australian nursing federation

10 September 2003

Tony Hinton
Commissioner
Productivity Commission
PO Box 80
BELCONNEN ACT 2616

Dear Commissioner

Evaluation of the Mutual Recognition Schemes

Thank you for the opportunity to meet with representatives of the Commission and Industry on 11 August to provide feedback on the Draft Report of the Evaluation of the Mutual Recognition Schemes. Please accept my apologies for the delay in forwarding these further comments to you.

Firstly, I note that the submission from the ANF is not included in the list of submissions in Appendix A on page 187. Could you confirm whether you received our submission? I have attached another copy to this letter.

As discussed at the meeting, the ANF is of the view that medical practitioners should be specifically required to work toward exemption being removed at the next review.

The ANF also considers it important that there some discussion as to how the Evaluation of the Mutual Recognition Schemes links with and can be used within the current government negotiations on trade (eg GATS).

Yours sincerely



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AUSTRALIAN NURSING FEDERATION

Submission to the Review of the Mutual Recognition Agreements

March 2003

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1. Introduction

1.1 The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses, with branches in each State and Territory of Australia[1], and a Federal Office providing national and international support. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing in Australia.

1.2 The ANF's 120,000 members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors, including hospitals, health and community services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industry.

1.3 The ANF's membership comprises registered and enrolled nurses[2], and in five of the eight ANF branches includes the assistant nurse classification (assistant in nursing, personal care assistant, and similar classification titles).

1.4 The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veterans' affairs, education, training, occupational health and safety, industrial relations, immigration and law reform. Policy input within the ANF is through consultation with the branches and their members and representation of each branch on the national executive committee and national council. National sub-committees cover professional issues, occupational health and safety, industrial issues, publishing, aged care, midwifery, and rural and remote nursing.

1.5 The ANF represents Australian nursing internationally through links with other national and international nursing organisations, professional associations, and international labour organisations. The ANF is a member of the South Pacific Nurses Forum and the Commonwealth Nurses Federation and is affiliated to the Australian Council of Trade Unions, the Australian Council of Social Services, the Public Health Association of Australia, the International Centre for Trade Union Rights and the Australian People for Health, Education and Development Abroad (APHEDA), which is the overseas aid agency of the trade union movement. The ANF works closely with the

[1] ANF ACT Branch, ANF NSW Branch (NSW Nurses' Association), ANF QLD Branch (Queensland Nurses Union), ANF WA Branch, ANF SA Branch, ANF NT Branch, ANF Victorian Branch, ANF Tasmanian Branch.
[2] In Victoria, Registered Nurse = Registered Nurse Division 1 and Enrolled Nurse = Registered Nurse Division 2

International Council of Nurses through the Australian member organisation (Royal College of Nursing Australia). The ANF has strong links with the New Zealand Nurses Organisation and collaboration occurs wherever possible.

1.6 The ANF provides secretariat support for the Australian Peak Nursing Forum[3] and the National Nursing Organisations[4], and initiated the formation of both groups.

1.7 The ANF welcomes the opportunity to provide comment on the review of the Mutual Recognition Agreement being conducted by the Productivity Commission.

2 BACKGROUND

2.1 There are two levels of nurse in Australia licensed by nurse regulatory authorities: registered nurses who undertake a minimum of three years undergraduate preparation in the higher education sector at a Bachelor degree level, and enrolled nurses, who generally undertake their education in the vocational education sector at an Australian Qualifications Framework Certificate IV or Diploma level. Of the total number of employed licensed nurses, 78.7% are registered nurses and 21.3% are enrolled nurses[5]. Australia is one of the few countries whose registered nurses are all prepared to the same educational standard – the Bachelor degree level, a standard to which most other countries are now aspiring.

2.2 The nurse regulatory authorities currently do not license the assistant nurse classification. These workers are also educated in the vocational education sector at a Certificate III level and work predominantly in the aged care sector. If you add the estimated number of these workers to the total workforce providing nursing and nursing support services, then 70.3% are registered nurses, 19.0% are enrolled nurses, and 10.7% are assistants in nursing or related classifications[6]. There is discussion in several States and Territories relating to the licensing of this level of worker.

[3] Membership is the Australian Council of Deans of Nursing, the Australian Nursing Council, the Australian Nursing Federation, the Congress of Aboriginal and Torres Strait Islander Nurses, Royal College of Nurses Australia and a representative of the Chief Nursing Officers Group
[4] See www.anf.org.au/NNO
[5] AIHW 2001 *Nursing Labour Force 1999* AIHW Canberra
[6] ABS 1996 Census ABS Canberra

2.3 Each State and Territory of Australia has a nurses' act, which sets out the regulatory processes for both registered and enrolled nurses. The Australian Nursing Council is the national coordinating body for the nurse regulatory authorities and provides the forum for coordinating the national and international nursing agenda[7].

2.4 The public sector remains the primary employer of registered and enrolled nurses. In 1997, 63.4% of registered nurses were employed in the public sector, 23.5% were employed in the private sector, and nearly 13% in the aged care sector. Also in 1997, 51% of enrolled nurses were employed in the public sector, nearly 17% in the private sector and 32% in the aged care sector[8].

3. AUSTRALIAN MUTUAL RECOGNITION AGREEMENT

3.1 The mutual recognition agreements between the States and Territories of Australia and between Australia and New Zealand (the Trans Tasman Mutual Recognition Agreement) are relevant to registered and enrolled nurses in Australia and New Zealand[9]. The ANF generally supports the existing mutual recognition agreements in relation to the occupation of nursing. The ANF has, with its position on the Australian Pharmaceutical Advisory Council, also taken an interest in the trans-Tasman discussions about therapeutic goods.

3.2 In the first instance, the development of mutual recognition legislation provided the impetus for the establishment of the Australian Nursing Council, the coordinating body for the State and Territory nurse regulatory authorities.

3.3 The nursing profession, led by the nurse regulatory authorities and the Australian Nursing Council, took the opportunity provided by the development of mutual recognition legislation to develop national competency standards for registered and enrolled nurses – the two categories of licensed nurse in Australia. These national competency standards must be met for the nurse to be licensed to practice. All nursing education programs leading to licensure must demonstrate to the nurse regulatory

[7] The Australian Nursing Council (ANC) is a peak national nursing body concerned with national standards and processes for the regulation of nursing within Australia. The ANCI was established in 1992 as a forum for considering the regulation of nursing in Australia within a national framework. Each of the eight state and territory nurse regulatory authorities is represented on this Council. The Council has responsibility for coordinating a national approach to the development and maintenance of standards for statutory nurse regulation which are flexible, effective and responsive to the health care requirements of the Australian population. (from www.anc.org.au)

[8] AIHW 2001 *Nursing Labour Force 1999* AIHW Canberra

[9] Western Australia is the only State/Territory that is not a signatory to the Trans Tasman Mutual Recognition Agreement

authorities that their graduates are competent in each of the national competency standards.

3.4 The development of national competency standards for registered nurses also led to national consistency in the level of educational programs for registered nurses ie bachelor degree level in the university sector. While enrolled nurse programs must exit a graduate competent in each of the national competency standards, the level of the program offered through the vocational education sector differs between States and Territories (from Certificate IV to Diploma). This is an issue that the nursing profession is yet to address.

3.5 The mutual recognition agreements have encouraged increased collaboration and consistency between the different nurse regulatory authorities on a wide range of issues relevant to nursing, such as the development of standards, codes of professional and ethical conduct, and other policies (such as on role boundaries, continuing competence and cross border practice).

3.6 The mutual recognition agreements have enhanced the opportunities for registered and enrolled nurses to work in different locations within Australia across State and Territory borders. Nurses are a mobile profession with many using their occupational qualifications to work in different settings in Australia. Nurses who make application for registration under the mutual recognition agreement gain immediate registration and can commence their employment without delay. The regulatory authority has one month to confirm or deny the initial registration. This also has the potential to reduce the administrative burden of licensure on the nurse regulatory authorities.

3.7 While mutual recognition agreements makes relocation across State and Territory borders easier for nurses, it is not, in the ANF's view, a significant factor for nurses in making relocation decisions. Nurses move across State and Territory borders for a range of reasons – to gain particular experience (eg in remote areas); to experience a change in lifestyle; or when there is a marked differential in wages and conditions between jurisdictions as sometimes occurs as wages and conditions of employment for nurses are negotiated at the jurisdictional level.

3.8 The ANF does not have any formal data on the movement of nurses between States and Territories using the mutual recognition legislation. Nurses can be registered

in more than one State or Territory and it is difficult to track the movements of working nurses. The Australian Institute of Health and Welfare produces a nursing labour force publications, but the available data is very out of date and therefore of little value. In response to questions put by the ANF, the nurse regulatory authorities advised that they do not keep specific data on the number of nurses registering under mutual recognition arrangements either from within Australia or from New Zealand. Neither is there any formal data on the number of refused applications and the reason for refusal. The lack of nationally consistent data is a big disadvantage in evaluating the practical implementation of the mutual recognition agreement. NSW has the most accessible data, which is taken from their published Annual Reports and reproduced in Table 1 below[10].

YEAR	RNs		ENs		Midwives	
	Australia	Overseas	Australia	Overseas	Australia	Overseas
1996-1997	542	154	134	7	74	13
1997-1998	602	204	141	4	77	17
1998-1999	502	454	187	16	52	48
1999-2000	689	541	183	13	68	34
2000-2001	615	602	211	20	67	29
2001-2002	573	613	170	19	57	26

3.9 Possibly of more interest in the evaluation of the implementation of the mutual recognition legislation is the percentage of nurses applying for registration using the mutual recognition mechanism. The Nurses Board of the ACT[11] advised that in 1998 66.3% of registrations were through the mutual recognition mechanism, 72% in 1999, 65% in 2000 and 68% in 2001. The Nursing Board of the Northern Territory[12] advised that the majority of applications for registration in the Northern Territory are made under mutual recognition arrangements as there is only one educational facility in the Northern Territory which provides nursing education.

[10] Nurses Registration Board NSW Annual Reports www.nursereg.nsw.gov.au
[11] Nurses Board of the ACT personal correspondence (Karen Cook Business Manager) 31.07.02
[12] Nursing Board of the Northern Territory personal correspondence (Christine Quirke Policy and Research Officer) 05.07.02

3.10 From the statistics available, it appears that the overwhelming majority of applications under mutual recognition are successful and move to substantive registration. The Nurses Registration Board of NSW[13] advise that only two applicants were refused registration in the period 1996-2001. The Nurses Board of Victoria[14] advise that only one application was refused between 1996 and 2002. South Australia also had only one application refused[15].

3.11 One of the outcomes of mutual recognition was the consolidation by nurse regulatory authorities of nursing registers and the development of comprehensive undergraduate nursing programs. Prior to mutual recognition, nurses who were educated in discrete areas such as mental retardation or mental health were on a different register to nurses who had undergone general nursing education. This restricted the area in which they were licensed to practice. In most States and Territories, the specialist registers were collapsed into a single comprehensive register and nursing education programs adjusted to exit a graduate who could function at a beginning level is all environments except midwifery. Direct entry nursing programs (eg mental retardation and mental health) were subsequently discontinued in most jurisdictions in Australia.

3.12 There have been two significant legal cases by nurse applicants contesting decisions made by nurse regulatory authorities under the mutual recognition arrangements (ACT and NT). In each case the nurse applicants were successful. The collapsing of the specialist registers into one comprehensive register has raised concerns however within nursing that the processes in place may not be sufficient to maintain standards and safe practice or to adequately protect the nurse or the public if the nurse works or is required to work outside their area of education or expertise. It is currently the responsibility of the employer to assess the competence of the nurse to practice in a particular environment and the responsibility of the nurse not to practice in an environment where they are not competent. This places significant demands on both employers and individual nurses, particularly when there is a nursing labour shortage.

3.13 Greater collaboration between the nurse regulatory authorities on the accreditation of courses leading to initial registration and enrolment would also enhance nursing

[13] Nurses Registration Board NSW personal correspondence (Jan Dent Executive Director) 08.07.02
[14] Nurses Board of Victoria personal correspondence (Leanne Raven Chief Executive) 15.07.02
[15] Nurses Board South Australia persona correspondence (Judi Brown Chief Executive Officer/Registrar) 02.07.02

mobility between jurisdictions. Nursing courses leading to initial registration and enrolment are currently accredited at a State or Territory level. If a nurse undertakes a program leading to registration and enrolment in a jurisdiction that is not the jurisdiction in which they live and intend to work, they can only register or enroll in the jurisdiction where the course is accredited. Some nursing students, for example, are able to undertake their nursing courses in an external mode, so it is not uncommon for nursing students living in Launceston or Bunbury to do their nursing course at the Northern Territory University or the University of South Australia. Many of these students are enrolled nurses and therefore licensed in their home state. On completion of the course, they are required to register with the regulatory authority in the State or Territory of the university where they undertook their course eg Northern Territory or South Australia rather than their home State or Territory. There is not a system of mutual recognition for courses that would allow nursing students to register in their home state on completion of the course. Some universities have accredited courses in other States and Territories but this is not routine.

3.14 Some commentators have suggested that mutual recognition agreements result in a downgrading of standards as regulatory authorities seek agreement between jurisdictions. In the ANF's view, this has not been the experience for nursing. Our observation is that the standards bar has been raised as the combined resources of nine nurse regulatory bodies (including New Zealand) are used to address safety and quality issues for the nursing profession and the public for whom the legislation is in place. The current system is providing a benchmarking process that can only benefit nurses and nursing practice throughout Australia and New Zealand.

3.15 The national consistency in nursing that has resulted from the introduction of the mutual recognition agreements has improved the standing of Australia in international nursing circles. There is a single set of standards and codes for nurses in Australia and a single level of education leading to registration. This is infinitely preferable to the other option of eight different sets.

4. TRANS TASMAN MUTUAL RECOGNITION AGREEMENT

4.1 The development of the Trans Tasman Mutual Recognition Agreement as it affects nursing was a process that was characterised by broad consultation and careful consideration. The ANF is aware that the New Zealand nurse regulatory authority made some policy changes at the time of the Trans Tasman Agreement in order to achieve greater consistency in regulation between the two countries[16]. The nurse regulatory authorities in Australia and New Zealand continue to work collectively and cooperatively and the ANF is confident that there is commitment on both sides of the Tasman to the mutual recognition agreement as it applies to nursing.

4.2 Immigration statistics demonstrate the flow of nurses between Australia and other countries such as New Zealand. There are no figures separating migration rates for registered and enrolled nurses although it is likely that the majority of migrants are registered nurses.

4.3 The TTMRA has enhanced the potential mobility of nurses between Australia and New Zealand, although the flow is greater towards Australia than New Zealand. The TTMRA does increase employment opportunities for nurses in both countries, although as stated earlier, the driving factors are usually the result of social and other issues.

The temporary migration figures for New Zealand nurses are[17]:

	1993-1994	1994-1995	1995-1996	1996-1997	1997-1998	1998-1999	1999-2000
New Zealand nurses temporarily migrating to Australia	51	56	44	62	58	117	123

[16] Australian Nursing Council personal communication (Marilyn Gendek Chief Executive Officer)
[17] AIHW unpublished data, Table H1 Temporary migration of nurses to and from Australia for employment, 1993-94 to 1999-2000, AIHW Canberra.

The permanent migration figures are[18]:

	1993-1994	1994-1995	1995-1996	1996-1997	1997-1998	1998-1999	1999-2000
New Zealand nurses permanently migrating to Australia	147	170	210	230	245	331	432
Australian nurses permanently migrating to New Zealand	236	207	207	207	183	170	211

4.4 Competition for nurses remains strong, especially in times of international shortages. Both Australia and New Zealand are able to recruit from larger pools of nurses as a result of the TTMRA and health providers advertise widely for both permanent and temporary contracts in both Australia and New Zealand. Additionally, the ANF notes that there have been immigration policy changes in Australia designed to encourage more nurses to migrate to Australia[19].

4.5 Nursing in Australia and New Zealand is well regarded internationally, however it is unlikely that the closer ties, as a result of the TTMRA, have resulted in greater influence on the international stage.

4.6 The ANF is aware that the Australian Nursing Council continues to convene a collaborative advisory committee that includes representatives of the Australian jurisdictions and New Zealand. There is obviously a need for: (a) continued work to bring about greater consistency in the regulatory processes; and (b) vigilance in identifying areas that are deviating as all the regulatory authorities are guided by their different jurisdictional legislation and regulations. Solutions to issues that arise in the different States and Territories are generally prepared to meet local needs without necessarily considering national or international implications. There needs to be a process for careful and ongoing monitoring of the implementation of the TTMRA to ensure that standards remain consistent between all jurisdictions, accompanied by meaningful and timely data collection and analysis for evaluation and review.

[18] AIHW unpublished data, Table H2 Permanent migration of nurses to and from Australia, 1993-94 to 1999-2000, AIHW Canberra.
[19] See the Budget measure, Increase in the permanent migrant intake which refers to an increase in permanent migrants to meet skills shortages in Commonwealth of Australia 2002 Budget Measure 2002-2003 Canberra pp 129

4.7 Additionally there are opportunities for nurse regulatory authorities to collaborate and expand their influence in areas such as cultural safety[20]. The ANF acknowledges the valuable role that the New Zealand nursing profession has played in working to embed cultural safety into nursing practice. These cultural lessons can be used to enhance nursing practice in Australia as a result of greater collaboration and discussion.

5. OVERSEAS APPLICATIONS FOR REGISTRATION IN AUSTRALIA

5.1 To work as a nurse in Australia, overseas nurses must meet immigration requirements, pass an English language test, and meet Australian standards of nursing practice. These are the same standards; no more, no less, that are required of nurses educated in Australia. The standards are specified in the National Competency Standards for the Registered and Enrolled Nurse (Australian Nursing Council). They are core competency standards, which all registered and enrolled nurses, local and overseas, must be able to demonstrate. The standards have been developed, reviewed and adjusted from time to time by the nursing regulatory authorities in consultation with the nursing profession, and are the foundation of modern nursing practice in Australia, which provides assurance to the public of a consistent, safe and effective standard of nursing practice. These standards are not a barrier to the registration of nurses educated overseas, nor are they a barrier to trade – they ensure protection for people requiring and receiving nursing services in Australia.

5.2 There are already adequate, accessible, fair and transparent processes in place in Australia to enable nurses who are seeking employment in Australia and who have been educated and registered and enrolled overseas, to apply for registration in Australia. The nursing profession in Australia, through the nurse regulatory authorities, has done considerable work to develop and refine these processes, which are under constant evaluation. These processes facilitate the employment of nurses educated overseas rather than act as barriers to their employment and ensure that common standards apply to nursing services in this country to safeguard the public in the provision of nursing services.

[20] The Nursing Council of New Zealand's definition for nursing is: *(the) effective nursing or midwifery practice of a person or family from another culture, and is determined by that person or family … The nurse or midwife will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her own personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans of disempowers the cultural identity and well being of an individual* in NCNZ 2002 Guidelines for cultural safety, and Treaty of Waitangi, and Maori health in nursing and midwifery education and practice pp 7

5.3 The ANF does not consider it necessary to broaden the scope and objectives of the MRA and the TTMRA for the nursing profession and would strongly oppose any changes that diminish the responsibility of the nurse regulatory authorities in Australia, or diminish the capacity of nurses in Australia to regulate their own practice to ensure safe practice and safe care, or any changes that introduce inconsistency in standards of practice between nurses working in Australia who have been educated in Australia and nurses working in Australia who have been educated in other countries. It is our view that any such changes would have a detrimental effect on standards of professional nursing practice and thus to the quality of nursing care provided to health consumers. The intention of the ANC Competency Standards is to ensure that nurses are equipped to provide safe and effective nursing care to the Australian community.

5.4 While the ANF has supported the introduction of the MRA and the TTMRA, we are not supportive of a proliferation of MRAs with other countries. Mutual recognition agreements are time and resource intensive to develop and costly to monitor effectively to ensure standards between countries remain consistent over time. There is also a cost factor in ongoing evaluation and review. There are effective processes already in place in Australia that facilitate the employment of nurses educated in other countries and the employment in other countries of nurses educated in Australia.

6. CONCLUSION

6.1 The lack of any formal evaluation within nursing of either the application or the outcome of the mutual recognition agreements is of concern to the ANF. We would strongly recommend that the Federal Government provide financial support for those occupational groups that are effectively implementing and monitoring the MRA and the TTMRA. The majority of costs associated with nursing regulation are borne by nurses themselves ie through their registration fees. Nurses obviously receive some benefits from the mutual recognition agreements, however there are other positive outcomes for the nation and for the States and Territories. The Federal Government could fund, for example, the costs associated with national and international collaboration as well as review and evaluation.

6.2 There are a number of areas where the application of the mutual recognition arrangements could be improved. Data collection is one such area. There is inconsistency

in the collection of data by the nurse regulatory authorities on the number of nurses registering by the mutual recognition route.

6.3 Another area is the provision of information to nurses about the availability of the mutual recognition route to registration and enrolment. While most of the nurse regulatory authorities provide information about mutual recognition on their website, nurses generally are not well informed.

6.4 In conclusion, the ANF considers that the nursing profession has benefited positively by grasping the opportunities that development of the MRA and TTMRA provided. Positive outcomes have been the coordination of nursing regulation at the national level through the Australian Nursing Council; the development of nationally consistent competency standards, codes of ethics and professional conduct and other policies relevant to nursing; a national level of education leading to registration as a nurse; and a mechanism that facilitates the mobility of nurses between jurisdictions. There are issues however which still need to be addressed – data collection and review and evaluation being of primary concern. The ANF would like to see Federal Government support to the nurse regulatory authorities to conduct a review and evaluation of the implementation of the MRA and TTMRA as it applies to nursing and the development of a common data set to assist future assessment and decision making.

JILL ILIFFE
Federal Secretary
Australian Nursing Federation
27 March 2003

3. TERMS OF REFERENCE

3.1 The Review of the MRA and TTMRA will:

a) assess the efficiency and effectiveness of the MRA and TTMRA in:

- **fostering and enhancing trade and workforce mobility between Australian States and Territories and New Zealand;**
- **enhancing the international competitiveness of Australia and New Zealand businesses and Trans Tasman business sectors; and**
- **enhancing the capacity of Australia and New Zealand to influence international norms and standards.**

The two agreements have enhanced mobility between States and Territories and between Australia and New Zealand. We acknowledge that the flow is greater towards Australia than New Zealand but there are increased employment opportunities for nurses in both countries. It is our view that this trend is not as a result of the agreement but is a result of social and other issues.

Competition for nurses remains strong especially in times of international shortages. Both Australia and New Zealand are able to recruit from larger pools of nurses and health providers advertise widely for both permanent and temporary contracts in both Australia and New Zealand.

Nurses move across State/Territory borders when there is a marked differential in wages and conditions which are negotiated in each jurisdiction and at different times. It is the ANF's position that while mutual recognition agreements makes relocation easier it is not a significant contributor for nurses making these type of decisions.

Nursing in Australia and New Zealand is well regarded internationally but it is unlikely that the closer ties, as a result of the agreement, have resulted in greater influence on the international stage.

It is our view however that the greater national alignment as a result of the mutual recognition agreement has improved the standing of Australia in international nursing circles. There is a single set of standards and codes for nurses in Australia and this is preferable to the other option of eight different sets.

b) consider whether any changes to the MRA and TTMRA and the related legislation, or the implementation thereof, are required to improve their operation;

The ANF would like to see some additional Government financial support for occupations that are effectively implementing and monitoring the two agreements. The majority of costs associated with nurse regulation are borne by nurses themselves ie registration fees. Nurses obviously receive benefits from these agreements but there are other positive outcomes for the nation and the States and Territories. The Commonwealth could fund, for example, the costs associated with national and international collaboration.

c) examine whether broadening the scope and objectives of the MRA and TTMRA would enhance their efficiency and effectiveness, and if so, how this might be done; and

The ANF does not consider it necessary to broaden the scope and objectives of the agreements for the nursing profession.

d) examine options for ensuring that MRA and TTMRA issues are considered early in domestic policy processes and that implications for the schemes' regulation coordination are taken into account.

The ANF would recommend that signatories to the mutual recognition agreements, such as the nurse regulatory authorities, are required to acknowledge that they have considered the impact of changes in legislation, regulation, and policy on their nurse regulatory partners.