

I came to discover that the process is not that short when someone is working for an overseas qualification to be recognised in Australia. I found that the road map is too wide and very complex. It is like a tangled web. You cannot find where point A and point B are. Even if you identify point A, in the middle people do not know which side you are supposed to go. So you are either referred back to where you started or you cannot go past where you have ended up.¹

Professions: skills recognition issues

Introduction

- 4.1 This chapter examines the current processes by which overseas professional qualifications are assessed, both for skills stream migrants prior to migration and for those already in Australia. Taking into account the recent Council of Australian Governments (COAG) initiative to implement separate skills accreditation arrangements for the health professions, it is useful for the purposes of this discussion to divide the professions into three groups: health professions, non-health related professions and generalist occupations.
- 4.2 The organisations/entities currently responsible for overseas skills recognition for the professions in Australia can therefore be broadly summarised as follows:

¹ Dr Masika, Migrant Resource Centre of South Australia, *Transcript of Evidence*, 14 November 2005, p. 31.

- Health professions: assessing authorities/professional bodies for all groups requiring overseas skills recognition, noting that individuals also need to meet regulatory requirements to practise.²
- Non-health related professions: assessing authorities/professional bodies for all groups requiring overseas skills recognition, noting that individuals may also need to meet regulatory requirements to practise. In some cases, employers may also provide 'recognition' as it is not always necessary for individuals with overseas qualifications who are already in Australia (family stream migrants, humanitarian entrants et cetera) and who wish to work in some of these professions to have their qualifications formally recognised in order to obtain employment.³
- Generalist occupations: Vocational Education Training and Assessment Services (VETASSESS) for skills stream migrants for migration purposes and employers for other individuals with overseas qualifications who are already in Australia (families of skills stream migrants et cetera).⁴ Membership of a professional body may also be required for employment.

4.3 The first part of Chapter 4 looks at some general issues relating to overseas skills recognition in the professions. The Committee received submissions and took evidence relating to 21 professions. Figure 4.1 provides a list of the professional bodies and individuals who contributed in this regard.⁵

2 As discussed, COAG recently announced the creation of new national accreditation and registration bodies for the health professions which will affect current arrangements in this area.

3 Often, they can apply directly for employment and the employer will decide whether or not to 'recognise' their overseas training and experience, with this decision based on the employer's assessment of their work experience and competencies as much as their formal qualifications.

4 See footnote above.

5 These bodies and individuals also commented on more general issues relating to Committee's terms of reference. These concerns have been considered in other sections of the report.

Figure 4.1 Submissions and evidence at public hearings on the professions

Accountancy

- Certified Practising Accountants Australia (public hearing and submission)

Anaesthetists

- Dr Peter Mulrooney (public hearing and submission)
- The Australian and New Zealand College of Anaesthetists (public hearing)

Architecture

- Architects Accreditation Council of Australia (submission)

Chiropractic

- Dr Abbie Wilson (public hearing)
- Council on Chiropractic Education Australasia (public hearing and submission)

Community work

- Australian Institute of Welfare and Community Workers (submission)

Computing

- Australian Computer Society (public hearing and submission)

Dental

- Australian Dental Association (public hearing and submission)
- Australian Dental Council (submission)

Engineering

- Engineers Australia (public hearing and submission)
- Association for Consulting Engineers Australia (submission)
- Australian Licensed Aircraft Engineers Association (submission)

Law

- Law Society of South Australia (submission)

Library management

- Australian Library and Information Association (submission)

Osteopathy

- Osteopaths Registration Board (submission)

Medical science

- Australian Institute of Medical Scientists (submission)

Medical

- Australian Medical Council (public hearing and submission)
- Australian Division of General Practice (submission)

Nuclear medicine

- Australian and New Zealand Society of Nuclear Medicine (submission)

Nursing

- Australian Nursing and Midwifery Council (submission)

Pharmacy

- Australian Pharmacy Examining Council (submission)

Physiotherapy

- Ms Emanuela Canini (public hearing and submission)
- Australian Council of Physiotherapy Regulating Authorities (public hearing)

Planning

- Planning Institute Australia (submission)

Radiography

- Australian Institute of Radiography (public hearing and submission)

Teaching

- Teachers Registration Board of South Australia (submission)

Veterinary

- Australian Veterinary Board Council (public hearing and submission)

- 4.4 The Committee acknowledges the sometimes highly detailed occupational specific concerns about skills recognition procedures raised in this evidence. While many of the matters dealt with in this report do address some of these more specific occupational concerns, the Committee believes they should also be carefully considered by the body responsible for monitoring the assessing authorities.

Recommendation 21

- 4.5 **The Committee recommends that the Department of Education, Science and Training, as part of its monitoring of assessing authorities, review the occupational specific concerns relating to overseas skills assessment procedures raised in the evidence in Figure 4.1 and, as appropriate, address those concerns, with a report back to the Committee.**
- 4.6 Chapter 4 then looks at the health professions, before turning to the non-health related professions, including the generalist occupations assessed by VETASSESS. There is not scope in this report for a detailed examination of skills recognition procedures for each individual profession. Instead, based on the evidence the Committee

received, the report considers a number of case studies to focus on issues of concern – in particular, the medical profession (doctors and specialists), physiotherapy, chiropractic, accountancy, engineering and computing.

- 4.7 By way of background to this discussion, the Australian Education International (AEI) website provides a useful summary of regulatory arrangements across the professions:

Each occupation, or group of occupations, has its own distinct pathway to recognition as a professional in Australia. The level of regulation in place largely determines the process. Based on this criterion, professions can be grouped into three categories: regulated by law, self-regulating and unregulated.

The group of professions regulated by law includes health related professions, veterinary science, and architecture. An applicants' eligibility to practise in these professions is determined on the basis of prescribed examinations.

Applicants must successfully pass the examinations to qualify for registration by State and Territory Registration Boards. In some cases applicants must undertake a period of practical experience as part of the recognition process.

In self-regulating and unregulated professions, assessments may include competency based assessments and/or assessments based on qualifications. In some professions, such as accountancy and law, additional training in Australia is usually required.⁶

- 4.8 Many of the assessing authorities/professional bodies also have their own individual mutual recognition arrangements with various countries on overseas skills recognition. The Committee notes that there are many inconsistencies in this area. As the Department of Immigration and Multicultural Affairs (DIMA) commented, 'Given that we are still having mutual recognition problems amongst the states, having mutual recognition arrangements with other countries is just another level of difficulty'.⁷ These sorts of arrangements represent an important opportunity to streamline skills recognition processes. Chapter 6 discusses this issue.

6 AEI website, <http://aei.dest.gov.au/AEI/QualificationsRecognition/RecognisingProfessionalQualifications/GuideToProfessionalRecognition/AustAssesAuth.htm> (accessed 31 July 2006).

7 Mr Rizvi, DIMA, *Transcript of Evidence*, 5 September 2005, p. 19.

General issues

Skills mobility

- 4.9 Regulation protects standards and quality but can also impede skills recognition and mobility. Domestic regulatory requirements through various licensing, registration and professional membership arrangements affect overseas skills recognition in terms of consistency, complexity and cost and they impact on the mobility of overseas skilled workers across Commonwealth and state/territory jurisdictions. The other area of regulation of interest here is that governing Australia's national training system.
- 4.10 The Australian vocational education and training system operates under a mix of Commonwealth government and state and territory government legislation. Similarly, occupational licensing and registration is administered by a wide range of state, territory and national bodies, depending on the sector.
- 4.11 The Australian Quality Training Framework, as discussed in Chapter 2, seeks to establish a nationally consistent vocational education and training system. The question this raises is to what extent there has been progress on a nationally consistent licensing and registration system.
- 4.12 The Regulation Taskforce report, *Rethinking Regulation*, made two major recommendations relevant to this area. Firstly, it recommended that COAG's work on mutual recognition and improving the effectiveness of the national training system in trade related occupations 'could be usefully extended to include the professions and para-professionals such as lawyers, veterinarians and nurses'.⁸
- 4.13 Secondly, it recommended that COAG should consider measures to 'align the national training system with occupational licensing and registration regulations, including the development and adoption of minimum effective national standards for licensing and registration across a range of industries and sectors'.⁹ As the taskforce stated:

The ability of Australian businesses to attract skilled workers
and the mobility of skilled workers across Australian

8 Regulation Taskforce, *Rethinking Regulation: Report of the Taskforce on Reducing Regulatory Burdens on Business*, p. 42.

9 Regulation Taskforce, *Rethinking Regulation: Report of the Taskforce on Reducing Regulatory Burdens on Business*, p. 43.

jurisdictions underpin a well-functioning labour market and productivity growth. A common theme across a range of submissions was the way various occupational licensing regimes effectively undermine these requirements.¹⁰

4.14 This issue was also raised with the Committee:

Cross-border mobility for a number of professional occupations continues to be impeded by differences in training and the assessment of skills and knowledge, and variations in the occupational licensing and regulatory requirements between jurisdictions. The lack of consistency presents an impediment to the mobility of skilled labour to address current skills shortages in the Northern Territory.¹¹

4.15 As will be discussed later in this chapter, the Committee supports COAG's initiative for the creation of national accreditation and registration bodies for the health professions. For the non-health professions, the Committee has recommended continuation of the existing arrangements but with greater oversight by the Department of Education, Science and Training (DEST) and for the VETASSESS contract to also be managed by DEST. However, the Committee notes the Regulation Taskforce recommendation, discussed above, that COAG's work in this area could be usefully extended to include other (non-health related) professions.

4.16 The Committee emphasises that there is a need for the Department of Employment and Workplace Relations (DEWR), DIMA and DEST to monitor licensing, registration and professional membership requirements in the overseas skills recognition arrangements for the non-health related professions to ensure they do not become an impediment to more streamlined arrangements.

Consistency

4.17 The Committee noted a lack of consistency in approach amongst the assessing authorities/professional bodies in their overseas skills recognition procedures. As the Queensland Government observed:

Some assessing authorities provide a positive skill assessment that indicates an applicant is suitable for migration. However,

10 Regulation Taskforce, *Rethinking Regulation: Report of the Taskforce on Reducing Regulatory Burdens on Business*, p. 41.

11 Northern Territory Government, *Submission No. 93*, p. 8.

upon arrival further assessment or licensing is required. Other assessing authorities do not provide a positive skill assessment until the applicant can meet registration requirements. This requires the applicant to initially seek entry under an alternate visa in order to achieve the practical and theory requirements.¹²

4.18 The assessment procedure for some of the assessing authorities for the health professions may involve a multiple choice exam that can be taken offshore and a clinical exam/practical competency assessment that must be completed onshore. Of concern to the Committee, however, were examples of:

- multiple choice and other written exams that cannot be taken offshore, with individuals having to come to Australia twice to undertake written and clinical sets of exams (Australian Medical Council); and
- inconsistencies in the assessment processes made available to residents and non-residents and lack of onshore clinical assessment processes for all applicants (Australian Institute of Radiography).

4.19 Under current AMC procedures there is a computer administrated examination and a clinical examination and people have to come to Australia to undertake those exams. The AMC provided the Committee with some history on the multiple choice exam not being available overseas, noting that it is currently implementing new arrangements to address this:

Up until 1995 we used to conduct those examinations in 43 centres simultaneously overseas with the Australian centres. We were asked at that time, in 1995, through the Commonwealth Department of Health to cease doing that ... We currently are working with the Medical Council of Canada in a joint project to reactivate overseas examinations. The plan is to pilot it in July this year in Hong Kong and Singapore, and in November to do it in about 10 or 12 centres overseas but with the capacity to go out to about 160 countries overseas. The stage one examination of ours will be offered by computer in overseas centres before they come here.¹³

12 Queensland Government, *Submission No. 83*, p. 11.

13 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, p. 6.

- 4.20 The Committee was pleased to note this development, which will also address concerns about applicants having to travel to Australia twice for examination procedures for skills assessment. As one witness outlined to the Committee:

This means that applicants have to actually travel to Australia twice within 12 months – they have to come in, do the written examination and go back home, then come back within 12 months and do the practical examination ... On average, every single person has to [undergo the process] probably three times before they pass both examinations. Each time they have to apply for short-term visas, three-month visas, to come in, do the exams, stay in hotel rooms and come and go back.¹⁴

- 4.21 The Committee noted inconsistencies in the Australian Institute of Radiography skills recognition processes available to residents and non-residents. As the Australian Institute of Radiography stated:

If an applicant is resident in Australia at the time of application and their academic qualifications and clinical experience does not meet the required level for recognition and accreditation, they may be offered a Clinical Based Assessment as a further assessment tool.¹⁵

- 4.22 Lack of equal access to a clinical assessment for offshore applicants as compared to residents raises issues of equity and fairness. Further, it appears that the assessment process for radiography, pre-migration, does not involve an onshore clinical component: 'We do not test overseas based people, no'.¹⁶ Such a practice has the potential to create a large gap between migration assessment and employment assessment for this group of people, if on arrival in Australia they cannot meet registration requirements in their area of work.
- 4.23 While the Committee notes the difficulties associated with onshore clinical assessment processes (time, cost, temporary visas), many other assessing authorities in the health area include this assessment component (AMC, ACOPRA). When further prompted about this area, the Australian Institute of Radiography responded:

14 Mrs Johannessen, Migration Institute of Australia, *Transcript of Evidence*, 23 November 2005, p. 52.

15 Australian Institute of Radiography, *Submission No. 8*, p. 2.

16 Mr Hamilton, Australian Institute of Radiography, *Transcript of Evidence*, 24 November 2005, p. 80.

There are some who get rejected and we know that if they were a resident in Australia then we would probably offer them a clinically based assessment. But we just cannot offer it because they are not going to fly out or whatever to try and get a visa. They cannot get a visa, because it is just too complicated. But if there was that facility, there would be a few we could possibly assess that way ...

You could even do a preliminary assessment and identify particular ones where, if they were issued with a temporary visa, they would be assessed. You would not bring them without some indication.¹⁷

- 4.24 Another inconsistency is that some assessing authorities provide a positive skills assessment for migration but further professional recognition is required post arrival before an individual can seek employment – for example, a mandatory period of work experience. As the Architects Accreditation Council of Australia informed the Committee:

The period of training through experience is a requirement for registration to ensure that architects enter the profession with adequate knowledge and understanding of the practice of architecture in Australia. The minimum period of practice training is two years, one of which must be subsequent to completion of a recognised academic qualification. In the case of the overseas trained, credit may be obtained for relevant overseas experience, however at least one year's experience must be completed in Australia ...

Persons wishing to migrate to Australia under the General Skilled Migration Categories are not required to fulfil any of the other requirements for registration in Australia prior to arriving here.¹⁸

- 4.25 There are also inconsistencies in the matching of occupations and assessing authorities. Some undertake assessment for certain professions listed on the SOL but not for others that are seemingly directly related. For example, the Australian Institute of Welfare and Community Workers (AIWCW) pointed out to the Committee that, while they are the assessing authority for welfare work, they are not the assessing authority for similar professions listed on the SOL such
-

17 Mr Hamilton, Australian Institute of Radiography, *Transcript of Evidence*, 24 November 2005, p. 80 and p. 81.

18 Architects Accreditation Council of Australia, *Submission No. 36*, p. 3 and p. 4.

as community worker, family support worker and youth worker, even though 'it seems logical that they should be assessed by the same authority that assesses the Welfare professionals'.¹⁹

Recommendation 22

- 4.26 **The Committee recommends that the Department of Education, Science and Training review inconsistencies in the skills assessment procedures of assessing authorities, with reference to the first section of Chapter 4 of the Committee's report, and work with assessing authorities to remove such inconsistencies, where appropriate, to ensure efficient and effective assessment processes.**

Completion times for assessments

- 4.27 The time required to complete overseas skills assessments was raised as an issue across many professions.²⁰ The Committee heard of a range of completion times in this respect. For example:

In the year from July 2004 to June 2005, 100 were accredited. In my discussions with the Dental Council, it was indicated to me that it customarily takes about two years for the applicant to get to that stage.²¹

As far as the AIWCW is concerned, the skills assessment and recognition of overseas qualifications for welfare workers is working efficiently and without any hassles. Where the applicant provides all the information required, an assessment is generally completed within 10 working days of its receipt.²²

- 4.28 Obviously, there are significant differences between these professions and also between the assessment processes undertaken, but these varying assessment completion times are of interest to the Committee.

19 Australian Institute of Welfare and Community Workers, *Submission No. 55*, p. 3. These professions are assessed by VETASSESS.

20 See, for example, Migration Institute of Australia, *Submission No. 34*, pp. 13-14 and Ms Canini, *Submission No. 105*, p. 21.

21 Mr Boyd-Boland, Australian Dental Association, *Transcript of Evidence*, 23 November 2005, p. 62.

22 Australian Institute of Welfare and Community Workers, *Submission No. 55*, p. 1.

Recommendation 23

- 4.29 **The Committee recommends that the Department of Education, Science and Training review assessment completion times across all the assessing authorities with a view to expediting decisions.**

Assessment fees and failure rates

- 4.30 A number of participants to the inquiry commented on the costs of overseas skills recognition.²³ There were also comments about high failure rates.²⁴
- 4.31 There is not scope in this report to review assessment fees across the various assessing authorities, but the Committee noted some significant variations in this regard. (The assessing authorities' fees for assessments are determined on a not-for-profit basis.)
- 4.32 The Committee also noted how high failure rates contributed to people's costs, with many applicants needing to resit exams under some assessment regimes across the professions and therefore attracting larger expenses. As the Australian Dental Association commented:
- About 40 per cent, I am told, passed the preliminary examination, which is the major measure of who is suitable to progress. Fifty per cent passed each clinical examination, which is the final examination, but people are able to resit that examination and I am told that about 90 per cent eventually complete that clinical examination.²⁵
- 4.33 At the higher end of fees charged, representatives from the Australasian Veterinary Boards Council commented that the current cost of the clinical exam as part of the overseas skills assessment process for the profession was \$6,000, with the theory exam costing another \$2,400:

On the other hand, Massey University in New Zealand carries out the clinical exam as a public service, and the fee is half of what we charge. If I were an overseas graduate, I would do

23 See, for example, Migration Institute of Australia, *Submission No. 34*, pp. 13-14.

24 See, for example, Ms Canini, *Submission No. 105*, p. 19 and p. 21.

25 Mr Boyd-Boland, Australian Dental Association, *Transcript of Evidence*, 23 November 2005, p. 62.

the exam in New Zealand and come across on the trans-Tasman treaty.²⁶

- 4.34 The Migration Institute of Australia also provided the Committee with some comparative data on fees across the assessing authorities, noting that, of the professions it had examined, optometry and dentistry had among the highest exam costs, at \$5,000 and \$5,310 respectively.²⁷

Recommendation 24

- 4.35 **The Committee recommends that the Department of Education, Science and Training (DEST) monitor assessment fees and work with assessing authorities to ensure these fees are reasonable and have been determined on a not-for-profit basis. DEST should also monitor exam failure rates and work with assessing authorities to address, as appropriate, any significant anomalies in this area.**

Health professions

- 4.36 Health professionals include doctors and specialists, nurses, midwives, physiotherapists, podiatrists, pharmacists, psychologists, occupational therapists, dentists, radiographers and optometrists. Generally, people must be registered before they can practise in these occupations.
- 4.37 There are increasing workforce shortages across a number of health professions and an increasing dependence on overseas trained health workers. These shortages are more acute in rural and remote areas. With an ageing population, the demand for health workforce services will increase while the labour market will tighten. It is therefore critical to increase the efficiency and effectiveness of the available health workforce and improve its distribution, while maintaining safe health outcomes.
- 4.38 The Committee shares the concerns of participants to the inquiry that in considering changes to Australia's overseas skills recognition arrangements the quality and safety of health services provision in Australia must not be compromised.

26 Dr Strous, Australasian Veterinary Boards Council, *Transcript of Evidence*, 24 November 2005, p. 88.

27 Migration Institute of Australia, *Submission No. 34*, p. 14.

4.39 Skills recognition processes and regulatory arrangements across the health professions are complex:

- The Australian, State and Territory Governments are involved in all of the key parts of the health workforce system, and often at several levels.
- There are more than 20 bodies involved in accrediting health workforce education and training, and over 90 registration boards.
- A host of professional bodies administer codes of conduct which complement formal regulation, or provide for self-regulation.²⁸

4.40 Given the recent work by the Productivity Commission in reviewing Australia's health workforce, as well as the major COAG initiatives under way in this area, this section of the report will limit itself to the following:

- a brief outline of the Productivity Commission findings and COAG initiatives;
- case studies on skills recognition for doctors, anaesthetists and physiotherapists; and
- consideration of issues raised concerning other health professions, such as chiropractic.

4.41 In reviewing a topic as broad as overseas skills recognition across the health professions, this report has by necessity been selective. The Committee was reluctant to duplicate recent reviews, such as those discussed below, covering aspects of this area.

Productivity Commission report on Australia's health workforce

4.42 The Committee took particular note of the recent Productivity Commission report, *Australia's Health Workforce*. The report recommendations relevant to this inquiry are listed in Figure 4.2. Health professionals are not regulated at a national level but, rather, by each state and territory. As the Productivity Commission report indicates, this has created problems in terms of skills recognition processes for overseas trained health professionals.

28 Productivity Commission, *Australia's Health Workforce*, Research Report, January 2006, p. xix.

Figure 4.2 Productivity Commission recommendations on accreditation and registration

RECOMMENDATION 6.1

The Australian Health Ministers' Conference should establish a single national accreditation board for health professional education and training.

- The board would assume statutory responsibility for the range of accreditation functions currently carried out by existing entities.
- VET should be included as soon as feasible, although there are grounds for excluding it until the new arrangement is implemented and operating successfully in other areas.
- Collectively, board membership should provide for the necessary health and education knowledge and experience, while being structured to reflect the public interest generally rather than represent the interests of particular stakeholders.
- Initially, at least, the board could delegate responsibility for functions to appropriate existing entities, on terms and conditions set by the board. Such entities should be selected on the basis of their capacity to contribute to the overall objectives of the new accreditation regime.

RECOMMENDATION 6.2

The new national accreditation board should assume statutory responsibility for the range of accreditation functions in relation to overseas trained health professionals currently carried out by existing profession based entities.

RECOMMENDATION 7.1

When a health professional is required to be registered to practise, that should be on the basis of uniform national standards for that profession.

- Education and training qualifications recognised by the national accreditation board should provide the basis for these national registration standards.
- Any additional registration requirements should also be standardised nationally.
- Flexibility to cater for areas of special need, or to extend scopes of practice in particular workplaces, could be met through such means as placing conditions on registration, and by delegation and credentialing.

RECOMMENDATION 7.2

The Australian Health Ministers' Conference should establish a single national registration board for health professionals.

- Pending the development and adoption of national registration standards by the new board, the board should subsume the operations of all existing registration boards and

entities, including the authority to impose conditions on registration as appropriate.

- The new board should be given authority to determine which professions to register and which specialties to recognise.
- Initially, however, the new board should cover, at a minimum, all professions which currently require registration across the eight jurisdictions.
- Membership of the board should contain an appropriate mix of people with the necessary qualifications and experience, and be constituted to reflect the broader public interest rather than represent the interests of particular stakeholders.
- Profession specific panels should be constituted within the board to handle matters such as the monitoring of codes of practice and those disciplinary functions best handled on a profession specific basis.

RECOMMENDATION 7.3

The new national registration board should consider and determine the circumstances in which more explicit specification of practitioner delegation arrangements would be appropriate.²⁹

COAG initiatives

- 4.43 In July 2006, COAG responded to the Productivity Commission report on *Australia's Health Workforce* and agreed to all the recommendations listed above.³⁰ COAG's response is provided at Figure 4.3.
- 4.44 As the Productivity Commission commented, the new national accreditation board would also 'be responsible for developing a national approach for the assessment of the education and training qualifications of overseas trained health workers'.³¹

29 Productivity Commission, *Australia's Health Workforce*, pp. xxxix-xli.

30 Council of Australian Governments' Meeting, 14 July 2006, COAG's response to the Productivity Commission report, Appendix A, http://www.coag.gov.au/meetings/140706/docs/attachment_a_response_pc_health_workforce.rtf (accessed 31 July 2006).

31 Productivity Commission, *Australia's Health Workforce*, p. xxiv.

Figure 4.3 COAG's response to the Productivity Commission report

In order to facilitate workforce mobility, improve safety and quality, and reduce red tape, COAG has agreed to establish by July 2008 a single national registration scheme for health professionals, beginning with the nine professions currently registered in all jurisdictions. COAG has agreed to undertake consultation with stakeholders on its preferred model of a national cross-professional registration body which would also involve health professions participating in the scheme's governance through profession-specific panels and committees ...

COAG further agreed to establish by July 2008 a single national accreditation scheme for health education and training, in order to simplify and improve the consistency of current arrangements. COAG has agreed to undertake consultation with stakeholders on its preferred model for the scheme which would ensure that accreditation activities retain and draw on essential health profession-specific expertise ... Both the national registration scheme and national accreditation scheme would be self-funding, with establishment costs jointly funded by the Commonwealth and the States and Territories.

COAG also agreed that health ministers will implement initiatives to establish by December 2006 a national process for the assessment of overseas-trained doctors.³²

- 4.45 Further information on COAG's decisions regarding the national accreditation and registration boards is at Appendix F. However, the Committee notes that many of the details of these arrangements are still to be worked out.
- 4.46 The Committee supports the COAG initiatives to create national bodies for accreditation and registration in the health professions. It is envisaged that these bodies will promote a nationally uniform approach to the regulation of health workers, so reducing administration and compliance costs and barriers to the movement of health professionals within Australia and to overseas skills recognition.

Recommendation 25

- 4.47 **The Committee recommends that Commonwealth agencies involved in implementing the new accreditation body for the health professions clarify as soon as possible how the development of a national approach for the assessment of the education and training qualifications of overseas trained health workers will impact on the current roles of the**

32 COAG, *Communique*, 14 July 2006.

assessing authorities/professional bodies in this area, as well as on the Department of Education, Science and Training in its monitoring role for these authorities.

Medical profession

*This is not an area that lends itself particularly well to what you might call sudden reversals of policy. Unfortunately it has been an area that has been characterised by that in a lot of different aspects of what is going on, at both state and federal level. It is a really complex piece of machinery. If we are going to start tinkering with it, we would need to be very careful about what we are doing.*³³

4.48 The Department of Health and Ageing (DHA) noted that overseas trained doctors (OTDs) now constitute 'around 25 per cent of the overall medical workforce and a significantly higher percentage of doctors in rural and remote areas'.³⁴

4.49 There are clearly ethical issues involved in recruiting OTDs, given that medicine is a highly trained profession and there is a worldwide shortage of doctors. DHA confirmed to the Committee that there are appropriate arrangements in place in Australia to restrict the recruitment of OTDs from developing countries:

I should make it clear that we abide by the Commonwealth code of conduct for international recruitment. We do not seek to actively recruit in developing countries or countries where the workforce is critical.³⁵

4.50 Issues about skills recognition processes for OTDs have been discussed at length over a multitude of reports,³⁶ including:

- *Problems Encountered by Overseas-trained Doctors Migrating to Australia*, M. Kidd and F. Braun, Report to the Bureau of Immigration and Population Research, Canberra, 1992.

33 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, p. 16.

34 Productivity Commission, *Australia's Health Workforce*, p. 127.

35 Ms Larkins, Department of Health and Ageing, *Transcript of Evidence*, 27 February 2006, p. 13. See also Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, p. 7 and Mr Boyd-Boland, Australian Dental Association, *Transcript of Evidence*, 23 November 2005, p. 63.

36 The AMC provided a detailed history of this area in its submission to the Committee, *Submission No. 44*, pp. 3-9.

- *The Race to Qualify: Report of the Committee for the Review of Practices for the Employment of Medical Practitioners in the NSW Health System*, October 1998.
- *Temporary Resident Doctors in Australia: Distribution, Characteristics and Role*, Australian Medical Workforce Advisory Committee Report 1999, June 1999.
- *Overseas Trained Doctors in the Victorian Public Hospital System*, Postgraduate Medical Council of Victoria, May 2002.
- *Position Statement on Overseas Trained Doctors*, Australian Medical Association, June 2004.
- *Review of Specialist Medical Colleges*, Report to Australian Health Ministers, Australian Competition and Consumer Commission and Australian Health Workforce Officials Committee, July 2005.
- *Australia's Health Workforce*, Research Report, Productivity Commission, December 2005.

4.51 The current arrangements for assessing the skills of OTDs also gained increased attention following the surgical practices of Dr Jayant Patel at Bundaberg Base Hospital over 2003-05.³⁷

Skills assessment of OTDs

- 4.52 Before practising in Australia, all doctors must first obtain registration from the medical board in the state or territory in which they wish to work. The registration of medical practitioners in Australia is a state responsibility and is regulated by separate legislation in each state and territory.
- 4.53 Eligible doctors receive either unconditional (full/general) registration or conditional registration. OTDs who do not have full medical registration in Australia or have not completed the standard pathway for specialist assessment or the standard pathway for general practitioner assessment, through the AMC (Australian Medical Council) and specialist colleges, but who are prepared to work in an 'area of need', as designated by a state or territory health authority, may be eligible for conditional registration with the state and territory medical boards. As the AMC commented:

³⁷ See Bundaberg Hospital Commission of Inquiry, *Interim report*, Queensland Government, 10 June 2005.

Although a measure of national consistency had been achieved with the 1991 Health Ministers decision, each State and Territory retained discretionary provisions under their individual Acts, to grant registration with conditions to individual medical practitioners, who did not meet the agreed national standards for independent practice, in circumstances where it was deemed by the relevant Board to be “in the public interest”. This category, which is also known as “area of need” registration, was to increase in significance as the numbers of area of need positions increased from some 600 in 1992 to over 4000 in 2002/2003 ...³⁸

- 4.54 While Australia therefore has a rigorous assessment process for OTDs through the AMC pathway, as the Committee heard, ‘there appears to be a significant number of overseas trained specialists, particularly in Area of Need positions, who have been registered but have never lodged an assessment application with the AMC’.³⁹ As the AMC further stated:

There is a large cohort of those people who are coming through the system and are being registered to our knowledge without anybody having assessed their skills at all ... There has got to be an indeterminate number of people who are being put into positions with either little or no formal assessment of their capacity to function. I am not talking about their academic competence. I am talking about their capacity to actually work in the health care system.⁴⁰

- 4.55 The AMC’s comments here are of great concern to the Committee – see Figure 4.4 for further commentary by the AMC on this area.

38 AMC, *Submission No. 44*, p. 5.

39 AMC, *Submission No. 44*, p. 9.

40 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, p. 11. Australian researcher Dr Birrell has also commented on this area: ‘With the exception of some senior specialists, OTDs from NESB countries who have been selected to fill ‘area of need’ positions have not been required to undergo a formal assessment of their English skills, medical knowledge or clinical capacity’, ‘The aftermath of Dr Death: has anything changed?’ *People and Place*, Vol. 13, No. 3, 2005, p. 54.

Figure 4.4 AMC commentary: who is assessing temporary resident OTDs?

If you take a look at the total number of 4,000 temporarily resident doctors that we have got in the country at the moment, and we assume that something like two-thirds of those are cycling – that is, that some of those are here for more than 12 months so that not all of them will turn over within that 12-month period – but let us say about 3,000 maybe are turning over, all the data that we are getting from the Commonwealth and the input from these people tells us about 25 per cent of those guys are going to be specialists. We know from the figures that we are seeing that only about a third of those specialists are coming through our assessment pathways.

We do not know what happens to the other two-thirds. We know that some of them are being badged as occupational trainees and so they are not appearing on anybody's statistics as being part of the area of need workforce, but they are actually physically in the hospitals and become part of the hospital workforce. But they are not figures that you can pinpoint very clearly. There is a large cohort of those people who are coming through the system and are being registered to our knowledge without anybody having assessed their skills at all. They may have done a paper review of them and that may be okay. That may be perfectly reasonable. They may look down and say, 'Look, this guy has had all this background experience and there should not be a problem,' but if that is the case then you would think you would get them through and linked up into the fellowship programs of the colleges, so you could get them tied into the ongoing peer review or peer assessment type of programs. But they are not appearing in those areas.

There has got to be an indeterminate number of people who are being put into positions with either little or no formal assessment of their capacity to function. I am not talking about their academic competence. I am talking about their capacity to actually work in the health care system. We get from medical boards reports of the problems that they are having with these people, particularly in communications skills areas, and in other major areas. Gaps in medical knowledge is another major area that was identified by the Northern Territory report that they did at the end at last year, and that is a worry. These people are not being screened, which means also we are not identifying what their deficiencies are and therefore nothing is probably being done, other than on an ad-hoc basis, to make sure that they are overcoming those deficiencies.

... The classic case we now have is the Patel case in Queensland where, because of that one individual and one set of circumstances, the reputation of overseas trained doctors, and of doctors who are Australian trained but with ethnic backgrounds, has really been thrown into turmoil. People are much more reluctant to take these people on board, even though they are highly competent people.⁴¹

41 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, pp. 1-16.

- 4.56 The Committee agrees with the AMC that an agreed, fully implemented national approach is urgently needed in this area and that national accreditation/registration arrangements for medical practitioners must be implemented as soon as possible:

Talking about nationally consistent approaches is terrific – if they are national, and if they are consistent. Up to now the track record has been that we have agreed on these nationally consistent approaches but they have not been implemented in that way because everyone has taken on their discretionary provisions and put people in areas where they felt there was a need to do so. There may be a legitimate need. Constantly we hear from the health authorities: ‘It does not matter what the standard of this guy is. We need to have a doctor in that town.’⁴²

- 4.57 The Australian Divisions of General Practice also called for a national approach to this problem:

The introduction of a common, high quality, standard national medical registration would alleviate much of this frustration and uncertainty and further help to reduce the red tape involved in registration approval processes over time for both OTDs and Australian trained doctors.⁴³

- 4.58 In this context, the Committee welcomes the recent COAG announcement to establish national accreditation and registration boards and, more particularly, establish a national process for the assessment of OTDs by December 2006. The Committee strongly supports action by COAG in this area.

- 4.59 Also of note is the Productivity Commission’s view that the national registration board ‘should continue to have the ability to set terms and conditions under which particular individuals can work in specified work situations in Australia, when they do not meet the standards required for unconditional registration,’ as to close off this option would be ‘simply unrealistic, given current workforce shortages particularly in areas of need’.⁴⁴ Given the statements made by the AMC in this inquiry, the Committee highlights the urgent need for authorities to ensure that **all** OTDs practising in areas of need in Australia go through the appropriate assessment pathways.

42 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, p. 11.

43 Australian Divisions of General Practice, *Submission No. 25*, p. 4.

44 Productivity Commission, *Australia’s Health Workforce*, p. 131.

Recommendation 26

4.60 **The Committee recommends that, in light of the serious concerns that have been raised with the Committee about overseas skills assessment processes for overseas trained doctors (OTDs), the Department of Health and Ageing should ensure initiatives announced by the Council of Australian Governments (COAG) to establish a national process for the assessment of OTDs are implemented by the COAG agreed timetable of December 2006.**

4.61 Commonwealth and state governments, the AMC and the specialist colleges and medical boards are at the forefront of issues potentially faced by all professions and trades with acute skills shortages and critical public safety issues. These issues include how to deal with:

- skills shortages in areas of need and regional and remote areas;
- demands for fast-tracking of overseas skills assessments;
- skills assessment for temporary workers and conditional registration/provisional licensing arrangements and implementation of appropriate supervisory procedures;
- incorporating vocational education and training, competency assessment and the recognition of prior learning (RPL) into assessment processes; and
- demands for skills assessment to be conducted offshore so that migrants are more employment ready when they arrive in Australia.

Support for OTDs in rural and remote areas, and bridging courses

4.62 Another critical issue raised by the AMC concerns the need for provision of orientation and support services for OTDs:

One of the interesting things about Australia is that we are asking people to come in from overseas to go and work in often very difficult areas, often culturally removed from the areas that they have come from ...

... the rural and remote areas are where you really want to have the better-performing people in a sense because they are isolated and often they are cut off from other support services. The ones that you are putting out there really ought

to be the ones that have a very high capacity to function effectively in those sorts of environments ...

In the rural and remote areas, the issue of having people who are confident and able to perform is even in a sense more important than it is in the urban areas where there is often supervision or back-up or someone else who can support them. In these areas, they have to be the people functioning entirely on their own.⁴⁵

4.63 The Australian Divisions of General Practice echoed this point:

Changing from one culture to another and adapting to the Australian lifestyle is a challenge faced by all migrants. In some ways, this challenge is intensified for OTDs. In many cases, OTDs fill vacancies that are hard to fill by doctors trained in Australia. This often means employment in rural and remote areas, in a range of clinical situations. To deal with these circumstances adequately, OTDs require not only sufficient medical knowledge and peer support, but also cultural awareness training/exposure and experience.⁴⁶

4.64 The Committee agrees with the AMC and the Australian Divisions of General Practice that, for OTDs in these rural and remote areas, skills recognition is more than just 'getting people past a barrier examination or a regulatory requirement in the workforce':

It has now been recognised ... that these people may need support beyond simply getting them registered. There needs to be some infrastructure in place to enable them to really integrate into the medical workforce in Australia and become effective clinicians and practitioners within the Australian health care system.⁴⁷

4.65 DHA provided the Committee with information on some existing bridging courses for OTDs, including:

- funding to support the establishment of upskilling positions to provide 'selected overseas trained specialists with up to 24 months of additional training to assist them with gaining College Fellowship';

45 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, pp. 1-2.

46 Australian Divisions of General Practice, *Submission No. 25*, p. 4.

47 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, p. 2.

- engaging the Royal Australian College of General Practitioners to 'identify, assess and counsel those permanent resident overseas trained doctors not currently in the medical workforce and determine which of them could potentially practise medicine in Australia' and to develop an 'individual learning plan' for each doctor to assist them in preparing for the AMC exam; and
- funding of \$0.5 million per year for training and mentoring under the Five Year Program, a national program to encourage overseas trained general practitioners to work in rural and remote locations.⁴⁸

4.66 The Committee agrees that there is a need for these types of courses. The Committee also notes the AMC's research findings that bridging programs should be closely targeted at those who narrowly fail their first exam attempt rather than at those who require major retraining. The AMC further emphasised that completion of a bridging course should be immediately linked to undertaking the AMC exam as this results in a significant increase in pass rates.⁴⁹

Recommendation 27

- 4.67 **The Committee recommends that the Department of Health and Ageing urgently address, as part of the recently announced Council of Australian Governments initiatives, the provision of:**
- a) **orientation and support services to overseas trained doctors (OTDs), particularly those located in rural and remote areas; and**
 - b) **targeted bridging courses for OTDs.**

Communication of assessment processes

4.68 The Committee heard positive comments about the DHA's new Doctorconnect website,⁵⁰ which was introduced to improve availability of information on the various stages of the assessment process for OTDs from migration through to registration:

48 DHA, *Submission No. 37*, p. 3.

49 AMC, *Submission No. 44*, pp. 16-19.

50 Department of Health and Ageing, <http://www.doctorconnect.gov.au> (accessed 31 July 2006).

... we have no doubt from the feedback we are getting from overseas trained doctors that it is a very, very positive initiative ... internationally it is a well-recognised source.⁵¹

- 4.69 The website will assist in communicating the national process for assessment of OTDs to be implemented by Commonwealth and state/territory governments by December 2006. This should address some of the confusion about the process currently experienced by users:

... the state/territory registration boards have been specified as the skills assessment authorities, but there is a complicated relationship between the medical colleges, state/territory registration boards and the AMC with regard to assessment of skills. It is very difficult to understand which qualifications are recognised in Australia, and what the application process should be for each individual.⁵²

Anaesthetics

- 4.70 The Committee heard evidence from an overseas trained specialist in anaesthetics, Dr Mulrooney, and also from the professional body conducting overseas skills assessment in this area, the Australian and New Zealand College of Anaesthetists (ANZCA). This exchange is of particular interest, given the 'area of need' and 'conditional registration' issues raised above. A case study on Dr Mulrooney's experience is at Figure 4.5.

51 Mr Frank, AMC, *Transcript of Evidence*, 24 May 2006, p. 12.

52 Migration Institute of Australia, *Submission No. 34*, p. 27.

Figure 4.5 Case study of an overseas trained anaesthetist

I came here having been a consultant anaesthetist in the UK for approximately 10 years. I was chairman of my department for about eight of those. My hospital had approximately 1,400 beds and about 25 operating theatres. The department had approximately 35 full-time equivalent consultants and approximately the same number of trainees ...

I came here under the area of need legislation and took up a post in a hospital in the north of Perth and I was assessed from the UK to fulfil the criteria for that post. Having arrived here, I had to apply for specialty recognition from the Australian and New Zealand College of Anaesthetists ... I underwent the overseas training scheme assessment and, to my horror, they decided that I would need to undertake the overseas trained exam and be supervised until I had attained the exam ... Meanwhile I am practising in an unrestricted fashion, doing full emergencies. I was interviewed twice ...

I thought, 'Why are you asking me what specialty training I've got?' However, I did point out, 'I am flying back tonight' – or tomorrow – 'and I am doing this really complicated case which not all the anaesthetists at my hospital would be willing to do and yet here I am, someone who is deemed inadequate in the eyes of the college to go ahead and do it' ...

The other issue is that prior to 1996-97 there was automatic recognition of UK anaesthetists ... I was deemed to be inadequate, whereas there are people who have gone through the system – who arrived before 1996-97 – and are deemed as adequate. I find this whole thing very odd – or at least, that is the word I am prepared to use here.

I have tried to question the College of Anaesthetists here and, to be honest with you, I have not received a meaningful response ...

The chief executive ... claimed that the appeals process was as per the requirements of the ACCC and was well regarded. I wrote to the ACCC and, indeed, I referred the college to the ACCC halfway through the process because I just could not get any answers. The ACCC got in touch with the college and pointed out to them, after telling me this is what they were going to do, that, no, their appeal process was not as per the ACCC's guidelines or well regarded by the ACCC ...

The College of Surgeons now will fast-track recognition of UK surgeons, as I believe will the colleges of physicians and obstetricians.⁵³

53 Dr Mulrooney, *Transcript of Evidence*, 15 November 2005, pp. 66-70.

4.71 This case study raises a number of issues about assessment processes, client feedback, international mutual recognition arrangements, appeal processes and area of need arrangements. The Committee welcomed a response from ANZCA to these issues. ANZCA emphasised that the college:

- maintains standards:
 - ⇒ Any attempts to circumvent the agreed college processes weaken the standard of health provision to the community and have the potential to expose the community to risks and consequences such as happened in Bundaberg.⁵⁴
- is not a 'closed shop':
 - ⇒ The college has neither put any artificial barriers in place for overseas-trained specialists nor applied any barriers indiscriminately ... The reality is that we have specific, transparent criteria for exemption from having to sit a portion of the examination and Dr Mulrooney did not meet those criteria.⁵⁵
- follows the agreed process for assessing OTDs:
 - ⇒ ... as far as anaesthesia services for areas of need in Australia are concerned, the Australian and New Zealand College of Anaesthetists currently adheres to the process outlined in the AMC assessment process users guide.⁵⁶
- recently signed off on a streamlined, fast-tracked assessment process for OTDs:
 - ⇒ ... the college will move rapidly with the establishment of the Rapid Assessment Unit, assisted by AHWOC, to pursue the question of comparison of overseas-trained qualifications with our own ... a statement by the college regarding English and Irish qualifications will be made ... early in the new year ... The purpose of the rapid assessment unit ... is for us to speed ahead with saying, 'Yes, we've looked in more detail at English, Irish, South African and Canadian qualifications, and

54 Emeritus Professor Phillips, ANZCA, *Transcript of Evidence*, 24 November 2005, p. 62.

55 Emeritus Professor Phillips, ANZCA, *Transcript of Evidence*, 24 November 2005, p. 65 and p. 61.

56 Emeritus Professor Phillips, ANZCA, *Transcript of Evidence*, 24 November 2005, pp. 58-59.

the following ones we believe ought to be accepted and they don't need to do any training or have any supervision.⁵⁷

- has appeals processes in place:

- ⇒ I believe our college was in error in stating to Dr Mulrooney that our appeals process was approved by the ACCC ... However, the principles of our appeals process are certainly comparable to the Royal Australasian College of Surgeons appeals process.⁵⁸

4.72 The Committee notes that the COAG initiatives should address many of the issues raised by both parties here. The Committee also welcomes the fast-tracking initiatives under consideration by the specialist colleges and notes that, if these arrangements had been in place at the time Dr Mulrooney applied, ANZCA may have been able to take a different approach to the assessment of his UK qualifications.

Physiotherapy

4.73 The Australian Council of Physiotherapy Regulating Authorities (ACOPRA) is the assessing authority/professional body for overseas skills recognition in physiotherapy.⁵⁹ The process of recognition requires three steps: confirmation of eligibility, a written examination and a clinical exam after a recommended period of supervised practice.

4.74 The Committee was concerned to hear the account of an overseas trained physiotherapist, Ms Canini, wanting to migrate to Australia who had sought overseas skills recognition through ACOPRA. A case study on her experience is at Figure 4.6.

57 Emeritus Professor Phillips, ANZCA, *Transcript of Evidence*, 24 November 2005, p. 62.

58 Emeritus Professor Phillips, ANZCA, *Transcript of Evidence*, 24 November 2005, p. 63 and p. 66.

59 The Committee notes that ACOPRA recently changed its name to the Australian Physiotherapy Council (APC).

Figure 4.6 Case study of an overseas trained physiotherapist

I came here more than two years ago to work as a physiotherapist and I still do not have permission to do so ... The government is making many efforts to motivate people to come here and work, but apparently something is wrong because that is not happening. I do not think this occurs just with physiotherapists; for many professions it is the same, especially in the health system ... I want to tell you of the difficulties that people like me are encountering in trying to get their qualifications recognised.

I came to Australia to improve my quality of life. I qualified as a physiotherapist in 1995 in Italy; it was a three-year full-time course. After that, I did some professional courses, especially in Australian techniques. I then came here as a student and completed a master of sports physiotherapy here in Perth at the Curtin University. My Italian qualification was accepted by the university, which enabled me to undertake a postgraduate course, but it was not accepted for registration to work. I was told that there was a procedure to follow to get such recognition, so I started to follow it as soon as I finished my studies in 2004. There are two exams to do: one is written and the other is clinical. I was recognised as eligible to do the first exam.

I have heard rumours that this written exam is very difficult and, on average, it must be attempted at least two or three times in order to pass ... I did the first exam and I failed four questions. I then had to wait for six months to do another exam, because they are held only twice a year. Of course, I had to pay the fee each time, which is \$1,100. I sat the second exam last September, which I failed also, along with 86 per cent of candidates ...

At first I had a student visa, which is valid for one year. When that expired, I tried to find a sponsor. It is just impossible to find a sponsor because their requirements are very strict. I am required to have a contract for 35 hours minimum per week and \$39,000 a year – with what qualification? If I am not a physio, you cannot expect me to have other big qualifications. So the only one I could use was as a massage therapist or phys assistant. A massage therapist job is quite difficult to find because it is more occasional work ...

The other profession was phys assistant but, because phys assistant is not on the list of the department of immigration, even if a hospital requires you, you cannot work because it is not approved ... It is not written anywhere that you can work as a phys assistant in a country area.

... whoever wants to apply in a country area does not know that because it is not on the DIMA website, it is not in the booklets – it is not anywhere. You read that list and you think, 'If I have those qualifications, I can work; if I don't have one, I can't.' So you do not even think to apply in a country area ...

After that, my visa was still undergoing cancellation and I got another contract with Royal Perth Hospital as a phys assistant ...

I did the application through the Department of Health, which was helping me. The Department of Health told me that the application was going well and it was just a question of days for it to be approved. So I was sure to pass this time. I even did the induction course with the hospital. I got all my stuff – the uniforms and everything. The day before I was to start work someone from the migration office called the department. They had called before saying, 'Okay, she has the visa till 2009.' After five minutes someone else called and said, 'No, she cannot work; this assistant is not on the list.' But they should have told me that before. Of course, for the application I had done there was no refund ... After that ... I got two tourist visas ...

The idea is to pass these exams and get an occupational training visa and prepare for the second exam, which is a practical, so I can have some training in the hospital. And then maybe in the future I can be employed by the hospital. Every time I ask for training they ask me, 'Would you be interested at the end to work with us?' Yes, of course I would, but there is no way that I can even have training without passing these exams. I tried before with the second tourist visa; I tried again with the Royal Perth Hospital. But it is compulsory to have insurance to work and I cannot have the insurance if I do not have temporary registration with the board. And I cannot have temporary registration with the board if I do not know officially the result of the exam. To know the result of the exam takes six weeks ...

Six weeks to know the results, two months to have the clinical placement organised and then six weeks clinical placement. Then for the other exam it is another two weeks to know the results. Again, it is one year if you pass all the exams.

It is quite difficult, because I have made such an effort here and spent so much money, probably \$80,000, in the two years that I have been here ...

By doing the masters I thought that I would get my qualification recognised and then I could apply as an independent. But I could not from Rome. It was impossible. I did not have any visa ... How can you apply from overseas? ... I could not see any other type of visa.⁶⁰

4.75 This case study points to a number of issues of concern to the Committee, including the need for:

- improved pre-migration communication of visa processes and skills recognition, upgrading and registration requirements;

60 Ms Canini, *Transcript of Evidence*, 20 April 2006, pp. 2-15.

- clarification of education and training requirements;
- information on temporary, short terms visas to complete onshore assessment stages, such as clinical exams; and
- improved monitoring of assessment fees, assessment completion times, failure rates, passmarks and client feedback mechanisms.

4.76 Ms Canini also commented on:

- the 'vague feedback' provided on failing the ACOPRA exam;⁶¹
- the 'excessive' cost of the process – some \$6,000;⁶²
- the changing passmarks;⁶³
- the lengthy time to complete the assessment process, which impacts on being able to demonstrate, for migration purposes, recent work experience,⁶⁴ and
- additional costs not being specified by ACOPRA.⁶⁵

4.77 On the need for clarification of training requirements, as Ms Canini commented:

I saw on the Physiotherapists Registration Board website that the qualification was accepted for full registration. It is written as 'Master of Physiotherapy'. I thought that meant any type of masters related to physiotherapy, but it is not like that. I found that out too late.⁶⁶

4.78 The Committee received further evidence with regard to other professions about the need for clarification in this area. As the Australian Institute of Medical Scientists (AIMS), commented:

... applicants appear totally unaware of the requirements for assessment as a medical scientist or of the existence of accredited degree courses until they apply to AIMS (unsuccessfully) for assessment as medical scientists. In many cases these applicants have assumed that the course they have undertaken will provide them with immediate entry to the profession and assessment as medical scientists. It is

61 Ms Canini, *Submission No. 105*, p. 7.

62 Ms Canini, *Submission No. 105*, p. 19.

63 Ms Canini, *Transcript of Evidence*, 20 April 2006, p. 12.

64 Ms Canini, *Submission No. 105*, p. 21 and p. 17.

65 Ms Canini, *Submission No. 105*, p. 20.

66 Ms Canini, *Transcript of Evidence*, 20 April 2006, p. 8.

difficult to believe that these students were not led to this assumption by the promotional activities of the universities concerned. These unsuccessful applicants ... have spent many thousands of dollars on an educational course they believed (incorrectly) would qualify them as medical scientists.⁶⁷

- 4.79 The Committee agrees that individuals need clearer information on this area so that they do not undertake unnecessary education and training.

Recommendation 28

- 4.80 **The Committee recommends that the Department of Education, Science and Training work with the Department of Immigration and Multicultural Affairs to add a new section on training to the Australian Skills Recognition Information website. The website should emphasise the need to consult with assessing authorities before undertaking any education and training to ensure that the course will actually contribute to a successful skills assessment in their profession.**

Recommendation 29

- 4.81 **The Committee recommends that the Department of Education, Science and Training, as part of its international education policy oversight role, monitor education and training, including bridging courses, undertaken in Australia for skills assessment and migration purposes to improve communication to users.**
- 4.82 The Western Australian Department of Health also commented on the skills assessment processes for physiotherapy, suggesting that there may even be trade practices issues involved – see Figure 4.7.

67 AIMS, *Submission No. 102*, pp. 3-4.

Figure 4.7 WA Department of Health comments on trade practices issues

Although there is no evidence that there has been any intention to do so, the effect of some admission processes for overseas qualified practitioners may be to put into place anti-competitive arrangements which substantially lessen competition in the markets for those professional services. Using the physiotherapy admission arrangements as an example, the following elements, when taken together or in various combinations, may substantially lessen competition:

- not setting pass marks at the outset of the process as part of the determination of the minimum required level of knowledge, but instead setting pass marks once individuals' examination results are known
- a very high failure rate of 86% considering that applicants are existing practitioners, albeit not in Australia
- high application fees – \$495 eligibility assessment fee, \$1100 examination fee, \$1760 clinical assessment fee (\$3,355 in total); and
- restricting opportunities to sit examinations ...

The *Trade Practices Act 1974* (Commonwealth) makes anti-competitive arrangements entered into by professional associations, and corporations in general, illegal.⁶⁸

4.83 The Committee welcomed a response from ACOPRA to these issues. ACOPRA emphasised that it undertakes the skills assessment process 'within an overall organisational environment of continual review and improvement'.⁶⁹ ACOPRA pointed to an improved completion rate for assessments. In 2005, 59 physiotherapists completed the assessment process compared with 24 in 2003. The exam pass rate had also 'gradually increased from around 43 per cent to 60 per cent in March last year'.⁷⁰

4.84 A matter of particular concern was the September 2005 ACOPRA exam result, where 11 out of 76 candidates passed the examination.⁷¹ These exam results attracted press coverage, with one newspaper article claiming that 'when questions from the test were put to Perth physios, they admitted they could not answer many of them'.⁷²

68 Western Australian Department of Health, *Submission No. 104*, pp. 1-4.

69 Ms Grant, ACOPRA, *Transcript of Evidence*, 27 February 2006, p. 26.

70 Ms Grant, ACOPRA, *Transcript of Evidence*, 27 February 2006, p. 27.

71 Ms Grant, ACOPRA, *Transcript of Evidence*, 27 February 2006, p. 27.

72 P. Lampathakis, 'Physios fail entry test', *Sunday Times*, 27 November 2005, p. 29.

- 4.85 The Committee was encouraged to hear that ACOPRA has now run workshops in response to client feedback concerning that exam process:

... it is of concern to ACOPRA that that many people failed. We have tried to put in place a number of strategies to assist candidates because it highlighted areas for further improvement ... we have been trying to provide resources for candidates doing the exams because that was something that was identified that could be improved.⁷³

- 4.86 A further issue of concern to the Committee is that a period of clinical work experience in Australia is recommended by ACOPRA prior to undertaking the clinical exam, the final stage of the skills assessment process. This extends the time an applicant must stay in Australia and also has cost implications. As ACOPRA commented:

... we do strongly recommend that they gain some clinical experience before they do their clinical exam. One of the complaints you may have heard is that, given the saturation within the hospitals ... from domestic students, some facilities now charge these overseas-trained people for their clinical experience.⁷⁴

Recommendation 30

- 4.87 **The Committee recommends that the Department of Education, Science and Training, in its monitoring role of assessing authorities, work with the Australian Council of Physiotherapy Regulating Authorities (now the Australian Physiotherapy Council) to ensure its processes are consistent with best practice, and report back to the Committee on this matter.**

- 4.88 Another issue raised in relation to physiotherapy was that, at the time of the inquiry, Western Australia did not have legislation in place to allow for temporary registration:

Physiotherapists in other states (excluding Queensland and WA) have capacity to apply for limited registration that requires an appropriate qualification and adequate English. Limited registration is valid for 12 months and applicants

73 Ms Grant, ACOPRA, *Transcript of Evidence*, 27 February 2006, p. 29.

74 Ms Grant, ACOPRA, *Transcript of Evidence*, 27 February 2006, p. 31.

must have a registered physiotherapist on site 75% of the time.⁷⁵

- 4.89 The Committee again points out that a national registration system for the health professions should address such anomalies.

Issues concerning other health professions

Nursing

- 4.90 The Committee notes the high number of overseas trained nurses seeking skills recognition in Australia. There have been a number of inquiries into the nursing profession, particularly on skills recognition for overseas nurses and registration issues. For example, a 2002 Senate inquiry report into nursing, *The Patient Profession: Time for Action*, recommended:

That the Commonwealth Department of Immigration and Multicultural and Indigenous Affairs ... simplify the process of recognising overseas qualifications for nurses wishing to migrate to Australia on a permanent or temporary basis ...⁷⁶

- 4.91 The report also recommended that 'national registration be implemented for registered and enrolled nurses'.⁷⁷ The Committee notes that the COAG initiatives should address these concerns.

Chiropractic

- 4.92 The Committee received evidence from an overseas trained chiropractor, in this case an Australian citizen returning to Australia with overseas qualifications in chiropractic, about their concerns with the assessment procedures of the Council on Chiropractic Education Australasia (CCEA). Issues raised included:

- The variation in international mutual recognition arrangements: qualifications gained from a chiropractic institution in the United States had previously been accepted for registration purposes in Australia, but now all states require testing through CCEA. The

75 Western Australian Department of Health, *Submission No. 104*, p. 2.

76 Senate Community Affairs References Committee, *The Patient Profession: Time for Action*, Report on the Inquiry into Nursing, Parliament of Australia, June 2002, p. 21.

77 Senate Community Affairs References Committee, *The Patient Profession: Time for Action*, p. 40.

previous process took six weeks whereas the assessment process takes 'at least six months'.⁷⁸

- The integrity of assessment processes: 'No identification is required at the test site, anyone could take the test if they wished'.⁷⁹
- The difficulties in contacting the assessment authority: 'It is extremely difficult to contact anyone involved with the process and harder to get a reply'.⁸⁰

4.93 The CCEA responded to these concerns. On the mutual recognition of overseas qualifications, they commented that the only qualifications currently recognised are from Australian or New Zealand accredited programs, which was 'a decision by all of the state health ministers. It is in all of the state legislation'.⁸¹ However, as 95 per cent of the people seeking recognition from CCEA are qualified in the US, they were exploring mutual recognition as an option: 'We are in the process of actually starting up some dialogue with the National Board of Chiropractic Examiners in America'.⁸²

4.94 On the identification of candidates at test sites, CCEA confirmed that they had been in discussion with the universities concerned about the identification issue: 'We did not realise that they were not asking candidates for identification, which is one of our criteria. That will now be enforced'.⁸³

Recommendation 31

4.95 **The Committee recommends that the Department of Education, Science and Training, in its monitoring role of assessing authorities, work with the Council on Chiropractic Education Australasia to ensure its processes are consistent with best practice, and report back to the Committee on this matter.**

78 Dr Wilson, *Transcript of Evidence*, 15 November 2005, p. 71.

79 *Submission No. 74*, p. 1.

80 *Submission No. 74*, p. 1. CCEA is operated on a part-time basis, but an email and phone message service is responded to.

81 Mrs Ramsay, CCEA, *Transcript of Evidence*, 9 March 2006, p. 15.

82 Mrs Ramsay, CCEA, *Transcript of Evidence*, 9 March 2006, p. 15.

83 Mrs Ramsay, CCEA, *Transcript of Evidence*, 9 March 2006, p. 17.

Other professions (non-health related)

- 4.96 In reviewing a topic as broad as overseas skills recognition across the non-health related professions in Australia, this report has again by necessity been selective. This section includes case studies on skills recognition in three professions: engineering, accounting and computing.⁸⁴ As VETASSESS is the assessment authority for over 200 generalist professions it is also important to review its skills recognition processes.

Engineering

- 4.97 The assessing authority for engineers for migration purposes is Engineers Australia. Based on a survey of its members, Migration Institute of Australia commented that Engineers Australia is 'a very good example of a transparent system of qualifications assessment and other agencies would do well to implement similar systems.'⁸⁵ The Committee also notes that Engineers Australia provides an alternative skills recognition pathway through a competency based assessment process:

The process provides applicants with the opportunity to establish that their engineering knowledge and competencies are equivalent to those of the appropriate occupational category within the engineering team in Australia.⁸⁶

- 4.98 A major issue identified by Engineers Australia was the high number of migrant engineers having difficulty in gaining employment in their profession, despite the shortage of engineers in Australia:

There are significant numbers of overseas qualified engineers (and other professionals) who have difficulty securing employment in Australian business despite their overseas qualifications being recognised. This is believed to be due to a range of factors including scepticism by employers about the strength and value of the person's qualifications and a

84 Accounting, computing, and engineering are among the top 10 nominated occupations under the GSM program, Birrell et al, *Evaluation of the General Skilled Migration Categories*, p. 118.

85 Migration Institute of Australia, *Submission No. 34*, p. 20.

86 Engineers Australia, *Submission No. 76*, p. 9.

migrant's lack of Australian work experience and unfamiliarity with Australian work culture.⁸⁷

- 4.99 Issues relating to local work experience and acceptance of recognised overseas qualifications by Australian employers are discussed in Chapter 7.
- 4.100 Engineers Australia also highlighted that there is no one single regulatory regime in Australia governing the engineering profession. While there is government regulation of engineers in Queensland under its *Professional Engineers Act 2002*, in the other states and territories there is a self-regulation through registration schemes managed by Engineers Australia and the National Professional Engineers Board.
- 4.101 The absence of a comprehensive regulatory system for engineers has meant that many regulatory and quasi-regulatory regimes, maintained by state and territory governments, have come into existence:
- Each State and Territory has different notions of what constitutes an effective regulatory regime. Some jurisdictions have implemented regulation by requiring registration through a statutory board, while others have introduced co-regulatory regimes with professional associations and government taking on various roles in the registration process. Other jurisdictions have elected to have no regulatory regime, preferring to leave the profession to self-regulate.⁸⁸
- 4.102 Engineers Australia takes the view that self-regulation is appropriate as applied to the provision of some, but not all, engineering services:
- A joint approach by government and the profession, with appropriate legislative support (co-regulation), is required for those areas of engineering practice that represent a risk to public health and safety or where there is a significant asymmetry of knowledge between the engineer and the consumer.⁸⁹
- 4.103 Engineers Australia 'does not believe that a national registration system would act as a barrier to skilled migrants finding employment

87 Engineers Australia, *Submission No. 76*, p. 7.

88 Engineers Australia, *Submission No. 76*, p. 20.

89 Engineers Australia, *Submission No. 76*, p. 20.

as engineers'.⁹⁰ As discussed in this report, inconsistencies in registration requirements between states and territories can impede efficient overseas skills recognition.

- 4.104 The Committee also notes the recommendation of Engineers Australia that the Commonwealth government should work with the state governments to facilitate the introduction of a consistent registration system for the engineering profession in areas of highest risk to public health and safety.

Accounting and computing

- 4.105 Computing professionals (certain specialisations) and accountants are listed on the MODL as being occupations in demand. As discussed in Chapter 1, these two occupational areas dominate tertiary enrolments by international students who later apply for permanent migration under the GSM program. Recent Australian research has raised concerns about the implications of this:

Large numbers of overseas students trained in accounting and ICT are entering the Australian labour market with credentials and communication skills that are problematic from the point of view of Australian employers. In addition, most of the graduates have no job experience in their field.⁹¹

Accounting

- 4.106 Three assessing authorities are involved in the assessment of accountants for migration purposes:
- Certified Practising Accountants (CPA) of Australia;
 - The Institute of Chartered Accountants of Australia (ICAA); and
 - National Institute of Accountants (NIA).
- 4.107 CPA Australia particularly emphasised the need for international students in accounting who are intending to apply for permanent residency to improve their occupational experience and familiarity with Australia workplace culture, as well as their English language proficiency:

We are concerned about a growing number that we know are either not employed ... or are employed in positions that we

90 Engineers Australia, *Submission No. 76*, p. 13.

91 Birrell et al, *Evaluation of the General Skilled Migration Categories*, p. 28.

do not consider to be at professional level – that is, a bookkeeping, technician level.⁹²

- 4.108 Issues relating to work experience and English proficiency are discussed in Chapter 7.

Computing

- 4.109 The assessing authority for computing professionals is the Australian Computer Society (ACS). In 2004 the ACS processed ‘over 11,000 applications’, down from ‘a peak of nearly 16,000 in 2002’.⁹³ The Committee notes that ACS includes an RPL pathway in its assessment processes.⁹⁴

- 4.110 The ACS highlighted as a major problem that the broad category of ‘programmer’ had been listed on the MODL rather than a number of computing specialisations, which had led to an oversupply of migrants to Australia who were skilled in an area not actually in employment demand:

... you can be much more responsive about what skills, down to the detailed level, are in short supply so you can do the matching with greater agility than simply broadly bringing in masses of people who actually are not required at all.⁹⁵

- 4.111 This problem with the MODL was discussed in Chapter 2 and has now been rectified. However, some of the history of this area, as outlined by the ACS, is of further interest to Committee.

- 4.112 The ACS commented that the entry of ‘programmers’ on the MODL was ‘a broad brush term’:

... it is impossible to then apply the principle of the policy – that you are bringing in people to meet a skills shortage – because you cannot determine whether ‘programmer not elsewhere classified’ fills a need or not if you do not know anything about what programming skills that person has ... One is a programmer we have 30 of and one is a programmer 30 people want and have none of. There is a big difference.⁹⁶

92 Ms Nicholls, CPA Australia, *Transcript of Evidence*, 24 November 2005, p. 39. Some of the issues in this area have also been discussed in a recent report – see *Exhibit No. 8*.

93 ACS, *Submission No. 61*, p. 2.

94 See ACS, *Submission No. 61*, p. 2.

95 Mr Argy, ACS, *Transcript of Evidence*, 23 November 2005, p. 77.

96 Mr Argy, ACS, *Transcript of Evidence*, 23 November 2005, p. 77 and p. 82.

- 4.113 Despite these problems, the ACS continued to assess people for migration using this category:

Our difficulty is that we do not set the classifications, so the best we can do when somebody comes in and says, 'We seek to come into Australia and be classified as a programmer' – because that is the classification – is to say, 'Have you proven that you have the skill sets to meet DIMIA's requirement to be a programmer?' We can only report that you have or you have not ...

Because there is no other classification to report on, all we can do is say: 'Here's a certificate. You meet the category of programmer.' We have no say in what happens next. It is for DIMIA to determine whether programmers are on the list of skills in short supply.⁹⁷

- 4.114 The Committee was disappointed by the apparent lack of immediate response to this problem – by DIMA in its management of the migration program, by DEWR in its identification of occupations in demand on the MODL and by DEST in its monitoring role of the assessing authorities. As a result, ACS continued to approve applicants and the problem continued for some time, disadvantaging both migrant information and communications technology (ICT) workers and Australian citizens working in the same area in terms of achieving successful employment outcomes.

- 4.115 In a submission to the Committee, the ACS estimated that the GSM program had contributed to an 'excess supply of computing professionals' and 'does not appear to be making a significant contribution to those critical ICT skills currently missing from the Australian labour market'.⁹⁸

Recommendation 32

- 4.116 **The Committee recommends that the lead Commonwealth agencies responsible for migration, employment and international education policy – the Departments of Immigration and Multicultural Affairs, Employment and Workplace Relations, and Education, Science and Training – implement processes to ensure:**

a) a rapid response to concerns raised by assessing

97 Mr Argy, ACS, *Transcript of Evidence*, 23 November 2005, pp. 82-83.

98 ACS, *Submission No. 61*, p. 4.

authorities/professional bodies about specific occupational oversupplies or undersupplies that might impact on successful migration and employment outcomes; and

- b) there is improved coordination between migration employment policy and international education policy to avoid occupational oversupplies such as those that have occurred in accounting and information and communications technology.**

Vocational Education Training and Assessment Services

- 4.117 VETASSESS is contracted by DIMA as the national assessing authority for a broad range of generalist professional occupations under the GSM program.⁹⁹
- 4.118 A VETASSESS assessment involves providing a written statement on whether an applicant's post-secondary qualifications meet the educational requirements of their nominated occupation. VETASSESS assesses an applicant's qualification according to guidelines published by the Australian Education International and the National Office of Overseas Skills Recognition (AEI-NOOSR) in their Country Education Profiles (CEPs), to ensure consistency. In some cases, where there is limited information or the qualification being assessed lacks precedent and falls outside the guidelines, 'the assessment is forwarded to NOOSR for verification'.¹⁰⁰
- 4.119 The Committee heard favourable comments about VETASSESS – that it has 'a highly comprehensive and transparent assessment procedure in place, and its website is also highly user-friendly, with on-line lodgement a recently added feature'.¹⁰¹ However, concerns were expressed that competency and work experience are not assessed by VETASSESS and that qualifications do not need to be specifically related to an applicants' nominated occupation and that this can create anomalies.

Work experience not included in assessment process

- 4.120 Unlike some of the other assessing authorities, 'VETASSESS is not required to assess the work experience of applicants in the nominated
-

99 Most of the occupations assessed by VETASSESS do not have registration or licensing requirements.

100 VETASSESS, *Submission No. 86*, p. 4.

101 Migration Institute of Australia, *Submission No. 34*, p. 23.

skilled occupations that it assesses'.¹⁰² As VETASSESS states on its website:

A qualification assessment is not an assessment of

- your suitability for employment
- the quality of your work
- the appropriateness of your work experience¹⁰³

4.121 A number of participants to the inquiry commented that this approach excludes some overseas skilled workers and that the VETASSESS skills assessment process should be broadened to include a competency or work experience component:

Many of our members have expressed frustration at the requirement for formal qualifications for VETASSESS occupations as it prevents applicants with many years of relevant work experience in certain occupations from obtaining a positive skill assessment.¹⁰⁴

The VETASSESS process is limited in that many occupations are only assessed on the basis of formal post secondary qualifications, and pays no heed to work experience

... a significant number of highly skilled personnel currently possess suitable skills through their experience but may not necessarily possess appropriate formal qualifications.

Examples of this abound but may include marketing professionals, Company Secretaries, Medical Administrators, Welfare Centre Managers, Agricultural advisers, Food technologists to name just a few.¹⁰⁵

4.122 VETASSESS themselves commented to the Committee that to encourage more applicants with high level skills 'it may be worth exploring the possibility of broadening the guidelines to cater for work/competency based qualifications in relevant skilled occupations':

102 VETASSESS, *Submission No. 86*, p. 5.

103 Skillassess website, <http://www2.skillassess.com/aboutAssessment.cfm> (accessed 13 June 2006).

104 Migration Institute of Australia, *Submission No. 34*, p. 3 and p. 25.

105 Immigration Lawyers Association of Australia, *Submission 82*, p. 19.

Procedures could be modified to assess work experience at the same time as the qualification assessment to eliminate another step in the overall process.¹⁰⁶

- 4.123 The Committee agrees that the skills recognition procedures of VETASSESS should be broadened to include work experience and competency components.

Recommendation 33

- 4.124 **The Committee recommends that the Department of Education, Science and Training, as the new manager of the Vocational Education Training and Assessment Services (VETASSESS) contract, review VETASSESS processes to enable it to broaden its skills assessment regime to allow competency based assessment and recognition of work experience.**

Qualifications not specifically related to nominated occupation

- 4.125 The Committee noted that the qualifications assessed by VETASSESS do not need to be specifically related to an applicant's nominated occupation:

VETASSESS does not look at the relevance of the qualification or the work experience in the occupation in issuing skills assessments. They simply ask the question whether the qualification is comparable to an Australian bachelor degree, diploma or certificate IV.¹⁰⁷

- 4.126 People may therefore be approved for permanent migration who do not actually have the work skills to gain employment in their nominated occupation. As one witness highlighted:

... it is possible for any person with a qualification comparable to an Australian bachelor degree to qualify for skills assessment as a Child Care Co-Ordinator, even if they have no prior work experience in this occupation or have not covered a single relevant subject in their course

... the fact that VETASSESS does not consider the work experience or even the relevance of the qualification for skills

106 VETASSESS, *Submission 86*, p. 5. See also Western Australian Department of Education and Training, *Submission No. 20*, p. 3.

107 Migration Institute of Australia, *Submission No. 34*, p. 3.

assessment represents a significant integrity issue for both ENS and General Skilled Migration streams.¹⁰⁸

- 4.127 One example of the difficulties this can create was highlighted by the Australian Library and Information Association (ALIA). VETASSESS is assigned as the body responsible for assessing overseas qualifications for someone wishing to migrate to Australia as a librarian. To be considered for work as a librarian in Australia, a prospective migrant must hold a qualification equivalent to an Australian Bachelor degree. However, 'in completing its assessment of the level of an overseas qualification, VETASSESS does not take into account the curriculum content of the degree.'¹⁰⁹
- 4.128 ALIA has responsibility for 'assessing the professional library and information studies curriculum content of a course' to determine how it compares with that offered in an equivalent Australian course:

It is this second assessment which ALIA undertakes once the individual has arrived in the country that determines the readiness of an overseas applicant to work in the Australian library and information environment.

The Association regularly finds that applicants who have completed the VETASSESS step in the recognition process are unaware that it is also necessary to work with ALIA in order to demonstrate the equivalence of their professional skills ... to those gained through an ALIA recognised course offered in Australia ... This service involves only a moderate cost but in some cases results in ill-will towards the Association which is interpreted as putting obstacles in the way of employment when VETASSESS has previously deemed the qualification suitable for employment as a librarian.¹¹⁰

- 4.129 The Committee notes the concerns raised by ALIA. It also notes that the occupational information on librarians on the Australian Skills Recognition Information website does not contain this important information.

108 Migration Institute of Australia, *Submission No. 34*, p. 3 and p. 26.

109 ALIA, *Submission No. 22*, p. 2.

110 ALIA, *Submission No. 22*, p. 2.

Recommendation 34

- 4.130 **The Committee recommends that the Department of Immigration and Multicultural Affairs update:**
- a) **the occupational specific information for librarians and library technicians on the Australian Skills Recognition Information (ASRI) website to notify potential migrants of the need to contact the Australian Library and Information Association to obtain information on membership requirements of the professional body necessary to gaining employment in these occupations in Australia; and**
 - b) **the generic information across all occupational entries on the ASRI website to ensure there is a reference to membership of professional bodies being a formal requirement to work in certain professions.**

