October 11, 2014

Australian Health Workforce Ministerial Council
Via email: nras.review@health.vic.gov.au

Re: RCSA, Submission to Review of the National Registration and Accreditation Scheme for health professions.

The Recruitment and Consulting Services Association Australia & New Zealand (RCSA) is pleased to put forward this submission to the Review of the National Registration and Accreditation Scheme for health professions on behalf of its member groups the Association of Nursing Recruitment Agencies (ANRA) and the Association of Medical Recruiters Australia and New Zealand (AMRANZ).

About the RCSA
The RCSA is the leading industry and professional body for the recruitment and the human resources services sector in Australia and New Zealand. It represents over 3,800 members, all of which are drawn from a diverse range of organisations and individuals including small owner-operator businesses, listed and non-listed Australian companies and Australia’s large multinational corporations.

Members of the RCSA provide an extensive range of employment services including on-hire employee services (‘labour hire’ and ‘agency employment’), contracting services (“including on-hire independent contractors”), recruitment services, Job Network services and broader workforce consulting services.

The RCSA is instrumental in setting standards in the employment services industry and given the significant number of individuals employed by our Members, workplace relations and employment matters are of primary concern.

It is worth noting that the on-hire employment industry is a significant contributor to the Australian economy, employing approximately 4% of Australia’s workforce, and generating revenue in excess of $20 billion within Australia, more than that of accounting services and more than that of legal services.
**About ANRA**
The Association of Nursing Recruitment Agencies (ANRA) is the representative body for nursing and healthcare recruitment agencies in Australia. ANRA is a Special member group of the Recruitment and Consulting Services Association (RCSA), the leading industry body for talent management and workforce solutions in Australia and New Zealand.

Our membership comprises nursing and healthcare recruitment agencies that work with public and private healthcare facilities and the Aged Care and Community Care sectors to manage their workforce requirements. All members of ANRA abide by the RCSA Code for Professional Conduct and Disciplinary and Dispute Resolution Procedures (DDRP).

ANRA members employ in excess of 200,000 nursing, aged care and care workers across Australia.

**About AMRANZ**
The Association of Medical Recruiters Australia New Zealand (AMRANZ) has provided since 2005 a focal point for recruitment consultancies whose business is the recruitment of medical practitioners into and within Australia and New Zealand.

AMRANZ is a member group of the Recruitment and Consulting Services Association Australia and New Zealand (RCSA), the leading industry body representing companies and professionals involved in talent management and workforce solutions.

AMRANZ is responsible for ensuring continued growth of the Medical Recruitment industry and professionalism of individuals within the industry.

**Submission**
This submission is made on behalf of the ANRA and AMRANZ member groups, and is based on feedback provided by members of those associations. Overall, members of the ANRA and AMRANZ member groups believe the National Registration and Accreditation Scheme is operating satisfactorily, however the timeliness of assessment and consistency in its application of the National Law has been highlighted as areas for attention.
1. How the National Scheme is operating:
   In regards to how the National Scheme is operating members provided the following feedback:
   
   a. **Medical Recruiter:** Overall the national scheme concept is okay. However, too many state offices are interpreting national policy in different ways. Everything needs to be standardised with no difference between state based interpretations.
   
   b. **Medical Recruiter:** Members noted that inconsistencies exist between States and Territories. If advice is requested and given from NSW AHPRA, this may not be the same as is required in QLD. AHPRA staff is hesitant to transfer a query to the relevant State as they continue to say it is a National Body, however experience has shown the requirements are not the same i.e.
      - English Language: SA required doctor to do IELTS, but NSW accepted PLAB. The Doctor had continuous experience in UK after sitting PLAB in early 2000’s.
      - CoGS: A doctor worked with Greek Military in Afghanistan. NSW advised to provide a Statutory Declaration stating why they couldn’t get CoGS from Afghanistan or why not registered with them. This was then questioned by QLD even though it was detailed in the Statutory Declaration.
   
   c. **Nursing Recruiter:** The scheme for local (Australian qualified nurses) has been more streamlined following the initial teething issue. For internationally qualified nurses a number of issues remain and the performance of the national scheme has been less than average. Key issues remain with assessments, the processing of applicants, implementation and waiting times all of which were not thought through nor it appears, was there communication with key stakeholders, eg: Australian Nursing and Midwifery Council, DIBP(Department of Immigration and Border Protection) , other overseas registration authorities, nurses and employer.

2. Strengths and Limitations:
   In regards the strengths and limitations of the national scheme members provided the following feedback:
   
   a. **Medical Recruiter:** Initial assessment may take 4-6 weeks. This is only an initial assessment to confirm that the application is complete. Following which the application is allocated to a case officer for a proper assessment which can take a further 4-6 weeks. This is a particular issue in SA and TAS with staff members will never talk to an applicant or agent about an application. TAS has advised that following an in-person ID check for Limited Registration, they conduct another assessment that can take an additional 3 weeks.
Processing needs to be standard across all jurisdictions, particularly in regards to timeframes.

b. **Nursing Recruiter:** Changes to the education and equivalency assessment have substantially slowed the assessment and issuing of provisional registration letter to overseas trained nurses, which has become a disincentive for these nurses to consider Australia as a work destination. ANRA members have advised they are seeing skill shortages in specialist areas which remain unfilled as overseas trained nurses are unable to progress their applications due to the individual processing of applications, and the onerous nature of equivalency assessments.

At the end of 2013 members of ANRA were advised by AHPRA that as part of the transition process AHPRA would rapidly develop a comparative listing of education institutions and courses so as to streamline and speed up the process for review of qualifications and practice history and thereby reduce the delay in processing. Based on feedback to date this has not occurred which continues to significantly delay the processing of applications for overseas trained nurses.

c. **Nursing Recruiter:** There have been a huge number of highly skilled and clinically competent registered nurses lost from among applicants prior to February 2014 & October 2013. There should have been a pathway for Recognition of Prior Learning when the scheme was introduced, eg: recognition for credentialing based on relevant criteria and individual additional assessment and skills verification. As an interim measure, consideration could be given to assessment to meet EEN (Div 2 qualifications).

The assessment of qualifications does not align nor reflect the curriculum and requirements of international education programs and frequently places applicants in breach of conditions for Working Holiday Visa holders in order to meet conditions placed on provisional registration.

An example is illustrated in the following:

**Example:** Criterion 5 published in section 53 of the National Law requires a midwife to provide evidence of twenty (20) continuity of care experiences. In the UK the Bachelor of Midwifery Science program requires six continuity of care experiences. As a result of the requirement to complete this number of continuity of care experiences applicants are required to undertake 12 months FTE supervised practice. This requirement will place applicants in breach of conditions for a Working Holiday Visa, and excludes employment by a health workforce agency.
It appears, this assessment does also not accommodate nor reflect any post-graduate experience that Western trained Midwives may have and their area of specialty within Midwifery.

3. **Key issues and concerns:**

In regards to the key issues and concerns, members provided the following feedback:

a. **Nursing Recruiter:** Members feel updates should be sent to employers, in this case health workforce agencies, in the event a registered person has conditions or limitations placed on their registration or in fact if the registration is cancelled. Nursing workforce agencies in a majority of cases directly employ health workers. As the employer, health workforce agencies have a duty of care and are required to provide staff with unrestricted registration or to be aware of any restrictions.

Currently agencies are not advised when a nurse has a change to their registration. In order for health workforce agencies to be 100% sure that every nurse has a current, unrestricted practising certificate it would require a daily check of every registered worker, which may equate to a daily check for hundreds of health workers, which is impracticable at best and impossible at worst. In the past, nurses registered with the Nursing Board of Victoria, all employers were advised of any change to the nurses practising certificates.

b. **Medical Recruiter:** Inconsistencies and the requirement for a PESCI between States and Territories for doctors who have sat MCQ and Clinical exams.

c. **Nursing Recruiter:** A lack of consistency in the interpretation of criteria and poor communication and management of applications between agencies such as AHPRA and stakeholders such as DIBP is resulting in delays in the assessment and approval of applications for overseas trained nurses and midwives. An example is illustrated in the below:

**Example:** UK diploma qualified nurses, who have successfully applied for PR (based on ANMC assessment, will likely now not gain AHPRA registration in Australia to work.

**Example:** UK Registered Nurse who recently gained PR as approved by DIBP (per skill shortage as a RN) and will travel to Australia with husband and child having sold their home and booked flights to arrive in Australia in April 2015 – she may now not be able to register.
4. Priority areas and/or options for reform

a. **Medical Recruiter:** Mandatory service standards across each state, particularly around timeframes for response and in the processing of applications. State based call centres are required, not national centres, as the level of specific knowledge and information is low at the national level. Examination as to why jurisdictions operate quite differently to others ie: Tasmania has for some time operated quite differently to other jurisdictions, which is reflected particularly in their delay in processing applications and the very different processes employed in that jurisdiction.

b. **Nursing Recruiter:** Urgent review of the assessment process for IQN to adequately assess RPL and to recognise and accommodate clinical experience and expertise, areas of need, skill shortages eg: operating theatres and midwifery.

5. Specific proposals for amendment to provisions of the national law.

a. **Medical Recruiter:** AHPRA to accept portal or medical degrees assessed by the AMC. PESCI only required for those doctors who have sat MCQ only.

We thank you for the opportunity to make this submission and invite any questions to be directed to:

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Yours sincerely,

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