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Matthew Forbes
Senior Research Economist
Mutual Recognition Review
Productivity Commission
LB2 Collins Street East
MELBOURNE VIC 8003

Review of Mutual Recognition Schemes

I am pleased to provide a further submission on behalf of the Nursing Council following the release of the Productivity Commission's Draft Research Report. This response is limited to some of the issues raised during the draft report roundtable and the slides provided by e-mail. It should be read in conjunction with the previous submission submitted in July 2008.

Overall the Council agrees with the finding that the TTMR and MRA Acts work reasonably well.

Shopping

The Council does not believe that it has an issue with "shopping" whereby applicants register in one jurisdiction that has lower educational or training standards in order to gain registration in New Zealand. The Council and its Australian counterparts meet regularly and have general agreement on common requirements for registration.

However, the Council wishes to support its colleagues in other regulatory authorities who have raised these issues and have concerns about the public safety risk of applicants being able to register and practice in New Zealand without adequate education or experience. It would appear to be unrealistic to expect those authorities to have a great deal of influence over registration authorities in Australian states as a means of ensuring public safety. The Council does not support the view that market forces will deal with these issues and considers that particularly in the area of health, where consumers rarely have a choice of provider, market forces are not effective mechanisms for ensuring public safety.

The Council notes that the draft report and roundtable discussion identified that there was little evidence of harm resulting from variations in registration. As pointed out by various representatives at that meeting regulatory authorities, particularly in the area of health, have a significant role in protecting public safety and preventing harm by ensuring that practitioners are competent and fit to practice.

Jurisdiction hopping / remedial action

The Council does have some concerns regarding the limited nature of the information that may be provided or requested from other regulatory authorities and in particular that

this does not include information regarding health or competence issues that have arisen in the practice of a practitioner. The Council has already submitted on this issue and is encouraged to see that this forms one of the key issues of the report.

Criminal convictions - Record checks

This is another area where the Council has some concern and would support the introduction of this additional safeguard. New Zealand applicants and applicants from other overseas jurisdictions are required to provide a police check that is less than 6 months old prior to registration. There would appear to be no reason why a mutual recognition applicant should not be required to provide the same information.

Ongoing Professional development

The Council does not accept that mutual recognition legislation means that regulatory authorities cannot require ongoing training and evidence of experience for persons already registered under mutual recognition legislation.

The TTMRA and MRA Acts do not permit the imposition of a particular qualification for *registration* but is silent on requirements for applications for practising certificates which is a separate process.

The requirements for ongoing professional development under the Health Practitioners Competence Assurance Act 2003, is provided for under section 27 of that Act. These requirements are nothing to do with registration under section 15 and 16 of the HPCA Act. In Council's view the restriction on requiring ongoing professional development is confined to registration of applicants under the mutual recognition legislation and not ongoing competence requirements imposed under the HPCA Act for the issuing of practising certificates.

Clare Prendergast
Legal Adviser