



Asia-Pacific  
Economic Cooperation

**REPORT ON SKILLS STANDARDIZATION FOR  
NURSING PROFESSION IN THE APEC REGION**

**Final Report**

**APEC Group on Services  
APEC Committee on Trade and Investment**

**April 2007**

# SKILLS STANDARDIZATION FOR NURSING PROFESSION IN THE APEC REGION



Prepared For:  
Group on Services  
Committee on Trade and Investment  
**ASIA-PACIFIC ECONOMIC COOPERATION**  
(APEC)

Prepared by:



**ASA**

Agus Sutarna & Associates  
Health, Nursing,  
Operation and Management Consultant

**March 2007**

Produced by

Agus Sutarna & Associates  
JI Kalibata Raya No. 25-30  
Jakarta 13630 – Indonesia  
Email: [suntarna@binawan-ihs.ac.id](mailto:suntarna@binawan-ihs.ac.id)  
Website: [www.bina-ihs.ac.id](http://www.bina-ihs.ac.id)

for  
APEC Secretariat  
35 Heng Mui Keng Terrace Singapore 119616  
Tel: (65) 67756012 Fax: (65) 67756013  
Email: [info@apcc.org](mailto:info@apcc.org) Website: [www.apcc.org](http://www.apcc.org)

APEC# 207-CT-01.6

© 2007 APEC Secretariat

# contents

---

**Executive Summary** 5

**Background** 8

**Project Objective** 10

**Introduction to skills standard** 12

**Relationships between skills standard and lifelong learning** 13

**Results on the Nursing Skills in the APEC REGION**

History of nursing 17

Nursing as a profession 17

Nursing practice 17

Nursing theory and process 17

Regulation of practice 18

United Kingdom 18

Australia 18

WPSEAR Common Competencies 21

WHO SEARO REPORT 2005 29

**Conclusion and Recommendation** 34

**References** 36

**Annexes**

Annex 1 :Glossary of terms 38

Annex 2 :MRA Document 41

# EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The current realities of globalization, international competitiveness and the changing nature of work poses a challenge and at the same time opportunities for economies in facilitating free trade movement especially Manpower Mobility Within The Apec Region.

Trade liberalization underlined the importance of the reform process in human resource development and the need in reflecting the direction of that change.

The transformations resulting from changes in the organisation and content of work have put the spotlight on certain kinds of skills and behaviour in work. In recent years many researchers have focused their attention on describing the kinds of skills and competencies which help the worker cope with the new demands.

What is it that enables a worker to assimilate a change from mechanical to electronic technology on the production line? What are the characteristics required for efficient performance in a work ambit where there is a high degree of group interaction? These are just two of the questions that the competencies approach is helping to solve.

One important consideration was that the components of the system had to complement and support existing member economy human resource development strategies and should guide, rather than dictate, future developments. The APEC model would be technologically and conceptually advanced and would provide member economies with real competitive advantage.

The system would stimulate both institutional and workplace training and would recognise and strengthen the uniqueness that exists for the nursing profession of individual member economies. The GOS Working Group should strategically structured an approach to the development of the NURSING SECTOR FRAMEWORK (NSF).

The Nursing Sector Framework should be established based on these four features:

- A set of APEC nursing competency standards
- An APEC certification system
- An APEC quality assurance system
- An APEC Framework of approved standards and qualifications.

This model promotes lifelong learning and provides for a seamless system which promotes vocational training in school and tertiary institutions and equally, in the workplace. Lifelong learning is understood as training activity that takes place

throughout a person's whole life and is aimed at improving the knowledge, skills and competencies from personal, social and labour perspectives. This definition encompasses all forms of learning since they are sources for active citizenship, for social inclusion and for labour insertion.

This report is based on desk research, existing similar studies and internet research. It would have been an advantage if the following methodologies could have been arranged and followed such as:

- Desk analysis of existing member economy systems should be carried out
- Member economy training workshops in the development of the nursing sector competency-based systems, should be held
- An alignment of existing member economy nursing sector training systems should be completed An APEC Compendium of nursing Principles and Practices should be compiled - - Instruments of Mutual Recognition suitable for voluntary bilateral or multilateral implementation should be developed
- Nursing Sector Framework development and implementation pilot projects should be developed in interested member economies.

Nevertheless this report could be regarded as a starting point for the GOS Committee in establishing a common skills standard in the nursing profession and further recommendations made for future actions are:

1. Developing a common approach to competency standards;
2. Identifying priority core areas (for standards and qualifications);
3. Developing and implementing skill standards;
4. Establishing a certification system to recognise achievement and facilitate qualification portability
5. Ensuring consistent and credible assessment against standards through accreditation systems.

**BACKGROUND**



Member economies of APEC fall into two types of category related to nursing profession. Economies which have abundance of nurse supply and economies which need foreign nurses to fill the gaps in their local nursing profession. Indonesia, Thailand and the Philippines are examples of the first category and Singapore and the United States falls within the second one. In the past few years the demand for skilled nurses has been increasing. Meanwhile the numbers of trained nurses are also increasing. However this supply and demand situation somehow does not meet in an equilibrium nursing profession.

One of the problems faced by both the economies which have abundance of supply of nurses and the economies which need more foreign nurses in their hospitals, is the lack of common standards on the profession. One economy applies their standards, and the other economy use different standards, which resulted in difficulty in meeting the equilibrium of supply and demand. Having an APEC standard for a nursing profession could solve the problem. One of the areas of responsibility of the Group on Services is to facilitate the provision of services, therefore this project on skills standardization for nursing profession, economies could develop together and agree on an APEC MRA on nursing profession.

# PROJECT OBJECTIVE

PROJECT OBJECTIVE

In the APEC SOM 2003 in Thailand, Indonesia submitted a proposal related to the development of nursing profession under the title of the Skills Standardization for Nursing Profession. In The APEC SOM 2004 in Chile, it was agreed that this activity would comprise research and workshop / seminars.

The primary objectives of this project are:

1. To conduct research on skills standardization for nursing profession within APEC economies (both user and provider economies), and
2. To share experiences and expertise among APEC economies on skills standardization within the nursing profession through seminars / workshop

Following further guidelines detailed in the Request For Proposal, this proposal is geared and designed for the achievement of the above objectives stipulated in the following implementation strategy and documentations:

1. To provide information on Basic Nursing Skill on surveyed APEC economies
2. To describe common competency (Basic Nursing Skill) on surveyed APEC economies according the level of education
3. To compare Basic Nursing Skill on surveyed APEC economies with international qualification standard
4. To provide complementary information and clarification to finalize the draft report and provide a final report for publication
5. To give presentation / final report at a workshop / seminar

# **INTRODUCTION TO SKILLS STANDARD**

SKILLS STANDARD

## INTRODUCTION TO SKILLS STANDARD

A competency standard or skills standard describes what people are expected to know and are able to do. They are used to determine whether an individual has sufficient knowledge and skills, and appropriate attitudes to undertake occupational activities or perform a role to an agreed standard.

Competency standards are at the heart of skill standards systems where an individual needs to have skills to perform a task and where the role performed by an individual is described in terms of those competencies, and occupational skills systems where jobs are described by individual components of the job.

The clearest difference between these two approaches to a competency-based system is the greater fractionation of components of a “job” in the occupational standards system and, hence, the more detailed description of the attributes of an employee. Both systems, however, rely on competency being achieved and there is the basis of a relatively simple translation mechanism between the two approaches which provides for a shared taxonomy.

Competency standards can also be “generic” – having outcomes that are general to all participants in a system regardless of the role they have in an industry e.g. communication skills – or “specialist”. In this latter case the standards may have outcomes which are specific to occupations common to all APEC member economies – they focus in on the particular needs of an occupational role.

The purpose and applicability of the competency standard to the worker’s role in the sector or occupation;

- The work and learning outcomes expected of the worker;
- The indicators of ability, and the quality of this for formal recognition;
- The scope and parameters of performance evidence; and
- Essential underpinning skills, knowledge and understandings, especially with respect to literacy, numeracy, health and safety.

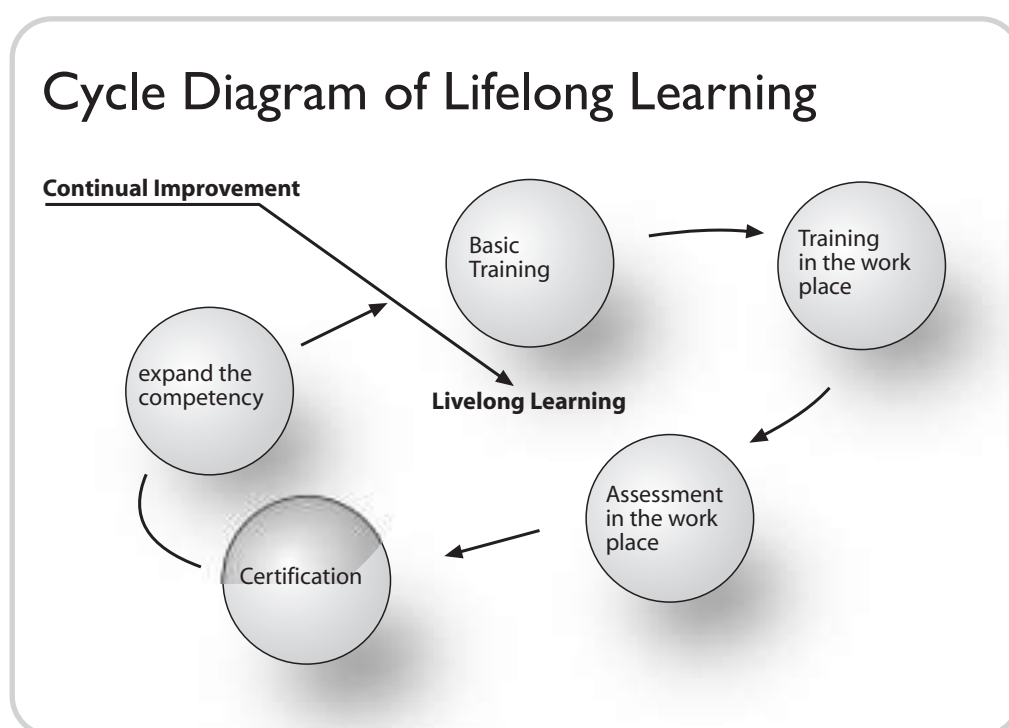
### **RELATIONSHIP BETWEEN SKILLS STANDARD AND LIFELONG LEARNING**

According to ILO Recommendation No. 195 / 2004, Lifelong learning is understood as training activity that takes place throughout a person’s whole life and is aimed at improving the knowledge, skills and competencies from personal, social and labour perspectives. This definition encompasses all forms of learning since they are sources for active citizenship, for social inclusion and for labour insertion.

It is important to reaffirm here the distinction between training and education. Training provides tangible skills—the ability to provide an item with subject headings, database management skills and the like—while education helps students grow able to acquire new skills on their own or repurpose the ones they have already acquired. In the current context, graduates need specific skill sets in order to obtain jobs (i.e., they need training), but they also need the ability to acquire new skills, a willingness to work under ever-changing conditions, a commitment to lifelong learning, and ways in which to grow personally to help them in their professional and personal lives (i.e., they need education).

Academic programmes cannot offer full sets of tangible, ephemeral skills to their students, but they must offer enough of such skills for graduates to be able to secure jobs that they can exercise with confidence and competence. Nor can schools prepare every student to encounter any imaginable problem in life, but they must help students grow and learn to continue to grow. The challenge for academic programmes is to provide training while preparing students to continue to learn well past their graduation dates and to make creative use of the skills—tangible or otherwise—that they acquire in school and elsewhere, including on the job.

Simply put, schools cannot and should not prepare students perfectly with all of the skills they will need on the job and in life, but we can do a better job of



choosing the skills that we prioritize and in helping students become capable of, and confident in, acquiring skills not taught to them in school. As emphasized by Vargas Zúniga (2000) and Arruda et al. (2000), the world of work is changing radically, due to the new possibilities brought about by the information and communication technologies.

Likewise, the concept of skills standard widens the possibilities of workers. The best contribution that undergraduate programmes for information professionals can offer to students is teachers who help them to obtain the core competencies to exercise the professions they choose and a conscious understanding of the continuous widening of their professional occupation

# **Results on the Nursing Skills in the APEC REGION**

IN THE APEC REGION



## NURSING

Nursing is a profession focused on assisting individuals, families and communities in attaining, re-attaining, and maintaining optimal health and functioning. Modern definitions of nursing define it as a science and an art that focuses on promoting quality of life as defined by persons and families, throughout their life experiences from birth to care at the end of life. Nursing is the most diverse of all healthcare professions. It is a universal role, appearing in some form in every culture.

### **Nursing as a profession.**

Nursing, like all professions, is based on the ideal of service to humanity. The practice of nursing involves altruistic behavior, is guided by nursing research, and is governed by a code of ethics. Nursing continues to develop a wide body of knowledge and associated skills. There are a number of educational paths to becoming a professional nurse, but all involve extensive study of nursing theory and practice and training in clinical skills.

The authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities as well as mechanisms for public accountability. In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated by national, state, or territorial boards of nursing.

### **Nursing practice**

The American Nurses Association has defined nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations."

The UK based Royal College of Nursing offers this definition: Nursing is "The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death." [

### **Nursing theory and process**

In general terms, the nursing process is the method used to assess and diagnose needs, plan and implement interventions, and evaluate the outcomes of the care provided. Like other disciplines, the profession has developed different theories derived from sometimes diverse philosophical beliefs and paradigms or worldviews to help nurses direct their activities to accomplish specific goals.

## Regulation of practice

The practice of nursing is governed by laws that define a scope of practice, generally mandated by the the legislature of the political division within which the nurse practices. Nurses are held legally responsible and accountable for their practice. The standard of care is that of the "prudent nurse."

## United Kingdom

The Nursing and Midwifery Council in the UK is the regulatory body for nurses, midwives, and specialist practitioners. It maintains a register that is split into three parts:

- Nursing
- Midwifery
- Specialist Community Public Health Nurses (which includes Health Visitors)

Prior to the creation of the new three-part register on August 1, 2004, nurses and midwives were divided into a part of the register they held a qualification in.

To become a nurse within the United Kingdom, one must at the very minimum hold a Diploma in Nursing and have trained for three years (or equivalent if from overseas). After training, the opportunities are vast, with many different areas of nursing, from general ward to teaching or management. Also the practise areas can be in hospital, or in the community or both.

Many nurses are members of trade unions, which represent them both individually and as a profession. The two main unions are UNISON and the Royal College of Nursing.

## Australia

There are two levels of nurse in Australia: The Registered Nurse and The Enrolled Nurse.

### Registered Nurses

Registered nurses hold a degree in nursing or its equivalent. Nursing courses are comprehensive in nature and prepare a nurse to work in a variety of health care settings. Each university sets its own requirements for entry into the course but the successful completion of Year 12 of secondary education is usually a requirement of all universities. Provision is also made for the entry of mature aged students to courses.

## **Enrolled Nurses/Registered Nurse Division 2**

Enrolled nurses/Registered Nurses Division 2 are educated through advanced certificate or associate diploma level courses in colleges of Technical and Further Education (TAFE). They provide nursing care within the limits specified by the registering authority's licence to practise. Enrolled nurses work under the supervision of registered nurses but retain responsibility for their own actions and remain accountable to the registered nurse for all delegated functions.

The Australian Nursing and Midwifery Council (ANMC) is a national body that has been set up through the initiative of nurses' registration authorities. Its purpose is to establish and maintain standards and processes for the regulation of nursing within Australia.

ANMC has published national competency standards for registered and enrolled nurses/registered nurse division 2 that are core standards which all nurses must possess. They assist in indicating the scope of nursing practice. The competency standards can be obtained directly from ANMC and from the ANMC website <http://www.anmc.org.au>

ANMC is the relevant assessing authority in respect of the assessment of overseas qualifications in nursing for migration purposes. Please note that nurses with enrolled nurse qualifications (Registered Nurse Division 2) should not apply for assessment under the General Skilled Migration category as enrolled nurse/registered nurse division 2 is not one of the skilled occupations on the Skilled Occupations List (SOL) in the General Skilled Migration booklet.

ANMC has no legal authority to provide registration as a nurse, be involved or responsible for employment of nurses in Australia or deal with immigration requirements or visa matters. It is a legal requirement that nurses must be registered or enrolled with the registration authority in the State or Territory in which they intend to practise.

Nurses who are applying for assessment of their qualifications from countries other than the United Kingdom, United States of America or Ireland are required to pass either the:

- Occupational English Test for Nurses (OET) with a B pass or more in each section; or
- IELTS Academic Test with a score of not less than 6.5 in each section with an overall score of not less than 7.

Application forms for the assessment of nursing qualifications by the ANMC can be obtained from the ANMC website: <http://www.anmc.org.au>. Assessments are valid for a period of two years after which time a new assessment is required.

Overseas trained nurses who are already resident in Australia are not required to have their qualifications assessed by the ANMC and should in the first instance apply directly to the nurse regulatory authority in the State or Territory where they wish to practise nursing.

Nurses entering Australia on a working holiday visa are not required to have an assessment by ANMC and should apply directly to the relevant State or Territory nurse regulatory authority prior to departure for Australia. It is a requirement for registration in Australia that nurses must possess and demonstrate the National Nursing Competency Standards. Overseas trained nurses must also be able to demonstrate the national nursing competency standards in order to be eligible for registration in Australia and may therefore be required to complete a competency based assessment programme/migrant bridging programme in Australia before being eligible for registration and migration.

The requirement to complete a competency based assessment programme/migrant bridging programme may be waived for nurses from countries where:

- The initial education programme leading to registration is recognised as equivalent to those in Australian by the Australian nurse regulatory authorities.
- Sufficient numbers of nurses have been able to demonstrate competence continuously to enable the Australian nurse/midwifery regulatory authorities to determine that all nurses who have completed their initial education in those countries are able to demonstrate the national competency standards. These include the United Kingdom, Ireland, United States of America, South Africa\*, Canada\*, Singapore\*, Hong Kong and nurses from European Union (EU) Member Countries\* who meet the EU directive 77/453 for nurses.
- Midwifery Education programmes from the following countries are included for recognition: United Kingdom and Ireland, and EU countries whose midwives meet EU Directive 80/155

\* *Proof of English language competence is required.*

## **WPSEAR Common Competencies**

At the 4th meeting of the Regulatory Authorities of the Western Pacific and South East Asian Region in 2002 workshops were held to review and determine the ongoing development of the WPSEAR Common Competencies. The outcome of this meeting was an acceptance of the following Common Competencies for the Registered General Nurse. It was agreed that the term common competencies would be used rather than core competencies as this would allow for the differences in nursing roles and health contexts in the region.

The WPSEAR Common Competencies reflect the comments and contribution from each workshop held during the process of development. They have been formulated with input from nurses in the region, many who have previously developed and are using a competencies framework and from other nurses who are in the process of developing competencies.

It is assumed that the WPSEAR Common Competencies are underpinned by the successful completion of the highest level of nursing education provided for registration as a nurse in a specific country. Education courses leading to registration are usually at least 3 years (6 semesters) in duration. The accepted desirable goal is that the minimum education for registered nurses will be to a bachelor (baccalaureate) degree level. Nurse regulatory authorities in the region acknowledge that a bachelor degree is not currently available for registered nurse education in all countries. Recognition is also given to varying key factors existing in different national contexts, include varied health care priorities and cultural differences.

The WPSEAR Common Competencies have been grouped under the following 3 domains:

- Legal and Ethical Framework of Nursing Practice
- Management of Care (comprising Professional Practice, Consumer Rights and Professional Advancement and Development)
- Leadership and Nursing management

Each domain has an associated competency unit and competency elements. A Competency Unit represents a major function/functional area in the total competencies of a Registered Nurse in a nursing context representing a stand alone function which can be performed by an individual. A Competency Element represents a sub function of the unit (Australian Nursing Council 2000c). A Competency Element is not comprehensive or exclusive and it may apply to more than one domain of nursing practice. The competencies listed below reflect the

views presented and the agreements made on essential competencies at a workshop held during the 4th WPSEAR meeting in Hong Kong 2002. They have been further developed by the working party and will be the basis for discussion and for approval at the 5th WPSEAR meeting in Kuala Lumpur.

## WPSEAR Common Competencies for Registered Nurses.

### DOMAIN 1 - Legal and Ethical Framework of Nursing Practice

#### **COMPETENCY UNIT 1** RECOGNISES AND ACCEPTS PERSONAL ACCOUNTABILITY AND RESPONSIBILITY FOR ALL ASPECTS OF PROFESSIONAL PRACTICE

- Competency Element 1.1:* Practices in accordance with current competencies and scope of practice.
- Competency Element 1.2:* Performs nursing interventions according to recognised standards of practice.
- Competency Element 1.3:* Clarifies responsibility for aspects of care with other members of the health team.

#### **COMPETENCY UNIT 2** UNDERSTANDS AND DEMONSTRATES KNOWLEDGE OF THE LEGAL AND ETHICAL FRAMEWORK OF THE HEALTH SYSTEM THAT RELATES TO NURSING

- Competency Element 2.1:* Recognises and acts upon breaches of law relating to nursing practice and/or professional code of conduct.
- Competency Element 2.2:* Practices in accordance with relevant legislation, national and local policies and procedural guidelines.
- Competency Element 2.3:* Maintains clear and legible documentation and records.

#### **COMPETENCY UNIT 3** UNDERSTANDS AND UTILISES AN ETHICAL DECISION MAKING FRAMEWORK

- Competency Element 3.1:* Practices in a manner that conforms with an agreed Code of Ethics.
- Competency Element 3.2:* Engages effectively in ethical decision making.
- Competency Element 3.3:* Demonstrates an understanding of the challenges to ethical decision making in a broad range of circumstances and practice settings including conflict and natural disaster situations.
- Competency Element 3.4:* Maintains patient confidentiality and security of patient information.

#### **COMPETENCY UNIT 4** PROVIDES CULTURALLY SENSITIVE CARE

- Competency Element 4.1:* Respects the values, customs, spiritual beliefs and practices of individuals and groups (from ICN).
- Competency Element 4.2:* Recognises own beliefs and values and how these may influence care giving.

## DOMAIN 2 - Management of Care

The "Management of Care" domain draws together the areas of:

- a. Professional Practice,
- b. Communication,
- c. Consumer Rights, and
- d. Professional Advancement and Development.

### A. PROFESSIONAL PRACTICE

#### **COMPETENCY UNIT 5** CONTRIBUTES TO EFFECTIVE MULTIDISCIPLINARY TEAM WORK BY MAINTAINING COLLABORATIVE

- Competency Element 5.1:* Collaborates with and co-ordinates health and social care teams.
- Competency Element 5.2:* Demonstrates critical thinking and decision-making skills.
- Competency Element 5.3:* Participates with members of the health and social care teams in decision making concerning patients/clients (from ICN).

#### **COMPETENCY UNIT 6** ENSURES CONSISTENT, CONTINUOUS HOLISTIC QUALITY OF CARE

- Competency Element 6.1:* Undertakes a comprehensive and systematic assessment involving analysis and interpretation of data.
- Competency Element 6.2:* Formulates a plan of care in collaboration with the patient/client and/ or significant other.
- Competency Element 6.3:* Implements and documents planned nursing care.
- Competency Element 6.4:* Evaluates and documents progress towards expected outcomes and uses evaluation data to modify the plan of care.
- Competency Element 6.5:* Utilises well-conducted/evaluated research findings in practice as appropriate (practice based on evidence).
- Competency Element 6.6:* Makes clinical judgements and provides appropriate nursing therapeutic interventions and procedures for the individual patient, family and community.
- Competency Element 6.7:* Teaches patients/families/carers/health professionals aspects of care as appropriate.
- Competency Element 6.8:* Ensures that no action or omission on the part of the nurse, or within the nurse's sphere of responsibility, is detrimental to the patient, family and community.
- Competency Element 6.9:* Works collaboratively with nursing colleagues to ensure continuity of quality nursing care.
- Competency Element 6.10:* Reflects on practice outcomes and makes changes to practice when appropriate.
- Competency Element 6.11:* Maintains and updates technical skills.



**COMPETENCY UNIT 7** CREATES AND MAINTAINS A SAFE ENVIRONMENT THROUGH THE USE OF QUALITY ASSURANCE AND RISK MANAGEMENT STRATEGIES

- Competency Element 7.1:* Participates in continuous quality improvement and quality assurance activities.
- Competency Element 7.2:* Acknowledges limitations in knowledge and competence and declines any duties or responsibilities unless able to perform them in a safe and skilled manner.
- Competency Element 7.3:* Delegates, monitors and supervises work performed by assistants.
- Competency Element 7.4:* Provides a safe environment for patient(s) and staff, including implementing infection control procedures.

**COMPETENCY UNIT 8** DEMONSTRATES UNDERSTANDING OF TRADITIONAL HEALING PRACTICES WITHIN AN INDIVIDUAL'S, FAMILY'S AND/OR COMMUNITY'S HEALTH BELIEF SYSTEM

- Competency Element 8.1:* Seeks out knowledge about specific traditional healing practices that are culturally relevant to individuals and communities.
- Competency Element 8.2:* Makes changes to practice when appropriate.

**COMPETENCY UNIT 9** DEMONSTRATES AN UNDERSTANDING OF NATIONAL HEALTH, SOCIAL AND POLITICAL PROCESSES

- Competency Element 9.1:* Actively seeks to participate in health policy development and evaluation, and program planning.
- Competency Element 9.2:* Accepts leadership responsibility in the delivery of nursing and health care.

## B. COMMUNICATION

**COMPETENCY UNIT 10** ESTABLISHES INTERPERSONAL RELATIONSHIPS BASED ON PUBLIC TRUST AND CONFIDENCE.

- Competency Element 10.1:* Listens and interacts clearly by verbal, written and electronic means as appropriate, to patients/clients, families, carers and other health professionals.
- Competency Element 10.2:* Respects the professional boundaries of therapeutic relationships.

**COMPETENCY UNIT 11** DISPLAYS CULTURAL AWARENESS AND SENSITIVITY IN RELATION TO VERBAL/NON VERBAL COMMUNICATION.

*Competency Element 11.1:* Accesses and provides appropriate written resources for patients and their carers when needed.

*Competency Element 11.2:* Uses appropriate professional interpreters when needed.

*Competency Element 11.3:* Involves an advocate for the patient/client if necessary to ensure effective communication.

## **COMPETENCY UNIT 12 USES HEALTH and INFORMATION TECHNOLOGY EFFECTIVELY AND APPROPRIATELY**

*Competency Element 12.1:* Communicates and clarifies advances in appropriate technologies to the patient/client.

*Competency Element 12.2:* Uses available information technology to access information and new knowledge.

*Competency Unit 12.3:* Undertakes training in the application of new health technologies as necessary.

## **C. CONSUMER RIGHTS**

### **COMPETENCY UNIT 13 RESPECTS EACH PATIENT/CLIENT IRRESPECTIVE OF THEIR ETHNIC ORIGIN, RELIGION OR OTHER FACTORS**

*Competency Element 13.1:* Respects the patient's/client's rights to access information, privacy, choice and self-determination.

*Competency Element 13.2:* Responds appropriately to comments or complaints from patients/clients and co-operates with complaints procedures.

### **COMPETENCY UNIT 14 PROVIDES AN ADVOCACY ROLE FOR PATIENTS' RIGHTS AND EMPOWERS PATIENTS/CLIENTS TO MAKE DECISIONS REGARDING THEIR CARE.**

*Competency Element 14.1:* Protects and safeguards the interests and well-being of the patients /clients.

*Competency Element 14.2:* Recognises and respects patients'/clients' and carers' involvement in the planning and delivery of care.

*Competency Element 14.3:* Respect patients'/clients' rights to access information.

## D. PERSONAL AND PROFESSIONAL ADVANCEMENT AND DEVELOPMENT

### **COMPETENCY UNIT 15** MAINTAINS COMPETENCE BY UNDERTAKING ACTIONS FOR PROFESSIONAL DEVELOPMENT AND EDUCATION

*Competency Element 15.1* Applies evidence-based and/or best practice knowledge and technical skills.

*Competency Element 15.2:* Participates in and contributes to research.

*Competency Element 15.3:* Contributes to the education and professional development of others.

*Competency Element 15.4:* Takes steps to remedy any deficits in skill or personal knowledge.

### **DOMAIN 3** - Leadership and Nursing Management

#### **COMPETENCY UNIT 16** UNDERSTANDS THE PRINCIPLES OF CONTINUOUS QUALITY IMPROVEMENT (CQI), AND INCORPORATES THIS IN PRACTICE

- Competency Element 16.1:* Collects, analyses and utilises data about incidents and trends and implements remedial changes to improve care delivery.
- Competency Element 16.2:* Demonstrates an understanding of efficient resource utilisation and human resource management.
- Competency Element 16.3:* Uses the ability to think proactively, laterally and critically within a problem-solving context.

#### **COMPETENCY UNIT 17** HOLDS AND COMMUNICATES A CLEAR VISION OF NURSING WITHIN THE HEALTH STRUCTURE IN WHICH SHE/HE WORKS

- Competency Element 17.1:* Promotes and maintains the professional role of the nurse.
- Competency Element 17.2:* Initiates and participates in dialogue about new initiatives and change processes in nursing and health care.
- Competency Element 17.3:* Demonstrates the ability to make appropriate management decisions.
- Competency Element 17.4:* Demonstrates the ability to think laterally and critically within a problem-solving context.
- Competency Element 17.5:* Supports, collaborates and co-operates with colleagues.

#### **COMPETENCY UNIT 18** PROVIDES A SAFE WORKING ENVIRONMENT

- Competency Element 18.1:* Demonstrates knowledge of relevant aspects of occupational health and safety legislation.
- Competency Element 18.2:* Recognises the need for rest and diversion activities to prevent burnout.
- Competency Element 18.3:* Manages workloads effectively.
- Competency Element 18.4:* Acts as a collaborative team member.

# REPORT FROM WHO SEARO 2005

Table 1: Details core competencies and specific competencies for nurses

Domains	Core Competency	Specific Competencies for nurses
I. Professional Ethical & Legal	1.1 Account and responsible for own action in professional practice	<p>1.1.1 Recognize own knowledge base/scope of competence.</p> <p>1.1.2 Consult with experts appropriately when require expertise beyond own scope of competence</p> <p>1.1.3 Demonstrate responsibility for own action and assigned tasks.</p>
	1.2 Conduct ethically justified nursing practice	<p>1.2.1 Act in advocacy role to protect human right.</p> <p>1.2.2 Practice in accordance with professional codes of ethic</p> <p>1.2.3 Ensure confidentiality of clients' information.</p> <p>1.2.4 Engage actively and effclivcly in ethical decision making</p>
	1.3 Perform accordance with legislation and nursing net	<p>1.3.1 Practice under nursing legislalion and law.</p> <p>1.3.2 Practice accordance with national and local policies and procedural guidelines</p> <p>1.3.3 Identify unsafe practices and respond appropriately to ensure safe outcomes.</p>
	1.4 Perform a cultural sensitive care	<p>1.4.1 Demonstrate cultural sensitive care to individual, family, and group. .</p>
II. Nursing Care provision	2.1. Demonstrate nursing clinical skill in providing knowledge based nursing care to individual group, family, and community	<p>2.1.1 Health Promotion and disease prevention</p> <p>2.1.1.1 Demonstrate understanding of national health and social care policies.</p> <p>2.1.1.2 Apply knowledge ol resources available for health promotion , health education and disease prevention .</p>

# REPORT FROM WHO SEARO 2005

Table 1: Details core competencies and specific competencies for nurses

Domains	Core Competency	Specific Competencies for nurses
		<p>2.1.1.3 Demonstrate understanding and be able to integrate complementary health practices to maximize health</p> <p>2.1.1.4 Apply knowledge of a variety of teaching and learning strategies with individual, group, family and community.</p> <p>2.1.1.5 Evaluate learning and understanding about health practices.</p>
		<p>2.1.2 Curative and cure</p> <p>2.1.2.1 Provide assistance during medical treatment and other procedures.</p> <p>2.1.2.2 Promote self care of individual, family, and community.</p> <p>2.1.2.3 Demonstrate caring relationship between nurses and clients.</p>
		<p>2.1.3 Rehabilitation</p> <p>2.1.3.1 Provide support in the development and/or maintenance of independent living skills.</p> <p>2.1.3.2 Encourage clients on the development and/or maintenance of independent living skills.</p>
	<p>2.2 Apply nursing process for problem identification, care planning, implementation, and evaluation.</p>	<p>2.2.1 Assessment</p> <p>2.2.1.1 Carry out a systematic, relevant accurate and comprehensive assessment of the health individual and group in a variety settings within holistic nursing approach.</p>

# REPORT FROM WHO SEARO 2005

Table 1: Details core competencies and specific competencies for nurses

Domains	Core Competency	Specific Competencies for nurses
		<p>2.2.1.2 Analyze, interpret and document data/information accurately.</p> <p>2.2.2 Planning</p> <p>2.2.2.1 Establish a plan of care in collaboration with patients/clients and/or carers</p> <p>2.2.2.2 Establish priorities of care, where possible in collaboration with patients/clients and/or carers.</p> <p>2.2.2.3 Ensure that patients/clients and/or carers receive and understand information on which based on the consent of care</p> <p>2.2.2.4 Identify expected outcomes including a time frame for achievement.</p> <p>2.2.2.5 Regularly review and revise the care plan where possible in collaboration with patient/clients and/or carers.</p> <p>2.2.2.6 Document the plan of care.</p>
		<p>2.2.3 Implementation</p> <p>2.2.3.1 Provide care according to the plan.</p> <p>2.2.3.2 Practice nursing in the manner that respects the boundaries of professional relationship with the patients/clients.</p> <p>2.2.3.3 Document the implementation of interventions.</p> <p>2.2.3.4 Provide effective care to emergency situation and disaster.</p> <p>2.2.3.5 Make decision and responds effectively in unexpected or rapidly changing situation.</p> <p>2.2.3.6 Apply technical instrument effectively.</p>

# REPORT FROM WHO SEARO 2005

Table 1: Details core competencies and specific competencies for nurses

Domains	Core Competency	Specific Competencies for nurses
III. Care management	<p>2.3 Perform specific nursing technical skill <i>(As in Annex)</i></p> <p>3.1 Provide safe environment for clients and families.</p> <p>3.2 Collaborate health care services for clients and families.</p> <p>3.3 Give support to other care delegates while maintain accountability and responsibility of care delivered.</p>	<p>2.2.4 Evaluation</p> <p>2.2.4.1 Evaluate and document progress toward expected outcomes regularly</p> <p>2.2.4.2 Collaborate with patients/clients and/or carers to review progress towards planned outcomes.</p> <p>2.2.4.3 Use evaluated data to revise the plan of care.</p> <p>2.3.1 Perform nursing skill effectively. <i>(See Annex I)</i></p> <p>3.1.1 Create and maintain a safe environment of care (QA, Risk management)</p> <p>3.1.2 Ensure the safe administration of therapeutics substances.</p> <p>3.1.3 Implement infection control procedures.</p> <p>3.1.4 Communicate and record safety concerns to a relevant authority</p> <p>3.2.1 Formulate and discuss a plan of care in collaboration with individuals or/and groups</p> <p>3.2.2 Contribute to effective multidisciplinary teamwork and maintain collaborative relationship.</p> <p>3.3.1 Delegate to others, the activities suitable for their ability and scope of practice.</p> <p>3.3.2 Supervise support and evaluate aspects of care delegated to others.</p> <p>3.3.3 Maintain accountability and responsibility when delegating aspects of care to others</p> <p>3.3.4 Prioritize workload and manage time effectively.</p>



# REPORT FROM WHO SEARO 2005

Table 1: Details core competencies and specific competencies for nurses

Domains	Core Competency	Specific Competencies for nurses
	3.4 Develop and maintain the quality improvement process in the care delivery system.	<p>3.4.1 Use research or valid evidence for the development of the quality of nursing and improved standards of care.</p> <p>3.4.2 Participate and or initiate in quality improvement and quality assurance procedures.</p>
IV. Human Relation	<p>4.1 Use effective communication skill in providing care for clients, group, family and community</p> <p>4.2 Effectively use of interpersonal skill for team working and care providing.</p>	<p>4.1.1 Communicate effectively to individual and group using formal and informal modes of communication</p> <p>4.1.2 Ensure accurate documentation and maintain confidentiality.</p> <p>4.1.3 Transmit health information to individual, family and group effectively.</p> <p>4.1.4 Apply communication technology for health information dissemination purposes.</p> <p>4.2.1 Initiate, develop and discontinue therapeutic relationship effectively using interpersonal skill.</p> <p>4.2.2 Develop relationship and work harmoniously with others health team members</p>
V. Continuous Professional Development	<p>5.1 Engage in program of continuing education or self development</p> <p>5.2 Professional enhancement</p>	<p>5.1.1 Be responsible for own life long learning and maintaining of competence</p> <p>5.1.2 Carry out regular review of own practice.</p> <p>5.1.3 Value and use information technology for effective learning.</p> <p>5.2.1 Contribute to the development of professional practice</p> <p>5.2.2 Promote and maintain professional image of nursing.</p> <p>5.2.3 Act as an effective role model and a leader in response to health care issues.</p> <p>5.2.1 Contribute to education and professional development of students and colleagues.</p>

# CONCLUSION

CONCLUSION

## CONCLUSION

Developing a set of APEC skills standard and a certification system based on the standards, that is seen as valuable by the four educational partners: learners, employers, training providers and government;

Establish a system that would encourage the increased use of high quality workplace training and which would, by focusing training on closing critical training gaps, would produce an increased number of highly skilled, flexible workers within the tourism industry;

Introduce common terminology, a framework structure and a quality assurance mechanism to enhance a shared understanding and confidence in member economy certification processes.

As will be demonstrated later in this report the above considerations provide the challenge for proponents of the NSS scheme. A scheme, as developed in Phase One, can provide a suitable vehicle for an APEC-wide regional system. However, for some member economies, the potential APEC system could be seen as an unwelcome intrusion in the ongoing development of purely local initiatives in human resource development in the health sector.

- To Develop An Infrastructure As A Common Platform To Facilitate Trade Liberalization In The Specific Areas
- Better Operational Performance Of Individual Enterprises
- Higher Manpower Quality
- Portability Of Manpower Skill Standards
- Cross-Economies Investment And Business Cooperations In The Apec Region
- Cross-Economies Manpower Mobility Within The Apec Region
- Cross-Industry Manpower Opportunities

## REFERENCES

- WIKIPEDIA
- WPSEAR Common Competencies
- REPORT 2005 WHO SEARO
- VARGAS ZÚNIGA – 40 QUESTIONS ON LABOUR COMPETENCIES
- website: <http://www.anmc.org.au>

ANNEX I  
**GLOSSARY OF TERMS**

## GLOSSARY OF TERMS

Many of The terms in this glossary have been adapted /copied from the glossary in the ICN Framework of Competencies for the Generalist Nurse 2003.

**Accountability**, *The state of being answerable for one's decisions and actions. Accountability cannot be delegated (Hospital Authority of Hong Kong 1997 in ICN 2003).*

**Advocacy**, *Speaking on behalf of another, in circumstances where patients are unable to represent themselves, their needs, wishes, values and choices.*

**Appropriate**, *Matching the circumstances, meeting needs of the individual, groups or situation.*

**Attributes**, *Characteristics which underpin competent performance.*

**Carer**, *A person, paid or unpaid, who regularly helps another person, often a relative or a friend, with all forms of care required as a result of illness or disability. The term incorporates spouses, partners, parents, other relatives, guardians, and voluntary health carers who are not health professionals (ICN 2003).*

**Clinical Judgement**, *Those decisions made by nurses in interaction with individuals/ groups about: the type of data collected, evaluation of the data and derivation of meaning from that data; nursing actions that should be taken.*

**Code of Ethics**, *A collective statement of rules governing proper conduct/ standards of behaviour for one particular group, derived from parent principles of ethics.*

**Common competency standard**, *Competency standards reflecting a commonality across the WPSEAR.*

**Competence**; *The combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance in a professional/occupational area.*

**Competency**; *An attribute of a person which results in effective performance.*

**Competency Element**; *Represents a sub-function of the competency unit.*

**Competency Standards**; *Consists of competency units and competency elements.*

**Competency Unit**; *Represents a major function/functional area in the total competencies of a Registered Nurse in a nursing context representing a stand-alone function which can be performed by the individual.*

**Competent**; *The person has competence across all domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of nurse being assessed.*

**Context**; *The setting /environment where competence can be demonstrated or applied, for example, hospital, residential, geographic location, community, school.*

**Delegation**; *Delegation is the conferring of authority to perform activities of care for a patient/client on an individual.*

**Domain**; *An organised cluster of competencies in nursing practice.*

- Duty of care;** *The principle which underlies the concept of negligence. It is owed to patients/clients and fellow employees. Its meaning reflects the degree of care and skill to be expected from the average, reasonable, ordinarily careful and competent practitioner of a particular class.*
- Ethical problem;** *A situation that requires ethical consideration or ethical decision making, or a conflict of moral values.*
- Ethics;** *The moral practices, beliefs, and standards of an individual/s and/ or a group.*
- Evidence-based assessment;** *An assessment based on evidence which justifies an assessment judgement.*
- Generalist Nurse;** *In some countries, the nurse, on entry to practice after successful completion of his/her country's initial education is called a Registered Nurse (RN), in others a Licensed Nurse or qualified nurse. The scope of preparation and practice enables the generalist nurse to have the capacity and authority to competently practice primary, secondary and tertiary health care in all settings (ICN 1986).*
- Health technology;** *An intervention used to promote health, prevent illness, diagnose or treat disease, provide rehabilitation or long term care.*
- Healthcare workers;** *Healthcare workers are those that assist in the delivery of healthcare.*
- Individual/individuals;** *Refers to a person/ persons receiving nursing care.*
- Information technology;** *The broad subject concerned with all aspects of managing and processing information, especially within a large organisation or company (sited in ICN 2003).*
- Multidisciplinary;** *Involves more than one discipline*
- Mutual Recognition;** *Mutual recognition is a vehicle for regulatory co-operation, and it may be based on harmonisation, equivalence, or external criteria such as the host country's standards or other mutually agreed standards, or international standards. In a mutual recognition agreement, two or more parties agree to recognise and accept all, or selected aspects of each other's regulatory results because they are harmonised or judged to be equivalent, or because they satisfy other agreed upon external criteria. Results may include assessment outcomes, qualifications, standards, rules, titles, and quality assurance system standards. (Adapted from TACD, 2000)*
- Patient/ client;** *User(s) of health care services, whether healthy or sick (ICN, WHO 1999).*
- Plan of care;** *Written guidelines for care for the individual/ group to ensure continuity of care; contains the identified problems/needs/nursing diagnoses of the individual/ group, expected outcomes (goals), priorities and prescribed nursing interventions.*
- Professional Boundaries;** *Means the limit of a relationship between a nurse and an individual and any other significant other persons which facilitate safe and therapeutic practice and results in safe and effective caring practice.*
- Registered Nurse;** *A person licensed to practise nursing under the relevant State or country regulation.*

**Responsibility;** *The obligation that an individual assumes when undertaking to carry out a delegated function. The individual who authorises the delegated function retains accountability.*

**Significant others;** *Those persons of whatever affinity/relationship to the patient/client, who play an important role in the life of that individual.*

**Standard/s;** *The term standards includes national policies, position statements, best practice standards, guidelines.*

**Supervision;** *Supervision incorporates the elements of direction, guidance, oversight and coordination of activities. The requirements for supervision of the enrolled nurse, either direct or indirect, may be specified in relevant state/territory legislation and/or policies.*

**Traditional Medicine or Healing Practices:** *The sum total of knowledge, skills practices based on the theories, beliefs and experiences indigenous to different cultures whether explicable or not, used in the maintenance of health as well as in the diagnosis, improvement or treatment of physical and mental illness (WHO).*



ANNEX II

**MRA DOCUMENT**

MRA DOCUMENT

## ASEAN MUTUAL RECOGNITION ARRANGEMENT ON NURSING SERVICES

### PREAMBLE

The Governments of Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, and the Socialist Republic of Viet Nam, Member Countries of the Association of South East Asian Nations (hereinafter collectively referred to as "ASEAN" or "ASEAN Member Countries" or singularly as "ASEAN Member Country");

RECOGNISING the objectives of the ASEAN Framework Agreement on Services (hereinafter referred to as "AFAS"), which are to enhance cooperation in services amongst ASEAN Member Countries in order to improve the efficiency and competitiveness, diversify production capacity and supply and-distribution of services of their services suppliers within and outside ASEAN; to eliminate substantially the restrictions to trade in services amongst ASEAN Member Countries; and to liberalise trade in services by expanding the depth and scope of liberalisation beyond those undertaken by ASEAN Member Countries under the General Agreement on Trade in Services (hereinafter referred to as "GATS") with the aim to realising free trade in services;

RECOGNISING the ASEAN Vision 2020 on Partnership in Dynamic Development, approved on 14 June 1997, which charted towards the year 2020 for ASEAN the creation of a stable, prosperous and highly competitive ASEAN Economic Region which would result in:

- free flow of goods, services and investment;
- equitable economic development, and reduced poverty and socio-economic disparities; and
- enhanced political, economic and social stability;

NOTING that Article V of AFAS provides that ASEAN Member Countries may recognise the education or experience obtained, requirements met, and licence or certification granted in other ASEAN Member Countries, for the purpose of licensing or certification of service suppliers;

Based on the decision of the Bali Concord II adopted at the Ninth ASEAN held in 2003 calling for completion of Mutual Recognition Agreements (hereinafter referred to as "MRAs" or singularly as "MRA") qualifications in major professional services by 2008 to facilitate free movement of professionals/skilled labour/talents in ASEAN; and

PROVIDING an MRA on Nursing Services that would strengthen professional capabilities by promoting the flow of relevant information and exchange of expertise, experience and best practices suited to the specific needs of ASEAN Member Countries.

**HAVE AGREED** as follows

ARTICLE I

## **OBJECTIVES**

The objectives intended under this MRA are to:

- 1.1 Facilitate mobility of nursing professionals within ASEAN.
- 1.2 Exchange information and expertise on standards and qualifications.
- 1.3. Promote adoption of best practices on professional nursing services.
- 1.4 Provide opportunities for capacity building and training of nurses.

ARTICLE II

## **DEFINITIONS AND SCOPE**

In this MRA, unless the context otherwise stated,

- 2.1 Nurse refers to a natural person who has completed the required professional training and conferred the professional nursing qualification; and has been assessed by the Nursing Regulatory Authority of the Country of Origin as being technically, ethically and legally qualified to undertake professional nursing practice; and is registered and/or licensed as a professional nurse by the Nursing Regulatory Authority of the Country of Origin. This definition shall not apply to a technical level nurse.
- 2.2 Country of Origin refers to the participating ASEAN Member Country where a nurse has a valid and current registration and/or licence to practise nursing.
- 2.3 Foreign Nurse refers to a nurse of ASEAN nationality who is registered and/or licensed to practise nursing in the Country of Origin and is applying to be registered and/or licensed to practise nursing in a Host Country in accordance with the Policy on Practice of Nursing in the Host Country.
- 2.4 Host Country refers to the participating ASEAN Member Country where a Foreign Nurse applies to be registered and/or licensed to practise nursing.

- 2.5 Nursing Qualification means the qualification in nursing granted by a recognised Training Institution approved and recognised by the Nursing Regulatory Authority and/or the appropriate agency of the Country of Origin.
- 2.6 Nursing Regulatory Authority (hereinafter referred to as "NRA") means a body vested with the authority by the Government of each ASEAN Member Country to control and regulate nurses and the practice of nursing. In this MRA, NRA refers to the following:

Nursing Board for Brunei	for Brunei Darussalam
Ministry of Health, Kingdom of Cambodia	for the Kingdom of Cambodia
Ministry of Health, Republic of Indonesia	for the Republic of Indonesia
Ministry of Health, Lao People's Democratic Republic	for Lao People's Democratic Republic
Malaysia Nursing & Midwifery Boards	for Malaysia
Ministry of Health & Myanmar Nursing Myanmar and Midwifery Council	for the Union of Myanmar
Professional Regulation Commission, Board of Nursing	for the Republic of the Philippines
Singapore Nursing Board	for the Republic of Singapore
Thailand Nursing Council	for the Kingdom of Thailand
Ministry of Health, Socialist Republic of Vietnam	for Socialist Republic of Vietnam

- 2.7 Practice of Nursing refers to the provision of nursing care by a nurse that encompasses promotive, preventive, curative and rehabilitative practices which may include education and research.
- 2.8 Recognised Training Institution means any university, college or nursing education institutions approved by the NRA and/or appropriate agency of the Country of Origin following procedures as prescribed by its Government or its relevant authority.

## ARTICLE III

**RECOGNITION, QUALIFICATIONS AND ELIGIBILITY OF FOREIGN NURSES**

## 3.1 Recognition of a Foreign Nurse

A Foreign Nurse may apply for registration or licence in a Host Country to be recognised and allowed to practise nursing in accordance with the laws and regulations of the Host Country concerned, subject to the following conditions:

- 3.1.1 Granted a Nursing Qualification;
- 3.1.2 Possession of a valid professional registration and/or licence from the Country of Origin and a current practising licence or certificate or any relevant certifying documents;
- 3.1.3 Minimum practical experience in the practice of nursing of not less than three (3) continuous years prior to the application;
- 3.1.4 Compliance with satisfactory continuing professional development in accordance with the Policy on Continuing Professional Development in nursing as may be mandated by the NRA of the Country of Origin;
- 3.1.5 Certification from the NRA of the Country of Origin of no record or pending investigation of having violated any technical, professional or ethical standards, local and international, for the practice of nursing
- 3.1.6 Compliance with any other requirements, such as to submit for a personal medical examination or undergo an induction program or a competency assessment, as may be imposed on any such application for registration and/or licence as deemed fit by the NRA or any other relevant authority or the Government of the Host Country concerned.

3.2 Eligibility of a Foreign Nurse Subject to domestic laws and regulations, a Foreign Nurse who satisfies the conditions as stated in Article 3.1 is deemed eligible to work in the Host Country.

3.3 Undertaking of a Foreign Nurse A Foreign Nurse who is granted registration or licence in the Host Country to practise nursing shall comply with the following:

- 3.3.1. Local codes of professional conduct in accordance with the policy on ethics and conduct on the Practice of Nursing established and enforced by the Host Country;
- 3.3.2 Prevailing domestic laws and regulations of the Host Country,

including rules and regulations governing the practice of nursing in the Host Country;

3.3.3 Subscribe to any requirements for an insurance liability scheme of the Host Country; and

3.3.4 Respect the culture and religion of the Host Country.

#### ARTICLE IV

### **EVALUATION, REGISTRATION AND MONITORING**

4.1 Nursing Regulatory Authority The NRA of the Host Country shall be responsible for the following:

4.1.1 Evaluate the qualifications and experiences of Foreign Nurses;

4.1.2 Register and/or license Foreign Nurses allowing them to practise nursing in the Host Country;

4.1.3 Monitor the professional practice and conduct of Foreign Nurses who have been registered and/or licensed; and

4.1.4 Ensure that Foreign Nurses observe and maintain high standards of practice of nursing in accordance with the code of professional conduct of the Host Country.

4.2 ASEAN Joint Coordinating Committee on Nursing

4.2.1 An ASEAN Joint Coordinating Committee on Nursing shall be established comprising representatives from the NRA and/or appropriate Government Agency of the participating ASEAN Member Countries to meet regularly to:

4.2.1.1 Facilitate the implementation of this MRA;

4.2.1.2 Seek greater understanding of existing policies, procedures and practices, to develop and promote strategies to manage the implementation of this MRA;

4.2.1.3 Encourage - the adoption and harmonisation of standards and procedures in the implementation of this MRA through the mechanisms available;

4.2.1.4 Update changes or developments in the relevant prevailing laws, regulations and practices of each Host Country;

4.2.1.5 Continue mutual monitoring and information exchange;

4.2.1.6 Serve as an avenue to resolve amicably any disputes or issues arising out of the implementation of this MRA that is forwarded to it by any NRA of the participating ASEAN Member Country;

- 4.2.1.7 Discuss the development of capacity building programmes
- 4.2.1.8 Discuss other matters related to this MRA.
- 4.2.2 The ASEAN Joint Coordinating Committee on Nursing shall formulate the mechanism to carry out its mandate.

## ARTICLE V

### **MUTUAL EXEMPTION**

#### 5.1 Mutual Exemption

- 5.1.1 The participating ASEAN Member Countries recognise that any arrangement, which would confer exemption from further assessment by the NRA of the Host Country could be concluded only with the involvement and consent of that NRA and/or the relevant government agencies.
- 5.1.2 The participating ASEAN Member Countries further recognise that registering or licensing authorities for the practice of nursing have statutory responsibilities for protecting the health, safety, environment, and welfare of the community within their jurisdiction.

## ARTICLE VI

### **DISPUTE SETTLEMENT**

- 6.1 The following mechanism will be observed by the ASEAN Joint Coordinating Committee on Nursing in any dispute arising out of the interpretation, implementation, and/or application of this MRA:
  - 6.1.1 A Foreign Nurse may lodge any complaint arising out of this MRA to the NRA of the Host Country;
  - 6.1.2 If the Foreign Nurse is not satisfied with the actions or explanations of the NRA of the Host Country taken with respect to the complaint lodged, then the Foreign Nurse may contact the NRA of the Country of Origin to seek consultations with the NRA of the Host Country to resolve the dispute;
  - 6.1.3 Any unresolved dispute arising from the consultations shall be forwarded by the NRA of either the Country of Origin or the Host Country to the ASEAN Joint Coordinating Committee on Nursing, which shall seek to resolve the dispute amicably;

- 6.1.4 Any dispute concerning the interpretation, implementation, and/or application of any of the provisions under this MRA which cannot be resolved by the ASEAN Joint Coordinating Committee on Nursing shall be subject to the mechanism set out in the ASEAN Protocol on Enhanced Dispute Settlement Mechanism done at Vientiane, Lao PDR on 29 November 2004.

#### ARTICLE VII

### **APPLICATION OF THE PROVISIONS OF GATS AND AFAS TO THIS MRA**

The terms and definitions and other provisions of the GATS and AFAS shall be referred to and shall apply to matters arising under this MRA for which no specific provision has been made herein.

#### ARTICLE VIII

### **AMENDMENT**

The provisions of this MRA may only be amended by mutual written agreement by the Governments of all ASEAN Member Countries.

#### ARTICLE IX

### **DEFERRAL OF IMPLEMENTATION**

- 9.1 Any ASEAN Member Country that wishes to defer implementation of this MRA shall notify the ASEAN Secretary-General in writing of its intention within three months from the date of signature and the ASEAN Secretary-General shall thereafter notify the rest of the ASEAN Member Countries. The deferral shall be effective upon notification to the other ASEAN Member Countries. Any ASEAN Member Country which does not defer implementation of this MRA shall be referred to as "participating ASEAN Member Country" in this MRA.
- 9.2 Any ASEAN Member Country which had, pursuant to Article 9.1 above, given notice of its intention to defer the implementation of this MRA, shall notify



the ASEAN Secretary-General in writing when it is ready to implement this MRA, provided that such date shall not be later than 1 January 2010. The ASEAN Secretary- General shall thereafter notify the rest of the ASEAN Member Countries.

#### ARTICLE X

### **FINAL PROVISIONS**

- 10.1 This MRA shall enter into force for all Member Countries on the date of signature.
- 10.2 This MRA shall be deposited with the ASEAN Secretary- General, who shall promptly furnish a certified copy thereof to each ASEAN Member Country.

**IN WITNESS WHEREOF**, the undersigned, being duly authorised by their respective governments, have signed the ASEAN . Mutual Recognition Arrangement on Nursing Services.

DONE at....., this ...th....day of..... 20..., in a single copy in the English Language.