



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

24 March 2015

Mr Jonathan Coppel
Presiding Commissioner
Mutual Recognition Schemes Study
Productivity Commission
Melbourne VIC 8003
By email: mutual.recognition@pc.gov.au

Dear Mr Coppel

Submission from National Boards and AHPRA

The National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) are pleased to provide the following joint response to the Productivity Commission's *Issues Paper on Mutual Recognition Schemes*.

Given the application of the Trans-Tasman Mutual Recognition Arrangement (TTMRA) to almost all professions in the National Registration and Accreditation Scheme (the National Scheme), the study is directly relevant to National Boards and AHPRA. The National Boards and AHPRA welcome the Commission's review of the efficiency of the current arrangements and were pleased to have the opportunity to meet with members from the Commission on 28 January 2015 to provide some preliminary feedback.

The joint response has been prepared based on feedback from AHPRA operational network and National Boards, and is supplemented with information from AHPRA's database where possible. The joint response touches on some complex issues (both legal and profession specific), and if any of these issues are of particular interest to the Commission we would be happy to provide further information or meet with members of the Commission to discuss if that would assist.

If you wish to discuss this matter, please contact Chris Robertson, Executive Director Strategy and Policy Directorate on 03 8708 9037 or Helen Townley, National Director Policy and Accreditation, on 03 8708 9111.

Thank you again for the opportunity to comment.

Yours sincerely

Martin Fletcher
Chief Executive Officer

Paul Shinkfield
Chair, Forum of National Board Chairs
Chair, Physiotherapy Board of Australia

Attachments

Attachment A: Coversheet and joint submission on behalf of AHPRA and National Boards
Attachment B: Further details of profession specific issues
Attachment C: AHPRA data about TTMR

Submission to Productivity Commissions Issues Paper on Mutual Recognition

March, 2015

Introduction

The National Registration and Accreditation Scheme (the National Scheme) commenced operation on 1 July 2010, and now incorporates national registration of 14 health professions.

The 14 National Boards are:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia

The National Scheme was an outcome of COAG's program of reform, and was implemented using the national law model. Details of the model and the implementation of the National Scheme are set out in an article by Louise Morauta, *Implementation a COAG Reform Using the National Law Model: Australia's National Registration and Accreditation Scheme for Health Practitioners*, which has been provided to the Commission.

Further information about the achievements of the National Scheme can also be found in AHPRA and the National Boards' Annual Reports, which are published at <http://www.ahpra.gov.au/Publications/Corporate-publications/Annual-reports.aspx>.

AHPRA publishes an online, public register for all practitioners registered under the National Scheme. See www.ahpra.gov.au

Application of mutual recognition schemes

The Trans-Tasman Mutual Recognition Arrangement (TTMRA) applies to registration in 11 of the professions regulated under the National Scheme.

As set out in the Issues Paper, TTMRA enables persons in regulated occupations in New Zealand and Australia, including regulated health professions, to automatically gain "deemed registration" in the other jurisdiction upon lodgement of details of their initial registration with the local registration body, where an equivalent regulated occupation exists. Under the TTMRA, the relevant Board has one month to grant,

postpone or refuse registration. If a decision is not made after one month, applicants are entitled to automatic registration.

Many of the National Boards have a close working relationship with their New Zealand counterparts and some have established a Memorandum of Understanding to reflect this, such as the Psychology Board of Australia.

Professions to which TTMRA does not apply

The TTMRA does not apply to Aboriginal and Torres Strait Islander health practitioners or Chinese medicine practitioners, because there are no equivalent regulated occupations in New Zealand.

There is a TTMRA exemption for medical practitioners who trained outside Australia or New Zealand. The registration arrangements for medical practitioners are discussed in more detail at question 23.

Data

AHPRA has compiled available data that may assist the Commission at **Attachment C**, which comprises:

- Table 1 - Number of practitioners who have applied via TTMR since the commencement of the National Scheme
- Table 2 - Number of practitioners who had conditions imposed on their registration at the time of initial registration via TTMR
- Table 3 – Comparison of number of registrations held by practitioners before and after the commencement of the National Scheme

The accuracy of data available for Tables 1 and 2 is limited due to the way in which TTMR applications are currently able to be recorded in AHPRA's system, and AHPRA is developing its system to improve capabilities for reporting. While processes are now more consistent, there has also been variation in how TTMR applications have been recorded in the system since the commencement of the National Scheme. Accordingly, the numbers provided in Tables 1 and 2 should be treated as approximations only.

Response to questions in Issues Paper

- 1. *What have been the benefits of mutual recognition under the MRA and TTMRA, and what evidence is there to support your assessment?***
- 2. *What have been the costs of implementing and maintaining mutual recognition under the MRA and TTMRA, and to what extent are these outweighed by the benefits?***

Feedback from AHPRA's operational staff is that TTMRA does generally provide for fast and easy assessment and processing of applications from people who hold registration with the relevant New Zealand registration body, with benefit to both applicants and the efficiency of AHPRA's registration processes.

More specifically -

- delays generally only arise when a TTMRA applicant has conditions on their registration or other complicating factors stemming from their declarations.
- minimal communication between authorities in Australia and their New Zealand counterparts is required to process applications, and is usually only necessary when an issue develops via the applicant's declarations or AHPRA submits a verification of registration request to New Zealand authorities. This is a largely manual process (there is little reliance on public register data by either

jurisdiction) and can sometimes lead to minor delays in processing while awaiting the verification response.

- New Zealand regulators previously sent verification requests (when they have an Australian applicant seeking registration in New Zealand) to all States and Territories, which resulted in duplication. AHPRA has taken steps to centralise the response process internally.

As the processes under TTMRA were implemented by most professions prior to the commencement of the National Scheme, there has not been specific cost identified with the implementation of these arrangements under the National Scheme.

Currently the public register does not reflect the fact that registration is pursuant to TTMR or the verification process for deemed registration, and will only show the practitioner as registered once the general registration application has been finalised.

23. Are the mutual recognition arrangements for medical practitioners trained in Australia and New Zealand effective?

The Issues Paper indicates that Australian registration as a medical practitioner is available to graduates of accredited medical schools in New Zealand who have completed the required period of intern training.

To clarify, graduates of approved programs of study delivered in New Zealand who have completed the required period of intern training can apply for general registration. A graduate of an approved program of study delivered in New Zealand who has not completed their intern training can apply for provisional registration.

The experience of AHPRA and the Medical Board of Australia is that this arrangement is effective for medical practitioners trained in Australia and New Zealand.

24. Is the exemption for medical practitioners in the TTMRA still required? What would be the costs and benefits of removing this exemption?

The Issues Paper identifies that the TTMRA exemption for medical practitioners only affects doctors trained outside Australia and New Zealand. AHPRA and the Medical Board of Australia consider this exemption and the alternate arrangements in place (set out below) are working effectively, and therefore supports maintaining the exemption.

International medical graduates (IMGs) whose medical qualifications are from a medical school outside of Australia or New Zealand and who are seeking registration to practise medicine in Australia must provide evidence of eligibility to undertake one of the following assessment pathways:

- Competent Authority pathway
- Standard pathway
- Specialist pathway

The Competent Authority Pathway is for IMGs who are non-specialist or specialists (including general practitioners) who are seeking general registration with the Medical Board of Australia. The Board has approved a number of international authorities, including the Medical Council of New Zealand, as competent to assess, for medical registration, the applied medical knowledge and basic clinical skills of IMGs.

IMGs who hold a primary medical degree from a medical school listed in the current International Medical Education Directory of the Foundation for Advancement of International Medical Education and Research, and who have completed training or assessment with a Board approved competent authority may apply for provisional registration via the Competent Authority Pathway. Further information about the registration pathways for medical practitioners can be found on the Medical Board of Australia's website at <http://www.medicalboard.gov.au/>.

In addition, a medical practitioner in New Zealand who holds Fellowship with an Australian and New Zealand specialist medical college can apply for specialist registration in Australia.

25. How effective has the National Registration and Accreditation Scheme been in improving the mobility of health professionals? In what ways can it be improved?

A key objective of the National Scheme is to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction.

AHPRA and the National Boards consider that the National Scheme has been effective in improving the mobility of health professionals through the following achievements -

- register once, practice across Australia
- easier online renewal which sets international benchmarks
- consistent national standards practitioners must meet
- new online services for employers to access registration information
- nationally consistent registration processes

Before the National Scheme was established, separate fees and application processes would have applied in each jurisdiction and significantly affected the ease of mobility. Where practitioners were required to work in multiple interstate locations, particularly those located in border areas such as Albury-Wodonga, they faced additional financial and administrative burdens.

Before 2010, there were more than 637,000 active health profession registrations in Australia. With the inception of the National Scheme, this reduced to around 536,000 (see **Attachment C**, Table 3). This suggests that just under 15% of practitioners nationally had previously paid more than one registration fee.

The National Boards have also worked actively to support change that will remove current barriers to workforce mobility created by variations in jurisdictional law for example:

- the need to harmonise drugs and poisons legislation to address inconsistencies in drugs and poisons regulations that have an impact on health service delivery and health workforce reform potential.
- variations across jurisdictions in the regulation of pharmacy premises
- the requirement for separate State and territory user licenses for registered health practitioners, for example, medical radiation practitioners.

The National Scheme also supports the development of a flexible and sustainable health workforce by enabling the collection of accurate national data about regulated practitioners in each of the professions.

26. How well does mutual recognition between Australia and New Zealand work for health professionals other than doctors?

As set out above, the experience of AHPRA and the National Boards is that generally the mutual recognition arrangements between Australia and New Zealand work efficiently. However there are some specific parts of the TTMRA that would benefit from clarification, in addition to several profession specific issues that have been identified.

Areas that require clarification

- AHPRA and the National Boards hold concerns about the limitations of section 30(2)(ii) of the TTMRA, which deals with the Tribunal's power to declare occupations not equivalent where NZ registrants would – if registered – pose a real threat to safety. The process for a National Board to bring a matter before the Tribunal to make an order under section 30(2)(ii) is not clear. Accordingly, we consider that there is scope to clarify the wording in order for the intention of this section to be clearer and for local registration authorities in both Australia and New Zealand to be given similar and appropriate powers under the TTMRA to prevent inappropriate registration on public safety grounds.

- It is also submitted that National Boards should have clear power to require criminal history checks for TTMRA applicants, and require an applicant to declare his/her criminal history wherever occurring. It would follow from this that Boards should also have the clear power to refuse registration to TTMRA Act applicants who are not suitable for registration on the basis of their criminal history. As above, the basis for this proposed change is also the protection of the public, and to bring requirements for TTMRA applicants in line with all other applicants for registration as a health practitioner under the National Law. The need for applicants under TTMRA to be required to declare criminal history is supported by early data from the International Criminal History check process recently implemented by AHPRA. Since 4 February 2015 there have been in excess of 900 international criminal history checks undertaken, which included an incidence of reported criminal history for a nurse who registered under TTMRA.
- Endorsements on registration are also not explicitly described under TTMRA, and clarifying how endorsements are dealt with may assist in addressing some of the profession specific issues identified.
- It is also unclear what options are available to a National Board, if differences in the standards for accreditation of education and training leading to registration in New Zealand mean a person who holds registration in New Zealand may not be competent to practise the health profession in Australia.

Profession specific issues

Most profession specific issues identified arise from the variance between registration types for professions in Australia and New Zealand, specifically in the way local registration authorities deal differently with graduate training, specialties and prescribing rights. Some of the National Boards are currently undertaking work with their New Zealand counterparts in order to address these issues.

- For dental practice –
 - 1) Registrants in the dentist's division have the ability to hold specialist only registration in New Zealand, which the Dental Board of Australia's Specialist Registration Standard precludes in Australia. It would assist in processing these applicants under TTMRA if the relationship between TTMRA and the subsequent renewal under the National Law could be more clearly articulated.
 - 2) Of wider ranging interest for the dental profession at the moment is the recent release by the Australian Department of Health of Australia's Future Health Workforce – Oral Health Detailed and Overview Reports, which have focused the attention of the profession on all pathways for registration for overseas trained dental practitioners including TTMRA.
- The Medical Radiation Practice Board of Australia (MRPBA) and New Zealand Medical Radiation Technologists Board (NZMRTB) are developing a co-operative approach to deal with a range of regulatory matters including greater alignment of qualification requirements and practice standards. For medical radiation practice, issues with TTMRA include -
 - 1) There are structural differences between the divisions of registration established by the MRPBA and the scopes of practice established by the NZMRTB, which raise the issue of whether different types of registration are "substantially equivalent", and also issues regarding title protection and regulated/unregulated practice.
 - 2) The difference in registration types between Australia and New Zealand also has potential implications for radiation licensing.
 - 3) There are different requirements for graduates in Australia and New Zealand, which affects whether a period of supervised practice is required.
- For nursing and midwifery practice –

- 1) The Nursing and Midwifery Board of Australia (NMBA) have specific issues regarding conditions imposed by New Zealand on registrants regarding a limited scope of practice. This is described in more detail under question 38.
 - 2) There are differences in requirements in relation to prescribing rights for both nurse practitioners and midwives between Australia (where all nurse practitioners prescribe, but not all midwives) and New Zealand (visa-versa), which can make processing these applications more complex.
 - 3) The NMBA also has concerns about differences in assessment of Internationally Qualified Nurses & Midwives (IQNM) between Australian and New Zealand, which is discussed in more detail at question 43 below.
- For occupational therapy, there are differences in requirements for graduates, and the Occupational Therapy Board of Australia does not apply the condition imposed by New Zealand on Occupational Therapy new graduates to undertake 12 months supervised practice, granting them general registration without conditions.
 - There is a specific issue for optometry as the Optometry Board of Australia introduced a new standard for general registration in December 2014 that requires competencies in scheduled medicines for general registration, which is not required by the New Zealand Optometry and Dispensing Board.
 - The Osteopathy Board of Australia notes that all overseas qualified osteopaths seeking registration in Australia except TTMRA applicants are required to undertake a module to orient them to Australian practice, and that it would be useful to have a mechanism to achieve a similar outcome for TTMRA applicants for reasons of consistency and equity.

Other general issues and areas for improvement identified were -

- The TTMRA does not require the applicant to provide proof of identity. As with the absence of a requirement for applicants to declare criminal history, this raises concerns for AHPRA and the National Boards as it is another important aspect of protecting the public.
 - Section 32 of the TTMRA legislation (relating to disciplinary action taken by New Zealand authorities when the individual also maintains registration in Australia) states that any New Zealand suspension, cancellation or imposition of conditions affects the Australian registration in the same way. It would assist to clarify in the Act that this is not an automatic process, as for disciplinary action to affect registration the regulator must gain knowledge of the action taken in another jurisdiction, which in the National Scheme will occur through the verification process (for initial registrations) and the practitioner's declaration at renewal (for existing registrants).
- 38. *How often do occupation-registration bodies impose conditions on people registering under mutual recognition? In which occupations or jurisdictions does this most often occur, and what conditions are imposed?***
- 39. *Are the systems for setting conditions on occupations effective and efficient? If not, what changes are required, and what would be the costs and benefits?***

A condition will generally be imposed on an applicant under TTMRA where a condition exists in relation to the applicant's New Zealand registration. The frequency of conditions being imposed on applicants via TTMRA is set out in Table 2, at [Attachment C](#).

As the data demonstrates, conditions are most often imposed on TTMRA applicants by the Nursing and Midwifery Board of Australia. These conditions most often relate to scope of practice to reflect existing conditions to limit scope in New Zealand. There are also occasionally conditions imposed on practitioners (most common with Enrolled Nurses, Registered Nurses and Registered Midwives) in New Zealand requiring the individual to complete a competency assessment or training program, most commonly due to recency of practice issues. AHPRA assesses the origin of the condition via verification

with New Zealand, seeks guidance from the Board where necessary, and reflects a comparable condition (no more onerous) on their registration with the Nursing and Midwifery Board of Australia. These conditions are then monitored by AHPRA.

There are numerous examples whereby conditions imposed on nurses and/or midwives limit scope and are likely to reflect the applicant's qualification (commonly an international qualification) and specialised skill sets. Some examples include:

- *May practise only in mental health nursing.*
- *May only practice in general and obstetric nursing.*
- *May only practise in general nursing.*
- *May only work with health consumers with stable and predictable health outcomes.*
- *May practise only in general and mental health nursing.*
- *May practise only in settings which provide services for consumers with intellectual disability*
- *May practise only in long term care and rehabilitation*
- *May practice only in Surgical/Medical*

As set out above, some complexity and delay can arise when processing applications of applicants with existing conditions in the alternate jurisdiction.

There is also some ambiguity regarding whether 'special conditions' preclude an applicant from being eligible to apply under TTMRA, which is implied by the text of the current application form. This issue is currently being considered by AHPRA to provide further clarity.

40. *Have the review processes available through the Administrative Appeals Tribunal and Trans-Tasman Occupations Tribunal been effective in addressing disputes about conditions imposed on occupational registrations?*

We are not aware of any issues.

41. *Should people registered under mutual recognition be subject to the same ongoing requirements as other licence holders in a jurisdiction? Why or why not?*

42. *Are amendments to mutual recognition legislation needed to clarify whether requirements for ongoing registration apply equally to all registered persons within an occupation? Are there alternative options? What are the costs and benefits of these approaches?*

AHPRA and the National Boards agree that this aspect of the TTMRA is presently unclear, and strongly support amendments to the TTMRA to clarify that requirements for ongoing registration apply equally to all registered persons within an occupation.

AHPRA and the National Boards consider that practitioners registered under mutual recognition should be subject to the same ongoing requirements as other registered practitioners in a jurisdiction. The National Boards are required under section 38 of the National Law to develop registration standards for certain matters, such as continuing professional development (CPD), under the mandate of the National Law and in order to support the continuing competence of registered practitioners.

Section 19(4) of the TTMR Act provides that continuance of registration (obtained under TTMR) is subject to Australian laws, provided they apply equally to all people seeking to carry on the occupation and are not based on the attainment or possession of some qualification or experience relating to fitness to carry on the occupation. The word 'qualification' has a very broad meaning in the legislation, and while AHPRA and the National Boards consider that completion of CPD requirements should not be regarded as a 'qualification' or 'experience' in the relevant sense, it could be argued that requiring certain CPD training

may be challenged with reference to section 19(4). Further, we consider that Parliament could not have intended for the pathway in obtaining registration to have any relevance to ongoing compliance with Australian requirements, namely that people initially registered under TTMR would be immune from ongoing requirements for registration for the rest of their careers in Australia.

Accordingly, in practice all health practitioners registered under TTMR arrangements should become subject to the same mandatory renewal declarations and auditing against Registration Standards (under the National Law) as any other registered health practitioner.

There are a number of professions who require for example, evidence of a current first aid certificate, resuscitation certificate (chiropractic, podiatry and osteopathy) with subsequent applications lodged under the National Law. Some registrants are not immediately aware of these requirements if they obtained initial registration via the TTMRA process.

43. Is there any evidence of jurisdiction 'shopping and hopping' occurring for occupations which is leading to harm to property, health and safety in another jurisdiction via mutual recognition? If so, what is the extent of the problem and is it a systemic issue affecting an entire occupation? Is there evidence of any benefits, such as regulatory competition and innovation between jurisdictions?

Anecdotal feedback suggests that obtaining registration in New Zealand as a pathway to registration in Australia through TTMRA may allow some individuals to circumvent Australian registration standards.

Limited registration

Some observations related to limited registrants under the National Law, who fail to progress on the pathway to general registration in Australia, as they are able to meet New Zealand requirements for general registration and then can apply for general registration in Australia under TTMRA. For example -

- It was specifically noted that dentists will obtain limited registration in Australia, but complete New Zealand general registration requirements and subsequently apply for general registration via TTMRA.
- The Occupational Therapy Board of Australia requires practitioners with non-approved (international) qualifications to undertake a period of supervised practice as a limited registrant in order to subsequently gain general registration. Practitioners obtaining registration via TTMR arrangements are exempted from this requirement and go directly to general registration under the equivalence provisions.

Further profession specific feedback

- The NMBA raised concerns about the differences in the assessment of IQNMs who apply for registration in New Zealand and Australia, and that those with some qualifications (eg. AEI-NOOSR section 3 level institutions in India) may seek registration in New Zealand to bypass the NMBA's IQNM assessment model. Currently the New Zealand Nursing Council accepts IQNM qualifications for equivalence from Department of Education section 1, 2 and 3 education institutions in India, whereas Australia only accepts qualifications for equivalence from section 1 and 2 institutions in India. A further issue is that if an individual applied for registration as a registered nurse (RN) in New Zealand with a qualification equivalent to an Australian Diploma at AQF 5, then the New Zealand Nursing Council will offer the applicant registration as an enrolled nurse (EN). These ENs can then enter Australia and be automatically registered as ENs although they may not meet the EN competencies in Australia.
- As set out above, the Optometry Board of Australia have newly different requirements for general registration to the New Zealand Board, and are accordingly concerned that overseas applicants could use New Zealand as a loop hole to gain general registration and then apply for TTMRA as an optometrist for general registration.

- The Physiotherapy Board of Australia and the Physiotherapy Board of New Zealand have already undertaken work on this issue, and are currently finalising the development of shared practice threshold statements for the physiotherapy profession. One of the intended purposes of this document is to guide the assessment of physiotherapists who trained outside Australia or New Zealand who may seek to utilise the TTMR arrangements, and ensure that each person has been assessed against the same threshold statements for the profession.

It was also reported that there are examples of applicants who have failed to meet Australian English language requirements, who later apply for registration via TTMRA.

44. *How effective are current informal and formal processes — dialogue between jurisdictions, referral of occupational standards to Ministerial Councils, and recourse to a tribunal — in addressing concerns about differing standards across jurisdictions?*

Some observations about the dialogue between jurisdictions are discussed in response to questions 1 & 2 above.

AHPRA has concerns that the New Zealand public register information does not provide sufficient detail to assess against the requirements of TTMRA (particularly disciplinary history), meaning AHPRA currently relies on manual verification with New Zealand authorities. Improved front end exchange of information between regulators is currently being considered by AHPRA.

AHPRA is also currently considering improvements around exchange of information between regulatory authorities on disciplinary outcomes (and managing the associated risk) , particularly with respect to managing section 32 of the TTMRA legislation (relating to disciplinary action taken by New Zealand authorities when the individual also maintains registration in Australia).

51. *To what extent are potential benefits from the MRA and TTMRA not being achieved because individuals and firms are unaware of the rights they can exercise under the schemes? How, if at all, should this issue be addressed?*

AHPRA and the National Boards consider that most professions who have mechanisms under TTMRA appear to have reasonable knowledge of these rights.

Attachment B

- For dental practice –
 - 1) There is a specific issue for dental practitioners whereby applicants have the ability to hold specialist only registration in New Zealand, which the Dental Board of Australia's Specialist Registration Standard precludes in Australia. The Dental Board of Australia requires applicants registering under the National Law to hold General Registration as a pre-requisite. This affects a small cohort of registrants, but the relationship between TTMRA and the subsequent renewal under the National Law could be more clearly articulated.
 - 2) Of wider ranging interest for the dental profession at the moment is the recent release by the Australian Department of Health of Australia's Future Health Workforce – Oral Health Detailed and Overview Reports. These reports are an extensive review of both oral health needs and workforce capacity to meet these needs. These reports have focused the attention of the profession on all pathways for registration for overseas trained dental practitioners including TTMRA.
- The Medical Radiation Practice Board of Australia (MRPBA) and New Zealand Medical Radiation Technologists Board (NZMRTB) are developing a co-operative approach to deal with a range of regulatory matters including greater alignment of qualification requirements and practice standards. For medical radiation practice, issues with TTMRA include -
 - 1) There are structural differences between the divisions of registration established by the MRPBA and the scopes of practice established by the NZMRTB, which raise the issue of whether different types of registration are "substantially equivalent", and also issues regarding title protection and regulated/unregulated practice. The NZMRTB has scopes of practice for the areas of ultrasound (or sonography) and magnetic resonance imaging (MRI) which specify particular qualification requirements. While practice in these scopes is common for Australian registered diagnostic radiographers, the qualification leading to registration in New Zealand addresses a limited number of domains when compared with qualification for broader scope of diagnostic radiography. There is potential for practitioners registered in New Zealand in the scope of sonography or MRI to obtain registration in Australia as a diagnostic radiographer. Further, the title "sonographer" is not included as a protected title in the National Law, therefore a sonographer from New Zealand would not require registration to practice in this limited scope of practice in Australia. There is concern that a NZ practitioner can hold general registration in the limited scope of "sonography", with a qualification focussed on this area, and may be able to gain registration as a diagnostic radiographer (with broader scope) in Australia.
 - 2) The difference in registration types between Australia and New Zealand has potential implications for radiation licensing. Radiation licensing sits as a separate regulatory regime and for medical radiation practice radiation licensing authorities use registration with the MRPBA as a precondition for granting a radiation license. If a practitioner from New Zealand with a limited scope (eg. sonography) gained registration as a diagnostic radiographer, there is potential they could obtain a radiation licence covering a broader scope.
 - 3) In Australia medical radiation practice graduates from three year Bachelor programs are required to undertake a period of supervised practice. The same requirement does not exist in New Zealand. In many cases a new graduate practitioner registered in New Zealand will work for a reasonable period before moving to Australia. In those cases where no practice has occurred the MRPBA imposes a condition requiring a period of supervised practice consistent with the Board's supervised practice registration standard. To date this has affected a limited number of practitioners (<5).

- For nursing and midwifery practice –
 - 1) The Nursing and Midwifery Board of Australia (NMBA) have specific issues regarding conditions imposed by New Zealand on a registrant regarding a limited scope of practice. This is described in more detail under question 38.
 - 2) Until 2014 Nurse practitioners from New Zealand could choose whether or not they completed education to enable them to prescribe scheduled medicines, whereas in Australia all nurse practitioners are required to be able to prescribe. This means that the NMBA has had to develop a process to identify nurse practitioners from New Zealand who are not qualified to prescribe, which has been achieved by the use of a notation. In contrast, midwives in New Zealand are educated to prescribe as a part of their undergraduate program, while in Australia midwives are unable to prescribe scheduled medicines unless they complete post graduate education and have an endorsement for scheduled medicines. This means that the NMBA has had to develop a process for the management of midwives from New Zealand who apply for endorsement for scheduled medicines in Australia.
 - 3) The NMBA also has concerns about differences in assessment of Internationally Qualified Nurses & Midwives (IQNM) between Australian and New Zealand, which is discussed in more detail at question 43 above.

- The Occupational Therapy Board of Australia does not apply the condition imposed by New Zealand on Occupational Therapy new graduates to undertake 12 months supervised practice, granting them general registration without conditions (as opposed to provisional registration or general registration subject to the same condition). New Zealand graduates need to undertake a subsequent assessment process before they are allowed to obtain an unconditional New Zealand practicing certificate (which enables practice without supervision).

- There is a specific issue for optometry as the Optometry Board of Australia introduced a new standard for general registration in December 2014 that requires competencies in scheduled medicines for general registration. As the New Zealand Optometry and Dispensing Board do not require recent graduates to have scheduled medicines competencies for general registration, an application for mutual recognition requires a notation on the register to indicate that the registrant is not qualified in scheduled medicines. This also applies to overseas applicants who become registered in New Zealand and then apply for registration in Australia under TTMR. The number of applications is presently low (5 applications from overseas for the 13/14 FY who did not have New Zealand registration with Therapeutic Pharmaceutical Agent endorsement), however the Australian and New Zealand Boards are engaging to address the issue and to explore the potential to align the qualification requirements for initial general registration in Australia. The differences reflect the approaches used to regulate health practitioners in each country. That is the National Law reflects a title protection approach in contrast to the scope of practice approach in the New Zealand health practitioner regulation legislation.

Attachment C

Table 1 – Number of practitioners who have applied via TTMR since the commencement of the National Scheme, as at February 2015*

Profession	Count of Applications
Chiropractor	6
Dental Practitioner	88
Medical Radiation Practitioner	43
Midwife	105
Nurse	1,842
Occupational Therapist	26
Optometrist	6
Osteopath	3
Pharmacist	20
Physiotherapist	121
Podiatrist	7
Psychologist	26
Total	2,293

Table 2 – Number of practitioners who had conditions imposed on their registration at the time of initial registration via TTMR*

Profession	Applications under TTMR with outcome to impose conditions
Dental Practitioner	3
Medical Radiation Practitioner	3
Midwife	2
Nurse	334
Occupational Therapist	4
Optometrist	1
Grand Total	347

* Number is an approximation based on available data, subject to the limitations identified in the submission (see page 2)

Table 3 – Comparison of number of registrations held by practitioners before and after the commencement of the National Scheme

Number of registrations held by individual practitioners before National Scheme	Number of registrations held by individual practitioners before National Scheme
457,163	1
135,282	2
17,190	3
15,604	4
11,159	5 -10
1,378	11 - 24
637,776	