

Qualifications Recognition Reform for Skilled Migrants in Australia: Applying Competency-based Assessment to Overseas-qualified Nurses

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ABSTRACT

The past two decades have coincided with unprecedented Australian selection of skilled migrants, in particular professionals from non-English speaking background (NESB) source countries. By 1991, the overseas-born constituted 43 to 49 per cent of Australia's engineers, 43 per cent of computer professionals, 40 per cent of doctors, 26 per cent of nurses, and rising proportions in other key professions. Within one to five years of arrival, just 30 per cent of degree-qualified migrants were employed. However, few diploma holders had found work in any profession, and select NESB groups were characterized by acute labour market disadvantage.

Throughout the 1980s and 1990s, barriers to credential recognition were identified as a major contributing factor to these inferior employment outcomes. This paper describes the evolution of Australia's qualifications recognition reform agenda for NESB migrants, including progressive growth in support of a shift from paper to competency-based assessment (CBA). Within this context, the paper examines the degree to which improvements were achieved in the 1990s in the field of nursing – the first major Australian profession to embrace CBA, and one promoted by the National Office of Overseas Skills Recognition as an exemplar of the reform process. Assessment protocols and outcomes are analysed within two contrasting contexts: pre-migration at Australian overseas posts, and within Australia following overseas-qualified nurses' (OQN) arrival. Based on empirical data from a wide range of sources, the paper identifies the development of a major paradox. Substantial improvements in qualifications recognition were indeed achieved for NESB nurses through CBA in Australia, in particular in the dominant immigrant-receiving states of Victoria and New South Wales. At

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the same time, it is argued, a significant tightening of recognition procedures was occurring at Australian overseas posts where CBA was unavailable. The Immigration Department placed pre-migration assessment more, rather than less, exclusively in the hands of the professional nursing bodies, in a period coinciding with their harsher, rather than more lenient, treatment of NESB migrants' qualifications. Minimal improvement in recognition of overseas qualifications was achieved in other professions.

SKILLED MIGRANTS AND QUALIFICATIONS RECOGNITION IN AUSTRALIA: THE CONTEXT

Labour market trends in Australia over recent decades have profoundly influenced the decision of successive federal governments to select skilled migrants. Following the prosperous post-war decades, when there was minimal unemployment, OECD nations have experienced a succession of economic peaks and troughs, with each cycle more pronounced than the one that preceded it (Gregory and Sheehan, 1998). By 1993, OECD governments reported 20 million unemployed workers – a number without parallel since the 1930s depression, and posing significant challenges for both social justice and economic cohesion. In Australia, this process of worker displacement has been inextricably linked to industry restructuring and the mid-1980s downturn in world commodity prices. Though the size of the overall workforce rose from 5.3 million in 1970 to 8.2 million in 1995, its composition changed markedly. In the period 1985 to 1997 just 36,500 permanent jobs were created for male employees compared to 502,400 casual positions. Between 1978 and 1997 half of all jobs created were part-time (Barnes et al., 1999; Colebatch, 1999). Labour force participation rates for older workers in Australia had dropped – a result of significant labour market displacement as well as early retirement. High level unemployment for many Australians had become a fact of life, varying from 12 to 14 per cent in recessionary periods to around 8 per cent in times of economic boom. An increasing proportion of displaced workers had become long-term unemployed, rising from 5 per cent in 1970 to 32 per cent in 1995 (DEET, 1995: 66). Within this transforming context, there was rising concern in Australia for growing disparities in income, the increasing proportion of workers dependent on state welfare, and the potential threat to social cohesion posed by an emerging “permanent underclass” of displaced workers.

In 1995 the Australian Parliament acknowledged the volatility of contemporary economic cycles, conceding it was no longer possible to predict the ways in which unemployment might rise in the future (House of Representatives Standing Committee for Long Term Strategies, 1995). Given the receding likelihood of restoring full employment, the role of education and training in facilitating access to stable, valued work has become the focus of an extraordinary array of government and academic reports over the past two decades. These reports

without exception confirm unemployment rates to be profoundly influenced by the recognized skills and what might be termed the “occupational relevance” of unemployed individuals, with new entrants or re-entrants to the Australian labour market particularly disadvantaged, and those less skilled suffering higher total and long-term unemployment rates at every stage of the life cycle.

Trends such as these have profound relevance to the employing prospects of newly arriving skilled migrants. Throughout the 1980s concern for differential outcomes in qualifications recognition for English-speaking background (ESB) and NESB professionals became a major theme in Australian debates on migration, including the impact of non-recognition on ultimate labour market outcomes. In 1983 a government-commissioned Committee of Inquiry on Recognition of Overseas Qualifications (CIROQ, 1983) provided a classic analysis of the problems underpinning Australia’s qualifications assessment procedures, mapping them so comprehensively that many subsequent reports would echo key findings.¹ Overall, the processes then in place were shown to flout notions of equity, including the entitlement of NESB migrants to fair and consistent judgments, to mount appeals, and to secure proper assessment of specialist rather than baseline qualifications. Barriers included a lack of counselling, lack of preparatory support for examination processes, and lack of access to essential professional or trade placements – all existing in an overall context of suspicion of NESB “outsiders”.

The results of non-recognition were stark, with some skilled migrants moving swiftly into professional work, while others faced immense and often permanent downward mobility. According to the 1983 report, barriers related to qualifications recognition needed to be tackled holistically in Australia. For a start, it was essential for the (then) Department of Immigration and Ethnic Affairs to review its administrative and training procedures at overseas posts, including the provision of counselling and advice to potential migrants on the “complexities” of the qualifications recognition process, and ways in which the accreditation bodies might differ in their assessments from “official migration requirements”. Post-arrival, Australian labour force authorities had an obligation to offer information and counselling to those selected. They maintained detailed records of migrants’ qualifications recognition trajectories, including “obstacles, apart from formal requirements, that prevent occupational re-entry” (CIROQ [1], 1983: 9). Simultaneously, the Committee urged a need to define and review the ways “standards” were set by professional bodies, both in the regulated and unregulated professions.² In particular, it was essential to establish national standards to end the piecemeal system that had evolved over time, which could result in several different types of assessment being used at once in select professions. Within the above processes, it was vital to treat all countries equally in terms of qualifications recognition, removing (as far as possible) the historic biases operating in favour of individual nations, through the “establishment of different criteria for each country based on first hand information from visits,

detailing level of training and experience deemed to be equivalent to Australian levels” (CIROQ [1], 1983: 95).

On commonsense grounds, confinement of this assessment to paper-based qualifications was rejected by the Committee:

The problems with this method of assessment include the difficulty of obtaining a full description of the scope, intensity and duration of the course of study or training undertaken; the fact that a paper description does not adequately reflect the quality of the course or the student’s performance; the fact that the attainment of a qualification, particularly some years previous, does not necessarily reflect present competence; and the difficulty of accurately translating technical or other terminology. Also, unless clear criteria are applied and the judgements are open to scrutiny, there may be subjectivity and discrimination even if this is unintentional (CIROQ [1], 1983: 96).

By any criteria, this early 1983 report was visionary, laying the groundwork for the shift to CBA which would dominate Australia’s skilled migration and training reform agenda by the late 1980s. Despite theoretical endorsement, however, pathetically little in terms of qualifications recognition had changed in Australia by the late 1980s. In *Wasted Skills: Barriers to Migrant Entry to Occupations in Australia*, Iredale provided an exploration of the degree to which NESB migrants remained powerless in the qualifications recognition process (1987). Fuelled by frustration at the pace of change, the author provided damning evidence of entrenched Australian bias against recognition of NESB qualifications, in particular the qualifications of non-European professionals. Case studies in a range of professions (including nursing) showed outcomes to be skewed by demand for perceived qualifications “equivalence” based on contrastive analysis of course transcripts, individual subject content, and the presumed “currency” of the overseas qualification. NESB migrants seeking qualifications recognition did so in an informational and procedural vacuum – at one extreme failing to receive any form of assessment, at the other failing to receive clear advice on appeal, examination, retraining, counselling, and advanced English-training options. Within a very significant number of cases, these barriers resulted in NESB professionals screening themselves out from the start, becoming “non-attempters” in terms of qualifications recognition, and consequently, accepting severely diminished opportunity and occupational status.

In Iredale’s view, inferior qualifications recognition outcomes for select NESB groups in Australia were innately linked to credentialism, and the case publicly made for protection of “standards”. In *Professional Powers: A Study of the Institutionalization of Formal Knowledge*, Freidson defines the role of professional groups as “the creators and proponents of particular bodies of knowledge” in a societal context where “knowledge becomes power, and (the) profession stands as the human link between the two”. In utilizing such power, accrediting bodies may come to exert “a pervasive social control” masked by

“benevolence” – separating knowledge into credentialed and uncredentialed forms, and endorsing the “norms” it has become appropriate to value (Freidson, 1986: ix, 1, 6; Freidson, 1994). Rather than challenging such practices, including their differential impact on non-European professionals, in recent years in Australia there had been strong government support for the growth of professional bodies, driven in part by a concern to prevent unemployment through control of numbers (Iredale, 1987: 51). This practice had resulted in “widespread acceptance of the concept of control of entry to various occupations”, including the professional associations’ growing lobbyist function.³ Within this “non-competitive situation... the current members of the occupation (had) a significant degree of power to both limit the number of people obtaining the necessary education and to control entry from overseas sources” (Iredale, 1987: 27-8).⁴

By the late 1980s, Australia’s Committee on Overseas Professional Qualifications (COPQ) remained powerless to intervene, despite a definite will toward the implementation of more flexible recognition procedures. Just 50 per cent of NESB migrants’ qualifications at this time were recognized in Australia, compared to 90 per cent of qualifications for ESB migrants (CAAIP, 1988). Within this context the government-commissioned Committee to Advise on Australia’s Immigration Policies (CAAIP) criticized Australia’s “highly fragmented” recognition procedures, a result of endemic “rivalry between State and Federal jurisdictions”, and the collective failure of state and federal authorities, professional associations, unions, and employer associations to secure better outcomes (CAAIP, 1988: 54). Responding to “growing community concern” on the issue, the influential National Population Council (NPC)⁵ was charged with defining an Australian reform agenda, through systematic elucidation of “the principles, procedures and institutional structures needed to establish an efficient, fair and consistent system for accreditation of overseas qualifications... (based on proposals) flexible enough to cover all occupations and to respond to changing occupational and award structures” (NPC, 1988).

By the late 1980s, Australia’s sense of urgency about qualifications recognition reform was being driven by rapid expansion in skilled migration numbers (Castles et al., 1989; Mitchell et al., 1990; Office of Multicultural Affairs, 1989) (see Table 1). Based on the recommendations of CAAIP, a revised points system had been introduced since 1988, resulting over the next decade in progressively greater emphasis being placed on possession of formal qualifications, recent professional experience, youth, advanced English language ability, and family links to Australia. While skilled subcategories have been subject to a dynamic process of redefinition over time, those which have remained relatively constant include *Independents* (selected solely on the basis of skills and other employment-related attributes); *Concessional* (since 1999 Skilled-Australian Linked, selected on the basis of skills and relationship to an Australia-based family sponsor); *Occupational shares* (selected on the basis of possessing skills in perceived shortfall in Australia, in addition to other employment-related

attributes); and *Employer nomination* (applicants nominated by local employers as possessing specific skills which cannot readily be secured within Australia, backed by an undertaking to provide immediate employment).

TABLE 1
 AUSTRALIA-BORN AND OVERSEAS-BORN PERSONS
 HOLDING DEGREE AND DIPLOMA LEVEL QUALIFICATIONS
 (GROUPED BY TIME OF ARRIVAL), 1991

Birthplace	Year of arrival	Degree (number and %)	Diploma (number and %)
Australia	-	680,745 (68.3%)	504,065 (73.8%)
Not stated	-	1,714 (0.2%)	1,107 (0.2%)
Overseas	Up to 1980	181,808 (18.2%)	118,161 (17.3%)
	1981-1985	37,831 (3.8%)	18,595 (2.7%)
	1986-1991	91,193 (9.2%)	39,239 (5.7%)
	Not stated	3,276 (0.3%)	2,290 (0.3%)
Overseas	Total	314,108 (31.5%)	178,285 (26.1%)
Total		996,567 (100.0%)	683,457 (100.0%)

Source: Adapted from Birrell and Hawthorne, 1997.

Between 1986 and 1987, and 1992 and 1993, 18,581 engineers arrived, compared to an average of 817 migrants per year for the 20 years previously (Hawthorne, 1994). The vast majority of these engineers were of non-English speaking background, primarily derived from Asian source countries. This pattern of increased ethnic diversity was simultaneously occurring in the health professions: 17,603 nurses, 3,567 doctors, and 804 dentists were approved to migrate to Australia between 1982 and 1983, and 1992 and 1993 (Hawthorne, 1997a). By the early 1990s, professional registration bodies were typically expected to deal with applications for qualifications assessment from 40 or more countries per year, despite their significant under-resourcing, and extremely limited knowledge of newly emerging source countries. The state of Victoria alone included migrants derived from 208 nations (McKay, 1999). From accrediting bodies' perspective, assessment of overseas qualifications could require analysis of the content of any course, at any institution, in any of these countries, at any point in time – extending perhaps over a 30-year period.

Table 2 presents comparative labour market outcomes for select NESB groups in ten key fields (based on 1991 census data), illustrating how long it could take migrants from select non-Commonwealth countries to secure professional work in Australia (Birrell and Hawthorne, 1997). Timelags of five to ten years were common in the regulated professions, where qualifications recognition was mandatory for employment. While labour market outcomes had some potential to be skewed by the 1991-1993 recession, by 1996 (a period of economic boom in Australia) select recently arrived country of origin groups still experienced serious labour market disadvantage across all fields (Birrell and Hawthorne, 1999)⁶ (see Table 3). Some two-thirds of ESB professionals within three to five years of arrival had achieved employment in their own or alternative professions, or in management positions. This compared with around 39 to 48 per cent of Commonwealth-Asian professionals studied, and just 13 to 28 per cent of professionals derived from non-Commonwealth Asia (with Filipinos ranked lowest of those examined). Further, a number of Asian and Middle Eastern groups had been virtually excluded from management positions, confirming a pattern documented earlier by Watson in *Opening the Glass Door: Overseas-Born Managers in Australia* (1996).

TABLE 2

PERCENTAGE OF DEGREE HOLDERS EMPLOYED AS PROFESSIONALS
IN THEIR FIELD OF QUALIFICATIONS BY SELECTED COUNTRY OF ORIGIN,
1986-1991 ARRIVALS (1991 CENSUS)

Field	Australia-born	Viet Nam	China	Yugoslavia	Philippines
Nursing	47.6	0.0	24.4	0.0	32.6
Medicine	74.7	0.0	4.3	12.5	11.6
Dentistry	73.2	46.2	12.5	0.0	2.8
Civil engineering	55.9	25.0	3.8	46.4	2.6
Electrical engineering	45.6	36.4	5.6	35.4	1.0
Mechanical engineering	40.1	25.0	1.7	39.2	2.3
Computing	52.4	48.8	20.4	48.9	41.1
Accounting	45.5	22.2	16.9	-	7.0
Architecture	49.1	0.0	15.7	0.0	8.7
Law	61.3	0.0	6.2	6.5	6.3

Source: Adapted from Birrell and Hawthorne, 1997.

Each Australian profession had its own highly variable procedures and pass rates in relation to the assessment of overseas qualifications. As noted above, recognition was most difficult to secure in legally regulated fields such as medicine and nursing. Between 1978 and 1993, for instance, just 6 per cent of French doctors, 29 per cent of German doctors, and 42 per cent of Dutch doctors

passed Australia's multiple choice test of medical knowledge on their first attempt (an outcome difficult to ascribe to inferior training or knowledge). A mere 17 per cent of Vietnamese doctors passed the subsequent clinical medical examination on their first attempt (Hawthorne, 1997a). In 1989, 74 per cent of overseas qualified nurses failed their pre-registration exam in the state of Western Australia, an outcome transformed to an 89 per cent pass rate the following year once preparatory bridging training had been provided (Scott, 1989; IIPAS, 1990).

A wide range of data will be drawn on for the analysis in the sections to follow. These include Immigration Department arrival and departures statistics for select professional fields; 1991 and 1996 census data defining differential employment outcomes for select country of origin groups by profession; analysis of the impact of mandatory English language testing on the migration and accreditation of overseas qualified nurses; analysis of differential results of pre-migration credential screening by the national nursing body (including outcomes by select country of origin) comparable analysis of registration outcomes for migrant nurses completing competency-based pre-registration bridging programmes (New South Wales compared to Victoria); analysis of qualifications recognition outcomes for a sample of 719 overseas qualified nurses securing Australian professional registration by 1996; extended interviews conducted with 33 migrant nurses to explore select issues, and interviews conducted with 71 Australian informants with expertise related to migrant selection and policy formation, English language screening, qualifications assessment, and competency-based courses.

THE CASE FOR COMPETENCY-BASED ASSESSMENT OF OVERSEAS QUALIFICATIONS IN AUSTRALIA

By the late 1980s, some 7,500-10,000 skilled migrants were failing to secure qualifications recognition per year in Australia. Within this context NPC urged a shift to competency-based assessment and training, supported by the establishment of a new "tripartite coordinating and overseeing" qualifications recognition body at the national level, and "integrated national, Commonwealth and State institutional arrangements" responsible for "immigrant selection, labour market planning and industrial relations" (NPC, 1988: 2). In 1988 the National Board of Employment Education and Training (NBEET) was established at a time of unprecedented educational reform, including experimentation with new training and credentialing models. In 1991 NBEET described the theoretical flexibility underpinning the competency-based approach, asserting "(CBA) rests on a widespread dissatisfaction with past ways of developing human capacities and an exciting sense that there are new and better ways of going about the task" (NBEET, 1991: xi, 18).

TABLE 3

LABOUR MARKET OUTCOMES FOR DEGREE-QUALIFIED MIGRANTS ARRIVING 1991-1993,
BY BIRTHPLACE CATEGORIES (1996 CENSUS)

Origin	Own profession	Other profession	Admin./ Management	Sub-professional	Unemployed	Not in labour force	Number
UK/Ireland	30.4	25.2	10.7	19.4	2.7	11.4	4,636
South Africa	39.5	17.3	10.0	16.9	2.5	13.7	830
Hong Kong	25.8	18.4	4.0	23.1	6.0	22.3	2,201
Malaysia	22.0	13.8	4.5	24.9	6.3	28.3	1,312
India	17.2	17.5	4.3	38.4	7.5	14.5	4,922
S. Europe	22.0	15.3	3.7	29.1	15.5	14.4	1,039
Philippines	6.5	5.7	0.9	60.5	4.9	21.0	4,344
Viet Nam	10.9	8.1	1.8	29.7	21.5	27.9	827
China	10.0	15.3	3.0	33.7	10.1	27.7	3,394
USSR/Baltic	15.5	17.2	2.4	24.7	16.3	23.6	2,169
Lebanon	12.8	9.9	1.2	31.4	18.2	24.0	242

Source: Birrell and Hawthorne, 1999.

The core ideas of better recognition are straightforward: more learning effort should focus on the workplace; we should be more open to different ways, times and places of learning, and we should be much more systematic about assessing and recognizing what has been learned...[CBA involves] knowledge and understanding but as pre-requisites to and essential parts of *performance* rather than as valued learning in their own right (NBEET, 1991: vii, 18).

Put simply, CBA represented a democratization of skills recognition, in marked contrast to the elitism traditionally favoured by Australian credentialing systems. Grades were not to be stressed. According to NBEET, “There are no grades – if you can do what is required, you pass, and if not you can do some more learning and practice and have another try. It’s not a special, high stress event! You are assessed in the normal course of work” (NBEET, 1991: 20). In relation to migrants (as one major category of Australian workers), the goal was to establish a two-phase recognition process, with preliminary assessment overseas, followed by practical skills assessment in Australia leading to certification (typically following a period of additional training). This overseas assessment was to stop short of full-scale formal assessment for two good reasons: in case it permitted bias against people from “newer immigration sources”, and given the impossibility of administering the proposed competency-based assessment at arms length. The subsequent administration of full competency-based assessment in Australia would ensure migrants were not barred in advance from the qualifications recognition process “because they are not deemed to have the equivalent pre-requisites” (NPC, 1988: 17). In theory this would allow for a fair and holistic assessment. This policy shift was adopted even though the majority of Australian occupations were light years away from developing the recommended “listing of skills and knowledge” including a set of rules by which to determine achievement, strategies for reliable and valid assessment of qualifications (NPC, 1988: 17). The NPC subcommittee on Overseas Qualifications Recognition appeared sanguine in its report however. “For each competency it should be possible to devise a range of questions, tasks or problems that can be set in a number of environments to determine an individual’s capacity to perform them...The development of competency-based assessment by a tripartite committee would eliminate the possibility of occupational interest groups developing unfair or inequitable assessment mechanisms” (NPC, 1988: 17-18). In reaching this judgement the Council underestimated two critical factors: the continuing regulatory power of the Australian professional bodies, and the degree to which most still reflected entrenched labour market interests.

By 1989, Australia’s implementation of competency-based assessment was in process. In *Migrant Skills: Improving Recognition Processes*, the Minister for Employment, Education and Training, John Dawkins, affirmed the new system would ensure “that people who previously were marginalized because their formal qualifications were deemed unacceptable now have a reasonable chance to prove that their skills meet defined Australian standards” (Dawkins,

1989a: 7). To oversee this process for migrants, Australian federal and state Governments established a specialist range of bodies, reporting to mainstream labour force development boards, and contracting a wide cross-section of training providers to provide specialist courses. The National Office of Overseas Skills Recognition (NOOSR) was created in 1989, located within the Department of Employment, Education and Training. In the years ahead NOOSR would have prime responsibility for four main functions: to “promote national standards for skill recognition, encourage competency-based assessments, develop counselling and referral services, and promote improvements to occupational regulation”, backed by a stronger research focus and a broader dissemination of research findings. Overall, the CBA reform process was to focus on the following goals: rationalizing and simplifying administrative processes and improving flexibility between occupations; treating all workers fairly through the development of national skill-based standards that do not discriminate between skills gained in Australia and overseas; establishing a fair and open system with clear assessment and appeal procedures; and developing a programme that builds on unused and unrecognized skills by providing personal support services, such as better access to education and training for remedial and bridging courses (Dawkins, 1989b: 1-2).

In 1990, NOOSR began to release a series of commissioned papers, outlining the development of competency-based standards, while examining their application within key professions (Gonczi et al., 1990; Masters and McCurry, 1990; DEET, 1992). A national outreach process underpinned each step of this process – representatives of professional associations, registration bodies, unions, the higher education and technical and further education sectors, overseas qualifications boards, and employers were continually invited to attend and participate in the dialogue accompanying new initiatives. By the early 1990s, NOOSR was formally working to develop competencies within nine professions: nursing, engineering, architecture, physiotherapy, occupational therapy, psychology, dietetics, pharmacy, and veterinary science. Skills for practice had to be defined, through schedules specifying “national core requirements and standards... (with) what must be mastered, minimum standards of performance and the minimum number of skills which must be achieved overall in a given occupation” assessed via a range of new methodologies (Dawkins, 1989a: 15).

Simultaneously, strong emphasis was placed on the provision of English language and vocational training courses – viewed as essential supports for the many NESB professionals whose “level of skills...falls just short of the standards required for Australian practice” (e.g., due to “a minor deficiency of knowledge of Australian professional requirements or local conditions” [Dawkins, 1989a: 19]). A major expansion of English language training commenced. Immigration Department expenditure rising from A\$62 million in 1988 and 1999 to A\$99.65 million in 1992 and 1993, supplemented by a further A\$42.2 million offered in the context of labour market programmes. From 1989 to 1996,

specialist bridging courses for NESB professionals would proliferate from a meager base, particularly in Melbourne and Sydney, “built upon a specific occupational framework, e.g., jargon and terminology, familiarization with local codes, practices and technology, and/or employment in a particular occupation” (NSW CIROQ, 1989: 44). Courses for nurses and engineers would predominate, given the scale of migration in these professions. NOOSR would monitor demand by field, working closely with states, territories, providers, professional associations, and client groups to facilitate “suitable arrangements for direct professional recognition of migrant professionals following successful completion” of prescribed courses, which in theory obviates the need to sit “further professional examinations” (Dawkins, 1989a: 24). In 1991 Dawkins convened a Special Premiers Conference, to “determine a national approach to recognition in all the licensed and registrable occupations in Australia”, citing “a climate and expectation of change” which might not arise again in Australia for some years.

The second half of this paper examines CBA in terms of the degree of credential recognition reform actually achieved in the field of nursing – the first Australian profession to embrace CBA, and one frequently cited as a national exemplar.

A NURSING CASE STUDY: TRADITIONAL QUALIFICATIONS ASSESSMENT PROTOCOLS

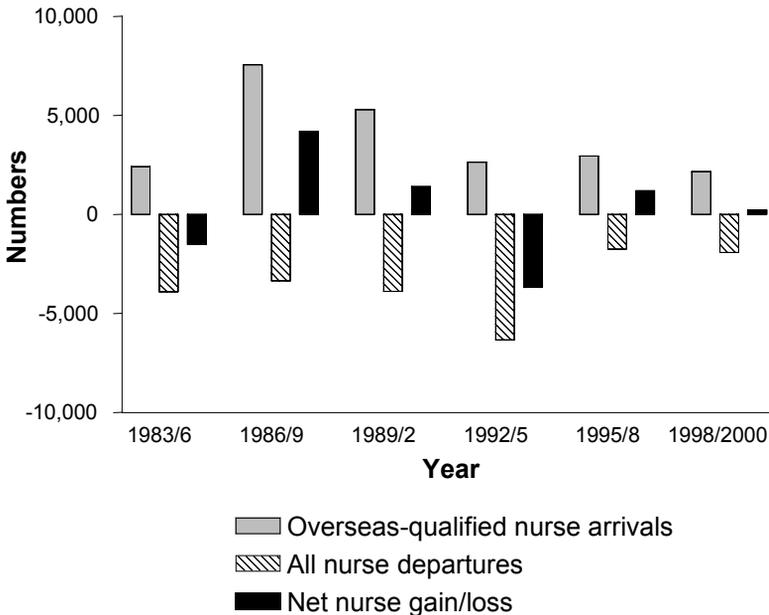
As Figure 1 demonstrates, Australia has a longstanding reliance on migrant nurses to counter-balance the steady departure of local and overseas-born nurses, on both a permanent and long-term basis. By the time of the 1991 census, Australia possessed 260,203 nurses: 192,564 born in Australia and 67,639 born overseas (26%) (Birrell and Hawthorne, 1997: 19). Identical proportions of each group were degree and diploma-qualified (respectively 18% and 82%). According to the *National Nurse Labour Market Survey*, by 1991 a mere 600 OQNs in Australia had “not been registered or enrolled because of language difficulties or because their qualification is not recognized” (DEET, 1991a: 6). Confronting such trends, the report stated that “nothing is known as to how far (many nurses’) qualifications fall short of the registrable standard” (DEET, 1991a: 6). Individual state registration boards, however, were finding the assessment process increasingly difficult.

Regrettably, the *National Nurse Labour Market Study* had seriously underestimated the scale of qualifications recognition barriers confronting overseas qualified nurses. Birrell and Hawthorne’s analysis of 1991 census data showed that 3 per cent of all migrant nurses were unemployed at this time, an additional 28 per cent were not in the labour force (many presumably learning English), and 17 per cent secured only subprofessional work (Birrell and Hawthorne, 1997). Dramatic labour market exclusion rates were evident for recent NESB nurse arrivals in Australia, large numbers of whom had already been resident four to five years. Nursing employment rates for these degree-

holders ranged from a high of 69 per cent (Malaysia), 62 per cent (UK and Ireland), and 49 per cent (New Zealand), to *nil* per cent for nurses from Yugoslavia, Viet Nam, and Poland. (Employment outcomes for diploma-holders were similarly variable.) The great majority of NESB nurses failing to secure professional work were categorized as “unemployed” or “not in the labour force”. In the case of Vietnamese diploma-qualified nurses, for instance, this included some 48 per cent (unemployed) and 37 per cent (not in labour force) of all potential workers. This contrasted starkly with the experience of recent Australian nursing graduates, of whom 78 per cent with degrees and 71 per cent with diplomas had been successful in gaining work. Analysis of data for pre-1981 arrivals confirmed NESB OQNs could require very substantial periods of time to improve their English, pass the compulsory test, and secure qualifications recognition, taking years to catch up to the relatively advantaged ESB and Commonwealth-Asian nurses. This represented a significant labour market issue, given the sustained global movement of nurses, the continuing attractiveness of Australia, and the nation’s reliance on nurse migration to offset the continuing exit of local and overseas-born nurses (Birrell et al., 2001: 55).

FIGURE 1

OVERSEAS-QUALIFIED NURSE ARRIVALS (PERMANENT AND SHORT-TERM RESIDENTS) COMPARED TO ALL NURSE DEPARTURES, AND NET NURSE GAINS/LOSSES, 1983-2000



Source: 1983-1984 to 1995-1995 data derived from unpublished statistics provided to the author by the Bureau of Immigration and Multicultural and Population Research; 1997-1998 to 1999-2000 data derived from Birrell et al., 1991: 55.

Indeed, following a slump in permanent and long-term migration during the early 1990s, nurse migration to Australia is steadily expanding once again: recent figures show 11,757 permanent and long-term nurse arrivals over the 1995/1996 to 1999/2000 period, with nurses ranked third by 2001 in terms of Occupations in Demand (DIMA, 2001a; see Figure 1). Comparable trends exist in a range of other Western countries, most notably the US, the UK, and Canada (Buchan, 2000a, 2001b; Buchan and O'May, 1999; Butler, 2000).

The national assessment body for migrant nurses in the 1980s was the Australian Nursing Assessment Council (ANAC), followed from 1992 by the newly constituted Australian Nursing Council Incorporated (ANCI). According to Suzanne Cameron, chief executive officer, the national body's primary function was coordination of assessment processes for nurses applying from overseas, with the assistance of the state registration boards if necessary. Recommendations for immediate recognition were based on past knowledge and accumulated research, a paper-based process in which perceived "equivalence" was highly valued. Assessment of overseas qualifications, however, was stymied by the limits to the Australian professional body's knowledge. ANCI only commenced direct international research in 1994/1995, based first on Hong Kong and Scandinavian visits, following earlier exploratory ANAC research (e.g., in the Philippines). Failure to recommend NESB nurses for eligibility was frequently acknowledged to reflect ANCI's lack of understanding of overseas systems.⁷ ("Quite often we can't recommend eligibility because we don't have the knowledge we need. That's why we've started on this programme of visiting overseas.")

Analysis of ANAC/ANCI assessment outcomes demonstrates that pre-migration screening was in fact becoming harsher rather than more lenient throughout this period, with *fewer* NESB nurses than previously securing immediate recognition (Toth, 1995; Hawthorne, 2001). Between 1988/1989 and 1994/1995, for instance, 97 per cent of ESB nurses were recommended for immediate Australian registration, compared to just 29 per cent from NESB source countries (including Commonwealth-Asia). This represented an exceptionally low rate for a theoretically "liberal" regulated profession, in a context where Australia's 50 per cent recognition of NESB qualifications overall was regarded as seriously inequitable. Moreover, such outcomes did not appear to reflect more "questionable" sources of nurse migration (e.g., from the Philippines). West German nurses secured minuscule levels of recognition, despite the calibre of their health system and their immediate entitlement to work in UK nursing settings on the basis of European Union membership (Seccombe et al., 1993). From 1988/1989 to 1994/1995, no nurses from the former Yugoslavia, 3 per cent from Poland, 4 per cent from Fiji, 10 per cent from West Germany and India, 15 per cent from the Philippines, 25 per cent from Malaysia, 31 per cent from Singapore, 40 per cent from Denmark, and 53 per cent from Hong Kong were awarded full pre-migration recognition by the national body.

When ANCI staff was at last resourced to research nurse qualifications in Hong Kong and Scandinavia in the mid-1990s, this led to a recommendation to Council for extension of automatic recognition to nurses from these countries. By definition, a number of NESB nurses had thus received inferior outcomes in the past *not* because of the inadequacy of their training, but because of lack of Australian research on the actual calibre of their courses.

For the 29 per cent of NESB nurses awarded “full recognition” pre-migration, it is important to note access to state registration was still not guaranteed in Australia. According to Cameron,

[Recommendation for full recognition] places [such nurses] on the same status as those countries that we do have information about: United Kingdom, USA, South Africa etc...[W]hat the Council does is recommend eligibility for registration. Only the [State/Territory] Boards can then decide whether they will register them or not. They may have additional requirements...[S]o in that respect ‘automatic’ [recognition] is not a very good word.

On arrival in Australia, in line with this protocol, “recognized” NESB nurses could find themselves required to complete and pass pre-registration courses of up to three months – a rude shock for many. In Cameron’s experience, “It’s nurses from those countries (that are relatively unknown) who are most unfairly discriminated against if they have to do a bridging programme simply because we don’t have the knowledge.” To secure clinical experience these nurses joined the hundreds of non-recognized OQNs trying to locate suitable hospital placements. According to the Director of Education Services at the NSW College of Nursing, Australian states in the late 1980s had bewilderingly different systems in place.

If you were in Western Australia you had a two year Associate Diploma. If you were in South Australia you had to do a bridging course...In New South Wales the system was that if a nurse came in from overseas, if they didn’t have mutual recognition [as with English, Scotland, Wales, Canada, America and New Zealand] all the rest had to go out for six months and work as a student nurse in a hospital...And at the end of that period [if they were judged as OK] the nurse manager tapped them on the shoulder and said “You’ll be all right, mate”, and made a recommendation to the Board. So it was a pretty loose arrangement.

The majority of overseas qualified nurses sought such hospital placements in a completely unsupported way – untrained and unaware of any potential screening requirements. A West German nurse recalled being grilled on her background when applying for successive hospital-based placements, barred for months by *de facto* testing of English.

Conditions were equally problematic for nurses in a number of other immigrant-receiving countries. Tough pre-entry screening mechanisms were utilized by the US – resulting from 1978-1983 in just 29 per cent of candidates passing

the multiple choice knowledge examination on their first attempt, and 8 per cent on subsequent administrations. Conducted in English, this US examination was designed to measure “proficiency both in nursing and in the use of English language”. In so doing it was intended to fulfil “a universal screening function...(with) no ‘paper’ analysis avenue to nursing” (Iredale, 1987: 161). Candidates who failed would not be awarded US occupational preference visas, whether external applicants or foreign nurse graduates applying from within the US. In Canada and select European countries (e.g., Germany), nurse registration remained “discretionary... carried out by immigration officials, employers and nursing bodies” (Iredale, 1987: 162).

By the late 1980s, the first pre-registration hurdle for OQNs in Australia was mandatory English language testing. Described elsewhere in detail (Hawthorne and Toth, 1996), this process disqualified a massive 67 per cent of Principal NESB nurse applicants overseas from proceeding with migration, as well as some 41 per cent sitting the test in Australia from enrolling in competency-based courses.⁸ In terms of actual skills assessment a second critical point should be noted here. The competency-based innovations described below were solely confined to Australia. NESB nurses applying pre-migration would continue to face screening that was paper and precedent-based – identical to the procedures previously defined, which were so strongly associated with NESB disadvantage.

COMPETENCY-BASED ASSESSMENT FOR OVERSEAS QUALIFIED NURSES IN AUSTRALIA: THE 1990S

Setting such problems aside for the moment, the section that follows examines the degree of benefit that has flowed from the application of competency-based assessment to migrant nurses in the past decade in Australia. Commitment to CBA in nursing in fact pre-dated national reform – commencing in 1986, following the formation of a national working party composed of representatives from each state and territory. Nursing competencies were designed to cover all aspects of work, “including technical knowledge, work practices, interaction with patients and colleagues, and recognition of personal abilities and qualifications” (Department of Labour Advisory Committee, 1990: 7). Definitions of these were complex, with many relating more to “attitude and philosophy than basic knowledge and need(ing) to be assessed in the practice setting” (Department of Labour Advisory Committee, 1990: 7). To pass, migrant nurses were required to be examined across the following five domains (by definition where English and cultural understanding had a potential to exercise powerful impacts): professional/ethical practice, reflective practice, enabling, problem framing and solving, and teamwork. Nursing competencies have since been further elaborated; by 2001 they covered 14 key areas (ANCI, 2001a, 2001b).

Since assessment was to be performance-based, CBA standards could “rarely be precise and unambiguous”. It was thus essential to devise an appropriate task for each competency: to “infer an individual’s current level of competence, decide whether this level satisfied some pre-determined standard, and provide feedback to assist in that person’s further professional development” (Department of Labour Advisory Committee, 1990: 7). Post-arrival, state boards would first determine *which* NESB nurses were deemed eligible to be referred to competency-based bridging programmes on the basis of the perceived adequacy of their professional documentation and/or interview screening. (Regrettably, data could not be obtained to permit identification of differential outcomes for select NESB groups, including any patterns of bias.)

From the early 1990s a competency-based approach was progressively introduced as an improved means of assessing overseas qualified nurses’ skills in the dominant migration state of New South Wales (NSW), in part as an essential means of monitoring the efficacy of the traditional hospital-based assessments. The NSW College of Nursing was the main provider of these programmes, encouraged by NOOSR and supported by federal Government funding. Given the College’s status as the key professional body in NSW, this reform came from the “heart” of the profession, which was a positive finding, given the traditionally exclusionary attitude of professional bodies. This attitude, however, was critically influenced by the late 1980s being a period of acute nurse under-supply in NSW.⁹ Responding in 1986 to labour market shortages, the College had first developed remedial bridging programmes to simplify the process for OQNs completing pre-registration requirements: combining the necessary theoretical, clinical, and English training into one effective 12-week programme. From 1986 to 1991, some 249 OQNs applied for these NSW College of Nursing “refresher” courses, resulting in 202 being selected, and 173 passing both theoretical and practical elements (an excellent overall rate of 86%).

By 1990, the NSW Nursing Registration Board had sanctioned the introduction of further flexibility into the bridging course process, allowing the discretionary reduction of the period of supervised practice to one month for nurses from “eight named countries” (e.g., Hong Kong). Such courses however did *not* guarantee professional registration, and were not based on formally validated competency-based assessment. Registration assessment remained ad hoc, exercised by hospital clinicians rather than College-based supervisors. Within this context, significant concern still existed about the professional calibre of select NESB nurses, which was growing as the range of Australia’s migration source countries diversified.

By 1990, the NSW College of Nursing was influenced by the momentum of national reform, particularly in the light of the national body’s 1986 commitment to developing competency-based assessment. A senior nurse from the College recalled:

[W]hat happened...was a big push for recognition of prior learning...All the NOOSR [input] came on board. And [a colleague]...came to me one day and said “Hey, let’s be the first profession that goes out there and actually *uses* the competencies we’ve already got developed”...The other problem at that time was...[the hospitals] drying up, in terms of not wanting to take these people. What we had on our books was something like...about 400 people – waiting, going round in circles throughout NSW! They’d go from hospital to hospital because the hospitals didn’t want them. They’d go back to the board. And then they’d come to our course, but that wouldn’t get them registration!...[At the same time] we were starting to get pressure from the Migrant boards, who were saying what are you *doing* about these people?

Clearly, additional reform was warranted. In 1991, the NSW College of Nursing conducted a CBA pilot programme based on 28 participants, exploring the applicability of the *national* nurse competencies to migrant nurse participants (NSWCN, 1992). The aim this time was the development of validated assessment mechanisms rather than simply a revised bridging programme. The resulting programme consisted of a maximum of five weeks theoretical revision (including 60 hours of vocational English), followed by up to four weeks of supervised hospital placements. As with all bridging options the course assessed migrant nurses in terms of basic skills rather than specialisms, accrediting “graduates” at Grade 1 Registered Nurse level, regardless of their actual years of nursing. A complex validation process was devised and applied based on the work nurses performed in acute medical and surgical contexts. Following concurrent clinical assessment, “twenty participants were recommended for immediate registration, four for remediation and four for retraining”, an overall pass rate of 71 per cent. Lower pass rates of 55 to 61 per cent were achieved in the subsequent period, reportedly due to the growing presence of Filipino and Chinese nurses. Candidates referred for retraining were considered to have “demonstrated unsafe practice not amenable to correction” (NSWCN, 1992a: 27; NSWCN, 1992b-1994).

From the early 1990s, the introduction of this competency-based bridging programme in NSW significantly streamlined NESB nurses’ access to professional registration. NSW qualifications reform, moreover, was characterized by an unusual level of flexibility in terms of the range of English tests accepted, the board’s willingness to introduce “fast-track” options, and the ongoing participation of the NSW Migrant Employment and Qualifications Board (a body including representation from outside the profession and deeply committed to the qualifications recognition reform agenda). It is important to note that by the mid-1990s, according to a senior nursing informant, NSW was no longer wedded to using national competency-based assessment. The application of competency-based assessment would thus remain characterized by considerable variation.

In Victoria (the second most populous state) the Nurses Board implemented its own qualifications reform strategy. The key differences included the level of

English required at point of entry (higher), the degree of Board commitment to national rather than state-based competency-based models (less), and the location of CBA bridging programmes in the university rather than the nursing training sector (Hawthorne, 2000). By the mid-1990s, the establishment of Victorian CBA bridging programmes had resulted in exceptionally positive outcomes. According to course coordinators, registration rates as high as 90 to 95 per cent, despite (or perhaps because of) Victoria's greater rigidity in terms of the pre-entry process.

THE IMPACT OF CBA ON QUALIFICATIONS RECOGNITION FOR MIGRANT NURSES: EMPIRICAL DATA

The following section reports the impact of competency-based assessment on the registration of overseas-qualified nurses, primarily in the state of Victoria. In 1996, the author and a colleague (J. Toth) secured extensive survey data from 719 registered OQNs who had settled in Australia between 1980 and 1996, for a study funded by Australia's Bureau of Immigration Multicultural and Population Research. In terms of accessing these informants, significant administrative assistance was provided by two state boards (the Nurses Board of Victoria and the Queensland Nursing Council), who (with the national body) also provided valuable feedback on the survey instrument design. All responses were subsequently analysed in detail by the author (Hawthorne, 2000). The survey data were supplemented by 33 extended interviews with individual migrant nurses and 71 interviews with Australian and overseas post key informants with significant expertise relating to skilled migration, English language testing, credential assessment, and employment. The qualifications recognition data reported below were derived from both survey and interview sources. Employment outcomes from this study have been reported elsewhere in detail by the author, including the potential of long delays in the pre-recognition process to "trap" select NESB groups in the least attractive nursing employment sectors. (A nominal regression analysis demonstrated East European and non-Commonwealth Asian nurses to be 840 per cent more likely to be employed in geriatric care than ESB nurses – a field in the process of redefinition regarding "foreign labour" (OR: 9.4; 95% CI: 2.9-30.2) (Hawthorne, 2001)

Table 4 summarizes the characteristics of the survey sample, including the proportion of pre-1990 and post-1990 arrivals, the latter group being those with the potential to benefit from the introduction of competency-based courses. It is important to note that the fully registered nurses included in this study had achieved higher success rates than the Australian norm, given the decision to sample only those who by 1996 had secured full registration. Ninety-three per cent of ESB survey respondents had enjoyed immediate qualifications recognition in Australia, with minimal time consumed by the process post-arrival (0.19 of a year). By contrast, just 50 per cent of the NESB sample had gained

immediate registration: 9 per cent of west European nurses, 13 per cent from east Europe, and 31 per cent from non-Commonwealth Asia, compared to a high 76 per cent of nurses from Commonwealth-Asia and 63 per cent “other” ($\chi^2=294.27$, $p<0.01$). Significant differences in terms of speed of recognition were evident by region of origin (ANOVA, $F=19.87$, $p<0.01$), with Commonwealth-Asian nurses taking only marginally longer than ESB nurses to secure registration (0.22 year compared to 0.19 year), compared to the serious delays experienced by many NESB nurses, particularly those from east Europe (see Table 5).

TABLE 4
DEMOGRAPHIC CHARACTERISTICS
OF ESB AND NESB QQN SURVEY RESPONDENTS

Variable	All informants	ESB nurse informants	NESB nurse informants
<i>Proportion of respondents</i>	100%	48%	52%
<i>Date of arrival</i>			
1980-1989	73%	71%	74%
1990-1996	27%	29%	26%
<i>Region of origin</i>	100%	UK/Ireland: 31% NZ: 10% S. Africa: 3% US: 2% Canada: 1% Other: 1%	*Comm. Asia: 25% Non-Comm. Asia: 10% W. Europe: 7% E. Europe: 7% Middle East: 2% Africa (non-SA): 3%
<i>Visa category:</i>			
Australia/New Zealand	13%	27%	1%
Independent	39%	33%	48%
Employ. nomin. scheme	11%	15%	8%
Spouse/fiancé	15%	10%	19%
Family reunion	7%	3%	11%
Study	2%	1%	3%
Working holiday-maker	6%	10%	2%
Other (e.g., humanitarian)	5%	1%	5%
<i>Principal applicant (PA)</i>	Aust./NZ: 13% Yes: 66% No: 19%	Aust./NZ: 26% Yes: 60% No: 14%	Aust./NZ: 1% Yes: 75% No: 24%
<i>Gender</i>	M: 7% F: 93%	M: 7% F: 93%	M: 8% F: 92%

TABLE 4 (continued)

Variable	All informants	ESB nurse informants	NESB nurse informants
<i>Age</i>			
Low-39	54%	64%	45%
40-49	38%	29%	45%
50-high	8%	7%	10%
<i>Children</i>			
Yes	66%	63%	68%
No	34%	37%	32%
<i>Current residential status</i>			
Citizen	59%	53%	64%
Permanent resident	37%	40%	35%
Temporary/visitor	4%	7%	2%
<i>Location</i>			
Capital city	77%	69%	86%
Regional/rural	22%	31%	14%
<i>First language</i>	English: 76% Other: 24%	English: 99% Other: 1%	W. Europe: 11% E. Europe: 22% Non-Comm. Asia: 23% Comm. Asia: 35% Other: 10%
<i>Level of English pre-migration</i>	Perfect/native speakers: 60% Very good: 22% Good: 12% Poor/none: 6%	Native speakers: 99%	Perfect: 26% Very good: 40% Good: 22% Poor/none: 11%
<i>Number of qualifications</i>			
One	29%	25%	34%
Two	34%	39%	29%
Three-four	36%	37%	36%

Source: Hawthorne, 2001.

*All percentages in chart rounded to nearest whole number, a process which "inflates" the per cent of NESB informants to 54 per cent, when in practice it totals 52.2 per cent.

Unsurprisingly, in line with this finding, region of origin proved to be the key determinant of participation in some form of qualifications recognition bridging programme, a path almost solely pursued by NESB nurses (46% of the NESB research sample [171 nurses], compared to just 10 ESB nurses) ($c^2=49.04$, $p<0.01$). Non-Commonwealth Asian, west European, and east European nurses

(in descending order) were the most likely to enrol, compared to far lower participation rates among Commonwealth-Asian nurses ($\chi^2=55.66$, $p<0.01$). Substantial numbers commenced training programmes in Australia following months (in some cases years) spent studying English – as we have seen a major pre-accreditation hurdle. Many were then obliged to confront further delays: bridging course waitlists extending two or more years by 1990/1991 (a particular frustration to nurses inappropriately placed in the “NESB” category). The great majority of OQN informants completed a single bridging course, though 15 required two (or in one case three) successive enrolments. On a positive note, pre-1990 arrivals were more likely than later arrivals to report completing such courses ($\chi^2=7.91$, $p<0.01$), suggesting that substantial numbers of 1990-1996 NESB arrivals benefited from improved recognition rates (particularly Commonwealth-Asian nurses). However, this was almost certainly due to the skewed nature of the research sample.

TABLE 5
TIME TAKEN TO SECURE PROFESSIONAL REGISTRATION
POST-ARRIVAL IN AUSTRALIA BY REGION OF ORIGIN

Region of origin	Time taken post-arrival to secure registration (years)
ESB	0.19
Commonwealth Asia	0.22
Other	0.60
Non-Commonwealth Asia	1.10
West European	1.90
East European	2.50

Source: Hawthorne, 2001.

The individual interviews and survey respondent comments demonstrated that competency-based courses post-1990 enjoyed exceptional face validity compared to earlier models, which was acknowledged as highly relevant by all NESB nurses interviewed, including informants initially resentful of taking them. Overall, key benefits were seen to derive from their provision of a clearly defined pathway into professional registration; ease of clinical access (with host institutions locating hospital placements rather than individual nurses); preliminary and concurrent training in equipment use, orientation to Australian nursing, nursing terminology, and jargon; systematic revision of core nursing theory including anatomy, physiology, and pharmacology; information on initially “alien” concepts such as duty of care, informed consent, the nature and style of Australian hospital hierarchies, etc.; and formally structured and defined skills assessment procedures.

Competency-based assessment was perceived as being naturally integrated into daily tasks, applied for the most part by examiners with compassion as well as

flexibility. A Ukrainian nurse (migrating at 20 with her parents) accessed a CBA programme following completion of five General English and two English for Nurses courses, despite marriage and divorce, birth of a baby, and initial failure in passing either the English language or the pre-entry test. Accepted at last by one of Victoria's two university providers, she found the curriculum allowed her to acquire the greater specialist knowledge required of nurses in Australia (e.g., oncology), trained her to interpret laboratory results, and developed her skills in using technical equipment (e.g., gravity-driven pumps).

Despite positive experiences, clinically based CBA courses also represented a major communicative challenge for many NESB nurses. According to Menon, pronunciation differences could cause significant problems, with Australian nurses rarely persisting with "difficult" conversation. On the wards two types of Australian "nurse talk" were typically observed: "clear, fairly direct, and factual" communication, with which NESB nurses could largely cope, and a second level that was "a highly complex, conceptualized stream of ideas, concepts, and technical jargon mixed up with miscellaneous...ideas delivered in a fast automatic style" (Menon, 1992: 328, 330-331). In Menon's experience, few NESB nurses could initially deal with the latter, which ensured a humiliating public collapse of their communicative effectiveness, when confronted with authentic nurse speech. NESB nurses could expect little sympathy in clinical sites, since it was rare for Australian clinicians to recognize the complexity of their clinical language use, including their degree of reliance on idiom, abbreviation, and jargon. A Filipino nurse described grappling with exposure to a whole new lexis:

[S]ome of the words that they were using in the hospital...are different. I remember there is a code in the Mercy [Hospital], and the charge nurse asked me "Get this slide plate", but it doesn't register in my mind what *is* slide plate... so I'm running. The nurse said "It's in the nurses' station." But the truth is I don't know what is that, and I said "I'm honest, I don't know what's that!", and then she ran because the patient is having a cardiac arrest. I knew the concept but not the term for things. So it's quite dangerous.

Training their students to confront such challenges, bridging course providers collected a range of authentic speech samples to identify and teach key communicative functions, including those related to admission interviews, ward handovers, elicitation of patient histories, etc. Further, they offered structured teaching of medical terms typically unknown to NESB nurses who had not studied a Latin-based language. In addition to language-specific challenges, migrant nurses and key informants reported a multitude of adjustments required for effective cross-cultural communication in clinical settings. Nurses failing to acquire such skills risked being labelled rude, abrupt, or even obsequious – an issue of great concern raised by many survey respondents. In a number of instances, NESB nurses confronted extremely painful peer rejection, ranging from misunderstandings to "straight out racism".

Beyond English and cross-cultural deficits, many NESB nurses became aware of acute knowledge gaps in Australia. Filipino and mainland Chinese nurses were repeatedly cited as facing the greatest barriers, with east Europeans also conceding significant training limitations. The competency-based system seemed innately fairer to candidates than supervised placements: “three times (tested) from the beginning and the middle and in the end”. According to a course coordinator, gaps in nursing knowledge could often be readily overcome. (“Most of these nurses come from countries where they don’t have all the whizz-bang equipment, but that doesn’t mean they don’t understand the principles of intravenous therapy, oxygen therapy, asepsis, etc.”) In a number of instances, however, the knowledge deficits of select NESB nurses could not be easily remedied. “There’s a huge disparity between the different (Filipino) nursing schools, and some of them are dreadful...I suspect in a number of cases people have bought their papers...Others far excel our (training).”

As should be clear from the above, NESB nurses in the research sample strongly endorsed the value of competency-based courses. Few dropped out, despite the reported demands of trying to juggle “the stress of looking after the children, keep running the home at the level they’ve run it, and husbands expecting them to [maintain] that”. Extensive interviews with all course providers in Victoria and NSW confirmed the following programme benefits (in addition to those previously noted):

1. The delivery of positive cost-effective outcomes within three months: substantial improvements in NSW pass rates (ranging from 55 to 86%), and exceptionally high Victorian pass rates (from 90 to 95%, in line with the results of the 1990 Western Australian pilot programme previously reported).
2. The degree of flexibility offered: migrant nurses who initially failed tasks being offered additional time to master them. (“If their assessment by the nursing staff has not been satisfactory, I arrange an independent assessment, just to make sure there’s been no bias or personality clashes, that (competence) is truly the problem.”)
3. The subsidization of course participation costs by federal and/or state governments, with overseas qualified nurses paid a living allowance to participate.

Despite the clear benefits of CBA bridging programmes outlined above, course coordinators also raised a number of difficult issues. First, by the late 1990s accessing courses in Australia remained problematic with only 100 to 150 places available to nurses in the dominant states per year (minuscule in terms of the total migrant nurse population), and often inaccessible courses in the smaller population states. Second, no statistical data could be secured concerning the vital gatekeeping issue of “eligibility” to participate by country of origin, based on state boards’ judgement of which NESB nurses had potentially “equivalent”

nursing qualifications. Third, as we have seen, the basis of competency-based bridging courses varied markedly by state, consequently yielding only limited gains for candidates in terms of portability of qualifications.

THE LIMITS TO AUSTRALIAN CBA REFORM

To what extent were the CBA gains noted above occurring in other Australian professions? Regrettably, the evidence suggests nursing to be quite atypical. Throughout 1990-1996, speed in qualifications recognition reform was urged by the Australian Labour Government through release of a succession of reports characterized by an up-beat proselytizing rhetoric. Issues highlighted, however, included a slower than expected progress in developing skills standards, difficulties in defining competencies in non-technical occupations, and misconceptions about the nature of competencies, and of a competency-based system. These problems almost certainly reflected persistent reservations on the part of Australia's professional, employer and/or educational bodies about competency-based assessment, confirming government concern "that in the absence of competency standards conventional courses/time requirements will be the benchmarks of national recognition" (NBEET, 1991: ix). Moreover, as previously noted, occupation-specific courses remained few (particularly in the less-populated states), and waitlists remained long despite substantial growth in federal funding.

Unsurprisingly, challenges to CBA were also being mounted in a range of Australian quarters. In his passionate public address, "How Should the Professions and the Universities Respond to the Competency Standards Movement?", Professor David Penington (then vice-chancellor of one of Australia's most prestigious institutions, the University of Melbourne) attacked CBA reform in essence as a socialist plot, based on the Australian Labour Party's determination to wrest elitism and power from the professions – part of the "old agenda of class warfare, where the professions were seen as a middle class preserve to be subject to assault and capture by the working class" (Penington, 1993: 38). Based on an extraordinarily idealized view of the professions ("A profession has always been regarded as being pursued primarily for the service of others" [Penington, 1993: 36]), Penington castigated competency-based assessment as "part of a larger agenda which seeks to control the whole of the Australian workforce through tripartite bodies comprising union, industry and government representatives". In his opinion a CBA philosophy was:

...fundamentally inconsistent with one of the central and essential features of a true profession: capacity for self-regulation in the interests of standards and of service to the community...Competency-based standards define acceptable minima, whereas professionalism seeks excellence in performance in the interests of clients in a wide range of foreseen and unforeseen situations... The

behaviourist approach is a dangerous educational philosophy...Skills and knowledge are not one and the same. An experienced dentist commented recently that a monkey could do 95 per cent of what he did in his practice. But he required five years of university education and twenty years of practice to know when to do it (1993: 35, 39).

As noted, the nursing profession was atypical in Australia, amenable to the development of competency-based programmes in the context of sustained labour market demand, and because it had led rather than followed the national reform agenda. Other Australian professions had different views. There was little government anticipation of the length of time it would take to develop CBA mechanisms, or the degree of obstructionism which would continue to be exercised by select professional and state bodies. Membership of credentialing bodies still rarely extended beyond vested interests. Moreover, competency-based assessment was being advocated in a context where the government had a moral right to lead but no entitlement to impose its reform agenda on bodies with legislatively based powers. At the very start of the reform period, the National Advisory Committee on Skills Recognition (NACSR) had taken the radical step of commissioning an analysis of Commonwealth legal and administrative powers, to explore the federal Government's potential to override state regulatory powers in terms of professional accreditation. This process, as we have seen, followed decades of frustration over barriers to qualifications recognition reform, with NOOSR (like its preceding body) still shackled to a "facilitating" and "enabling" role, rather than a potential for coercion. Released in 1991, this report conceded the virtual impossibility of the Commonwealth wresting rights from the states given the "possible legal, administrative and resource implications if (it) acted unilaterally to intervene in individual cases of non-recognition by State registering or licensing bodies or by self-regulating professions" (NACSR 1991: 2). The potential barriers were seen as severe:

First, there is no indication that the States would agree to referring their powers. In fact, there is considerable anecdotal evidence that most of the States would vigorously oppose this approach. Second, if the Commonwealth were to gain blanket coverage of the recognition procedures, it would need to develop the necessary counselling, accreditation, testing and training facilities (NACSR, 1991: 13).

The federal Government's decision to step back from radical reform, at the very start of the 1990s, in essence ceded victory to the credentialing status quo, allowing vested interests (for good or for ill) to remain paramount. NOOSR's role would remain limited to exhortation and funding, allowing the professions to identify the approach "most likely to suit their needs". The body's limits were described in the following way by its director, Jennifer Ledger, in the mid-1990s:

I think the kind of agenda we're here to assist with is to make the professions and the other skills recognition agencies more aware of the issues and problems

for migrants, to ensure that the procedures that they have in place are very clear... [Our aim] to the extent that we can is to oil the wheels. Even those panels and councils that are totally funded by NOOSR, and [where] we are responsible for the examination process, the standard of those examinations, and the assessment of those examinations are [devised] by the profession... In those health-related professions where there are registration boards... their authority is still paramount (Hawthorne, 2000: 231).

Despite the gains noted for nursing, a 1994 NOOSR paper concluded that virtually all the traditional barriers to qualifications recognition remained in Australia, notwithstanding the establishment of “structured pathways to recognition” for “the overwhelming majority of occupations at the professional, para-professional, technical and trade levels” (NOOSR, 1994: 3, 7-8). The resourcing of bridging programmes remained inadequate – by 1993-1994 subsidizing the enrolment of a mere 600 overseas-qualified professionals per year (NOOSR, 1994: 30). Two years later a NOOSR Forum of Professional Bodies (1996) could report the achievement of only minor national reforms, despite rare exceptions in fields such as engineering and the trades. Seven years on from the fanfare associated with the launch of the Australian qualifications recognition reform agenda, NOOSR acknowledged “uncertainty and apprehension regarding (the competencies’) implementation and use” among the professions (NOOSR, 1996). In 1996 the Parliamentary House of Representatives Standing Committee on Community Affairs confirmed the achievement of minimal gains since 1983 (HRSCCA, 1996: 60, 84), noting a continued “automatic devaluing of qualifications and skills acquired from non-English speaking background countries” relative to those of ESB origin, and “sufficient evidence of negative cultural and racial stereotyping by employers to warrant an education campaign to be mounted by the Commonwealth Government on the benefits of employing people from a variety of cultures”.

Astonishingly, given the ambivalent attitude of the Australian professional bodies, this parliamentary report recommended their *expanded*, rather than diminished, participation in the assessment process, a step Iredale viewed as likely to “entrench” (rather than reform) “the existing system” (1997: 117). This recommendation was formally adopted from 1999. In 1997, Iredale castigated the Australian Government and professional bodies for their seeming incapacity to liberalize the recognition of international skills, regardless of the existence now of “best practice” initiatives in countries such as Canada, and global trends to more generic skills recognition (Iredale and Appleyard, 2001). NESB professionals lacking credential recognition continued to face acute disadvantage in Australia, in many instances (as we have seen) consigned to years of unemployment and skills atrophy.

These problems would be compounded rather than eased following the 1996 election of Australia’s current conservative government. Abandoning Labour’s

immigration programme as “out of balance and out of control”, the incoming government’s aim was “to return the balance in the programme to one that is in the national interest” (Ruddock, 1996: 1). In the future, Principal Applicants at perceived risk of delayed employment would be excluded from skilled migration at point of entry through the extension of rigorous pre-migration English language testing and qualifications screening to most professions even in family-skill categories (Hawthorne, 1997b; DIMA, 1999; Bridge, 2001). For migrants reaching Australia without recognized credentials, income support would be unavailable in the first two years, with access to English and labour market training programmes either barred or offered on a user-pays basis (Birrell, 1998). From 1996 to 2001, the 3,276 bridging course places still catered to just 600 individuals per year across all professions (South Australia Overseas Qualifications Board, 2001).

Between 1994 and 2001, a total of 336 NOOSR-funded individual training places were allocated to migrant nurses lacking qualifications recognition, in a period when well over 12,000 OQNs had arrived. From July 2001, moreover, such courses would no longer be free even for long-established migrants. Through an extension of Australia’s higher education loan scheme, participants would be obliged to repay all costs once they had secured employment. Within this transformed settlement context, as noted above, the federal Government would place pre-migration qualifications screening more rather than less exclusively in the hands of the professional bodies. In publishing its revised selection protocol in 2001, the Immigration Department defined six key attributes as making “a good (skilled) applicant”, including obtaining a job that uses their skills soon after arrival, becoming quickly established, and lacking the need for benefits. Migration bonus points were created for former international students¹⁰ with Australian diplomas or degrees – a newly emerging elite who soon constituted 50 per cent of all skilled applicants (DIMA, 2001b).

By 2000, these tough pre-migration procedures had contributed to a halving of unemployment among recently arrived migrants in Australia (12.4% of 1999 arrivals unemployed by November 2000 compared to 23.4% of 1995 arrivals by November 1996 [Bridge, 2001]). By June the following year, the 1999 cohort’s unemployment rate had dropped to below 10 per cent (DIMA, 2001b),¹¹ with comparable immigrant-receiving nations taking an increasing interest. Skilled migration numbers were once again surging: rising from 35,000 in 1998-1999 to a target of up to 53,520 for 2001-2002, to be sustained for a three-year period. Given the decimation of Australia’s settlement services, new migrants at risk of credential non-recognition (i.e., those entering as non-Principal Applicants or as family members) had powerful incentive to accept de-skilled work, though the Longitudinal Survey of Immigrants to Australia suggests that the more stringent select measures increased rather than diminished levels of satisfaction with employment (Richardson et al., 2001).

CONCLUSION

As we have seen, nursing was one of the few Australian professions to actually improve qualifications recognition procedures for skilled migrants in the 1990s. This was arguably due to the profession's longstanding experimentation with CBA, its formal adoption of CBA as policy in 1986, and its relatively benign attitude toward NESB nurses (in a context of sustained labour market demand), as much as the influence of the federal Government's reform agenda. In terms of CBA courses for nurses, clear gains were noted, with 61 to 95 per cent of participants securing full professional registration on completion of three month courses. Further benefits included a clearly defined pathway into professional registration, ease of clinical access (with host institutions locating hospital placements rather than individual nurses), revision of core nursing content, preliminary and concurrent training in equipment use, orientation to Australian nursing, and so forth., all supported by formally structured and defined skills assessment procedures.

At the same time, the paper argues, it is important to avoid drawing overly positive conclusions in terms of Australia's implementation of CBA qualifications reform in nursing. The 1990s remained characterized by *continuity* rather than change in terms of pre-migration assessment practices. The national nursing body remained controlled and funded by state nursing registration boards: structures (regardless of a number of positive initiatives) likely to be influenced by traditional vested interests including professional protectionism. Pre-migration qualifications assessment continued to be based on very limited international research, with evidence that judgments became harsher rather than more lenient from the mid-1980s to the 1990s (immediate recognition rates dropping to just 29% of NESB nurses, for instance, from 1988-1989 to 1994-1995, compared to 97% for ESB nurses within the same period). Such outcomes did not appear to be correlated to level of human capital, despite the significant skills deficits reported for select Filipino, PRC, and east European nurses. West European nurses secured exceedingly low levels of pre-migration recognition, regardless of the calibre of their professional training, and their subsequent attractiveness to Australian employers (Hawthorne, 2001). Even NESB nurses securing "full recognition" at overseas posts could be obliged to complete pre-registration bridging courses once in Australia, placing them on a par with NESB nurses who had not been assessed (or had failed such assessment) pre-migration. In the context of the tightening selection procedures for skilled migrants and the dramatically reduced availability of settlement services implemented in the 1997-2002 period, fewer OQNs with unrecognized qualifications have been accepted to migrate to Australia. Minuscule numbers of those who did would have had access to subsidized English language and competency-based bridging programmes – developments certain to have impacted on their recognition and employment outcomes.

NOTES

1. Examples of successive Australian reports on qualifications recognition for skilled migrants include Iredale, 1987; Committee to Advise on Australia's Immigration Policies (CAAIP), 1988; National Population Council, 1988; Office of Multicultural Affairs (OMA), 1989; Dawkins, 1989a; NSW Committee of Inquiry on Recognition of Overseas Qualifications (NSW CIROQ), 1989; Castles et al., 1989; and Mitchell et al., 1990.
2. Australian professions are divided between those which are *regulated* (in which applicants for registration are assessed and recognized by government bodies, frequently with strong input from the relevant professional associations), and those which are *non-regulated* (in which applicants for recognition are wholly assessed by professional associations).
3. It is common practice for professional bodies to advise the Australian Government on the number of entry-level workers required for select professions (e.g., engineering, medicine, nursing). This advice typically extends to the numbers of local undergraduates and graduates trained, as well as the size of specific skilled immigration intakes.
4. In the field of nursing the national body in this period was almost wholly composed of representatives from state registration boards.
5. The National Population Council, established in 1984 through an amalgamation of three earlier expert bodies, played a major advisory role to the Australian Government. By the late 1980s, its membership was dominated by representatives of ethnic communities as well as academics – a highly influential factor in the reform agenda (Jupp, 2002: 70-2).
6. Analyses of 1991 and 1996 census data were conducted by Birrell and Hawthorne (1997, 1999) based on the provision of customized matrices by the Australian Bureau of Statistics showing employment outcomes for Australian-born compared to overseas-born professionals in the following fields: nursing, medicine, dental science, law, civil engineering, electrical and electronic engineering, mechanical engineering, building design, computer science, accounting, and visual and performing arts (11 for the 1991 census study) and nursing, medicine, accounting, education, economics, law, computer science, other natural and physical sciences, mechanical engineering, other engineering, other society and culture, other business and administration (12 for the 1996 census study). Each matrix was ordered to allow analysis of differential employment outcomes by profession and country/region of origin for a cross-section of migrant groups: New Zealand, UK/Ireland, Yugoslavia, Poland, Egypt, Malaysia, Hong Kong, India, Philippines, Viet Nam, and China compared to all other birthplaces for the 1991 census study, and UK/Ireland, South Africa, former USSR and Baltic States, Hong Kong, India, China, and the Philippines compared to all other birthplaces for the 1996 census study.
7. The number and range of countries researched in terms of the calibre of nursing qualifications was reportedly improving by the late 1990s.
8. Many OQN's reached Australia as non-Principal Applicants, e.g., as spouses or fiancées, or via non-skill migration categories (e.g., family or refugee/humanitarian). In such cases they were not obliged to pass mandatory pre-migration English language testing.
9. From 1986, NSW abruptly transferred nursing training from the hospital to the tertiary sector, resulting in an acute nurse shortage in many clinical settings which persisted for years.

10. This phenomenon was occurring in a number of other immigrant receiving nations. See Khadria, 2001.
11. A range of other factors also contributed to these lowered unemployment rates for newly arrived migrants, including slightly reduced Australian unemployment levels (6.2% in November 2000 compared to 7.7% in November 1996), and higher proportions of ESB migrants among recent immigrant intakes (a consequence of changed selected procedures) (Bridge, 2001: 58).

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REFORME DE LA RECONNAISSANCE DES QUALIFICATIONS DES MIGRANTS SPECIALISES EN AUSTRALIE: APPLICATION, AUX INFIRMIERES QUALIFIEES DE L'OUTRE-MER, DE METHODES D'EVALUATION BASEES SUR LES COMPETENCES

Les deux dernières décennies ont coïncidé avec une sélection sans précédent des migrants qualifiés en Australie, notamment en ce qui concerne les cadres originaires de pays non anglophones. En 1991, les personnes nées à l'étranger constituaient entre 43 et 49 pour cent de l'ensemble des ingénieurs présents en Australie, 43 pour cent des informaticiens, 40 pour cent des médecins, 26 pour cent des infirmières, et une proportion croissante d'autres professions clés. Au bout d'une période d'un à cinq ans suivant leur arrivée, seuls 30 pour cent des migrants diplômés et qualifiés avaient obtenu un emploi. Néanmoins, peu nombreuses étaient les personnes diplômées ayant trouvé du travail dans quelque branche que ce soit, et certains groupes d'immigrés non anglophones étaient gravement discriminés sur le marché du travail.

Durant toutes les années 80 et 90, les obstacles mis à la reconnaissance des qualifications ont été désignés comme un facteur contributif majeur de cette discrimination à l'emploi. Le présent article décrit l'évolution de l'agenda fixé pour la réforme de la reconnaissance des qualifications en Australie concernant les immigrés non anglophones, notamment la propension croissante à fonder le processus d'évaluation sur les compétences réelles et non plus sur les diplômes. Dans ce contexte, l'auteur examine les progrès accomplis au cours des années 90 au niveau de la profession d'infirmier/infirmière – la première grande profession australienne pour laquelle les évaluateurs ont opté pour la prise en compte des compétences, et celle également ayant bénéficié des encouragements du Bureau national pour la reconnaissance des qualifications acquises outre-mer comme un secteur de réforme exemplaire. Les protocoles et les résultats des évaluations font l'objet d'analyses dans deux contextes très différents: dans des bureaux australiens outre-mer, avant même l'immigration des intéressés, et en Australie, après l'arrivée des infirmières qualifiées de l'outre-mer. Sur la base de données empiriques provenant de différentes sources, l'auteur décrit le développement d'un paradoxe majeur. Il est un fait que la reconnaissance des qualifications s'est considérablement améliorée pour les infirmières originaires de pays non anglophones grâce à l'adoption des méthodes d'évaluation basées sur les compétences en Australie, notamment dans les Etats de Victoria et de la Nouvelle-Galles du Sud qui sont les deux principaux Etats d'immigration. Parallèlement, cependant, on a pu assister à un resserrement significatif des procédures de reconnaissance dans les bureaux australiens de l'outre-mer, où les méthodes d'évaluation sur la base des compétences n'étaient pas appliquées. Au lieu de s'en remettre moins exclusivement qu'auparavant aux organes d'encadrement de la profession, c'est au contraire presque entièrement à ceux-ci que le Département de l'immigration a confié le travail d'évaluation intervenant avant toute migration,

et ce dans une période qui coïncidait avec un examen plus sévère, et non plus souple, des qualifications des migrants originaires de pays non anglophones. Quant aux autres professions, la reconnaissance des qualifications acquises outre-mer n'a que peu progressé.

REFORMA DEL RECONOCIMIENTO DE CALIFICACIONES DE MIGRANTES COMPETENTES EN AUSTRALIA: APLICACIÓN DE UNA EVALUACIÓN BASADA EN LAS COMPETENCIAS PARA LAS ENFERMERAS CALIFICADAS DE ULTRAMAR

Las dos últimas décadas en Australia han coincidido con una selección, sin precedentes, en Australia de migrantes competentes, en particular de profesionales provenientes de países que no son de habla inglesa. En 1991, los nacidos en ultramar representaban entre el 43 y 49 por ciento de los ingenieros en Australia, el 43 por ciento de los profesionales de computación, el 40 por ciento de los médicos, el 26 por ciento de las enfermeras, y crecientes porcentajes en otras profesiones clave. Entre uno y cinco años después de la llegada, sólo el 30 por ciento de los migrantes licenciados calificados había obtenido un empleo. Ello no obstante, pocos de los que poseían un diploma encontraron trabajo en su profesión, mientras que aquellos provenientes de los grupos de países que no eran de habla inglesa se caracterizaban por estar seriamente desaventajados en el mercado laboral.

A lo largo de los años ochenta y noventa se determinó que las barreras al reconocimiento de las credenciales constituían un importante factor que disminuía las posibilidades de empleo. En este artículo se describe la evolución del calendario de la reforma de reconocimiento de las calificaciones en Australia para migrantes de países que no son de habla inglesa, incluido el crecimiento progresivo del apoyo a una evaluación no tanto de papeles sino más bien de competencias. En este contexto, se examina las mejoras obtenidas en los años noventa en el ámbito de la enfermería – una de las principales profesiones en Australia – que decidió adoptar la evaluación basada en las competencias, y que fue promovida por la Oficina Nacional de Reconocimiento de Competencias de Ultramar como un ejemplo del proceso de reforma. Los protocolos y resultados de evaluación fueron analizados en dos contextos diferentes: la contratación previa a la migración para ocupar puestos en Australia y la contratación de enfermeras calificadas de ultramar en Australia. Sobre la base de datos empíricos provenientes de diversas fuentes, este artículo identifica el desarrollo de una importante paradoja. Es cierto que en Australia se han conseguido considerables mejoras en el reconocimiento de calificaciones de las enfermeras que vienen de países que no son de habla inglesa, gracias a la evaluación basada en las competencias, particularmente en los Estados de Victoria y New South Wales, que acogen mayormente a migrantes. Al mismo tiempo, se arguye que

cuando no se disponía de la evaluación basada en las competencias, los procedimientos de reconocimiento de personas de ultramar eran sumamente estrictos. El Departamento de Inmigración confió la evaluación previa a la migración a órganos profesionales de enfermería, en un periodo que coincidió con un trato más severo de las calificaciones de los migrantes provenientes de países que no eran de habla inglesa. En otras profesiones las mejoras fueron mínimas en el reconocimiento de calificaciones de ultramar.