ROYAL COLLEGE OF NURSING, AUSTRALIA

Submission in relation to the 2003 Review of the Mutual Recognition Agreement and the Trans Tasman Mutual Recognition Arrangement by the Productivity Commission

1. Introduction

Royal College of Nursing, Australia (RCNA) welcomes the opportunity to provide input to the process of reviewing the Mutual Recognition Agreement (MRA) and the Trans Tasman Mutual Recognition Arrangement (TTMRA), being undertaken by the Productivity Commission.

2. RCNA- Background

RCNA is the national professional organisation for Australian nurses. The College was established in 1949 and until the early 1990's was a provider of formal ongoing education for nurses who wished to gain higher qualifications in nursing. Following the completion of the transfer of nursing to the higher education sector in 1993, the College refocused its functions to encompass continuing professional development and policy analysis and development. In 1997, the College became the Australian representative to the International Council of Nurses. In 2003, the College has over ten thousand members, in all States and Territories throughout Australia and internationally. Importantly, the College is the nation's leading professional organisation representing nurses from all areas of practice throughout Australia. It is a not for profit professional organisation, providing a voice for nursing by speaking out on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, the College is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, the College presents professional viewpoints that represent all nurses, independent of political allegiance.

3. Broad Objectives of Mutual Recognition

The College recognises that underlying mutual recognition is the acceptance by governments, and related stakeholders, that different regulations in different jurisdictions can impose significant economic and social costs by inhibiting trade and labour mobility. The original intention of the legislation was to remove impediments to mobility and trade between jurisdictions and provide related benefits in the form of increasing market competition and consumer choice as well as decreasing industry costs. The College is however most concerned with providing a response to this Review on issues in relation to the Mutual Recognition Act (1992) and the Trans Tasman Mutual Recognition Act (1992) as it applies to the nursing profession.

The Mutual Recognition Act 1992 provides for nurses who have authority to practise as a registered nurse or enrolled nurse in another state or territory of Australia to apply for recognition in another state or territory. Nurses who have current authority to practise as a registered nurse or enrolled nurse in New Zealand may apply for recognition in an Australian state or territory under the Trans Tasman Mutual Recognition Act, 1997.

3.1 *How successful have the MRA and TTMRA been in addressing obstacles to trade and labour mobility? Is there any information available that enables an assessment of the impact of the MRA and TTMRA on trade and labour mobility?*

The underlying policy base for the development of the mutual recognition legislation was sound in that it was necessary to address obstacles to trade and labour mobility. For professional nurses seeking to be employed in another jurisdiction there were often delays of many weeks if not months before the required assessment was complete, and this also involved some disruption to the person's employment as well as being administratively burdensome and complex.

The College recommends the Productivity Commission seek data from the Nurses Registration Boards in the various States and Territories in order to establish what information is available that enables an assessment of the impact of the MRA and TTMRA on trade and labour mobility for the nursing profession. Information on how

to contact the various regulatory authorities is enclosed at Appendix A to this response (Appendix A: information on Boards)

A significant reduction in the administrative complexity for registering already registered nurses has resulted from the implementation of mutual recognition and the Nurses Registration Boards will have that specific data. However the College is of the view that overall mutual recognition has reduced the inconvenience associated with registering in another jurisdiction but it may also be more difficult to count the number of nurses in existence. For example, the difficulty with allowing professionals the capacity to register in multiple jurisdictions is that simply counting the number of nurses on the particular Board register does not adequately reflect the available supply and should not be used as the source. Rather, the annual survey of nurses practising in a jurisdiction should be used and in particular, the number of persons who have multiple registration but only utilise that registration in one state. Again the Nurses Registration Boards as the regulating body can assist with this specific data item.

3.2 *What have been the major benefits and costs? What has been the net impact?*
The major benefits of the legislation are in the ease with which individuals can register (which has consequently reduced the inconvenience, cost and administrative burden) and the reduction in administrative cost associated with Nurses Registration Boards. By enabling professionals to seek employment in other jurisdictions without undue complexity this works to remove barriers to employment and for the nursing profession where there is a critical shortage in all major specialist fields, this is positive outcome from the legislation.

However, the College notes that for the Commonwealth legislation to work there has to be identical legislation in the States and Territories. In some States and Territories there are automatic expiration dates which means that if one State's legislation expires and there is a time lag in restoring it, not only are professionals adversely affected so will consumers because it effectively results in preventing supply of a particular essential service. This issue has occurred in Western Australia where due to the expiration of the relevant legislation professional nurses were unable to seek mutual recognition.

3.3 *Is it possible to quantify (or roughly estimate) the magnitude of the costs and benefits?*

The development and implementation of the concept of mutual recognition was costly when it was first undertaken because of the different requirements and standards that existed in the country. Once the standardisation was complete the regulating bodies have more than likely seen a reduction in administrative costs associated with the actual assessment, however there would have been no change in the monitoring aspect of regulation. That is, it costs to ensure processes are maintained and regulations adhered to, particularly where professionals are mobile. The College has no opinion on how best to roughly estimate the costs and benefits of mutual recognition, other than to state that there has been an obvious benefit in the costs associated with processing registrations but a possible increase in the costs of monitoring standards.

3.4 *What are the impediments to, and how significant would the benefits be, from greater harmonisation?*

The College is aware of some gaps in coverage of the legislation. These are outlined as follows:

- *Emergency Service Provision*

Where a nurse or doctor lives in another jurisdiction and is registered there but is required to practice outside the relevant jurisdiction in an emergency capacity and has no registration cover, as it is unintended practice. No coverage exists for emergency practice where the practitioner is forced to provide services in an unregistered capacity. There is a flow-on effect to the provider's insurance as they would not have expected to be registered or insured to provide the service but did so in an emergency.

- *Retrieval and Harvesting of Organs*

Retrieval of persons and harvesting of organs is seen as a regular event and so health care professionals generally obtain registration in the jurisdictions they may be required to travel to. However, where some provisions exist to cover for this issue, it is ad hoc.

- *Living and Working on a Border*

Health care professionals who live and work on a border are required to obtain registration for circumstances where they will work across the border. The Australian Nursing Council (ANC) has released a position statement on this issue

(www.anci.org.au) that acknowledges the issue of the expense of registration and related fees for nurses who are involved in cross border practice. ANC issued the statement to convey the decision that in certain circumstances all Nurses Registration Boards have the capacity to waiver fees for registration and outlines the process for this to occur. In issuing this statement the benefits of mutual recognition are aligned with the practical issues of implementation.

- *Telemedicine*

Health care practitioners who practise through the advice and interpretation of diagnostic services on an interstate basis including those operating a health Call Centre are at risk of not being appropriately recognised under the MRA or TTMRA.

3.5 *Have there been any unintended effects? If so how can they best be addressed?*

There is anecdotal evidence of professionals using the mutual recognition to avoid costs or to obtain registration in New Zealand under the TTMRA and therefore avoid the stringent registration requirements of Australia.

4. Recommendations

The College recommends the Productivity Commission take into consideration the following:

(i) That mutual recognition is expanded to take into account new technology and mobility of the workforce;

(ii) The costs and benefits of the legislation are considered from an individual perspective and particularly where expiration dates cause unnecessary inconvenience and complications for health care professionals;

(iii) That there be a thorough assessment of quality assurance mechanisms to prevent the mobility of poor quality personnel amongst the States/Territories or loopholes to enable registration of inappropriate personnel which undermine the spirit and integrity of the agreements.

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February 26, 2003

APPENDIX A: INFORMATION ON NURSES REGISTRATION BOARDS

Nursing Board of Tasmania

PO Box 847
SANDY BAY **TAS** 7006
Ph: (03) 6224 3991
Fax: (03) 624 3995
Email:
NBT@nursingboardtas.org.au
web:
www.nursingboardtas.org.au

Nurses Board of SA

PO Box 7176 Hutt Street
ADELAIDE **SA** 5000
Ph: (08) 8223 9700
Fax: (08) 8223 9707
Email:
registrations@nursesboard.sa.gov.au
Web: www.nursesboard.sa.gov.au

Nurses Board of WA

Locked Bag 6
EAST PERTH **WA** 6892
Ph: (08) 9421 1100
Fax: (08) 9421 1022
Email:
info@nbwa.org.au
Web: www.nbwa.org.au

Nurses Reg Board of NSW

PO Box K599
HAYMARKET **NSW** 1238
Ph: (02) 9219 0222
Fax: (02) 9281 2030
Email:
nursesreg@doh.health.nsw.gov.au
Web:
www.nursesreg.nsw.gov.au

Qld Nursing Council

GPO Box 2928
BRISBANE **QLD** 4001
Ph: (07) 3223 5100
Fax: (07) 3223 5115
Email:
registrations@qnc.qld.gov.au
Web: www.qnc.qld.gov.au

Nurses Board of the ACT

PO Box 976
CIVIC SQUARE ACT 2608
Ph: (02) 6205 1599
Fax: (02) 6205 1602
Web:
www.healthregboards.act.gov.au

Nurses Board of Victoria

PO Box 4932
MELBOURNE **VIC** 3001
Ph: (03) 8635 1200
Fax: (03) 8635 1248
Email: registration@nbv.org.au
Web: www.nbv.org.au

Nursing Board of the NT

GPO box 4221
DARWIN **NT** 0801
Ph: (08) 8999 4157
Fax: (08) 8999 4196
Email:
healthprofessions.ths@nt.gov.au
web: www.nt.gov.au