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WORKING TOGETHER FOR BETTER OUTCOMES

Increasing internationalisation of nursing highlights the need for an increasingly flexible nursing workforce (Buchan and Sochalski 2004). The International Council of Nurses advocates ‘viable and appropriate systems of professional regulation, both nationally and internationally’ in response to the increased mobility of nurses’ (ICN 2005). A good place to start is more flexible processes for cross border recognition of nursing practice. Today there are increasing opportunities for cross border nursing practice including telenursing, supporting rural and remote communities, agency nursing, emergency response, for example retrieval services, transplantation coordinators and emergency disaster response.

We are seeing more ‘nursing sans frontiers’ especially in response to significant world events including the South East Asian tsunami and Hurricane Katrina in the United States. As Jill Iliffe states ‘Disasters bring home to us the real importance of community and collective responses. When people work together, they achieve better outcomes’ (Iliffe 2005). St John Ambulance operates in 44 countries providing opportunities for nurses who are members to assist not only as a component of disaster response but also planned events such as the Commonwealth Games. Locally first responder organisations, including St John, may deploy members, including nurses, to emergencies to assist neighboring states and territories in times of need.

The increasing application of information technology to nursing practice will open more opportunities for national nursing practice. This is happening now and is not some ‘2020’ problem. Electronic data-bases, computerised care plans, tele-nursing¹, online nursing education and video-conferencing were once futuristic concepts of health care and are now very much ‘normal’ practice.

There is no more evident need for a singular process of nursing registration to enable cross border practice than within the states and territories of Australia. There is currently no such thing as an Australian nurse or doctor or allied health worker. There is of course a state based nurse – a Queensland RN, or a Victorian RN. The current situation in Australia is there are eight different regulatory authorities for nursing (Bryant 2001). Each state or territory holds state legislation to guide and regulate nursing practice. All states or territories require registration with the local nurse regulatory authority in the jurisdiction in which they are practicing. This supports eight systems of variable levels of difficulty to gain registration.

The Commonwealth of Australia does provide a Mutual Recognition Act 1992 for goods and occupations whereby registered nurses and midwives may apply for mutual recognition of their nursing registration. This process is of little value to St John nurses volunteering to a cross border incident such as a bushfire and may cost, for multiple nursing registration fees, up to a maximum of \$900 per year.

In this edition of the *Australian Journal of Advanced Nursing* the editor has published a timely case study by Clark et al, of a clinical nursing research team implementing a national program. Clark et al have made a call for the nationalisation of nursing regulation in this country (ANMC 2005). They have presented their case after an extraordinary three years experience in dealing with state based bureaucratic regulatory inconsistencies.

An Australian Nursing and Midwifery Council was established to facilitate a national approach to nursing and midwifery regulation. Core activities include: identifying impacting factors on nursing and midwifery regulation; facilitating relevant projects; and fostering cooperation on nursing and midwifery regulatory matters. The ANMC is now represented on the ICN Observatory on Licensure and Regulation exploring global regulatory practices, calling for more flexible regulation (ANMC 2006). The ANMC released a position statement on cross border nursing practice (Duffield et al 2002). Their statement on mutual recognition provides a means for fee waiver but still supports eight different systems in relation to registration in the different states. The current system can only respond to requests that are planned and is only available during business hours!

The ICN’s current focus on disaster nursing will challenge national nursing regulation systems. As suggested by Clark, multiple state registrations is rarely practicable. St John has experienced similar difficulties and have found it impossible to develop a national Australian position on cross border deployment in emergency situations for their nursing volunteers. Nurses face a system that is complex, time consuming, very expensive and not responsive to urgent requests.

There are international conversations occurring regarding nursing workforce mobility (Clark et al 2006). The International Council of Nurses describes a need for viable, responsive and appropriate regulatory systems. There is a need to ascertain clarity on a national level before embarking on global complexities. The highly flexible nursing workforce required to meet current demands requires mutual recognition across Australia.

Mutual recognition for cross border practice needs to be more than a token waiver of fees. A consistent and automatic process for recognising registered nurses practicing across borders needs to be either incorporated into all local registration systems or a singular national Act needs to be developed. 'When people work together, they achieve better outcomes' (Iliffe 2005).

REFERENCES

- Buchan, J. and Sochalski, J. 2004. The migration of nurses: trends and policies. *Bulletin of the World Health Organisation*, 82(8) Geneva.
- The International Council of Nurses. 2005 *Nursing Regulation: a Futures Perspective*, ICN/WHO Position Statement, www.icn.ch/ps_icn_who_regulation.pdf.
- Iliffe, J. 2005 Collective responses achieve better outcomes. *Australian Nursing Journal*, 12(7):1.
- Western Australia, Department of Health, HealthDirect 2006 www.health.wa.gov.au/services/detail.cfm?Unit_ID=799 (accessed 2006).
- Bryant, R. 2001 The Regulation of nursing in Australia: a comparative analysis. *Journal of Law and Medicine*, 9(1):41-57.
- Clark, R., Yallop, J., Wickett, D., Krum, H., Tonkin, A. and Stewart, S. (2006) Nursing sans frontières: a three year case study of multi-state registration to support nursing practice using information technology. *Australian Journal of Advanced Nursing* (for publication Issue x No x).
- Australian Nursing and Midwifery Council 2005 *A global look at nursing: Anne Morrison talks about the international Observatory on licensure and regulation*, Issue 30. www.anmc.org.au/docs/newsletters/newsletter_June_2005_final2.pdf.
- Australian Nursing and Midwifery Council 2006 *Cross border Nursing Practice: waiver of fees*. Policy Statement. www.anmc.org.au/docs/May_06_Cross_Border_Nursing_Midwifery.pdf.
- Duffield, C. and O'Brien-Pallas, L. 2002 The nursing workforce in Canada and Australia: two sides of the same coin. *Australian Health Review*, 25(2):136-44.