year-old female participant was an IQN and the first from the United Kingdom, with extensive experience and qualifications in neonatal nursing, including a master's degree in addition to numerous under/postgraduate certificates. She had initially gained registration with the Nursing and Midwifery Council with a hospital-based certificate, not an undergraduate

		degree, which proved to be the biggest barrier to gaining registration with Ahpra, which uses the initial qualification for registration as equivalence. Following a lengthy and complex application process resulting in a refusal of registration, the participant expressed deep feelings of anger, frustration and confusion regarding a reluctance by Ahpra to include her post-registration qualifications and experience. She dealt with a number of case workers, received inconsistent information, and almost gave up before receiving advice from a friend who had used the Australia–New Zealand Trans-Tasman Agreement. The participant expressed a deep sense of internal turmoil, attempting to reconcile using mutual recognition via the agreement to gain registration in Australia before she turned 45 which removed any real chance of obtaining permanent residency and achieving her and her family's dream of moving to Australia. At the time of interview, the participant was applying for endorsement as a nurse practitioner with Ahpra, to obtain a state-sponsored role within NSW Health.
Participant 180923_0031	1 hr 2 3min teleconference interview conducted 23 September 2018 Words transcribed and coded: 11,431	The 37-year-old female participant was an IQN from Singapore, who studied and completed a qualification leading to registration as an enrolled nurse. The participant was multilingual with languages including Malay, Indonesian, Mandarin and English. This interview provided a diverse view of the assessment processes as the applicant, once registered in Australia, had completed an undergraduate bachelor of nurse conversion program which was then used to register both in Australia and Singapore. The participant described the complex processes and challenges of seeking registration then renewal in both Australia and Singapore, changes in English language requirements and the desire for permanent residency post an assessment for skilled migration.
Participant 180926_0033	1 hr 18 min teleconference interview conducted 26 September 2018 Words transcribed and coded: 8753	The 49-year-old female participant was an internationally qualified mental health nurse, originally from Zimbabwe, who had first moved to the United Kingdom where she had worked in aged care. She then completed a 3-year diploma in mental health, transitioning to practice through casual employment within a local mental health rehabilitation facility. The participant went on to complete an undergraduate degree with honours in therapeutic interventions and had successfully completed 2 modules, in mental health, and law and ethics, of a master's degree before deciding to withdraw from the program and commence the journey to permanently live and work in Australia. The participant commenced the assessment and employment processes offshore, applying for and securing a sponsored position within a regional mental health facility. This interview provided a unique experience of an IQN who gained registration and skilled migration through the mental health notation pathway. As there is little inter/intra-disciplinary understanding of this

		pathway and the scope of practice of the internationally qualified mental health nurse, the participant encountered some difficulty within the early part of her employment.
Participant 180927_0034	1 hr 36 min teleconference interview conducted 27 September 2018 Words transcribed and coded: 12,750	The 40-year-old female participant was an IQN and the second from the United Kingdom. She had initially completed a 3-year advanced diploma in clinical nursing, specialising in mental health practice. The participant had then gone on to complete a 3-year allied health services degree. Whilst on a family holiday in Australia, the participant applied for registration and an advertised position in a regional mental health unit. The participant described how she had decided to sell her house and all of her belongings in the United Kingdom and gamble her future on successfully gaining permanent employment, whilst still onshore on a tourist visa. In the words of the participant, 'it was just my kids and two suitcases'! The participant successfully obtained the position, negotiated a sponsored 457 visa then applied for skilled migration.
Participant 180929_0035	1 hr 16 min teleconference interview conducted 25 September 2018 Words transcribed and coded: 10,862	The 29-year-old female participant was an IQN from Columbia who completed an undergraduate nursing degree before undertaking a preparatory English language program to gain registration in Australia. As with a number of other participants, this IQN described the significant cost and challenges of achieving the English language requirements, whereby practitioners exhaust all testing options, from OET, TOEFL, PTE and IELTS both on and offshore. This participant described the registration and skilled migration processes in detail and how successfully navigating one assessment process affects all others. At the time of interview, the participant was still on a 457 visa and waiting for permanent residency whilst working in an acute setting of a major metropolitan health service.
Participant 181002_0036	1 hr 5 0min face-to-face interview conducted 2 October 2018 Words transcribed and coded:16,231	The 34-year-old female participant was an IQN from Brazil, who had completed a 4-year undergraduate degree, 2 year postgraduate qualification and was multilingual with languages including Portuguese, Spanish and English. The participant described her experiences working in the second biggest hospital in Sao Paulo and the daily threat of violence and physical harm in her workplace. This interview was the longest and most complicated journey described by any participant within group 2. The participant provided a detailed account of her experiences navigating bridging education and the processes for registration, skilled migration, and visa assessment, commencing in 2008 and finally concluding in 2012. The participant and her husband had accessed a number of visa options prior to finally successfully navigating skilled migration, i.e. spousal, 442 Trainee, 457 and employer sponsored. The participant provided an example whereby the couple had to be offshore to pick up one of the visas, which entailed travelling from Darwin to Auckland and staying in an Airbnb

		because they were unsure how long it was going to take and they 'were broke'. They dropped their passports at the Australian Embassy and waited 7 days for the required email. Her tenacity in successfully completing the process of skilled migration, registration, further postgraduate education in the Australian higher education sector and entering the workforce was based on a desire to work in a safe environment, with improved financial and career prospects, nearer to family who had already successfully migrated.
Participant 181004_0037	56 min teleconference interview conducted 4 October 2018 Words transcribed and coded: 7415	The 32-year-old female participant was an IQN from Oregon, who had completed a 4-year undergraduate science degree then articulated into a 3-year undergraduate nursing degree with 12 months of prerequisites and registered in the United States. The participant arrived onshore via a working holiday visa, then returned to the United States for 2 years, until deciding to return to Australia and apply for a skilled migration visa. The participant commenced the process of becoming a permanent residence in 2014 and was still unsuccessful more than four years on.
Participant 181015_0039	57 min teleconference interview conducted 15 October 2018 Words transcribed and coded: 8237	The 30-year-old female participant was an IQN and the third from the United Kingdom, who had completed a 3-year undergraduate honours program in 2010. The participant, with extensive experience as a neonatal intensive care nurse, had firstly arrived onshore with a working holiday visa, then obtained a sponsored 457 visa and successfully navigated through permanent residency and skilled migration. The participant described a positive experience entering the workforce and the discrete area's culture which was assisted by the employer providing supernumerary time.
Participant 181019_0040	1 hr 17 min teleconference interview conducted 18 October 2018 Words transcribed and coded: 7938	The 32-year-old female participant was the first internationally qualified midwife from Japan. As with the majority of other participants the journey described was enormously complex. As Japan does not have a midwife-specific qualification, to gain registration, the participant was required to complete a 4-year undergraduate Bachelor of Nursing. i.e. 3 years nursing content and 1 year of midwifery. The participant then passed the national nursing and midwifery exam and gained registration and a position working as a midwife at the hospital for 4 years. She then resigned and moved to Australia on a student visa to first study English for approximately 14 months then completed a Bachelor of Midwifery and Masters of Midwifery, submitting her thesis 'just two or three days before [her] visa expired'. Following expiry of her student visa, the participant then returned to Japan and worked as a midwife in Tokyo for 5 months. To gain a permanent position with the desired Australian healthcare facility, the participant then applied for skilled migration, permanent residency, and registration as a midwife. Like all the other IQHP, this participant expressed sincere experiences of confusion, misinformation/misdirection, frustration, and periods of enormous anxiety while attempting to migrate and register in Australia. This participant was so concerned she wouldn't pass the English language requirements and unsure that her initial Japanese qualifications and

		experience would be suitable for registration, she spent substantial time and resources to complete programs, including a master's, to achieve her dream. At the time of interview, the participant had just completed her orientation/induction for her permanent position, expressing feelings of nervousness and strategies she was going to enact, such as keeping her postgraduate qualifications and experience confidential to ensure she was accepted into the new workplace culture.
Participant non-attendance	A participant interview was scheduled via teleconference on 25 September 2018, however the internationally qualified nurse from the Philippines did not attend at the scheduled time and could not be contacted either via phone or email. No further response could be obtained. Invitation to participate was also formally sent to internationally qualified nurses and midwives within the University of Adelaide's HDR cohort courtesy of the Post Graduate Coordinator on 3 September 2018.	
Participant 181030_0042	A 1 hr 38 min participant interview was conducted via teleconference on 30 October 2018. However, the internationally qualified midwife was found not eligible for inclusion in the study as, at the time of interview, she remained offshore and had not yet received registration.	
5 international medical graduates		
Participant 180808_0020	50 min video & teleconference interview conducted 7 August 2018 Words transcribed and coded: 7938	The 31-year-old male participant was an IMG from Iraq, who studied and completed his MBBS in Jordan. Following preliminary discussions and all interviews with the IMGs, the majority, including this participant. commenced their journey offshore by undertaking the MCQ. The participant first attempted the MCQ in Istanbul, Turkey and failed then re-attempted and successfully passed the exam in Mumbai, India. Following advice sought and received from a migration agent, the participant then entered Australia via a student visa and commenced a Master's in Public Health, whilst also undertaking preparatory education to pass the clinical examination and successfully gain registration. This interview was the shortest of the IMG group; however it provided an interesting perspective as the participant was also an educator now delivering preparatory training to other IMGs seeking assistance with the AMC examination processes – part 1 (MCQ) and 2 (Clinical Examination).
Participant 180810_0021	1 hr 41 min teleconference interview conducted 10 August 2018 Words transcribed and coded: 14,530	The 31-year-old female participant was an IMG from India, who studied and completed her MBBS in Nepal. The participant was fluent in a number of languages and in addition to her undergraduate degree had extensive experience and a number of specialist qualifications in

		obstetrics and gynaecology gained in India. The participant had successfully passed the MCQ and was undertaking intense preparatory programs to sit the clinical examination. This interview was one of the most emotionally intense. The participant bravely and generously described her experiences of gender inequality, a lack of safety and unsustainable workhours/workloads in her home country, whilst attempting to forge a specialist career in obstetrics and gynaecology. As with one of the IQN participants, she also provided examples of threats of physical harm in her professional role. For this participant it was often due to recommending lifesaving procedures that were not aligned to cultural/personal/family beliefs, such as a caesarean section for women and babies at risk. Her decision to undertake the process of skilled migration and registration was based on a desire to work in a safe environment with less inequality, better working conditions and greater opportunities for career progression, with better work–life balance.
Participant 180815_0022	1 hr 28 min video and teleconference interview conducted 15 August 2018 Words transcribed and coded: 10,981	The 30-year-old male participant was an IMG from Egypt, who studied and completed his MBBS in Cairo. He had extensive experience in emergency internal medicine with 2 related postgraduate diplomas. The participant had initially applied for registration with the American board, then applied for and completed the International Foundations of Medicine degree. However, toward the end of the registration process he expressed a significant concern regarding a change to the political climate in the United States and the risk this posed to those seeking migration from particular regions and countries, such as parts of Asia and the Middle East. As he estimated a move to any country would cost approximately $150,000 and saving this amount had already taken many years, he decided Australia was a safer option. The participant was currently on a visitor's visa and had successfully completed the MCQ in New Delhi, India, as it was not available in Egypt. The participant described the dilemmas and risk of failure of applying to different countries for migration and registration. Further, the significant costs associated with moving, undertaking expensive preparatory programs for AMC examinations then the cost of the clinical examinations, particularly if failed and repeated. He had failed the clinical examination 5 times and each time returned to Egypt, worked and saved then returned to Australia to repeat the process. This applicant expressed anger, frustration and a distrust of the Australian processes, whilst questioning the fairness and validity of the examination and an IMG's right to appeal.
Participant 180831_0027	1 hr 23 min teleconference interview conducted 31 August 2018 Words transcribed and coded: 10,129	The 29-year-old male participant was an IMG from India, who studied and completed his MBBS in Chennai. Following completion and registration, he worked briefly in a paediatric hospital followed by volunteering at a psychiatric hospital in Bangalore. This was a very complicated journey, whereby the participant and his family had received inaccurate advice from a migration agent in India who recommended entering Australia through

		a student visa and enrolling into a postgraduate qualification with an Australian university. The participant acted on the advice and completed a graduate diploma in counselling and psychotherapy then articulated into the master's program. Whilst undertaking the master's program, the participant described a period of anxiety and depression, triggered by repeated returns to India to assist his family with recovery following the devastating floods in Chennai. The participant had also met and become engaged to a permanent Australian resident and, following a series of forensic-like questioning from the Department of Home Affairs regarding the validity of the engagement, the participant was finally approved for a spousal visa, married and remained onshore in Australia. At the time of the interview the participant had finally received guidance from IQHP he had met while studying in Australia, had successfully completed the MCQ and was undertaking preparatory support for the clinical exam. Due to the distressing experiences described throughout the interview, the participant was given the opportunity to suspend or completely withdraw at any time and gently reminded about the mental health services available in his current state and nationally. Fortunately, the participant had already sought and been provided with support to manage and overcome the lived experiences and acute anxiety and depression.
Participant 181010_0038	1 hr 43 min teleconference conducted 10 October 2018 Words transcribed and coded: 12,354	The 31-year-old male participant was the second IMG from Iraq, who studied and completed his MBBS in Bagdad. He then travelled to Jordan and practised medicine there for approximately three years as a resident. He was unable to obtain any specialist training then decided to move to Australia. His broad experience in emergency, general medicine and surgery, research, gynaecology, and paediatrics was suited to the entry to practice/register examinations required by the AMC. In addition to the first IMG participant, this individual had also passed the MCQ and Clinical Examination and, while applying for positions as a doctor in Australia, was working as an educator delivering preparatory training to other IMGs seeking assistance with the AMC examinations. The participant was the only IMG who had successfully gained a permanent contract, employed within an emergency department in a large Melbourne hospital.
Participant non-attendance and withdrawals	3 participant interviews were via teleconference on 25 September 2018; however the internationally qualified nurse from the Philippines did not attend at the scheduled time and could not be contacted either via phone or email. No further response could be obtained. 2 participants interviews were commenced on 12 and 29 August 2018; however, withdrew at the beginning and during the interview, declaring difficulty and shame discussing an inability to successfully complete the AMC part 2 examination.	

Points of intersection identified within the IQHP participant interviews	- Participants described similar experiences at certain points within application processes and navigating one application process first, particularly the Ahpra process, impacted experiences navigating the AMC/ANMAC process, i.e. participants became more resilient, determined and prepared. - Almost all participants described challenges with successfully passing English language requirements/testing and entering the workforce, i.e. identifying opportunities for employment, writing applications, understanding Australian colloquialisms, obtaining suitable references, and managing feelings of unconscious bias and racism from potential employers and consumers of health care. - They described personal examples of professional displacement, where, due to a lack of employment opportunities in their area of practice, they or their IQHP peers were working in areas outside of their qualifications and experience. - All 15 IQHP found it difficult to clearly articulate key differences between assessment processes, including with the Department of Home Affairs. - Participants expressed significant financial hardship, feelings of fear, hope/hopelessness, shame, isolation, impacts on their mental health, with a number originating from countries with political unrest. - Even though the participants expressed a distrust of the regulatory processes, particularly the clinical examinations, each acknowledged and expressed the importance of having restrictions or requirements that resulted in only those most suitable gaining entry into Australian healthcare settings.

Participant Group 3 – Educators

Educators of IQHP **Participants n = 5**	**Inclusion** 1. Experience – core and temporary individuals, employed in the role for no less than 12 months 2. Profession – educators responsible for upskilling IQHP	**Areas of exploration via contextualised questions** Educators engaging with and upskilling IQHP were also asked to describe suitability of IQHP seeking preparatory programs or referred to bridging programs **Recruitment** – Profession-specific higher education providers across Australia were formally approached for participants. **Confidentiality** – As the number of suitable individuals within the specialised area of IQHP education for registration is limited, to ensure confidentiality the information within the participant profiles has been restricted.

Participant 180626_0008	1 hr 4 min teleconference interview conducted 26 June 2018 Words transcribed and coded: 7385	Educator for entry and re-entry to practice/register – internationally qualified nurses.
Participant 180625_0006	43 min teleconference interview conducted 26 June 2018 Words transcribed and coded: 5703	Educator for entry and re-entry to practice/register – internationally qualified nurses.
Participant 180906_0029	1 hr 16 min teleconference interview conducted 9 July 2018 Words transcribed and coded: 8403	Educator for entry and re-entry to practice/register – internationally qualified nurses and midwives.
Participant 180717_0012	1 hr 7 min videoconference interview conducted 17 July 2018 Words transcribed and coded: 7940	Educator for entry and re-entry to practice/register – internationally qualified nurses.
Participant 180906_0017	1 hr 11 min face-to-face interview completed – 6 August 2018 Words transcribed and coded: 12,631	Educator for entry to practice/register – international medical graduates.

Participant Group 4 – Workforce

Workforce **participants n = 4**	**Inclusion** 1. Experience – core and temporary individuals, employed in the role for no less than 12 months 2. Profession – healthcare recruitment and workforce representatives responsible for determining the suitability of IQHP	**Areas of exploration via contextualised questions** Australian healthcare workforce representatives/agencies engaging with and employing IQHP were also asked to describe suitability of IQHP for employment and entry into the Australian healthcare workforce.

Participant 180817_0025	1 hr 24 min face-to-face interview conducted 18 August 2018 Words transcribed and coded: 12,631	To obtain an interview with one of Australia's largest healthcare workforce agencies engaging with, recruiting and employing IQHP in mainly metropolitan areas, initial contact was made via email on 26 June 2018, with a follow-up telephone call and email sent on 10 August 2018. The participant provided key information regarding the suitability of IQHP seeking and gaining employment within the Australian healthcare settings across all states and territories.
Participant 180910_0030	1 hr 35 min face-to-face interview conducted 10 September 2018 Words transcribed and coded: 15,506	To obtain an interview with a workforce agency engaging with, recruiting, and employing IQHP in regional, rural and remote areas in Australia, initial contact was made via 10 August with follow-up email sent on 29 August 2018. A positive response was received from the organisation on 31 August 2018. The participant possessed an extensive background and understanding of the complexities of workforce recruitment and retainment of IMG, particularly shortages within regional, rural and remote areas.
Participant 181102_0043	1 hr 25 min face-to-face interview conducted 2 November 2018 Words transcribed and coded: 12,109	To obtain an interview with one of Australia's peak professional organisations for nurses and midwives, initial contact was made via email on 21 August 2018. The initial interview was scheduled on 12 September 2018; however, it was rescheduled to 2 November 2018. The participant possessed an extensive background and knowledge in governance, policy, regulatory processes, and professional matters related to workforce recruitment and employment across all Australian states and territories.
Participant 181026_0041	1 hr 9 min face-to-face interview conducted 26 October Words transcribed and coded: 9216	The participant possessed an extensive background in the governance, policy, regulatory processes, and professional matters related to workforce recruitment and employment of IMG in general practice within regional, rural and remote practice settings.
Unsuccessful participant recruitment attempts	To ensure a broad national understanding of the issues encountered by the IQHP, recruitment of participants from the workforce was extended. Multiple attempts, via email and phone, were made with organisations including the: - National Home Doctor Service via the Doctor Recruitment and Engagement Department – 26 June 2018 - Australian Federal Government, Commonwealth Department of Health via the DoctorConnect platform – 9 August 2018 - Australian Medical Council via the General Practice and Workplace Policy Department – 24 & 28 August 2018	

Appendix 2: Publication 1

CSIRO PUBLISHING
Australian Health Review
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Perspective

Governance of skilled migration and registration of internationally qualified health practitioners: an Australian policy perspective

Melissa Cooper[1,2] MN, GradDip, GradCert, BN, RN, PhD Candidate

Philippa Rasmussen[1] PhD, MN, GradDipPsychSt, GradCert CAMHN, BN, RN, MNursSc, Coordinator and Internationalisation Lead

Judy Magarey[1] DNurs, MN(Research), BN, RN, Acting Head of School

[1]Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide, SA 5005, Australia. Email: philippa.rasmussen@adelaide.edu.au, judy.magarey@adelaide.edu.au
[2]Corresponding author. Email: melissa.cooper@adelaide.edu.au

Abstract

This paper presents a policy perspective on the topical issue of migration and registration of internationally qualified health practitioners (IQHPs), with a focus on international medical graduates and internationally qualified nurses and midwives. Current views, regulatory governance and recommendations affecting skilled migration and registration of IQHPs were examined, specifically whether current and proposed practices are transparent, consistent, equitable, robust, cost-effective and assist in ensuring IQHPs demonstrate the necessary qualifications and experience for protection of the Australian public. The complexity of the current regulatory and administrative application and approval processes for IQHPs seeking to live and work in the Australian healthcare setting provides significant opportunities for future research, particularly those areas of reform under consideration by the Health Ministers' Advisory Council.

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To ensure adequate health services for the Australian public, the National Health and Hospital Reform Commission estimates that numbers of health professionals would need to almost treble over the next few years.[1] A longstanding regulatory approach to strengthening the workforce requirements has been the employment of internationally qualified health practitioners (IQHPs), particularly international medical graduates and internationally qualified nurses and midwives.[2,3] Recently, the governance of skilled migration and registration of IQHPs seeking to live and work in Australia has been subject to significant media coverage,[4] several government inquiries[5] and two major tax payer-funded independent reviews into the National Registration and Accreditation Scheme (NRAS) in 2014 and 2017.[6,7]

Major and consistently held concerns relate to a reliance on poorly coordinated policies to meet essential workforce requirements[8] and the high cost, lack of scrutiny, duplication and prescriptive approaches to regulation applied by the national boards of the Australian Health Practitioners Regulation Agency (AHPRA) and Australian authorities responsible for the assessment of IQHPs for skilled migration.

Several key recommendations have been made to address these ongoing concerns, particularly focusing on costs borne by and impacts on IQHPs, including the following:

> *Recommendation 19: The fee structures for the accreditation functions associated with standard setting and assessment of overseas-trained health professionals and the accreditation of university programs of study should be clear and transparent as to which functions are funded by the National Boards from registrant fees and which are being met by the higher education sector.*[6]

However, few recommendations have been either partially[9] or completely accepted, progressed or implemented by Australian regulators. In addition, there is duplication in the findings and recommendations outlined within the NRAS reviews[6,7] and the 2012 Parliamentary Inquiry[5] into the registration processes for overseas-trained doctors. Opinion and written submissions from key stakeholders, attempting to lobby government and inform these recommendations, are extensive. However, notably, of the 108 submissions received as part of the most recent 2017 NRAS review, no feedback was received from IQHPs required to navigate the skilled migration and registration assessment processes. It is unclear whether the significant absence of this critical feedback was due to a reluctance by IQHPs to engage in the review or a lack of awareness of its existence through a failure in the consultation strategies to ensure IQHPs were targeted.

The public release of the 2017 NRAS report,[7] on 12 October 2018 and more than 12 months after completion, was accompanied by a brief statement within the Council of Australian Governments (COAG) Health Council's Meeting Communiqué[10] indicating an intention to undertake further stakeholder consultation on key areas and recommendations under consideration. A month-long stakeholder consultation[11] was then

directed by Health Ministers, in February 2019, that sought selected stakeholder feedback on the costs, benefits and risks of implementing the proposed governance models and each of the 35 recommendations.

For authorities operationalising the current policy and processes governing skilled migration and registration, the introduction of Recommendation 25 would be one of the most significant, because it argues for establishing a one-step approach to the assessment of IQHPs for skilled migration and qualifications for registration:

> *Recommendation 25: AHPRA, in partnership with the national health education accreditation body, health profession accreditation bodies and National Boards, should lead discussions with the Department of Education and Training and the Department of Immigration and Border Protection to develop a one-step approach to the assessment of overseas trained practitioners for the purposes of skilled migration and registration and pursue other opportunities to improve system efficiencies.*[7]

This was an approach recommended 7 years earlier by the 2012 Parliamentary Inquiry:

> *Recommendation 43: The Committee recommends that Health Workforce Australia (HWA), as part of its National Strategy for International Recruitment program, examine options for establishing a one-stop shop for international medical graduates (IMGs) seeking registration in Australia. Serious consideration should be given to the feasibility of providing an individualised case management service for IMGs.*[5]

However, by comparison, the decision by Health Ministers to accept or decline Recommendation 25 would be informed by those stakeholders deemed suitable and invited to consult, and not by those directly impacted by the outcome (the IQHPs), who would provide valuable information and perspectives for consideration by policy makers and government.

Although the notable caveat to the funding and implementation of any reform is further consideration and agreement by Health Ministers, clearly there appears a desire for greater collaboration between government agencies in the development and implementation of policies and processes affecting the migration and registration of IQHPs.[12] This desire and the continued complexity of the current regulatory and administrative application and approval processes for IQHPs, seeking to live and work in Australia, provides significant opportunities for future research.

Competing interests

The authors declare no conflicts of interest.

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Appendix 3: Publication 2

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Human Resources for Health

CASE STUDY Open Access

Regulation, migration and expectation: internationally qualified health practitioners in Australia—a qualitative study

Melissa Cooper*, Philippa Rasmussen and Judy Magarey

Abstract

Background: The global movement of internationally qualified health practitioners (IQHPs), seeking to live and work outside of their place of origin, is subject to considerable study and scrutiny. Extensive published material exists, from government enquiries and print news media articles to peer-reviewed papers, reporting on the views and impacts of migration and practitioner registration. Unsurprisingly much of the research focuses on the two largest groups of health professionals, international medical graduates (IMG) and internationally qualified nurses (IQN). This paper presents a unique case study examining the challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration in Australia.

Discussion: The study comprised a review and analysis of the current policy frameworks, standards and assessment models applied by regulators affecting skilled migration and registration of IQHPs. To target the triangulated themes of regulation, experience and expectations, a phenomenological component was also conducted with the mapping of shared experiences of four key participant groups comprising the following: assessors operationalising the current policies and processes governing skilled migration and registration, educators offering preparatory and training programs to IQHP, workforce agencies engaging with and recruiting IQHP and internationally qualified doctors, nurses and midwives. The study was informed by rich qualitative data extracted from twenty-eight in-depth semi-structured participant interviews. Key themes and points of intersection between participant experiences and the regulatory frameworks were identified using theory and data-driven coding and thematic analysis via the NVivo 12 plus software.

Conclusion: From studying the complexities of the current regulatory processes for skilled migration and practitioner registration and informed by participants with first-hand knowledge and experience, this research found a clear argument for a re-examination and update of the current regulatory requirements for IQHP. Without greater innovation, harmonisation, evidence-based solutions and reform, it is likely that Australian regulators, policymakers, employers, and the nursing, midwifery and medical professions at large will continue to experience challenges in registering, employing and supporting IQHP, while maintaining the safety of the public requiring care in the Australian healthcare system.

Keywords: Health practitioners, International, Qualified, Regulation, Migration, Registration, Experiences, Qualitative research

* Correspondence: melissa.cooper@adelaide.edu.au
Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide, Adelaide, SA 5005, Australia

Introduction

Recent trends, reported by the Organisation for Economic Cooperation and Development (OECD) [1] indicate a continued rise of health practitioner migration worldwide. Of the 111 116 medical practitioners registered in Australia in 2016 [2], the OECD assigns 28 283 to international medical graduates (IMG) up from 24 892 in 2012 and 14 808 in 2007 [1]. Of the 386 289 nurses registered in Australia in 2016 [2], the OECD assigns 51 180, a notably smaller increase from 45 364 in 2012 and 38 108 in 2007 [1]. A preliminary review of these numbers would suggest a steady reduction in Australia's reliance on the recruitment of IMG and IQN to address the 2009 National Health and Hospital Reform Commission projected workforce shortages [3]. This reduction would align with the 2010 call by the World Health Organisation [4], for a more ethical recruitment of health practitioners to avoid sourcing skilled health workers from countries with acute shortages. However, on closer inspection, in terms of absolute numbers, of the OECD countries, Australia had the third largest upward swings in the percentage of internationally qualified doctors and nurses.

Regulatory, statutory and assessing authorities have key roles in facilitating or restricting IQHP access to registration, migration and employment in their trained profession in the country of destination. Host countries, such as Australia, face challenges in maintaining professional practice standards and ensuring the safety of their health care consumers, whilst also accommodating the ever-changing patterns of workforce need through the use of IQHP skills [5]. In an attempt to achieve these outcomes, by imposing particular regulatory or assessment models, authorities may unwittingly penalise those with equivalent overseas qualifications or experience [6]. Consequently, many internationally trained professionals, especially from the Global South, find it difficult to gain registration or migration in the host country due to having to fulfil various long, costly and complex regulatory requirements [6].

An extensive review of the available published material related to skilled migration and registration was undertaken to inform this paper, ranging from government enquiries [7–9] and recent print news media articles [10] to peer-reviewed papers. The literature clearly indicates that the challenges and complexities of migrating, registering and entering workforce co-exist for health practitioners. One study captured a common finding that migration appears 'a complex and dynamic process of mobility which starts with the initial aspirations and hopes of the migrant, and is never quite over even when the desired destination has been reached successfully [11]'.

In recent years, there has been an increase in the study of lived experiences of IQHP entering the Australian healthcare setting [12–19]. Unsurprisingly, the research focuses on the globe's two largest groups of health professionals, IMG and IQN, with limited available literature on the migration, registration and integration of internationally qualified midwives [13]. However, there appears to be limited materials available recently examining and comparing the challenges and complexities of IMG and internationally qualified nurses and midwives (IQNM) navigating the regulatory processes for both skilled migration and practitioner registration in Australia. The lack of contemporary research is significant considering the number of government-funded enquiries and reviews [20] and the long-standing Australian immigration policy encouraging the migration of internationally qualified nurses, midwives and doctors, by listing each profession on the skilled occupations list [17].

Regulators and assessing authorities, such as the Australian Health Practitioners Regulation Agency (Ahpra), report [21] that overseas-trained practitioners are subject to rigorous assessment processes to determine whether they have the knowledge, skills and professional attributes necessary to practise their profession in Australia. This case study was designed to examine the veracity of this statement and comparatively analyse two opposing models of assessment within the National Registration and Accreditation Scheme (NRAS) framework for IMG and IQNM. In addition to an extensive review of the literature, the researchers also examined the policy frameworks, standards and assessment models applied the by regulators against the requirements of the National Law [22] and the principles and legislation [23] governing Australia's General Skilled Migration programme by assessing authorities. For the purposes of this study, regulators included the Medical Board of Australia (MBA) and Nursing and Midwifery Board of Australia (NMBA), and assessing authorities comprised the Australian Medical Council (AMC) and Australian Nursing and Midwifery Accreditation Council (ANMAC). A further review of the structure and delegated roles and responsibilities of the national boards (and their committees) of each regulator and assessing authority was then undertaken to identify the interconnectedness of pathways and processes used to assess IQHP for skilled migration and registration [21]. Whilst the standards for registration and skilled migration appear clear for IQHP, the principles of access, equity and transparency and the claim by regulators and assessing authorities to possess robust assessment processes are not.

Methods

The case study methodology [24] comprised an examination of the current views, regulatory governance and recommendations affecting skilled migration and registration of IQHPs. Analysis of the policy frameworks, standards and assessment models applied by regulators

against the requirements of the National Law [22] and the principles and legislation [23] governing Australia's General Skilled Migration programme was completed. To target the triangulated themes of regulation, experience and expectations, a phenomenological component was also conducted through the completion of twenty-eight semi-structured interviews conducted with four participant groups. The four groups, outlined within Table 1, comprised the following: assessors operationalising the current policies and processes governing skilled migration and registration, educators offering preparatory and training programmes to IQHP, workforce agencies engaging with and recruiting IQHP, and internationally qualified doctors, nurses and midwives. Interviews were conducted face-to-face and via tele/videoconference across Australia and internationally, from June 2018 to October 2018.

In accordance with the study's ethics approval, each participant was approached via an invitation by a third-party organisation. To assist in participant deliberations, each person was provided with access to the approved information sheet and consent form. Personal information of potential participants was provided from the third-party organisations; only once consent had been obtained. The number of interviews, assigned to each of the four groups, was aligned to the specific qualitative research aims, questions and theoretical framework. Recruitment was continued until data saturation was achieved [25]. The years 2011 and 2016–2018 were the focus of this study as the NRAS was introduced on 1 July 2010 for regulating health practitioners across Australia, including doctors, nurses and midwives. The years 2011 and 2016–2018 were also selected as it allowed for a 1-year implementation and a five to seven operational period for the scheme.

The interview questionnaire included semi-structured contextualised questions and areas of exploration which further assisted in addressing research aims and obtaining required data. The questions were applied to understand participant views and experiences (positive and negative) at each stage within the assessment process, timeframes for completing the processes (often commencing whilst applicants are located offshore), associated costs and types/sources of assistance provided and received. Furthermore, data was collected on whether most applicants successfully completed the processes, then registered, migrated and entered the Australian healthcare workforce. Recommendations for improvement were also sought and most significantly whether each participant, including the assessors, could describe the key differences between an assessment for skilled migration and registration

To reduce the risk of unconscious bias, to assist in effective cross-cultural communication [26] and to ensure an understanding of the concept and phases of cultural adaptation [27], the primary researcher completed cultural competence and awareness programmes [28, 29] pre- and post-interviews where participants were asked to share their personal profession-specific experiences. The collection of insightful and rich data was achieved by, often unexpectedly lengthy, interviews where participant's and researcher's shared motivation was the opportunity to inform and improve the assessment processes used by regulators and assessing authorities. An unexpected outcome expressed by the IQHP participants was a therapeutic or cathartic experience in telling their individual story through the interview process [30].

Conceptual framework

A framework [31] for creating a robust codebook assisted in establishing and analysing the interview data. A sequential process was used to create concepts aligned to the models of assessment then code the demographic data and experiences of each of the twenty-eight participants within the NVivo 12 plus software. At key points within the extensive coding process, such as before each participant group was commenced then midway through the process and again at completion, the quantity and relevancy of the concepts were reviewed to ensure alignment to the research aims. Several concepts were amended, amalgamated/extended and duplicates deleted resulting in a framework with a mixture of theory and data-driven themes and ideas. Throughout the month-long coding process, where every hour of interview time took-up-to 5 h to code, the integrity of the data was further assured by cross-checking and comparing all interview transcriptions with over 38 h of audio, expanding abbreviations to full text and repairing over nine hundred discrete sections of inaudible and unintelligible language text. The conceptual framework created from the coded data allowed for a comparison of the models of assessment, the identification of points of intersection and assisted in analysing the research data to validate theories on the complexities of navigating each process.

An interpretive phenomenological approach [32] was used with recognition that 'participants hold the power of knowledge since they are the only experts with the lived experience' [33]. At specific points within data collection, namely participant interviews, verbatim transcription, and theory and data-driven coding [31], the primary researcher documented non-verbal information, areas for further investigation or data generation, and personal experiences about each unique participant encounter. A reflective journal was also created to assist the primary researcher in debriefing from the often-difficult realities (Fig. 1).

Results

Using NVivo's analytical capabilities, from simple word searches to the more complex content matrices and

Table 1 Participants and data collection

All groups/participants	**Inclusion:** 1. Age—over 18 2. Gender—male and female 3. Ethnicity—native speakers of English 4. Locations—nationwide (metropolitan, community and rural and remote) **Exclusion:** 1. Contrary to inclusion	**Primary interview aims:** Participants were asked to describe personal experiences related to the following: 1. Assessment processes for skilled migration and registration 2. An understanding of the registration and skilled migration requirements/processes for IQHP 3. Points of difference between assessment processes conducted by the regulators and assessing authorities 4. Contexts or situations (positive or negative) which influenced their experiences 5. Opportunities for improvement/harmonisation and the assessors own re-designed assessment processes
	Total participants, *n* = 28	
Group 1: Assessors for skilled migration and registration	**Inclusion:** 1. Experience—permanent and temporary assessors, employed in the role for no less than 12 months 2. Profession—assessors for skilled migration and registration **Exclusion:** Australian Health Practitioner Regulation Agency state-based offices in Tasmania, Australian Capital Territory and Queensland	**Areas of exploration via contextualised questions:** Assessors determining the suitability of IQHPs for skilled migration and registration were also asked to describe the following: 1. Current responsibilities related to the assessment of IQHP, commencement dates and preparation of their roles and responsibilities aligned to their qualifications and experience 2. Organisational quality improvement strategies, including the following: How their organisations identify and rectify issues related to assessment processes When changes to the processes had occurred And their effectiveness How change is received and implemented Responsiveness to a changing regulatory landscape 3. Opportunities for stakeholder feedback on the assessment processes
	Group 1 participants, *n* = 4	
Group 2: Internationally qualified health practitioners	**Inclusion:** 1. Profession—nine nurses, one midwife and five doctors 2. Nationality—including but not limited to the following: United Kingdom, India, China and the Philippines. These have been identified as the top four source countries for IQHP seeking migration and registration by the Australian Nursing and Midwifery Accreditation Council and Australian Medical Council 3. Residential state—onshore and nationwide 4. To reduce the risk of bias, such as survivorship bias, a combination of successful and unsuccessful applications made for assessment for the following: a. Skilled migration with the relevant authority, i.e. Australian Nursing and Midwifery Accreditation Council or Australian Medical Council b. Registration with the Australian Health Practitioner Regulation Agency c. Skilled migration and professional registration in 2011, 2016, 2017 and 2018 only **Exclusion:** 1. IQHP residing offshore	**Areas of exploration via contextualised questions:** IQHPs navigating through the application processes for skilled migration and registration in Australia in 2011, 2016, 2017 and 2018 were also asked to describe the following: 1 Motivations to move to another country such as Australia 2 Commencement and completion of the processes, e.g. offshore or onshore 3 Sources and types of assistance and support received 4 Consistency of assessment approaches used by the regulators and assessing authorities 5 Transparency, timeframes and associated costs 6 Successful/unsuccessful completion 7 Entering workforce
	Group 2 participants, *n* = 15	
Group 3: Educators of IQHP	**Inclusion:** 1. Experience—core and temporary individuals, employed in the role for no less than 12 months 2. Profession—educators responsible for upskilling IQHP	**Areas of exploration via contextualised questions:** Educators engaging with and upskilling IQHP were also asked to describe the suitability of IQHP seeking preparatory programmes or referred to bridging programmes.
	Group 3 participants, *n* = 5	
Group 4: Workforce	**Inclusion:** 1. Experience—core and temporary individuals, employed in the role for no less than 12 months 2. Profession—health care recruitment and workforce representatives responsible for determining the suitability of IQHP	**Areas of exploration via contextualised questions:** Australian healthcare workforce representatives/agencies engaging with and employing IQHP were also asked to describe the suitability of IQHP for employment and entry into the Australian health care workforce.
	Group 4 participants, *n* = 4	

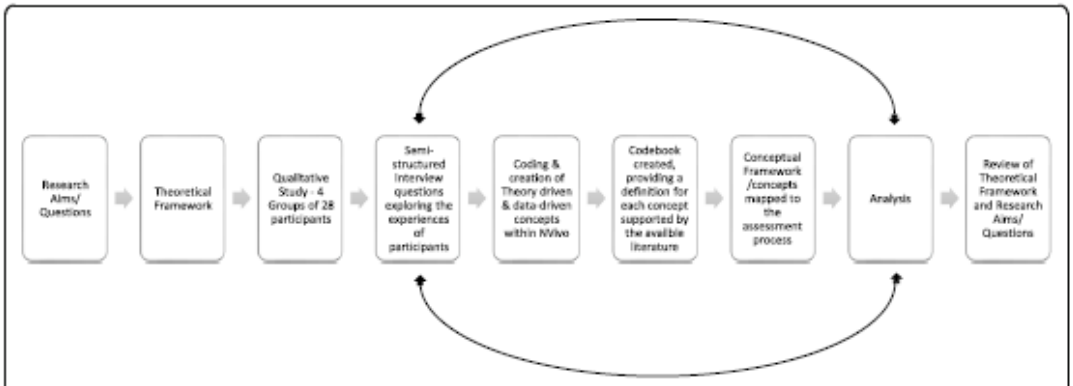

Fig. 1 The research pathway

matrix query tables, clear and immediate patterns appeared in the data validating the anticipated research results within the three key themes of regulation, experience and expectation. Multiple points of common intersection were identified, as participants described the processes as complex, duplicated, expensive, inconsistent and challenging. Participants in this case study also highlighted that familiarisation of one process through un/successful navigation then influences the experiences navigating the other. These preliminary findings supported further interrogation of the assessment processes for both skilled migration and registration, with each regulatory practice currently failing to meet the expectations of the participants across all four groups.

Based on the intersecting commonalities, within all twenty-eight participants interviews, six sub-themes emerged from the rich data, comprising expectations, cultural orientation, harmonisation, communication, workforce demand, and education, assessment and accreditation. With the aim to address and improve the multiplicity and complexities of assessment processes and outcomes for IQHP, the data contained within these key concepts will be used to create a set of recommendations which will, for the first time, be critically informed by those who are directly responsible for: operationalising the current policies and processes governing skilled migration and registration, delivering preparatory and training programmes to IQHP, and engaging with and recruiting IQHP and critically the internationally qualified nurses, midwives and doctors.

In addition to the shared dream of moving to Australia and the intersection of shared experiences related to navigating the assessment processes, each of the fifteen IQHP exhibited common personal attributes including resilient, persistent, motivated, resourceful and adaptable. Furthermore, all IQHP described experiencing stages of cultural adaptation [34], declaring feelings of isolation, shame, hope and hopelessness, fear, culture shock, lack of cultural safety, racism, financial hardship, professional displacement and significant impacts on their mental health. One participant describing a deeply personal experience of a fellow IQHP taking their own life as a result of a failure to gain registration and employment as a health practitioner in Australia. These participants' stories will be presented in a subsequent paper which will provide the audit trail for the findings presented here.

Discussion

In a 2018 [35] discussion paper by the United Kingdom's Professional Standards Authority on the perspectives of international regulators applying the six principles of right-touch regulation—proportionate, consistent, targeted, transparent, accountable and agile [36]—Ahpra, along with nine other regulators, stated that they had applied the principles of right-touch regulation to help them overcome the problems and challenges faced by their organisations [36]. Further, Ahpra justified the move to a risk-based approach as one of the solutions to effectively address and manage the number and complexities of practitioner notification, as well a number of planned operational changes and the overall strategic plan which considers the principles of right-touch regulation. However, other than stating that the assessment of IQHP was one of Ahpra's legislated functions, none of the key problems highlighted in this case study was acknowledged or indeed overcome for multiple assessment pathways operationalised for 16 regulated health profession groups across Australia. The results informing this paper reported an opposing view to Ahpra, with participants describing a range of long-standing complex problems still to overcome.

In 2019, the AMC and ANMAC, two of the largest assessing authorities out of the 18 operating in Australia,

reported continued growth in the number of IQHP seeking assessments, e.g. ANMAC completed over 6400 assessments for skilled migration in its 2018/2019 financial year with a total revenue of $1 984 380, while the AMC reported a total revenue of $18 265 384 for the examination fees of IMG in 2018/2019 and 5052 portfolios created [37]. The transparency of revenue earned by these two authorities, a request in the most recent review into the NRAS [9], is critical when evaluating the impacts on IQHP. By comparison, the revenue declared by Ahpra, the MBA and NMBA does not publicly report on the apportioned income derived from overseas assessments for registration.

A review of revenue accrued by regulators and assessing authorities through the application of models of assessment when compared with the experiences and cost born by IQHP is particularly relevant when considering completion rates. The data on how many applicants are unsuccessful in gaining registration/skilled migration and make an undefined number of attempts to successfully complete the process is unidentifiable. The AMC reported that the pass rate for IMG undertaking their clinical exam in 2018/2019 was only 21.7% or a total of 1978, with several IMG re-presenting and re-siting the tests and just under 50% presenting for the first time. Notably, there is a much higher success rate for the workplace-based assessment with 123 successful completions from 125. Furthermore, there appears no publicly available data on the number of applications received by Ahpra from any IQHP across the 16 regulated professions.

The national registration boards and accreditation authorities assert that the two application processes for determining suitability for registration and skilled migration are and should be entirely separate with each organisation possessing a discrete role and function governed by independent legislation [22, 23]. The NMBA and ANMAC caveat their separate functions by advising IQNM that successful completion in one application does not guarantee success in the other [38]. (Table 2).

Whilst the four key participant groups confirmed an entirely separate assessment process, many participants described frustration with the requirement to submit and assess duplicate evidence against the same criteria applied for registration and skilled migration, comprising proof of identity, English proficiency requirements, educational equivalence, recency of professional practice and fitness to practise and indemnity insurance. For the IMG, these requirements may extend further to completing parts 1 and 2 of the AMC process and provide additional evidence for limited registration with supervised practice.

Whilst the regulators and assessing authorities advocate for separate processes, only two assessors within group 1 and one IQHP could provide a key point of difference—professional references. This research found no clearly justifiable point of difference between the standards, criteria and process used by the regulator and assessing authorities when charging and assessing IQHP for registration and skilled migration. However, the authenticity of the information provided within the reference, contributing to an assessment of the IQHP skill, is difficult to ensure.

Future directions

In 2020, the NMBA/Ahpra is introducing changes to the current Australian registration requirements. These changes which will have significant implications for all internationally qualified registered nurses, midwives and enrolled nurses, as it will replace the current process operationalised and experienced by research participants. A new outcomes-based assessment (OBA) model will set a new framework for how competency to practise is assessed and ensured. The model has been more than 5 years in the making, with the tendered contract project initially due to commence in September 2014 and complete September 2015 [40]. The NMBA defines OBA as: 'assessing what the nurse or midwife should be capable of doing'. This means measuring the nurse or midwife's knowledge, skills and attributes against the relevant NMBA standards for practice, previously termed national competency standards [41].

The OBA model aligns to the regulatory frameworks used both nationally, by several other profession-specific groups—particularly medicine—and internationally by countries such as New Zealand, Canada, the United Kingdom, Ireland and South Africa. However, the decision by the NMBA to follow the MBA down a pathway where overseas-qualified practitioners are required to complete an exam (National Council Licensure Exam for IQNM and Multiple Choice Question exam for IMG) is likely to lead to many of the same process issues highlighted in this paper as well as a new risk of the introduction of unaccredited/regulated preparatory courses to replace the already costly bridging programmes offered to upskill practitioners with non-equivalent entry-to-practice qualifications and experience.

Notification of the NMBA's planned transition to the new OBA model was made publicly available [42] by Ahpra from 2014. However, a common theme highlighted in this paper regarding a lack of regulatory transparency appears to remain with limited/changing information made publicly available regarding proposed assessment charges, transition time frames/defined end dates to approved bridging programmes, key stakeholder and consumer consultation on the model and most significantly research literature and evidence to support the change. Finally, and as identified in the recently published Commonwealth Report [41] of the Review of Nursing Education, 'Australia will simultaneously use two

Table 2 Legislative functions for IQHP assessment

MBA and NMBA	MBA/AMC and ANMAC
Authorised under the Health Practitioner Regulation National Law Act (as in force in each Australian State and Territory) to assess an applicant's eligibility for registration as a doctor, registered nurse, enrolled nurse or midwife in Australia. Standards must be approved by the Council of Australian Government - Ministerial Health Council (for the National Registration and Accreditation Scheme).	Authorised under the Migration Regulations 1994, Migration (LIN 19/051: Specification of Occupations and Assessing Authorities) Instrument 2019, to assess an applicant's eligibility for the general skilled for migration as a doctor, registered nurse or midwife in Australia. Standards must be aligned to the provisions articulated by the Department of Home Affairs (DHA) [formerly the Department of Immigration and Border Protection] [39].

diametrically opposite approaches to determine suitability for practice—outcome-based individual assessments for nurses educated abroad and input-based institutional accreditation for nurses educated in Australia'.

Limitations

Overall, the literature retrieved and reviewed to inform this paper could have been wider ranging as it excluded records published before 2008 and did not allow for retrieval of information located within foreign language literature or additional health-related databases, through personal approaches to experts in the field to find unpublished reports or via regulatory authorities/systems in countries outside those selected. Furthermore, in accordance with the ethics approval for this study, strict limitations were placed on participant inclusion and exclusion criteria (listed in Table 1). Although this requirement assisted in ensuring a focus on the aims and objectives of the research, it limited the study to a defined set of criteria. It should also be noted, despite several formal requests, the researchers were unable to secure participation of assessors (for group 1) from the multiple case workers employed at Ahpra throughout the pre-determined jurisdictional State and Territory offices.

To build on the literature review undertaken as part of this research project and to assist in ensuring contemporary, consistent and accurate information was presented in this paper, a formal data request was made to Ahpra, in December 2018, for a copy of the literature review undertaken to inform the new model of OBA for IQNM. However, the request was declined in July 2019, with the NMBA/Ahpra determining the review was an internal organisational document that could not be provided/published externally as it provides the regulatory foundation and evidence base of the new model of assessment for IQNM. Further, as described in the 'Future directions' section, it should be noted that the statistical data published by Ahpra or the profession-specific boards, including the MBA and NMBA, does not include details of the number of completed applications for overseas assessments or successful/unsuccessful applications for professional registrations of internationally qualified doctors, nurses and midwives.

Finally, it should be acknowledged that although this paper provides systematically assembled, quality appraised and appropriately synthesised information to guide changes to the policies and guidelines related to the governance of IQHP, the scale and limitations would suggest value in conducting a larger-scale prospective study examining the area of regulation and IQHP.

Conclusion

The process of changing government policy is inherently political [43] and so to exert influence requires a sound understanding of the policy and an ability to engage actively with it. Furthermore, complex changes to policy require a whole-of-government approach, as no single organisation/agency/government department has all the pieces of the puzzle [44]. Changing mindsets of organisations and people involved in the operationalisation of assessment models is as important as a change to the policy [44] or regulatory practice. The findings obtained through this research clearly support the argument for a re-examination and update of the current regulatory requirements for IQHP. Greater innovation, harmonisation and evidence-based solutions are required to support and reform the standards, guidelines and policy which are used to regulate IQHP. Without this, it is likely that Australian regulators, policymakers, employers and the nursing, midwifery and medical professions at large will continue to experience challenges [5] in registering, employing and supporting IQHP, whilst maintaining the safety of the public requiring care in the Australian healthcare system.

Abbreviations

Ahpra: Australian Health Practitioners Regulation Agency; AMC: Australian Medical Council; ANMAC: Australian Nursing and Midwifery Accreditation Council; DHA: Department of Home Affairs; IMG: International medical graduates; IQHP: Internationally qualified health practitioners; IQNM: Internationally qualified nurses and midwives; MBA: Medical Board of Australia; NMBA: Nursing and Midwifery Board of Australia; NRAS: National Registration and Accreditation Scheme; OBA: Outcomes-based assessment; OECD: Organisation for Economic Cooperation and Development

Acknowledgements

We acknowledge the assessors, educators, workforce representatives and particularly the internationally qualified nurses, midwives and doctors who participated in the qualitative study and whose data supported this paper. We also acknowledge Dr. Jenine Beekhuyzen, Founder and CEO of Adroit Research, who provided support, advice and training in the NVivo 12 Software.

Authors' contributions

MC developed the research proposal; conducted the searches and retrieved the papers; conducted all participant interviews; coded, appraised and extracted the data; acted as the corresponding author; and wrote and revised the manuscript based on supervisor's and reviewer's feedback. PR

(principal) and JM co-supervise the current study and contributed to the review and final version of the manuscript. The authors read and approved the final manuscript.

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Availability of data and materials
The data generated, analysed and supported the findings of the current study are held by the University of Adelaide, but restrictions apply to the availability of this information, which were used under the ethics approval for the current study, and so are not publicly available.

Ethics approval and consent to participate
The Low Risk Human Ethics Review Group (Faculty of Health and Medical Sciences), the University of Adelaide, H-2017-233, project title: Australian regulatory requirements for migration and registration for internationally qualified health practitioners.

Consent for publication
Not applicable.

Competing interests
The authors declare that they have no competing interests. The views and opinions expressed in this article are those of the authors.

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Publisher's Note

Appendix 4: Abstract of oral presentation, Australian & New Zealand Association for Health Professional Educators (ANZAHPE), Hobart, Australia, 3 July 2018

Title: Internationally Qualified Health Practitioners – Education, Migration and Workforce Expectation in Australia

Name: Melissa Cooper

Origin: The University of Adelaide, South Australia

Introduction/background

The National Health and Hospital Reform Commission estimated that numbers of health professionals would need to almost treble over the next few years to ensure adequate health services to the Australian public (2009).[1] However, the Rural Workforce Agency argued (2011) that the complexity of the current regulatory and administrative application and approval processes at multiple stages delayed or impeded the recruitment of IQHP (Hawthorne 2012).[2]

In 2012, Health Workforce Australia (HWA) raised concerns regarding the governance of skilled migration for IQHP and cautioned against a reliance on poorly coordinated policies to meet essential workforce requirements. HWA's concern is reflected in the decision by the Council of Australian Governments to include a review of the governance of skilled migration and registration of IQHP within 3 broader reviews of the National Registration and Accreditation Scheme for health professionals. The most recent due for completion in late 2017, by an independent reviewer appointed by the Australian Health Minister's Advisory Council, is seeking substantive reform of the processes for assessing IQHP for skilled migration and registration.[3]

[1] National Health and Hospital Reform Commission 2009, *The Interim Report of the National Health and Hospitals Reform Commission: a summary and analysis*, Canberra.

[2] Hawthorne, L 2012, *Health Workforce Migration to Australia Policy Trends and Outcomes 2004-2010*, Health Workforce Australia, Adelaide.

[3] Australian Health Ministers' Advisory Council (AHMAC) 2017, Draft Report. Australia's Health Workforce: strengthening the education foundation. Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions.

Aim/objectives:

The mixed method qualitative and quantitative research focuses on the areas of: education of IQHP; experiences of IQHP; regulation/assessment of IQHP and expectations of workforce employers of IQHP.

Discussion:

A significant phase of the research, planned throughout 2018, will include approximately 30 semi-structured interviews conducted with IQHP seeking to live and work in Australia, regulators/assessors for skilled migration and workforce employers.

Issues/questions for exploration or ideas for discussion:

What are the experiences and expectations of:

- Regulators and assessors determining suitability of IQHPs?
- IQHPs when navigating through the application processes for skilled migration and registration in Australia?
- Australian healthcare service providers engaging with and employing IQHP?

Appendix 5: Confirmation of acceptance of abstract, ANZAHPE Conference 2018

From: Phil Plevin <phil.plevin@plevin.com.au>
Sent: Wednesday, 14 March 2018 10:51 AM
To: Melissa Kaye Cooper <melissa.cooper@adelaide.edu.au>
Subject: FW: ANZAHPE 2018 abstract advice

Dear Author,

Re: Australian & New Zealand Association for Health Professional Educators (ANZAHPE) 2018 Conference

Accepted as: oral ID #:298 Internationally Qualified Health Practitioners - Education, Migration and Workforce Expectation in Australia Melissa Cooper, The University of Adelaide

We are pleased to advise that your abstract(s) detailed above, submitted for ANZAHPE 2018 has been accepted for presentation.

It is anticipated the draft program schedule with dates, times, and locations will be available on the Conference website http://www.anzahpeconference.com.au/schedule.html by late March 2018. The program is subject to change, so please check for any last minute updates in the lead up to the conference.

If you wish to withdraw your presentation, please advise this office by 3.00pm Australian Central Standard Time (ACST) Friday 15 March 2018.

Presenters should note that all costs to attend the conference must be met from their own resources. As a commitment to attend and support the Conference, accepted presenters must register and pay on or before Monday 16 April 2018 , either for the full-time program or for the day of their presentation.

Please refer to the Presenters Instructions link on the Conference website for detailed presenter instructions for oral and poster presentations. http://www.anzahpeconference.com.au/presenters.html

More than 450 abstracts were received and were subject to a double review process. The Scientific Committee reviewed all recommendations and determined final acceptances relative to space in the program. As a result of this process some acceptances are in an alternative format to that requested.

The Scientific Committee would like to thank everyone who submitted abstracts. This year's conference promises to be our most exciting to date with plenty of opportunity to network with your peers and conference presenters. The provisional program will be available shortly to assist you in making travel arrangements.

If you have any questions or concerns, please contact me directly.

Regards,

Phil Plevin
ANZAHPE 2018 Conference Manager

EVENT MANAGEMENT

Plevin and Associates Pty Ltd
PO Box 54
BURNSIDE 5066
South Australia

Tel. Nat. (08) 8379 8222
Tel. Int. +61 8 8379 8222
Fax. Nat. (08) 8379 8177
Fax. Int. +61 8 8379 8177
Email: events@plevin.com.au

Appendix 6: Poster presentation, World Health Professions Regulation Conference 2020

Title: Regulation, Migration and Expectations. Challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration of internationally qualified nurses, midwives and doctors in Australia

Authors: Ms Melissa Cooper. PhD Candidate, MN Ed, Grad Dip Ed, G Cert AN, Cert IV TAA, BN & RN
Associate Professor Philippa Rasmussen, PhD, MN, Grad Dip Psych St, Grad Cert CAMHN, BN & RN
Associate Professor Judy Magarey, DNurs, MN (Research), BN & RN

Affiliation: Faculty of Health and Medical Sciences/ Adelaide Nursing School, The University of Adelaide SA 5005 AUSTRALIA. https://www.adelaide.edu.au/. CRICOS provider number 00123M

Acknowledgements: This abstract is submitted for consideration by the World Health Professions Alliance for inclusion at the 6th World Health Professions Regulation Conference 16 May 2020 – Geneva Switzerland.

The author and fellow researchers acknowledge the assessors, educators, workforce representatives and particularly the internationally qualified nurses, midwives and doctors who participated in the qualitative study and who's data supported this abstract.

Ms Melissa Cooper, PhD Candidate, acknowledges the significant support provided by PhD Supervisors: Principal – Associate Professor Philippa Rasmussen and Co-Supervisor Associate Professor Judith Magarey.

Regulatory Challenges: the abstract will address the following regulatory challenges, listed as items 1,3-4 and 13:

1. Continuing competence/revalidation and different approaches being used.
3. Development of regulatory jurisdiction accreditation models.
4. Education, accreditation and transition to practice.
13. Purpose and processes of regulation.

Introduction: The global movement of internationally qualified health practitioners (IQHP), seeking to live and work outside of their place of origin, is subject to considerable study and scrutiny. Extensive published material exists, from government enquiries and print news media articles to peer reviewed papers(91), reporting on the views and impacts of migration and practitioner registration.

Aims/Setting: The research informing this poster, focussed on the challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration of internationally qualified nurses, midwives and doctors in Australia.

Methods: The study was informed by rich qualitative data extracted from twenty-eight in depth semi-structured participant interviews. Shared experiences were mapped and examined, for four key participant groups comprising: assessors operationalising the current policies and processes governing skilled migration and registration; educators offering preparatory and training programs to IQHP, workforce agencies engaging with and recruiting IQHP and internationally qualified doctors, nurses and midwives from across the globe.

Results: Key themes and points of intersection between participant experiences and the regulatory frameworks were identified using theory and data-driven coding(97) and thematic analysis via NVivo 12 plus software.

Conclusion: The study confirmed a commonly held view(34, 78) that processes used to assess suitability of IQHP for skilled migration and entry onto the Australian Health Practitioners register are often: costly; unclear; inconsistent; complex and repetitive. Greater innovation and evidence-based solutions, such as the recommendations produced from this research project, are required to support, review and reform the Standards, guidelines, and policy which are used to regulate IQHP.

References

Primary Author Contact Details
Ms Melissa Cooper
PhD Candidate
Adelaide Nursing School
Faculty of Health and Medical Sciences
The University of Adelaide
South Australia
E: melissa.cooper@adelaide.edu.au
T: + [61] 400 568 825

Primary Author Information: Melissa is an Australian registered nurse who, in mid-2017, returned to clinical practice at The Queen Elizabeth Hospital within Central Adelaide Local Health Network in Adelaide. Melissa has also spent the last 10 years working within and contributing to the development, review and implementation of standards, policy and principles which inform the Australian accreditation and regulatory frameworks for nurses and midwives. As an Associate Director at Australian Nursing and Midwifery Accreditation Council (ANMAC), Melissa applies her extensive knowledge of accreditation and regulation within the health professional education sectors to assist in protecting the health and safety of the community. Melissa is also committed to positive engagement and collaboration with education providers, regulatory authorities, professional associations and other key stakeholders, including the public.

Melissa has been involved in a number of key ANMAC projects since commencing with the organisation in 2011, including as the Project Lead for the:

1. Review of English language proficiency requirements for skilled migration 2016
2. Development of the Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives 2015
3. National Inter-sectorial Working Group – Review of Requirements for Internationally Qualified Nurses and Midwives Seeking Skilled Migration and Registration in Australia
4. Development of the Accreditation Standards for Entry Programs for Internationally Qualified Registered Nurses and Re-entry to the Register – Registered Nurse 2014
5. Development of the Registered Nurse Prescribing Accreditation Standards 2019

At the beginning of 2017, Melissa commenced a Doctor of Philosophy at the Adelaide Nursing School within the University of Adelaide. Melissa's interest and research area relates to national and international program accreditation and regulatory requirements for health professionals, including nurses, midwives and doctors.

Appendix 7: Confirmation of acceptance of poster presentation, World Health Professions Regulation Conference 2020

From: WHPRC <whprc@whpa.org>
Sent: Saturday, 15 February 2020 12:34 AM
To: Melissa Kaye Cooper <melissa.cooper@adelaide.edu.au>
Subject: RE: Abstract Poster Presentation - World Health Professions Regulation Conference 2020

Dear Melissa,

I am pleased to inform you that the Programme Committee of the World Health Professions Regulation Conference (WHPRC 2020) reviewed your submission "**Regulation, Migration and Expectations. Challenges and complexities of navigating the regulatory processes for skilled migration and practitioner registration of internationally qualified nurses, midwives and doctors in Australia**" and would like to invite you to display your poster during the conferences.

Please find attached some guidelines for the preparation and display of your poster.

Please register for the conference here. You can still benefit from the Early Bird registration fee until 27 February 2020. Note that we are unfortunately not able to provide financial support to poster presenters.

We would be glad to discuss any queries you may have regarding the poster presentation. Please confirm your attendance to display your poster at the conference by 13 March 2020.

With many thanks and best regards,

Helen

Helen von Dadelszen
Manager of the Secretariat
World Health Professions Alliance (WHPA)

Appendix 8: Ethics approval, University of Adelaide HREC

RESEARCH SERVICES
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND INTEGRITY
THE UNIVERSITY OF ADELAIDE

LEVEL 4, RUNDLE MALL PLAZA
50 RUNDLE MALL
ADELAIDE SA 5000 AUSTRALIA

TELEPHONE +61 8 8313 5137
FACSIMILE +61 8 8313 3700
EMAIL hrec@adelaide.edu.au

CRICOS Provider Number 00123M

Our reference 32269

21 December 2017

Dr Philippa Rasmussen
Nursing

Dear Dr Rasmussen

ETHICS APPROVAL No: H-2017-233
PROJECT TITLE: Australian regulatory requirements for migration and registration for internationally qualified health practitioners

The ethics application for the above project has been reviewed by the Low Risk Human Research Ethics Review Group (Faculty of Health and Medical Sciences) and is deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* involving no more than low risk for research participants.

You are authorised to commence your research on: 21/12/2017
The ethics expiry date for this project is: 31/12/2020

NAMED INVESTIGATORS:

Chief Investigator:	Dr Philippa Rasmussen
Student - Postgraduate Doctorate by Research (PhD):	Ms Melissa Kaye Cooper
Associate Investigator:	Associate Professor Judith Magarey

CONDITIONS OF APPROVAL: Thank you for the response dated 21.12.17 to the matters raised.

Ethics approval is granted for three years and is subject to satisfactory annual reporting. The form titled Annual Report on Project Status is to be used when reporting annual progress and project completion and can be downloaded at http://www.adelaide.edu.au/research-services/oreci/human/reporting/. Prior to expiry, ethics approval may be extended for a further period.

Participants in the study are to be given a copy of the information sheet and the signed consent form to retain. It is also a condition of approval that you immediately report anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants,
- previously unforeseen events which might affect continued ethical acceptability of the project,
- proposed changes to the protocol or project investigators; and
- the project is discontinued before the expected date of completion.

Yours sincerely,

Ms Sabine Schreiber
Secretary

The University of Adelaide

Appendix 9: Amendment to ethics approval, University of Adelaide HREC

RESEARCH SERVICES
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND INTEGRITY
THE UNIVERSITY OF ADELAIDE

LEVEL 4, RUNDLE MALL PLAZA
50 RUNDLE MALL
ADELAIDE SA 5000 AUSTRALIA

TELEPHONE +61 8 8313 5137
FACSIMILE +61 8 8313 3700
EMAIL hrec@adelaide.edu.au

CRICOS Provider Number 00123M

Our reference 32269

19 June 2018

Dr Philippa Rasmussen
Nursing

Dear Dr Rasmussen

ETHICS APPROVAL No: H-2017-233
PROJECT TITLE: Australian regulatory requirements for migration and registration for internationally qualified health practitioners

Thank you for the amendment submission dated 15.6.18 requesting expansion of the participant recruitment criteria for Group 2 and 4.

The ethics amendment for the above project has been reviewed by the Low Risk Human Research Ethics Review Group (Faculty of Health and Medical Sciences) and is deemed to meet the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* involving no more than low risk for research participants.

You are authorised to commence your research on: 21/12/2017
The ethics expiry date for this project is: 31/12/2020

NAMED INVESTIGATORS:

Chief Investigator:	Dr Philippa Rasmussen
Student - Postgraduate Doctorate by Research (PhD):	Ms Melissa Kaye Cooper
Associate Investigator:	Associate Professor Judith Magarey

Ethics approval is granted for three years and is subject to satisfactory annual reporting. The form titled Annual Report on Project Status is to be used when reporting annual progress and project completion and can be downloaded at http://www.adelaide.edu.au/research-services/oreci/human/reporting/. Prior to expiry, ethics approval may be extended for a further period.

Participants in the study are to be given a copy of the information sheet and the signed consent form to retain. It is also a condition of approval that you immediately report anything which might warrant review of ethical approval including:

- serious or unexpected adverse effects on participants,
- previously unforeseen events which might affect continued ethical acceptability of the project,
- proposed changes to the protocol or project investigators; and
- the project is discontinued before the expected date of completion.

Yours sincerely,

Ms Sabine Schreiber
Secretary

The University of Adelaide

Appendix 10: Organisation information sheet

Project Title: Migration and registration requirements for Internationally Qualified Health Practitioners
Human Research Ethics Committee Approval Number: H-2017-233

Dear xxx (insert contact details here)

I am seeking xxx (insert organisation details here) assistance in the recruitment of participants for the research project outlined below.

Purpose: of this qualitative study is to inform the policy frameworks, standards and models of assessment used by Australian regulators when assessing and determining suitability of Internationally Qualified Health Practitioners (IQHP) for skilled migration and entry onto the Australian Health Practitioners register.

Project: is being conducted by the following researchers from the Faculty of Health and Medical Sciences at The University of Adelaide.

Project Lead	Ms Melissa Cooper	PhD Candidate
Principal PhD Supervisor	Dr Philippa Rasmussen	Master of Nursing Science, Co-ordinator and Internationalisation Lead
Co PhD Supervisor	Associate Professor Judy Magarey	Acting Head, Adelaide Nursing School

Benefits: of the research may include recommendations to assist regulators in ensuring that the Standards and policy frameworks used to assess suitability of IQHP for skilled migration and entry onto the Australian Health Practitioners register are: fair; consistent; equitable; robust and ultimately ensure IQHP found suitable possess the necessary qualifications and experience for protection of the Australian public. These recommendations will promote greater synergy between regulators, whilst reducing duplication and contributing to the consistency of application of the assessment processes by regulators. Furthermore, participants will be informed that although there may not directly benefit from the research, it is anticipated that future IQHPs navigating the processes for registration and migration will.

Research: will include approximately 35 face-to-face/telephone interviews conducted from May and July 2018 with the following 4 groups.

Group 1 – Assessors for skilled migration and registration	**Group 2 – Internationally qualified health practitioners**	**Group 3 – Educators of IQHP**	**Group 4 – Workforce employers of IQHP**
Inclusion 1. Age – Over 18 2. Gender – male and female 3. Ethnicity – native speakers of English 4. Experience – permanent and temporary assessors, employed in the role for no less than 12 months 5. Profession – assessors for skilled migration and registration **Total maximum number 5** 6. Locations Australian Nursing and Midwifery Accreditation Council	**Inclusion** 1. Age – Over 18 2. Gender – male and female 3. Ethnicity – native and non-native speakers of English 4. Profession – 10 for each profession specific group i.e. 10 doctors, 10 nurses/midwives **Total maximum number 20** 1. Nationality – United Kingdom, India, China and the Philippines. These have been identified as the top four source countries for IQHP seeking migration and registration by the Australian Nursing and Midwifery	**Inclusion** 1. Age – Over 18 **Authors' contributions** MC, developed research proposal, conducted searches and retrieved papers, conducted all participant interviews, coded, appraised and extracted data, acted as corresponding author, wrote and revised the manuscript based on supervisor and reviewer feedback. PR Principal- and JM Co- supervise the current study and contributed to the review and final version of the manuscript. **Total maximum number 5** 2. Locations – nationwide (metropolitan, community and rural and remote)	**Inclusion** 1. Age – Over 18 2. Gender – male and female 3. Ethnicity – native speakers of English 4. Experience – core and temporary individuals, employed in the role for no less than 12 months 5. Profession – health care workforce representatives responsible for determining the employment requirements of IQHP **Total maximum number 5** Locations – nationwide (metropolitan, community and rural and remote)

and Australian Medical Council head offices in Australian Capital Territory Australian Health Practitioner Regulation Agency state-based offices in South Australia, Western Australia, Victoria and New South Wales	Accreditation Council[4] and Australian Medical Council [5] 2. Residential state – onshore and nationwide 3. To reduce the risk of bias, such as survivorship bias, a combination of successful and unsuccessful applications made for assessment for: a. skilled migration with the relevant Authority, i.e. Australian Nursing and Midwifery Accreditation Council or Australian Medical Council b. registration with the Australian Health Practitioner Regulation Agency c. skilled migration and professional registration in 2011 and 2016 only		
Exclusion 1. Contrary to inclusion 2. Australian Health Practitioner Regulation Agency state-based offices in Tasmania, Australian Capital Territory and Queensland	**Exclusion** 1. Contrary to inclusion 2. IQHP residing offshore	**Exclusion** Contrary to inclusion	**Exclusion** Contrary to inclusion

Participants: will be provided with the recommended University of Adelaide Participant Information Sheet (refer **Attachment 1**) and Consent Form (refer **Attachment 2**). Participants will be asked to engage in a semi-structured audio-recorded interview, with the choice between a phone and face-to-face format. Interviews will be approximately 1 ½ hour in duration. For safety and confidentiality, where an interview is conducted face-to-face, the researcher and the participant will meet at relevant third-party office. Participants will not receive any reimbursement of out of pocket expenses, or financial or other rewards as a result of participation. Participation in this project is completely voluntary and individuals can withdraw from the study at any time.

Data: will be analysed via a thematic coding approach, to draw out major themes and ideas. All interviews will be recorded (with participant consent) and transcribed through a formalized agreement with a contracted service. The agreement will include a mandatory requirement for the contractor to ensure total security, privacy and confidentiality for all participant data.

Retention of research data: is 5 years from the date of any publication and varies depending on the specific type of research. For more information refer to Section 2 of the *Australian Code for the Responsible Conduct of Research*.

[4] Nursing and Midwifery Board of Australia 2016, Managing risk to the public: Regulation at work in Australia. 2015/16 Annual Report Summary, Nursing and Midwifery Board of Australia/Australian Health Practitioner Regulation Agency, Australia.

[5] Medical Board of Australia 2016, Managing risk to the public: Regulation at work in Australia. 2015/16 Annual Report Summary, Medical Board of Australia/Australian Health Practitioner Regulation Agency, Australia.

Should you require further information or clarification regarding the project, please feel free to contact me directly at melissa.cooper@adelaide.edu.au or phone 0400 568 825.

Yours sincerely

xxx (insert signature and date here)

Ms Melissa Cooper
Project Lead & PhD Candidate
Adelaide Nursing School
Faculty of Health and Medical Sciences
The University of Adelaide
E: melissa.cooper@adelaide.edu.au

M: 0400 568 825

Appendix 11: Participant information sheet

PROJECT TITLE: Migration and registration requirements for Internationally Qualified Health Practitioners
HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2017-233
PRINCIPAL INVESTIGATOR: Dr Philippa Rasmussen
STUDENT RESEARCHER: Ms Melissa Cooper
STUDENT'S DEGREE: Doctor of Philosophy

Dear xxx,

You are invited to participate in the research project outlined below.

What is the project about?
The purpose of this study is to inform the processes used by Australian regulators when assessing and determining suitability of Internationally Qualified Health Practitioners (IQHP) for skilled migration and entry onto the Australian Health Practitioners Register.

Who is undertaking the project?
This project is being conducted by:

1. Ms Melissa Cooper, Project Lead, PhD Candidate, Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide.

2. Dr Philippa Rasmussen, Principal PhD Supervisor, Master of Nursing Science, Co-ordinator and Internationalisation Lead,

Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide.

3. Associate Professor Judy Magarey, Co PhD Supervisor, Acting Head, Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide.

What are the benefits of the research project?
The research may provide recommendations to assist regulators in ensuring that the standards and policy frameworks used to assess suitability of IQHP for skilled migration and entry onto the Australian Health Practitioners Register are: fair; consistent; equitable; robust and ultimately ensure IQHP found suitable, possess the necessary qualifications and experience for protection of the Australian public.

What does participation involve?
Participation involves an interview with the Project Lead (and in some cases an additional member of the research). The interview will be about your experiences and thoughts around the processes used by the regulators, factors which help(ed) or hinder(ed) your engagement in these processes, and changes that might improve these processes. This may include questions or answers about your personal experiences. We expect the interview to be 60 to 90 minutes.

We would like to conduct the interview in the months of June and July 2018. Interviews can be completed over the phone or face-to-face. With your permission, the interview will be recorded so we can ensure we make an accurate record of what you say.

What about privacy and confidentiality?
We intend to protect your anonymity, and the confidentiality of your responses, to the fullest extent possible within the limits of the law. Your name and contact details will be kept in a separate, password-protected computer file at the University of Adelaide, and will be stored separately to any data you supply. Only the above-listed researchers will have access to this data.

No publications, presentations or other public reporting of results will identify you individually, or your organisation. Results will be presented in aggregate form. All data will be reported in an anonymous and non-attributable manner. All identifying data associated with this project will be destroyed five years after the project is complete.

Can I withdraw from the project?
Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time. Should you wish to take a break during the interview, or withdraw from the study during the interview, you are free to do so. If you decide that you do not want to participate in the study, or you wish to withdraw, you do not have to give a reason.

What if I have a complaint or any concerns?
The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2017-233). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding a concern or complaint, the University's policy on research involving human participants, or your rights as a participant, please contact the Human Research Ethics Committee's Secretariat on:

Phone: +61 8 8313 6028

Email: hrec@adelaide.edu.au

Post: Level 4, Rundle Mall Plaza, 50 Rundle Mall, ADELAIDE SA 5000

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?
If you wish to participate, please indicate that you have read and understood this information by signing the accompanying consent form and returning it via email (melissa.cooper@adelaide.edu.au). The Project Lead will then contact you to arrange a mutually convenient interview time.

Yours sincerely,
Ms Melissa Cooper
Project Lead & PhD Candidate
Adelaide Nursing School
Faculty of Health and Medical Sciences
The University of Adelaide
E: melissa.cooper@adelaide.edu.au
M: 0400 568 825

Appendix 12: Participant consent form

1. I have read the attached Participant Information Sheet and agree to take part in the following research project:

Title:	Australian Regulatory Requirements for Migration and Registration for Internationally Qualified Health Practitioners
Ethics Approval	**H-2017-233**

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.

3. Although I understand the purpose of the research project it has also been explained that involvement may not be of any benefit to me.

4. I have been informed that, while information gained during the study may be published, I will not be identified and my personal results will not be divulged.

5. I understand that I am free to withdraw from the project at any time.

6. I agree to the interview being audio/video recorded. Yes ☐ No ☐

7. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Participant Information Sheet.

Participant to complete:

Name: _____ Signature: _____

Date: _____

Researcher/witness to complete:

I have described the nature of the research to _____ *(print name of participant)*

and in my opinion she/he understood the explanation.

Signature: _____ Position: _____

Date: _____

Appendix 13: Participant data and interview questions

PROJECT DETAILS

Project Title: Migration and registration requirements for Internationally Qualified Health Practitioners **Human Research Ethics Committee Approval Number**: H-2017-233			
Reminder … check recorder and back up device.			
DATE:	**TIME:**	**LOCATION:**	
FACE-TO-FACE ☐	**TELECONFERENCE** ☐	**VIDEO-CONFERENCE** ☐	
Prompt: briefly revisit important participant information, gain consent on the recording, provide re-assurance regarding confidentiality.			

Reminder …

WHAT IS THE PROJECT ABOUT?

The purpose of this study is to inform the processes used by Australian regulators when assessing and determining suitability of Internationally Qualified Health Practitioners (IQHP) for skilled migration and entry onto the Australian Health Practitioners Register.

WHO IS UNDERTAKING THE PROJECT?

This project is being conducted by:

1. Ms Melissa Cooper, Project Lead, PhD Candidate, Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide.

2. Dr Philippa Rasmussen, Principal PhD Supervisor, Master of Nursing Science, Co-ordinator and Internationalisation Lead,

Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide.

3. Associate Professor Judy Magarey, Co PhD Supervisor, Acting Head, Adelaide Nursing School, Faculty of Health and Medical Sciences, The University of Adelaide.

WHAT ARE THE BENEFITS OF THE RESEARCH PROJECT?

The research may provide recommendations to assist regulators in ensuring that the standards and policy frameworks used to assess suitability of IQHP for skilled migration and entry onto the Australian Health Practitioners Register are: fair; consistent; equitable; robust and ultimately ensure IQHP found suitable, possess the necessary qualifications and experience for protection of the Australian public.

GENERAL DATA FOR ALL GROUPS

Prompt: I would like to get some short background information. Remember that you do not have to respond to a question if you feel you don't want to. The following questions will help me understand and contextualize the data more clearly …

1. Gender or Sex: Male ☐ Female ☐ Intersex ☐ Self-define _____

2. Age: 18-25 ☐ 25-35 ☐ 35-40 ☐ 40-45 ☐ 45-50 ☐ 50-55 ☐ 55-60 ☐ 60-65 ☐

3. Ethnicity: What is your country of birth? _____

4. Is English your primary language? Yes ☐ No ☐ If no, what is your primary language? _____

5. Residential State: VIC ☐ NSW ☐ QLD ☐ SA ☐ NT ☐ ACT ☐ TAS ☐ WA ☐

6. Current employment: Are you currently employed? If so, as …

a. Permanent ☐ Contract ☐ Casual ☐

7. State of employment (**if different from residential**) VIC ☐ NSW ☐ QLD ☐ SA ☐ NT ☐ ACT ☐ TAS ☐ WA ☐

8. Profession: Are you an…

a. Assessor – Registration ☐ Skilled Migration ☐

b. IQHP – Doctor ☐ Nurse ☐ Midwife ☐

c. Educator – Medicine ☐ Nursing ☐ Midwifery ☐

d. Employer – Medicine ☐ Nursing ☐ Midwifery ☐

9. Qualifications: Please list your profession specific qualifications?

10. Experience: Please provide details of your relevant profession specific experience.

CONTEXTUALISED QUESTIONS

Interview Questions – Profession specific data and semi-structured (informal conversational style) open-ended with probes - as necessary.

GROUP 1 – ASSESSORS FOR SKILLED MIGRATION AND REGISTRATION

Primary question - What are the experiences of assessors determining suitability of IQHPs for skilled migration and registration?

1. Let's begin with the year you commenced in your role with (insert organisation here) assessing IQHP. When was that?

2. Could you please describe what you do at (insert organisation here)?

(**Group 1** - Area of exploration - preparation for the role aligned to qualifications)

3. What happens to an IQHP applying for assessment? Can you walk me through the process?

4. Tell me about your experiences with assessing IQHP.

5. What contexts or situations have influenced your experiences when engaging with and assessing IQHP?

6. Have there been changes introduced to assist IQHP in navigating the application process?

7. If you were re-designing the assessment processes, what would it look like?

8. Do you have anything you'd like to add or any other comments?

(**Group 1** - Areas of exploration - quality improvement strategies, how the organisation identifies and rectify issues, when the changes occurred and effectiveness, sense of dynamics, how is change received and implemented, responsiveness to a changing regulatory landscape. And. Applicants opportunity to provide feedback on the assessment process)

GROUP 2 – INTERNATIONALLY QUALIFIED HEALTH PRACTITIONERS

Primary question - What are the experiences of IQHPs when navigating through the application processes for skilled migration and registration in Australia in 2011, 2016, 2017 and 2018?

1. Let's begin with the year you initially applied for an assessment for both skilled migration and registration. When was that?

2. Please tell me about your experience when applying for both skilled migration and registration?

3. What contexts or situations have influenced your experiences when engaging with assessment processes?

4. Who helped you navigate the:

    a. registration process?

    b. skilled migration process?

5. What went well?

6. How could the processes be improved/harmonised?

7. If you were re-designing the processes, what would it look like?

8. Do you have anything you'd like to add or any other comments?

GROUP 3 – EDUCATORS OF IQHP

Primary question - What are the experiences of educators engaging with and upskilling IQHP?

GROUP 4 – WORKFORCE EMPLOYERS OF IQHP

Primary question - What are the experiences of Australian healthcare workforce representatives/agencies engaging with and employing IQHP?

1. Let's begin with the year you commenced in your role with (insert organisation here) **Group 3** educating/ **Group 4** employing IQHP. When was that?

2. Could you please describe what you do at (insert organisation here)?

(**Group 3 & 4** - Area of exploration - preparation for the role aligned to qualifications)

3. Describe your understanding of the registration and skilled migration requirements/processes for IQHP.

4. Tell me about your experience when engaging with and **Group 3** educating/**Group 4** employing IQHP?

(**Group 3** - Area of exploration – suitability for bridging)

(**Group 4** - Area of exploration – suitability for employment and entry into the Australian health care workforce))

5. What contexts or situations have influenced your experiences when engaging with and **Group 3** educating/ **Group 4** employing IQHP?

6. If you were re-designing the processes, what would it look like?

7. Do you have anything you'd like to add or any other comments?

CONCLUDING COMMENTS

Prompt: thank the participant for their time and engagement in the research. Briefly discuss next steps and re-visit the *use of the data.