Increasing the mobility of service providers, including professionals, via mutual recognition (of regulatory systems) agreements (MRAs) has become a significant issue worldwide. Despite increasing interest in MRAs, it may be argued that MRAs are but one of a larger range of major developments that have fueled current interest in occupational competence descriptors and professional practice. Other important developments are as follows: rapid and accelerating change; public dissatisfaction with the professions; the limited understanding of the nature of professional practice; the emergence of a knowledge society; globalization leading to a corporate model of service provision; and moves to alternative and flexible modes of service delivery. The claim that mutual recognition is but one issue among these major developments may be illustrated by the examples of the following accreditation schemes: (1) the Law Society of New South Wales Specialist Accreditation Scheme; (2) the regulatory model recently developed in the United States by the National Council of State Boards of Nursing; (3) the competence-based assessment strategy developed by the Dietitians Association of Australia; and (4) various practices being used to assess competence in 17 Australian professions. These examples demonstrate that the role of professional competence standards in MRAs and in professionals' mobility is far from clear. (Contains 25 references.) (MN)
International mutual recognition: progress and prospects

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UTS Research Centre Vocational Education & Training

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INTRODUCTION

In an era where there is growing pressure to reduce restraints on trade, increasing the mobility of service providers, including professionals, via mutual recognition agreements has become a significant issue in various parts of the world. The rise of occupational competence descriptors could be seen as contributing to this growing interest in mobility of professionals. However, this paper argues that mutual recognition agreements are but one of a larger range of major developments that have fuelled current interest in occupational competence descriptors and professional practice. Other important major developments include:

- Rapid and accelerating change
- Public dissatisfaction with the professions
- Our limited understanding of the nature of professional practice
- The emergence of a knowledge society
- Globalisation leading to a corporate model of service provision
- Moves to alternative and flexible modes of service delivery.

Thus, to understand its influence, mutual recognition needs to be set against these other major developments. Accordingly, this paper will, firstly, describe mutual recognition and main issues associated with it. Secondly, the above wider range of relevant major developments and their influences will be surveyed. Thirdly, the point that mutual recognition is a significant, but small, part of overall use of occupational competence descriptors will be illustrated by considering a number of examples and case studies taken from professions that include law, accountancy, nursing, dietetics and teaching.

MUTUAL RECOGNITION AND ASSOCIATED ISSUES

Mutual recognition agreements (MRAs) are currently central to trade diplomacy. They not only act to remove differences in national or state regulatory systems as barriers to trade, but also constitute a powerful basis for improving regulatory systems through cooperation. Following "Europe 1992" and the successful creation of the single European market in many sectors, there has been a "contagious" (Nicolaodis 1997) proliferation of MRAs, e.g. between Australia and New Zealand, between Canada and South Korea, etc.
What exactly is mutual recognition? It will be helpful set out some definitions and principles before examining the issues that they raise. According to Nicolaodis (1997), mutual recognition can be defined as:

"a contractual norm between governments whereby they agree to the transfer of regulatory authority from the host country (or jurisdiction) where a transaction takes place, to the home country (or jurisdiction) from which a product, a person, a service or a firm originate. (Jurisdictions are generally sovereign states but they can also be sub-national units in federal entities)."

Nicolaodis adds that this embodies the general principle that "if a product can be sold lawfully in one jurisdiction, it can be sold freely in any other participating jurisdiction, without having to comply with the regulations of these other jurisdictions."

Notice that the things being recognised here are other peoples' regulatory systems. They are being recognised as "equivalent", "compatible", or at least "acceptable". For recognition of professional qualifications this means that, primarily, recognition is of registration authorities and the like. So mutual recognition is not based directly on any consideration of occupational competence descriptors, or even of the standards of the degree courses within a country. Rather, these matters are the concern of the registration authorities themselves or their equivalents. Of course for all professions, whether registered or non-registered, mutual recognition does, on the face of it, greatly enhance mobility of professionals. However, as will be shown later, there are some provisos to taken into account. In any case, the argument will be that the existence of competence descriptors in a profession is no guarantee that mutual recognition will be enhanced. There are even cases where the existence of competence descriptors might well serve to lessen the impact of MRAs. To see why this is so, let us consider more closely some features of MRAs.

Based on his analysis of the earliest implementations of MRAs, Nicolaodis (1997) argues that by a series of stages, mutual recognition de facto becomes what he calls "managed mutual recognition". In the first stage, there is visible public commitment to full trade liberalisation by politicians, with mutual recognition the central mechanism to achieve this. The second stage sets a date on which mutual recognition will come into force, though inevitably some compelling cases arise that need to be exempted. In the third stage, regulators negotiate precise terms of agreement including details of residual powers that will be retained by the host state. Thus while attempting to abide by the new mandate created by politicians, regulators go about their business of consumer protection, prevention of publicly unacceptable market failures, etc., thereby creating "managed mutual recognition". Some form of managed mutual recognition is highly likely because cross-border provision of goods and services is strongly shaped by two opposing trends. Firstly there are growing regulatory reform (or 'deregulation') pressures to remove unwarranted or inefficient aspects of regulatory intervention systems. These pressures act to 'keep regulators honest'. However this is balanced by new and well-founded demands for increasing regulation. Growing out of rising living standards as well as increasing
protection of the environment, human health and safety, etc., an ever expanding range of goods and services needs to meet stringent regulatory requirements or national standards.

The result of managed mutual recognition is that four categories of goods and service delivery are created:

- those where differences either do not matter or pose so little risk that 'pure' mutual recognition is practised.
- those where mutual recognition will be achieved if regulatory convergence occurs following an agreed period of becoming familiar with the workings of one another's regulatory systems. (Where this fails, the next category applies).
- those where 'mutual recognition' is accompanied by a requirement to meet additional local regulations.
- those where differences are so unique to local conditions that they are exempted from mutual recognition altogether.

That the ideal of 'pure' mutual recognition ends up like this reflects the diversity of mixed motivations behind its adoption which include trade facilitation, regulatory competition and cooperation, and political imperatives. It seems that most professional services will end up in either the second or the third of the four categories created by managed mutual recognition. Those professions whose practice features a strong contextual flavour, such as law or accountancy, will most likely be in the third category, thereby making mobility of professionals contingent on further learning prescribed by local regulations. Nicolaodis (1997) comments somewhat gloomily that in "the case of professional services, adapting to local training and certification requirements may require a significant proportion of one's life". In some cases, local training and certification requirements arise from use of occupational competence descriptors, thereby illustrating the point that, while in some cases such descriptors might facilitate mutual recognition, in others they may make it more demanding.

Nevertheless there has been solid progress in implementation of MRAs. Besides the European Union and the Trans Tasman Mutual Recognition agreement of July 1996, the USA and European Union have developed agreements. As well there are agreements relating to specific categories of goods. In telecommunications, Canada, for example, has MRAs with the European Union and Korea. It is developing one in the same sector with APEC (Asia-Pacific Economic Cooperation). Examples of increased mobility of professionals include pharmacy in European Union (Europa 2000). There are similar EU directives for:

- nurse responsible for general care
- dental practitioner
- veterinary surgeon
- midwife
- architect
- doctor

However, I was not able to locate any for law, teaching or accountancy. Is it because the practice of these professions is more contextual? Certainly teaching seems to exemplify the importance of contextuality in much professional practice. Though generic competence
descriptors have been established for teaching in Australia, their uses seem to have been very limited. This appears to be because of their highly generic nature - all teachers prepare lessons, interpret curriculum, teach lessons, assess learning and manage classes. However this ignores the very significant differences between teaching, say, physics and pottery in a high school, let alone teaching infants vs. teaching adults. It appears to be of little interest whether someone possesses these very generic competencies, since they tell you very little about someone's capacity to teach successfully in a particular context. Real life practice requires a range of relatively contextualised competencies that are much more significant for quality performance. It seems that a similar case can be made about generic management competencies.

Similarly accountancy has a strong contextual component in its practice. Although the Australian accountancy competence standards were developed jointly with New Zealand, overseas trained accountants, including those from New Zealand, all need to complete subjects such as Australian Company Law and Australian Taxation Law in order to gain membership of the professional associations. So despite the Trans Tasman Mutual Recognition agreement between Australia and New Zealand, here is another instance of "managed mutual recognition".

In this first section it has been argued that though a growing interest in mobility of professionals is linked mutual recognition agreements, the role of occupational competence descriptors in this development fairly minor. As well, this paper argues that mutual recognition agreements are but one of a larger range of major developments that have fuelled current interest in occupational competence descriptors and professional practice. We now turn to these other major developments.

OTHER MAJOR DEVELOPMENTS FUELLING CURRENT INTEREST IN OCCUPATIONAL COMPETENCE DESCRIPTORS AND PROFESSIONAL PRACTICE

Six of these were outlined in the introduction. Each will now be discussed in turn. While it is not denied that they overlap and interact to some extent, the claim is that each is sufficiently important and influential in relation to professional practice to warrant discussion in its own right.

RAPID AND ACCELERATING CHANGE

The current era is characterised by an historically unprecedented kind of rapid and accelerating change that is affecting all areas of our lives including work. Although this is, by now, something of a cliche, the impact of this change on work and on vocational preparation cannot be ignored. Impacts on work are reflected in such things as drastic labour market changes, evolving technology, re-skilling and de-skilling of workers, and so on. Job security can no longer be taken for granted. The traditional stable career path has become less common.

One clear effect of the rapid change of the current era has been to place pressure on the front-end approach to occupational education. This is reflected, for instance, in growing dissatisfaction with courses for professions (Hager 1996b). More and more, a formal two, three or four year course at the start of a career is seen merely as the necessary foundation
for the early years of practice, rather than as the sufficient basis for a lifetime of practice. Hence the increasing interest in lifelong learning as a guiding principle for occupational education. As a result of this, there is a growing focus on the development of more effective continuing professional education (CPE). This is evident in such things as: a marked trend towards mandatory CPE; compulsory refresher courses for returners following a significant absence from the practice of the profession; the placing of expiry dates on initial qualifications with periodic ‘topping up’ components being required in order to maintain currency.

Of course, it is a plausible view that some work-based learning has always been necessary for proficient practice. If so, the new era of change merely increases this need. In so doing it points to the crucial role of types of knowledge acquired via non-traditional, non-formal learning. Of course, competence descriptors have been a main means for seeking to represent professional learning and knowledge not captured in formal disciplinary accounts of knowledge. These trends question several of the traditional front-end model assumptions. Thus, it seems doubtful that the traditional model of occupational preparation will survive unscathed in an era of rapid change.

PUBLIC DISSATISFACTION WITH THE PROFESSIONS

There has been growing international public dissatisfaction with the professions and with the performance of particular professionals. This has been fuelled by an increased willingness of the media to expose professional incompetence and malpractice, by the increasing knowledge and sophistication of consumers, and by general demands in society for greater accountability. Hutcherson & Williamson (1999: 2) refer to a "paradigm shift" on the part of health care consumers which requires a radically different health care system.

The professions have reacted to this situation in various ways, including implementing more stringent scrutiny of their processes for assessment and certification of professionals, by increasing CPE requirements, and by reforming assessment procedures in tertiary professional preparation courses. A major reason why some professions have established competence descriptors in recent years has been a desire to deal effectively with these issues.

OUR LIMITED UNDERSTANDING OF THE NATURE OF PROFESSIONAL PRACTICE

Various writers, but most notably Schön (1983) have drawn attention to the inadequacy of common assumptions about the preparation of professionals. Traditional approaches to professional education are based on what Schön calls "technical rationality", i.e. the view that professionals need to have command of a body of disciplinary knowledge, mostly scientific, which they then draw upon to analyse and solve the various problems that they encounter in their daily practice. Schön pointed out that this approach does not fit very well with what is known about the actual practice of professionals. For one thing, it is typical of real life practice that ready-made problems do not simply present themselves to the
practitioner. A major role of professionals is to identify what the problems are in a given set of circumstances. Thus, according to Schön, it is a major mistake to locate professional education away from actual workplace practice. Conceptualising education and the workplace in this traditional dichotomous way inevitably divides theory from practice and creates the perennial problem of how to bring them together again when attempting to account for human action in the world.

The dearth of satisfactory solutions to the theory/practice problem has generated a host of attempts in more recent work to think about these issues in a different way (Hager 1996b). At a more fundamental level, this critical thought about the basic characteristics of professional practice has led to an increasing questioning of the nature of education, and, indeed, of the nature of knowledge itself. The growing interest in competence descriptors can be seen as inspired by dissatisfaction with attempts to understand professional practice in terms favoured in traditional course descriptions. As well, with the shift in attention to professional knowledge and its differences from disciplinary knowledge, there has been a growing interest in the sources of such knowledge. This has in turn raised fundamental questions about the nature of research.

These trends have been accelerated by the historically recent move from elite to mass higher education (Scott 1995, 1997; Robertson 1997). It is a trend that has attracted criticism. For instance, it has intensified various access and equity issues. Trowler (1998: 16) questions whether a situation that is a long way from equal representation of all relevant groups can really be classed as mass higher education. However, the current shift in the higher education population has been sufficient to place pressure on traditional conceptions of knowledge. The rise of the mass university has seen its growing incorporation of more practice-based areas such as nursing, podiatry, and acupuncture. Thus universities are increasingly dealing with a type of knowledge, know how, that was traditionally learnt largely by engaging in occupational practice. As well, the admission to higher degrees in various fields of practitioners who were originally trained in the vocational and training sector, has pressured universities to recognise forms of learning other than traditional academic ones. All of this can be seen as a part of a gradual trend, illustrated further in the next development, of universities losing their exclusive power to define and privilege knowledge.

THE EMERGENCE OF A KNOWLEDGE SOCIETY

The term 'knowledge society' has gained wide currency to describe a society in which new sites of knowledge production spring up in all kinds of places (Gibbons et al. 1994; Coffield and Williamson 1997: 18). This replaces a society in which knowledge is thought of as being produced in and disseminated from a small number of designated locations such as universities and research organisations. According to Scott (1997: 41) there is a 'standard, but perhaps superficial, account' of the knowledge society based on 'an economy in which codified knowledge is becoming a primary resource'. This kind of society would be 'likely to enhance the role and prestige of knowledge institutions, among which universities are arguably pre-eminent'. However, Scott goes on to note an 'alternative, and perhaps more subtle, account' of a knowledge society based on two phenomena much more problematic for the future of universities:
The first is the emergence of new kinds of 'knowledge' institutions, that are not characterised by the same patterns of academic and professional socialisation as the universities and which apparently offer a rival model. The second is that 'knowledge', conceptually and operationally, has become a much more capacious category; it has spread far beyond academic and/or scientific definitions (1997: 42).

This second account of a knowledge society is subtler because, unlike the universities, it does not privilege the disciplines as the foundation of all credible knowledge. On the other hand it does privilege the workplace as a site of knowledge creation and significant learning. This accords with the earlier discussion about the valuing of professional knowledge. However, an important aspect of the 'knowledge society' is the increasing access to knowledge and information. This means that health care providers, for example will be dealing with patients who have via the internet "unprecedented access to information about the diagnosis and treatment of illness" (Hutcherson & Williamson 1999: 2). Accordingly, in a knowledge society the competence descriptors of such professionals will differ somewhat from those currently in use.

**GLOBALISATION LEADING TO A CORPORATE MODEL OF SERVICE PROVISION**

Globalisation refers to a restructuring of the world order represented by such trends and movements as internationalisation of economies, reduction in the size of the public sector, deregulation of markets to enhance privatisation, greater efficiency and accountability in expenditure of resources and growing managerial control of public sector organisations such as hospitals and universities. In this climate many predict: ... the end of the traditional, nationally-based, 'bricks-and-mortar' university, and the rise of the globalised, networked and 'virtual' university (Flew 1998: 7).

Under this heading, I want to focus on the trend towards corporate provision of professional services, e.g. within the USA the health care delivery system has been undergoing major reconfiguration including "the transition from independent hospitals and facilities to integrated multi-state delivery systems ... with some systems marketing their services throughout the entire country." (Hutcherson & Williamson 1999: 1).

This new type of service provider, competing nationally and even internationally, with reduced public funding, is likely to become more client-centred as the global consumers become more exacting in their demands. Competence descriptors for work in such conglomerates are likely to emphasise softer skills such as teamwork, communication, cultural understanding, etc. These trends have increased pressure for the recognition of new kinds of knowledge via what is efficient and effective rather than what meets traditional criteria. This privileging of efficiency, value-for-money and accountability has been sharply criticised as an abandonment of the traditional aims of public service providers in favour of internal management processes. These trends also illustrate the point that competence descriptors are never final, since conceptions of professional practice are under ongoing pressures to change.
MOVES TO ALTERNATIVE AND FLEXIBLE MODES OF SERVICE DELIVERY

This trend to alternative and flexible delivery modes is partly fuelled, of course, by the compound effects of the developments A - E above. However the prime factor behind flexible delivery is advances in information and communication technologies (ICT) that have led to the 'virtualisation' scenario. Of course major service provision always has been significantly shaped by technologies (e.g. chalk, readers, biros for mass education), but broadbanded ICT represents a change of an entirely different order, particularly in its capacity to diminish distance and time. This breaking down of time and space in a postmodern world has seen growing delivery of nursing services via phone or internet (Hutcherson & Williamson 1999: 2). Likewise, it has been claimed that a combination of data bases, electronic journals, synchronous and asynchronous conferencing, and multimedia course packages that feature interactivity on-line is, in effect, a virtual university. Clearly if the teaching and learning functions can be mounted satisfactorily, such a virtual university (whose inadequacies are argued by Beckett 2000) has the potential to provide more access for more people to more educational resources than ever before. Once again these developments are likely to encourage an interest in competence descriptors. Whether delivering nursing services via phone or teaching interactively on-line, the staff involved will require skills unknown in their traditional workplaces.

CASE STUDIES

A series of case studies will now be presented to illustrate the claim that mutual recognition is but one issue amongst other major developments that have created the growing interest in competence standards or descriptors.

CASE STUDY 1 - LAW SOCIETY OF NSW SPECIALIST ACCREDITATION SCHEME

This case study outlines an example of assessment against performance standards (or competence descriptors) involving the accreditation of specialist solicitors by the Law Society of NSW. The case study then discusses the strengths and weaknesses of this accreditation scheme, as identified by subsequent formal evaluations. The learning that is being assessed by the Law Society of NSW Specialist Accreditation Scheme is, of course, learning that has been acquired largely from the experience of engaging in professional practice. That is, this learning is a type of workplace learning. Recent years have witnessed a burgeoning of interest in workplace learning, particularly in its informal manifestations (e.g. Beckett 1998, Hager 1997). This particular case study is discussed in some detail as it
illustrates virtually all of the developments, including mutual recognition, that were outlined in earlier sections of the paper.

In 1993 the Law Society of NSW created the designation of specialist lawyer in four specialisations, viz. family law, criminal law, small business law and personal injury law. The aims of this scheme were stated as:

- offering the public and the professions a reliable means of identifying solicitors as having special competence in an area of practice;
- encouraging improvement in the quality, speed, and cost of legal services;
- providing practitioners with an incentive and opportunity to improve their competence (Armytage, Roper & Vignaendra 1995: 219).

The Law Society proceeded to develop integrated performance or competence standards (or competence descriptors) for each specialisation and then in each case devised and implemented an assessment strategy based on the performance standards. Prior to the adoption of performance-based assessment for the accreditation of specialist lawyers, the proposal had been to use the traditional methods of unseen examinations and referees' reports. This proposal attracted considerable criticism from both inside and outside of the legal profession, mainly on the grounds that it would do little to identify those lawyers with a genuine capacity to perform at the specialist level in the identified areas. Accordingly, in response to this concerted criticism, the then risky strategy of developing and assessing against integrated performance standards for each of the specialisations was adopted. (For details of this process see Gonczi, Hager & Palmer 1994). However the scheme quickly gained wide acceptance with subsequent formal evaluations confirming its effectiveness in achieving its stated aims. This initial success led the Law Society of NSW to establish further specialisations in subsequent years. Now more than a dozen specialisations have been accredited and the scheme has spread quickly to other Australian states in some specialisations such as family law and immigration law. In these case mutual recognition agreements have been concluded between the various states.

In a typical specialisation, the assessment strategy features a knowledge exam and referees' reports as well as two other assessments that focus on performance within the specialist area. For example, in family law candidates are required to carry out simulation exercises centred on conducting a first interview with a person acting in the role of a client. This simulation, of approximately 60 minutes duration, is videotaped and the videotape assessed by the examiners. Various versions of this simulation have been constructed so as to assess a wide range of the contents of the performance standards including those related to interaction between the solicitor and the client, taking instructions and giving advice, assessing facts and legal options, canvassing the options with the client, and developing the initial plan. Underpinning attributes tested by the simulation include communication, evidence gathering skills, and acting ethically, as well as various kinds of knowledge and its application. Thus the simulation was developed with many elements and performance criteria from a variety of units of the standards in mind. While depicting different clients, situations and problems, the range of simulation exercises that have been developed all have the same basic structure: an immediate need; long term issues; information not
disclosed unless appropriate questions are asked; client's hidden agenda; presentation of a problem that requires non-legal solutions, (including some of a religious/cultural kind that require sensitive handling); an ethical issue; and a query on costs.

In family law, the other performance-based assessment activity requires the candidate to complete specified tasks on a mock file compiled by the examining committee. This provides assessment evidence on various aspects of the performance standards, including legal analysis, presentation of various options to the client, and preparation of court documents in a timely way. The combination of simulated client and mock file might be taken to suggest that a more valid assessment strategy would employ a real client and a real file. It is true, in general, that assessment of performance of real work situations is more valid than of simulated work situations. However practical and ethical considerations, the relative weight of which varies with the nature of the occupation, can sometimes tip the scales in favour of simulations. In the medical and paramedical professions, for example, simulated patients are likely to be much less satisfactory than real patients for purposes of performance assessment. However, simulated clients have distinct advantages in the field of law. Provided that the person playing the role of the client has been well trained, thereby minimising relevant differences from a real client, it is possible to employ carefully designed cases that are much richer from an assessment point of view than are typical real cases. The experience of the Law Society of NSW has been that employment of professional actors to play the role of the client works very satisfactorily. Thus a well-designed simulation and mock file can readily yield data that is much more cumbersome to obtain from an appropriate combination of real cases.

This sort of combination of performance assessment supplemented by more traditional types of assessment that is being used to accredit specialist lawyers, is not, of course, something totally new. Clinical assessment of this kind features in the final years of the university degree courses for many health-related professions. String quartets and the like commonly fill vacancies by trialing in actual performances applicants selected by interviews. Driving licences are typically issued on demonstrated capacity to drive in actual road conditions with successful completion of a knowledge test being a pre-requisite for taking the performance test. It is noteworthy that whatever the limitations of assessment procedures of this kind, suggested improvements usually relate to making the performance assessment more demanding rather than to replacing it by traditional exams (say). What is most novel about the law example is how the performance assessment was developed from integrated standards. The performance-based assessment strategy ensures that evidence is collected on all aspects of what is considered crucial to overall effective performance in the respective specialist areas.

The Law Society of NSW Specialist Accreditation Scheme was formally evaluated in its first years of operation and regular evaluations have continued as the scheme has grown both in size and complexity. The early reviewers (Armytage, Roper & Vignaendra 1995) used focus groups and a survey to assess the perceptions of clients. While they cautioned readers to be careful in interpreting their results, they concluded that there had been an
increase in expectations of clients as a result of the scheme and that there were high levels of satisfaction among clients:

“Overall the data reveal an increasingly discerning clientele whose expectations of service have consistently risen and have almost universally been satisfied or exceeded by their specialists. These findings reflect the ultimate performance indicator [their italics] for the accreditation program which is client satisfaction with specialists’ service: and more specifically they demonstrate the overall effectiveness of the assessment process in providing a mechanism for the identification of solicitors as having special competence in an area of practice.” (1995: 17).

When asked whether the assessment had influenced their practices, 62 per cent of the successful candidates felt that it had. In the area of Wills and Estates the proportion was as high as 79 per cent. The lawyers identified a range of areas such as: review of office procedures; increased awareness of precedents; heightened awareness of time limits in practice; increased knowledge of law and legal principles. This is strong evidence of the consequential validity of the performance-based assessment scheme.

Another consistent finding of the evaluations has been that those accreditation methods which concentrate on the performance of ‘real’ tasks meet with strong satisfaction while traditional written tests meet with relatively low approval. In 1994 for example, in the Personal Injury speciality, the mock file (a task which asks solicitors to undertake research, draft pleadings for court, organise a brief for barristers, etc) was rated by 53 per cent as likely ‘to a great extent’ to give them an opportunity to demonstrate their ability - this was the top of a five point scale. Taking the fourth and fifth points together, the satisfaction rates were 91 per cent for the mock file. The same level of satisfaction for the written test of knowledge was 13 per cent for the fifth point of the scale and 41 per cent for the fourth and fifth points combined. In the same year in the Family Law speciality, satisfaction rates were 19 per cent and 1.6 per cent for the top of the scale for the mock file and written knowledge test respectively. For the fourth and fifth points of the scale combined, satisfaction levels were 81 per cent for the mock file and 37 per cent for the written test of knowledge. Similar results are available for the other specialities.

Significantly, one hundred percent of candidates felt that the assessment experience was educational in the sense that it gave them the opportunity to exchange ideas with colleagues, to revise and to get up to date. Given the consistent finding that the candidates generally find the written examinations to be the least satisfactory component of the assessment process, some modifications have been introduced by various specialisations. The main problem with the written examinations is that handwriting well-argued answers to a series of probing questions in a closely restricted time frame (three hours) is not a performance that is representative of a solicitor's day-to-day work. For many candidates, it is twenty or thirty years since their last experience of written examinations. Consequently examination nerves are a problem that has been addressed in several ways. Some specialisations have introduced take-home exams that include a signed declaration that the submitted answers are the candidate's own work. Naturally, this leads to much better answers than the superficial ones commonly produced in the traditional alternatives. Other specialisations have adopted the strategy of providing candidates with a pool of exam questions some of which will be in the actual examination. For instance personal injury law
circulates sixty questions, twenty of which will constitute the first section of the exam paper, the other two sections remaining unseen. There are obvious educational benefits from the pool of questions being circulated in advance, benefits that are independent of the examination itself.

These developments might lead to a questioning of whether traditional written examinations have a valid role in performance-based assessment. It can be argued that knowledge is better assessed in application rather than in isolation from application. Certainly the administrators of the Law Society of NSW Specialist Accreditation Scheme repeatedly find that "knowledge keeps creeping into application and vice versa". However those responsible for the various specialisations seem to be convinced that specialist solicitors need to demonstrate a significant level of legal knowledge and that examinations are the most efficient and practical way for this to be achieved. If that is so, there appears to be no inconsistency in having examinations one part of a performance-based assessment scheme.

This particular case study has been presented in some detail because it illustrates very well a main point of this paper that mutual recognition is a significant, but small, part of overall use of occupational competence descriptors. As the discussion has shown, mutual recognition ended up being significant in this case study, but only when the scheme spread to other states. It was certainly not the driver of this innovation which arose out of combination of the series of major developments outlined in the second section of this paper. They were all of some relevance as follows:

- **Rapid and accelerating change** - law changing and expanding too quickly for general solicitors to keep up to date.
- **Public dissatisfaction with the professions** - cost, lengthy delays, lack of specialised know how, etc.
- **Our limited understanding of the nature of professional practice** - original proposal to use traditional exams, with competence descriptors as a last resort.
- **The emergence of a knowledge society** - focus on know how specific to a given specialisation.
- **Globalisation leading to a corporate model of service provision** - larger firms planning to employ an array of suitable specialists.
- **Moves to alternative and flexible modes of service delivery** - inefficiency of previous system contrasts with specialist advertising, elimination of referral system, specialist accreditation web site, etc.

This case study has been very detailed. The remaining ones will be shorter, but will illustrate similar points.
CASE STUDY 2: NURSING IN BOTH USA AND AUSTRALIA

Nursing in the USA has recently adopted a new regulatory model developed by the National Council of State Boards of Nursing. This model is called the 'mutual recognition model'. This represents an instance of 'within country' mobility of professionals, i.e. mobility between states. However while a direct outcome of the model is this mobility of nurses between states, this was far from being the main motivation for the change. Rather the change was a direct result of "major changes in today's health care delivery environment" (Hutcherson & Williamson 1999: 1). These changes are elaborated by Hutcherson & Williamson (1999) as:

- Environmental Issues
  - Restructuring of the health care delivery system (E in section 2).
  - Technological advances enabling distance delivery (F in section 2).
  - Changing consumer expectations (B and D in section 2).
- Regulatory Issues
  - Single state licensing when changes in practice increasingly cross state borders.

From this it is clear that while mobility of professional nurses within the USA major outcome, such mobility was a minor reason for the change. Instead a series of the other major developments outlined earlier were the drivers of the change.

Interestingly, one of the features of the nursing mutual recognition model now in operation in the USA is that "uniform standards are not required" between states (Hutcherson & Williamson 1999: 3). Thus there is no need for competence standards or descriptors. This provides a pointed contrast with Australia which also has a 'within country' mutual recognition system, but one which is based on uniform standards centred on competence standards or descriptors. In Australia mobility of professionals was a prime motivator of the system, but nurses updating their competence (A in section 2), nurses specialising (B and C in section 2), and course development were equally important motivators.

Nursing provides the earliest and best known example in Australia of professional competence standards having a major impact on higher education courses. The Australian nursing case study also illustrates the diverse applications of professional competence standards. In 1986 a meeting of the Australian nurses registration authorities expressed a concern about different standards in the various states which led to the agreement to identify nationally agreed minimal competencies for the profession. These competencies (known as the ANRAC competencies - Australian Nurses Registering Authorities Conference, and subsequently as the ANCI competencies - Australian Nurse Council Inc.) were developed after a group of experts gathered together to produce a draft set of competencies which were then validated and modified by a thorough and extended empirical study. It was felt that the competencies could be used for 4 purposes:
to determine the eligibility for initial registration of nurses prepared in Australia
- to determine the eligibility of nurses prepared overseas for registration
- to provide the basis of assessing nurses who wished to re-enter the profession
- to ensure that qualified nurses are competent to continue practice

(Percival in Gonczi et al. 1993)

Despite their commitment to using the competencies for these purposes the nurses registration authorities in Australia did not desire to be prescriptive regarding university course content and, in fact, most of them would set forth no particular requirements in relation to content of courses. They were more interested in the outcomes of the course and where content was examined in the accreditation process, it would only be to determine whether the content chosen by the school of nursing and its sequencing was adequate for achieving the course outcomes. As long as the content and its organisation provides a suitable vehicle for achievement of the course outcomes, the boards were not interested in specifying content, leaving that to the universities.

Of courses universities could themselves elect to make use of the competence standards and some chose to do so. The nursing competencies have the potential to impact on university courses in three main areas:

- course design
- course content
- student assessment

In relation to course design, the nurse registration boards have themselves always been quite definite that they do not wish the competencies to drive a competence-based curriculum. The competencies were not designed to reflect the narrowly behaviourist approach typical of the earlier competencies movement. Rather, they were designed to reflect the holistic nature of nursing and to represent the practice repertoire of the newly graduated nurse. Thus, course design is influenced by the competencies to the extent that individual curriculum developers wish it to be. Provided provision is made for students to demonstrate that they have achieved the competencies by the end of the course, the boards prefer to see diversity in curriculum design and would be quite uncomfortable with uniform national curricula. There are some schools of nursing who feel that the competencies do bind them and restrict their potential for developing innovative curricula. Others, however have been able to develop curricula based on a variety of models whilst still accommodating the competencies. Another point about the competencies is that they represent the minimum standard to be achieved by graduating nurses. Universities are quite free to include additional competencies, objectives or course materials not associated with the competencies.

A major impact on curriculum content is the provision of the clinical practice that is needed in order to demonstrate achievement of the competencies. In this regard, the very first competence reads, "demonstrates a satisfactory knowledge base for safe practice." It is
clear therefore that theory has to be addressed in order to give the knowledge base for those competencies which are clinically based. In this respect guidance is given for content but not explicit direction.

The area of assessment is the one where the competencies have had the most impact. If these competencies are the standard to be acquired by new registrants then students must be assessed to ensure that they have acquired them. The approach to assessment of the competencies has changed from previous assessments of clinical experience. Clinical assessments tended to be based in the past on objective-style instruments such as checklists. The philosophy statement in the competencies document (Australian Nursing Council Inc. 1993: 2) contains the sentence: "Nursing addresses the complexity and uniqueness of the whole person in the environmental context." Thus nursing occurs in a dynamically interactive field and one in which objective-style instruments are unsuitable. The approach to competencies assessment which has been promoted by the Council is standards-referenced and the focus is on the use of the professional and qualitative judgment of expert nurse practitioners in determining whether the standards have been met. No-one other than these experts would have the necessary expertise for making this judgment. The standards attached to the competencies become the benchmark against which achievement is judged.

With this new focus on assessment, it was necessary to conduct workshops throughout Australia to sensitise nurse assessors to this new direction in assessment. Personnel from many of the universities have been involved in these workshops and have subsequently conducted workshops in their own institutions.

Claims have been made that the accreditation of nursing courses, which is largely process-oriented, is no longer necessary if it can be ascertained that students are achieving the competencies. No assessment method is yet so sophisticated that assessment alone can be relied on as an indicator of nursing performance. Until such time as assessment methods are much more sophisticated it will be necessary to continue to monitor aspects of the course which, together with assessment, can provide a sound basis for inferences about the standard of the graduates.

The Australian Nurse Council Inc. undertook a review of the competencies following their first five years of use. There was widespread interest in this review as it had become obvious that the competencies must give a relevant picture of the work practices desired of the new graduate. As well, they have to be a communication tool which allows all stakeholders including the public to know what it is that the new graduate can do. For this reason there will be wide consultation during the review and this included the higher education sector. This is where nurse registration authorities, the higher education sector and the workplace found that they could engage in purposeful collaboration.

So the Australian nursing case study, while concerned with mutual recognition, particularly within Australia, impacted on a range of other matters facing the profession. Though it has some links with the USA nursing case study, the two had very different initial emphases and motivations. As well competence standards or descriptors are at the heart of the Australian model, whereas they do not figure in the USA model.
CASE STUDY 3: DIETETICS

The Dietetics profession provides an example of "managed" mutual recognition, one where a competence-based assessment strategy for overseas-trained professionals also influenced assessment practices in the Australian university courses. Thus the profession was seeking to build public confidence in both the system for admitting overseas-trained professionals to practice in Australia and the local accreditation system. In devising their overall assessment strategy, the Dietitians Association of Australia regrouped their original 8 units of competence (Scientific approach; Underlying knowledge; Professionalism; Interpretation of nutritional information; Collection, analysis and assessment of nutritional data; Individual case management; Population nutrition; Influencing the food supply) into three categories: Foundational competencies, Core functional competencies and Critical practice competencies. The last category consisted of Individual case management, Population nutrition and Influencing the food supply. They then developed 7 real practice scenarios which covered the competencies in these areas and which incorporated the competencies in the other two categories (Foundational and Core functional).

When they drew up a table on the basis of these scenarios they saw that some vital competencies were not being assessed, so they expanded these to 12 assessment activities as is demonstrated in the table below. The assessment criteria refer to the elements being assessed. For example the first activity assesses element 1 of unit 2, element 2 of unit 2, element 1 of unit 3, etc.

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<th>ACTIVITIES</th>
<th>ASSESSMENT CRITERIA</th>
<th>ASSESSMENT METHODS</th>
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<td>1 Assess 1 week of own intake using appropriate method. Devise record sheets, compare with Recommended Dietary Intakes. Draw conclusions.</td>
<td>2.1,2.2,3.1,3.1,3.3 3.4, 3.5.</td>
<td>Practical exercise</td>
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<tr>
<td>2 Hip fracture in elderly women. Discuss nutrition issues &amp; select method. Discuss reliability &amp; validity</td>
<td>2.1,3.3,3.4,3.5</td>
<td>Written essay, Project</td>
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<td>3 Unconscious adult, fluid restrictions, previously/ healthy. Assess nutritional requirements. Plan enteral feed, delivery, monitoring. Document. Facilitate enteral feeding. Take 1 hour</td>
<td>2.2,3.3,3.4,3.5, 4.2,4,4.4,4.5,4.6, 6.1</td>
<td>Pen and paper/ real client/case study</td>
</tr>
<tr>
<td>4 1 hour counselling interview, document meal plan</td>
<td>2.2,3.1,3.3,4.3,5, 4.2,4,4.4,4.5,4.6,8.1</td>
<td>Observe real/ simulated client</td>
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<tr>
<td>5 Respond to inappropriate referral or referral that does not match client's needs</td>
<td>2.2,4,1,4,6,6.1</td>
<td>Pen and paper. Real/ simulated client</td>
</tr>
<tr>
<td>6 Develop goals for particular nutrition issues in the community. Develop and document plan for community nutrition program based on goals</td>
<td>2.1,2.2,2.3,3.1,3.2, 3.3,3.4,3.5, 5.1,5,2,</td>
<td>Pen and paper. Field activity</td>
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Given pre-determined goal and plan for community nutrition program:
  a) document and develop group education program for identified target group;
  b) deliver group education program to group of up to 20 people.

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<th>Table 1. Assessment Activities - Dietetics Profession</th>
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<td>The holistic kinds of assessment activities listed here are, in fact, no different in kind from those increasingly being adopted in the final stages of higher education courses for the professions. In the dietetics case, some of these assessment activities have been incorporated into university courses. Others were already part of the course assessment mix.</td>
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<td><strong>CASE STUDY 4: USES OF COMPETENCE STANDARDS DEVELOPED BY 17 AUSTRALIAN PROFESSIONS</strong></td>
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| In 1995, Australia's National Office of Overseas Skills Recognition (NOOSR) surveyed the professions that it had assisted recently to establish competence standards (or descriptors) to find out what uses are being made of these standards. The 17 professions involved were: accountancy, agriculture, architecture, chiropractic/osteopathy, dietetics, engineering, medical radiations science, medical science, nursing, optometry, occupational therapy, pharmacy, physiotherapy, podiatry, speech pathology, social work/welfare, and veterinary science. Given the many possible uses of competence standards (Gonczi, Hager & Oliver 1990), it was interesting to see the definite ways in which the Australian professions were employing their competence standards (NOOSR 1995):
| 1. Assessing competence of overseas trained professionals | 73% |
| 2. Providing public information on professional roles/responsibilities | 50% |
| 3. Facilitating mutual recognition within Australia | 47% |
4. Assisting in accreditation of education programs 43%
5. Assessing eligibility for professional registration 42%
6. Developing continuing professional education courses 38%
7. Assessing competence of lengthy absentees from practice 37%
8. Assisting in development of university curriculum 34%
9. Developing competence-based assessment 31%
10. Assessing eligibility for membership of a professional body 29%
11. Facilitating articulation between levels within a profession 26%
12. Assessing competence of people with no formal qualification 21%
13. Determining individual continuing professional education needs 17%
14. Facilitating articulation from para-profession to profession 16%
15. Defending professionals against legal action 13%
16. Assisting employers to evaluate performance 12%
17. Assisting employers in recruitment and promotion of staff 11%

These figures reflect the fact that there was not just one or two main uses of competence standards or descriptors that have been adopted by virtually all professions. Rather, there was great diversity between the individual professions in the ways that they were employing their competence standards. This in turn supports claims made for the multi-purpose nature of competence standards. This diversity of uses points to the fact that each profession has its own unique features and needs so that the implementation of competence standards is viewed somewhat differently in each case. It is also interesting that of the seventeen significant uses of competence standards identified in the survey, relatively few directly related to higher education courses. Uses 4, 5, 8 and 9 would appear to be the most relevant to higher education courses, with most of the other uses having little or no direct relevance.

The seventeen different uses revealed in this research support the point made in this paper that mutual recognition is a small part of the importance of competence standards or descriptors. The influence of the six major developments outlined in the second part of this paper is apparent in many of these uses of the competence standards or descriptors. However, it is notable that 'assessing competence of overseas trained professionals' was easily the most popular use, reflecting perhaps the NOOSR funding. However, as a visit to
the NOOSR web site (http://www.deet.gov.au/noosr/) shows, for most overseas qualified professionals, there is no question of 'pure' mutual recognition here. Rather the competence standards are used to specify and assess the practical know how that candidates need to demonstrate in addition to appropriate knowledge and language skills. As well, in some professions the competency standards incorporate local contextual requirements that candidates need to meet. Of course, the third most popular use of 'facilitating mutual recognition within Australia' is seen as less controversial.

CONCLUSION

This paper has suggested that the role of professional competence standards or descriptors in mutual recognition agreements, and, hence, in mobility of professionals, is far from clear. Certainly mutual recognition is but one of a larger range of major developments that have fuelled current interest in occupational competence descriptors and professional practice. As various examples and case studies have shown, in some instances professional competence standards or descriptors are central to mutual recognition. In other instances they are absent or can underpin "managed mutual recognition", a situation that sometimes imposes major extra requirements on professionals trained in other countries. To some extent these matters depend on how contextual is the practice of the particular profession.

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Author(s): Paul Regets

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