

The characteristics and experiences of international physiotherapy graduates seeking registration to practise in Australia.

Jonathan Foo *BPhysio (Hons)*

Higher degree by research candidate, Department of Physiotherapy, Monash University, Australia

Michael Storr *BPhysio*

Senior Lecturer, Department of Physiotherapy, Monash University, Australia

Stephen Maloney *BPhysio, MPH, PhD*

Deputy Head of Department, Department of Physiotherapy, Monash University, Australia and Director of Education, School of Primary and Allied Health Care, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia

ABSTRACT

This study aimed to identify the characteristics, and explore the experiences, of international physiotherapy graduates seeking registration to practise in Australia. Participants of a clinical-skills revision workshop run by an Australian University for internationally trained physiotherapists seeking to apply for registration were surveyed between 2013 and 2014. Survey questions focused on the experience of the registration process, and what it meant to participants. Data were analysed with descriptive statistics and thematic analysis. Seventy-three survey responses were received. Most participants were under 40 years old (88%), 48% were permanent Australian residents, and 37% had a Master's level degree or higher. The median years since graduation was eight (interquartile range 6-12), 85% of participants spoke more than one language, and 56% reported that they would consider working in a rural location. Thematic analysis revealed insights into the risks perceived by participants while seeking registration to practise, affecting their personal wellbeing, professional development and recognition, partners and children, and resources. International physiotherapy graduates have potential to improve healthcare provision and address Australia's growing health workforce needs, through their experience, diversity, and willingness to work in rural locations. However, international physiotherapy graduates also perceive significant risks associated with seeking registration to practise.

Foo, J., Storr, M., Maloney, S. (2017) *The characteristics and experiences of international physiotherapy graduates seeking registration to practise in Australia. New Zealand Journal of Physiotherapy 45(3): 135-142. doi: 10.15619/NZJP/45.3.05*

Key words: Physiotherapy, Physical therapy, Registration, Professional regulation, Skilled migration, Workforce

INTRODUCTION

International migration of the health workforce continues to grow, with the total number of migrant doctors and nurses working in Organisation for Economic Co-operation and Development (OECD) countries increasing by 60% over the last decade (Dumont & Lafortune, 2016). Increases in health workforce migration may be attributed to increases in globalisation, as well as increased demand for health services which domestic workforce production is unable to satisfy (Aluttis, Bishaw, & Frank, 2014; World Health Organization, 2010a). When conducted ethically and responsibly, health workforce migration has been reported to increase the circulation of knowledge, provide valuable remittances back to exporting countries, fill workforce shortages, and promote cultural exchange (Forcier, Simoens, & Giuffrida, 2004).

Demand for physiotherapy in Australia is strong, driven by an ageing population and improvements in access to services (Department of Employment, 2016). As a result, there is currently a physiotherapy skills shortage, particularly in regional locations and senior roles (Health Workforce Australia, 2014). As of 2012, 15% of the Australian physiotherapy workforce obtained their initial qualification outside of Australia (Health

Workforce Australia, 2014). These individuals can be referred to as international physiotherapy graduates (IPGs).

Due to differences in physiotherapy education and practice between countries, it is necessary to regulate the practice of IPGs, in order to maintain standards of care and to protect the public (Cahalin, Matsuo, Collins, Matsuya, & Caro, 2008; Grant, 2008). In Australia, all physiotherapists must be registered with the Physiotherapy Board of Australia (www.physiotherapyboard.gov.au). As a part of the registration process, IPGs are assessed by the Australian Physiotherapy Council (APC) (<https://physiocouncil.com.au>). The APC has two main pathways for assessing IPGs for general registration, the Standard Assessment Pathway, and the Equivalence of Qualification Pathway. The former assesses the skills and knowledge of an IPG through both written and clinical examinations. The latter is designed for IPGs who hold qualifications that may be considered substantially comparable to an approved Australian entry level qualification, and does not involve any examinations. In the Standard Assessment Pathway, prior to undertaking examinations, candidates have the option to apply for limited registration, which allows for supervised practice, as long as they hold an

eligible basic physiotherapy qualification. As of June 2016, there were 27,667 physiotherapists with general registration, and 330 registered under a supervised practice limited registration (Physiotherapy Board of Australia, 2016). IPGs who hold full registration with the Physiotherapy Board of New Zealand are exempt from the aforementioned assessment pathways under the Trans Tasman Mutual Recognition Agreement, and are able to apply directly for registration.

Research into health professional skilled migration has previously focused on factors motivating migration (Cocks & Cruice, 2010; Sapkota, van Teijlingen, & Simkhada, 2014), and experiences of skilled migrants once they have commenced work (Kyle & Kuisma, 2013; Moran, Nancarrow, & Butler, 2005). However,

little attention has been paid to the experiences of skilled migrants during their first hurdle to working in another country - the process of seeking registration to practise.

The aims for this study were:

1. To identify the characteristics of international physiotherapy graduates seeking general registration to practise in Australia.
2. To explore the experiences of international physiotherapy graduates in their process of seeking general registration to practise in Australia.

Table 1: Summary of questions, response type, and analysis method used

Question	Response type	Analysis method
Gender, age, residency	Multiple choice	Frequency analysis
Nationality (able to nominate more than one)	Free text	Frequency analysis. Grouped according to World Confederation for Physical Therapy region.
Qualification level	Free text	Frequency analysis. Organised by highest qualification level as reported by participant. Classifications may not align with the Australian Qualifications Framework.
Years since qualification	Free text	Normality test applied. Treated as non-parametric data.
Languages spoken	Free text	Frequency analysis
Perceived costs to obtain registration	Free text	Normality test applied. Cost treated as parametric data. Hours treated as non-parametric data.
Work intentions	Free text, multiple choice	Frequency analysis. Participants were free to select multiple options.
Perception of registration process	5-point Likert scale	Frequency analysis. Likert scale options: much too easy, too easy, appropriate, too hard, much too hard.
Reason for seeking registration in Australia, importance of obtaining registration in Australia, impact if registration unsuccessful, perceived factors leading to successful registration, perceived factors leading to unsuccessful registration	Free text	Thematic analysis

METHODS

Design

This study utilised a mixed method design. Quantitative data were collected on perceived costs to obtain registration, time since graduation, and ratings of the registration process. Qualitative data collection included participant characteristics, work intentions, and open response questions exploring the experiences of individuals seeking general registration to practise in Australia. A phenomenological framework was adopted in designing open response questions.

A questionnaire composed of multiple choice responses, 5-point Likert scales, and free text responses was developed. The questionnaire was hosted online via survey tool Survey Monkey (www.surveymonkey.com). See Table 1 for the list of questions.

Participants

IPGs intending to obtain registration in Australia through the APC Standard Assessment Pathway were eligible to participate. Participants were identified from a 'practical skill revision workshop' held by the Physiotherapy Department at Monash University, Australia. This workshop provided IPGs coaching to undertake the Clinical Assessment component of the Standard Assessment Pathway. Workshop participants were invited to participate via email, together with an explanatory statement and website link to the online questionnaire. Three rounds of data collection occurred, corresponding to three offerings of the 'practical skill revision workshop' between July 2013 and July 2014.

Ethical approval was received from the Monash University Human Research Ethics Committee. Participation in the anonymous online survey was taken as implied consent.

Data analysis

Table 1 summarises the data analysis method used for different types of questions. Participant characteristics were analysed using frequency analysis in Microsoft Excel (2007). Years since graduation and costs of registration were considered for parametric/non-parametric qualities using a D'Agostino and Pearson omnibus normality test in GraphPad Prism (version 6.07, GraphPad Software Inc., California, US). Data not passing the normality test (alpha level 0.05) were presented as medians and interquartile ranges (IQR); data which did pass the normality test were presented as medians and standard deviations (SD).

Work intentions and perceptions of the registration process were analysed using frequency analysis. Long free-text response qualitative data were analysed using thematic analysis, as indicated in Table 1. Analysis was conducted according to the approach described by Braun and Clarke, including

familiarisation of the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2006). Two investigators independently followed these steps after each of the first two data collection iterations. Thematic saturation was achieved after the second iteration and the investigators agreed on a final set of themes. The last iteration was analysed by one investigator confirming that no further themes emerged. Thematic analysis was conducted using the software NVivo (version 10, QSR International Pty Ltd., Melbourne, Australia).

RESULTS

Participant characteristics

A total of 73 survey responses were received. A summary of participant characteristics is presented in Table 2. The largest number of participants were of Indian nationality (n=41, 56%), English was the most common first language (n=26, 36%), and participants identified a total of 19 different languages which they were comfortable speaking.

Table 2: Summary of participant characteristics

Characteristic	Option	n	%
Gender	Female	62	85%
	Male	11	15%
Age range	20-29	27	37%
	30-39	37	51%
	40-49	8	11%
	50-59	0	0%
	60+	1	1%
	Nationality by WCPT region*	Asia Western Pacific	50
Europe		20	26%
Africa		4	5%
North America Caribbean		2	3%
South America		2	3%
Permanent Australian resident	No	38	52%
	Yes	35	48%
Highest qualification level	Doctoral	1	1%
	Masters	26	36%
	Bachelor	33	45%
	Diploma	3	4%
	Not specified	10	14%
Years since graduation	Median: 8; IQR: 6-12; Range: 2-25		
Number of languages spoken	1 (n=11, 15%); 2 (n=30, 41%); 3 (n=27, 37%); 4 (n=3, 4%); 5 (n=2, 3%)		

Note: * Participants may indicate multiple nationalities. India is no longer recognised as a WCPT member organisation country, but has been included in the Asia Western Pacific region according to geography

Costs of seeking registration

Participants perceived a mean total cost of AU\$12,948 (SD AU\$4,595) associated with the registration process (including assessment fees, training costs, transportation, living expenses, and lost income). Participants estimated a median of 785 hours (IQR 325-1200 hours) time spent preparing for assessments as part of the registration process.

Work intentions

Fifty-seven participants responded to the question on work location. Of these, 56% (n=32) reported that they would consider working in a rural location (>100km from central business district). Of those not open to working in a rural location, 12 participants cited family reasons for their stance. Fifty-six participants responded to the question on intended practice area(s). Of these, across the three primary physiotherapy disciplines, 59% (n=33) planned to find work in a musculoskeletal focused role, followed by 27% (n=15) in neurological, and 20% (n=11) in cardio-respiratory. Participants indicated interest in a range of practice settings, including rehabilitation (63%), aged care (37%), tertiary hospital (36%),

and community health (34%). Specialties of interest included paediatrics, oncology, women's health, sport, research, and higher education.

Perceptions of the registration process

IPGs perceived the administrative process as appropriate (31%), too hard (30%), or much too hard (39%). No participants thought that the process was too easy or much too easy. Similarly, with regards to the examination process, the majority of participants believed that the process was much too hard (44%), too hard (40%), or appropriate (15%). One participant believed that the examination process was too easy.

Thematic analysis findings

Thematic analysis identified themes across four major domains: (1) personal, (2) professional, (3) social, and (4) resource. Each theme was further sub-divided into risks and rewards, presenting two perspectives on the same domain, and have been summarised together with the identified codes in Table 3. The following section presents a selection of quotes which illustrate the nature of each theme.

Table 3: Summary of identified themes and codes dichotomised into the sub-themes risk and reward

Theme	Risk codes	Reward codes
Personal	<ul style="list-style-type: none"> • Personal goal • Previous effort • Individual pride • Individual identity • Negative emotion • Lack of direction 	<ul style="list-style-type: none"> • Improved quality of life • Residency in Australia • Change in environment • Recognition of knowledge • Enjoyment
Professional	<ul style="list-style-type: none"> • Eligibility to practise as physiotherapist • Previous education and experience as a physiotherapist 	<ul style="list-style-type: none"> • Better working environment • High standards of practice • Career opportunities
Social	<ul style="list-style-type: none"> • Partner in Australia • Family in Australia 	<ul style="list-style-type: none"> • Contribute to society
Resource	<ul style="list-style-type: none"> • Time • Finances 	<ul style="list-style-type: none"> • Financial

Theme: Personal, Sub-theme: Risk

For some participants, working as a physiotherapist is more than an occupation, it is also a lifelong goal. The uncertain outcome of the registration process puts this goal at risk, particularly for participants whose resources will only allow one attempt at the registration process: *'It's a lifetime dream to be an Australian physiotherapist, it's my passion.'*

Similarly, participants reported that physiotherapy forms a large part of their identity, and linked it to their past efforts in obtaining their qualifications and their experience (and thus overlaps with the theme of professional risk). The identity developed from these past efforts may be put at risk due to the uncertainty around whether the IPG will be allowed to practise

as a physiotherapist: *'Because I am a physio and this is what I do (it's an identity thing..).'*

Applicants believed that the registration process negatively affected their mental and physical health, and were pessimistic about how they would cope emotionally if they were to be unsuccessful:

Because of all the stress this process gave me, I was going to have a breakdown. I went to a psychologist for 2 months and I had some physical problems.

[... I would] feel very ashamed, depressed, worthless and directionless.

These negative emotions may be linked to the actual registration process itself, in which participants reported feeling a lack of control, under supported, and noted that they would have preferred more transparency throughout the process.

...rules, regulations and requirements are unclear and unreasonable and seem to change all the time. All of this makes it an extremely stressful process to go through. Luck with getting suitable patients and examiners that judge you fairly seems to play a big role in being successful...

Theme: Personal, Sub-theme: Reward

In exchange for the difficulties in becoming registered, many participants saw registration as a pathway for short or long term migration: *'I want to live my whole life here in Australia so it is very important for me to get registered...'* Other participants had already migrated to Australia and wanted to return to the physiotherapy workforce: *'[I would] like to return to the profession I enjoyed working in...'*

Other personal motivations for migration to Australia included work-life balance and being able to travel. Participants saw registration as affirmation of their value to society, rewarded through *'stable income that is reflective of level of knowledge and expertise.'*

Theme: Professional, Sub-theme: Risk

The registration process determines whether the IPG is eligible to practise in Australia. If unsuccessful, the applicant must then find an alternative occupation: *'I will be either a home-maker or forced to take another job to support family finances.'*

Many participants had several years of working experience. Through skilled migration, they risk their formal training as well as all accumulated experiences and professional development: *'I don't want to throw my education and experience away.'*

In particular, participants who had specialised felt that they were unnecessarily restricted by the registration process, as there is no specialty specific registration for physiotherapy in Australia:

In my case - I qualified over 20 years ago - I don't feel it's appropriate to examine me in areas I've never worked in and am highly unlikely to work in the future... I do feel discriminated against due to my age!

Theme: Professional, Sub-theme: Reward

Many participants viewed physiotherapy standards in Australia to be higher than their home country, carrying with it the opportunity to learn new skills and further their professional development: *'... high standard for physiotherapy that exists in this country. Good courses, positions in research and different techniques.'*

Good future job prospects with an expanding market, along with superior working environments are potential factors which draw IPGs to Australia:

Applied for a job on a 12 month contract under limited registration - liked the job prospects, experience, salary and work/life balance and decided to stay longer.

Theme: Social, Sub-theme: Risk

Migration is not always driven by personal goals or professional prospects, it can also be driven by relationships with partners

and family. Thus, failure to obtain registration can have repercussions on these relationships if this means applicants are not able to migrate to Australia or must return home if on a temporary visa.

If I cannot succeed in Australia, it might jeopardise my marriage and everything around it.

The love of my life is here, and I don't want to raise my future children in South Africa.

Some participants were already settled in Australia together with their family, and registration would not affect their residency. However, these applicants risked their financial stability and ability to provide for their family on their registration outcome: *'No future of good stable income and hence affects ability to provide for the children beyond the basic needs.'*

Theme: Social, Sub-theme: Reward

Whilst the concept of social risk came through quite strongly, there were limited instances of participants identifying social rewards. One concept that did come through was the wish to contribute to society: *'I am very dedicated to my profession and I am also interested in doing some research work to give my contribution to the vast field of physiotherapy.'*

Theme: Resource, Sub-theme: Risk

The financial risk of registration was twofold. Firstly, participants identified that assessment costs are very expensive.

I completely agree with the need to make sure all therapists have the necessary skills to practise safely and effectively, but the level of difficulty it takes to become a registered therapist is a bit too much... both written and clinical; which is a huge financial and emotional burden on the candidate and their family.

Secondly, due to visa work restrictions and needing to be in Australia to undertake certain examinations, participants may have a restricted income and incur further indirect costs: *'Plus for my clinicals I had to quit my job and come to Australia where for [3 to 4] months I cannot have any income.'*

Participants invest a significant amount of time into the registration process, from filling out the paperwork, travelling to and from examinations, sitting exams, and study time. Indirectly, participants also risk time invested into obtaining their degree as well as past experiences: *'Again it takes 2 years to get your registration and your exams (if you don't fail).'*

Theme: Resource, Sub-theme: Reward

Resource reward is closely linked to professional reward in that participants identified higher wages, compared to physiotherapy in their home country, or compared to working in a different occupation in Australia: *'Physio assistants earn minimum pay and there is little scope for salary increase despite length of service.'*

DISCUSSION

This study identified the characteristics of IPGs seeking registration to practise in Australia, their perceived costs and time investments into the registration process, work intentions if successful in obtaining registration, and their rating on the difficulty of the registration process. Furthermore, IPG individual

experiences of the registration process have been conceptualised through thematic analysis, into the themes of personal, professional, social, and resource risk and reward. In this discussion, the study findings will be compared to the findings of other published literature on health professions migration, and explore how IPGs may contribute to health care systems. The strengths and limitations of this study will be discussed, ending with an exploration of future directions.

Compared to the national population of physiotherapists under supervised practice limited registration, and the general Australian physiotherapy population, there was a higher proportion of females in this study (IPG 85%, limited registration 69%, general registration 68%) (Physiotherapy Board of Australia, 2016). The IPGs and those under limited registration were younger, 88% and 93% under 40 years old respectively, than the general Physiotherapy population (60% under 40 years old) (Physiotherapy Board of Australia, 2016). This is highly relevant given concerns regarding health workforce shortages, driven by an ageing health workforce approaching retirement, and an ageing population creating increased service demand (Health Workforce Australia, 2014; World Health Organization, 2014).

The majority of IPGs came from the Asia Western Pacific and European regions. Differences in country of training and practice will influence how difficult the skilled migrant finds the registration process, as well as workplace integration (Mulholland, Dietrich, Bressler, & Corbett, 2013). Of particular concern regarding protection of the public is whether physiotherapists are trained for direct access. Many popular migration destinations, such as Australia, New Zealand, the United Kingdom, and Canada, have direct patient access to physiotherapy services without requiring referral. However, 31% of countries do not educate physiotherapists for direct access (Bury & Stokes, 2013), and therefore IPGs from these countries may find the assessment for registration process more difficult than those who have been trained in settings similar to Australia. Outcomes of the interim assessments of international medical graduates for specialist recognition reported by the Medical Board of Australia show that 90% of candidates from the United Kingdom were recognised as substantially comparable, compared to 15% of candidates from India (Medical Board of Australia, 2015). It is interesting to note that the majority of IPGs found the registration process too difficult. Factors contributing to this perception appear similar to those identified by IPGs registering in Canada, and include processes being too complex, a lack of process clarity, and the large consumption of time and finances (Mulholland et al., 2013). While it is often difficult to change regulatory processes, clearer explanations and transparency of registration processes, and guidance on planning time and finances may better support IPGs in their registration efforts.

Similarly, the results indicate a potential need for psychological and emotional support for IPGs and their families, given the stressors they experience during the registration process. International occupational therapists undertaking registration in New Zealand have reported similar emotional consequences to those identified in this study, reporting a lack of support, negative feedback from peers and the registration authority,

and feelings of grieving due to loss of their professional identity (Mpofu & Hocking, 2013). Psychological and emotional issues also extend to other aspects of migration, with the inability to find employment and having to begin a new life being linked to experiencing social isolation and loneliness, which is thought to contribute to emotional, social, and mental health issues (Day, 2016; Ogunsiji, Wilkes, Jackson, & Peters, 2012). In general, migrants experience lower quality of health and health care, partially contributed to by cultural differences and language barriers (Day, 2016). The inclusion of IPGs into the health workforce may help address these causative factors, through increased diversity, enhanced cultural awareness, and a wider range of languages spoken (Mpofu & Hocking, 2013).

According to www.payscale.com (using September 2015 data), the median yearly Indian physiotherapist income is just under 200,000 Indian Rupees, or approximately AU\$4,000 after conversion to Australian Dollars (October 2016 exchange rate: 1 Indian Rupee = 0.02 Australian Dollars). Therefore, for an Indian physiotherapist, the results indicate that it would cost over 3 years of income to apply for registration in Australia. This financial outlay is just one of the many 'risks' perceived by IPGs seeking registration. Balanced against risks are the potential 'rewards', which in this study were similar to the motivating factors identified in other studies of health professional migration. These motivating factors include better pay, career opportunities, better work conditions, and family motivators (Buchan & Perfilieva, 2006; Dywili, Bonner, & O'Brien, 2013; Sapkota et al., 2014). In the United Kingdom, but not found in this study, travel is a major motivator for skilled migration, with many participants reporting short term stay intentions, which is likely due to the United Kingdom's close geography to popular travel destinations (Cocks & Cruice, 2010; Moran et al., 2005).

Domestic training of physiotherapists may be insufficient to meet health workforce shortages in regional areas and senior roles. Retention of graduate physiotherapists in regional areas is poor, and several years are needed for changes in domestic training to trickle-down into the senior workforce (Bacopanos & Edgar, 2016). In comparison, IPGs come 'work-ready', with an average of eight years since obtaining initial physiotherapy degree and 56% willing to work in a regional location. IPGs may be an under-utilised resource, with almost half of participants reporting status as a permanent Australian resident. Decision makers could consider whether there is scope for bonded registration types, as has been used in medicine to increase clinicians in rural and remote areas (Deloitte Access Economics, 2011). This could be implemented by bonding practice to rural and regional locations, with the incentive of fast-tracked or reduced fee registration processes.

Strengths and limitations

The strengths of this study are that it explores several aspects of physiotherapist mobility. It presents a narrative to the reader which describes who these people are, what they perceive are the risks and rewards of the registration and migration process, the tangible costs involved, and their work intentions if successful. While this study has focused on the Australian experience, as noted throughout the discussion, there are many similarities of this experience to health workforce migration in other English speaking, high-income countries, such as

New Zealand, the United Kingdom, and Canada (Moran et al., 2005; Mpofu & Hocking, 2013; Mulholland et al., 2013). Understanding the experiences of IPGs may assist domestically trained physiotherapists in being more empathetic towards their international migrant colleagues, and reduce barriers to workforce integration.

The characteristics and work intentions of IPGs identified in this study may be of interest to policy makers, health service managers, and other decision makers, for their potential to contribute to the healthcare system. Application of these findings to other professions and countries should be made in consideration with the registration process, the profile of the profession, and migrant characteristics. For example, issues relating to the difficulty and costs of registration will be different between Australia and New Zealand, as they have different assessment for registration processes, conducted by the Australian Physiotherapy Council and Physiotherapy Board of New Zealand, respectively. However, the expectations of physiotherapy competence are likely to be similar, as these countries use a shared standard of competence, the Physiotherapy Practice Thresholds in Australia and Aotearoa New Zealand (Physiotherapy Board of Australia & Physiotherapy Board of New Zealand, 2015).

Readers should interpret the results with consideration of the study limitations. The authors of this study strove to balance representing a range of diverse migration phenomenon with understanding individual experiences, and chose to use a questionnaire based data collection. However, a more in-depth exploration of specific experiences may be obtained through use of focus groups or interviews. The data presented may not be representative of the general IPG population, as the recruitment was conducted through an optional workshop. It is possible that participants who attend such workshops are more motivated, have more disposable income, have a better information network, or are more concerned about their ability to complete examinations successfully. Furthermore, the workshop was held in Australia, which may influence the number of permanent residents represented. Some participants had already attempted the registration examinations before, while others had not, which may have influenced their perspectives. Lastly, note that this study focused on the experiences of IPGs, and did not evaluate the validity or reliability of the registration process. Thus, from the results, no conclusions can be drawn on the difficulty of the registration process, and whether or not the process unnecessarily limits the movement of IPGs.

Future directions

Further research may wish to use the findings on perceived risks and rewards to guide investigation into targeted IPG support structures, including the best medium (e.g. face to face, online chat room, videos) and best content (e.g. information on the process, examination revision resources, social services). Efforts to instigate change may be best approached through collaboration with multiple stakeholders, including the existing support organisations (such as the Australian Alliance of Physiotherapists Trained Abroad), professional associations, local regulatory bodies, and the International Network of Physiotherapy Regulatory Authorities (<http://www.inpra.org/>).

Future work should keep in mind recommendations from the World Confederation for Physical Therapy, encouraging regulation which is “not more burdensome than necessary” (WCPT, 2011); and the 2030 Agenda for Sustainable Development, which highlights that adverse effects on migrants should be mitigated (World Health Organization, 2016).

CONCLUSION

International physiotherapy graduates appear to have great potential for addressing Australia's growing health workforce needs and for improving health care provision. The regulation of migrant health workers has typically focused on protection of the public. In this study, we add evidence for the need to consider the migrant perspective, and the impact regulation has on them and their families. Consideration of migrant perceived risks and rewards may be a step forward in developing a more equitable registration experience, reducing barriers to workforce mobility, and ensuring maximum benefit for all involved.

KEY POINTS

1. International physiotherapy graduates appear to have the necessary experience, and willingness to work, to meet Australia's health workforce shortages in regional locations and senior roles.
2. Applying for registration to practise in Australia is associated with several risks to international physiotherapy graduates and their families. Failure to consider the applicant perspective may deter the potential international workforce.
3. The participants in this study indicated that they believed the regulation process was too difficult. Regulation of international physiotherapy graduates should aim to provide maximum benefit to all involved, without being unnecessarily burdensome.

PERMISSIONS

Ethics approval was received from the Monash University Human Research Ethics Committee (project number CF13/1589 – 2013000817). Return of the anonymous questionnaire was taken as implied consent.

DISCLOSURES

No funding was obtained for this study. The last author coordinated the clinical-skills revision workshop from which participants were recruited. To avoid participant coercion, this author was not involved in participant recruitment. No other conflicts of interest are present.

ACKNOWLEDGEMENTS

The authors would like to thank the participants of this project for their valuable contribution, without which this study would not have been possible.

ADDRESS FOR CORRESPONDENCE

Jonathan Foo, Monash University, Department of Physiotherapy, PO Box 527, Frankston, Victoria 3199, Australia. Telephone: +61 3 990 44240. Email: jon.foo@monash.edu.

REFERENCES

- Aluttis, C., Bishaw, T., & Frank, M. W. (2014). The workforce for health in a globalized context – global shortages and international migration. *Global Health Action*, 7, 23611. doi:10.3402/gha.v7.23611.
- Bacopanos, E., & Edgar, S. (2016). Employment patterns of Notre Dame graduate physiotherapists 2006–12: targeting areas of workforce need. *Australian Health Review*, 40(2), 188–193. doi:10.1071/AH14244.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp063oa.
- Buchan, J., & Perfilieva, G. (2006). *Health worker migration in the European Region: Country case studies and policy implications*. Copenhagen: WHO. Retrieved from <http://www.euro.who.int/en/health-topics/Health-systems/health-workforce/publications/2006/health-worker-migration-in-the-european-region-country-case-studies-and-policy-implications-2006>.
- Bury, T. J., & Stokes, E. K. (2013). A global view of direct access and patient self-referral to physical therapy: implications for the profession. *Physical Therapy*, 93(4), 449–459. doi:10.2522/ptj.20120060.
- Cahalin, L. P., Matsuo, Y., Collins, S. M., Matsuya, A., & Caro, F. (2008). Educational and professional issues in physical therapy - an international study. *Physiotherapy Theory & Practice*, 24(5), 344–356; quiz 357–349. doi:10.1080/09593980802278926.
- Cocks, N., & Cruice, M. (2010). The experiences and perspectives of overseas trained speech and language therapists working in the United Kingdom. *International Journal of Speech Language Pathology*, 12(3), 271–282. doi:10.3109/17549500903215318.
- Day, G. E. (2016). Migrant and refugee health: advance Australia fair? *Australian Health Review*, 40(1), 1–2.
- Deloitte Access Economics. (2011). *Review of the rural medical workforce distribution programs and policies*. Australia: Department of Health and Ageing. Retrieved from [https://www.health.gov.au/internet/main/publishing.nsf/Content/foi-disc-log-2011-12/\\$File/FOI%20235-1011%20document%201.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/foi-disc-log-2011-12/$File/FOI%20235-1011%20document%201.pdf).
- Department of Employment. (2016). *Labour market research - health professions Australia 2015-16*: Australian Government Department of Employment. ISSN 2203-9619. Retrieved from https://docs.employment.gov.au/system/files/doc/other/aushealthprofessions_0.pdf.
- Dumont, J., & Lafortune, G. (2016). *International migration of doctors and nurses to OECD countries: recent trends and policy implications*. OECD policy brief prepared for the High-Level Commission on Health Employment and Economic Growth, World Health Organization. Retrieved from http://www.who.int/hrh/com-heeg/International_migration_online.pdf?ua=1.
- Dywili, S., Bonner, A., & O'Brien, L. (2013). Why do nurses migrate? – a review of recent literature. *Journal of Nursing Management*, 21(3), 511–520. doi:10.1111/j.1365-2834.2011.01318.x.
- Foo, J. S., Storr, M., & Maloney, S. (2016). Registration factors that limit international mobility of people holding physiotherapy qualifications: A systematic review. *Health Policy*, 120(6). doi:10.1016/j.healthpol.2016.04.008.
- Forcier, M. B., Simoens, S., & Giuffrida, A. (2004). Impact, regulation and health policy implications of physician migration in OECD countries. *Human Resources for Health*, 2(1), 12. doi:10.1186/1478-4491-2-12.
- Grant, M. (2008). *Globalisation of the Regulation of Physiotherapy Practice – an overview of current approaches to regulation and potential for improvements: INPTRA*. Retrieved from <http://www.inptra.org/Portals/0/Articles/RegulationOfPhysiotherapyPractice.pdf>.
- Health Workforce Australia. (2014). *Australia's Health Workforce Series - Physiotherapists in Focus*. Retrieved from http://iaha.com.au/wp-content/uploads/2014/03/HWA_Australia-Health-Workforce-Series_Physiotherapists-in-focus_vF_LR.pdf.
- Kyle, H., & Kuisma, R. (2013). The experiences of overseas trained physiotherapists working in the United Kingdom National Health Service. *Physiotherapy*, 99(2), 172–177. doi:10.1016/j.physio.2012.08.001.
- Medical Board of Australia. (2015). *Report on specialist medical colleges' specialist pathway data*. Reporting period: 1 January 2015 – 31 December 2015. Retrieved from <http://www.medicalboard.gov.au/documents/default.aspx?record=WD16%2f21505&dbid=AP&checksum=D7PmZ0uQvSHCEw8ayrJH8g%3d%3d>.
- Moran, A., Nancarrow, S., & Butler, A. (2005). "There's no place like home" a pilot study of perspectives of international health and social care professionals working in the UK. *Australia and New Zealand Health Policy*, 2, 25.
- Mpofu, C., & Hocking, C. (2013). "Not Made Here": occupational deprivation of non-English speaking background immigrant health professionals in New Zealand. *Journal of Occupational Science*, 20(2), 131–145. doi:10.1080/14427591.2012.729500.
- Mulholland, S. J., Dietrich, T. A., Bressler, S. I., & Corbett, K. G. (2013). Exploring the integration of internationally educated occupational therapists into the workforce. *Canadian Journal of Occupational Therapy*, 80(1), 8–18.
- Ogunsiji, O., Wilkes, L., Jackson, D., & Peters, K. (2012). Beginning Again: West African women's experiences of being migrants in Australia. *Journal of Transcultural Nursing*, 23(3), 279–286. doi:10.1177/1043659612441018.
- Physiotherapy Board of Australia. (2016). *Registrant Data: Reporting period 1 April 2016 - 30 June 2016*. Retrieved from <http://www.physiotherapyboard.gov.au/About/Statistics.aspx>.
- Physiotherapy Board of Australia & Physiotherapy Board of New Zealand. (2015). *Physiotherapy practice thresholds in Australia and Aotearoa New Zealand*. Retrieved from <https://www.physioboard.org.nz/physiotherapy-practice-thresholds-australia-aotearoa-new-zealand>.
- Sapkota, T., van Teijlingen, E., & Simkhada, P. (2014). Nepalese health workers' migration to the United Kingdom: A qualitative study. *Health Science Journal*, 8(1).
- World Confederation of Physical Therapy. (2011). *Policy statement: Regulation of the physical therapy profession*. Retrieved from <http://www.wcpt.org/policy/ps-regulation>.
- World Health Organization. (2010a). *OECD Policy Brief - International Migration of Health Workers*. Retrieved from http://www.who.int/hrh/resources/oecc-who_policy_brief_en.pdf.
- World Health Organization. (2010b). *WHO Global Code of Practice on the International Recruitment of Health Personnel*. Geneva: World Health Organization. Retrieved from <http://www.who.int/hrh/migration/code/practice/en/>.
- World Health Organization. (2014). *Migration of Health Workers - WHO code of practice and the global economic crisis*. Switzerland: WHO press. Retrieved from http://www.who.int/hrh/migration/14075_MigrationofHealth_Workers.pdf.
- World Health Organization. (2016). *Report of the High-Level Commission on Health Employment and Economic Growth - Working for health and growth: investing in the health workforce*. Retrieved from <http://www.who.int/hrh/com-heeg/reports/en/>.