## MRAs' Implementation: Implications to Human Capital Mobility in Southeast Asia

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# ASEAN Mutual Recognition Arrangements (MRAs)

## To facilitate cross-border mobility of services suppliers

- Mutual recognition of authorisation, licensing, or certification of professional service suppliers obtained in one ASEAN Member State by other ASEAN Member States
  - Elimination of the processes typically required for foreign professionals to have their qualifications certified or licensed in order to supply their services in another country

#### 8 professional services

- Engineering services (MRA)
- Architectural services (MRA)
- Accountancy Services (MRA)
- Surveying Qualifications (Framework Arrangement for the Mutual Recognition)
- Nursing services (MRA)
- Medical Practitioners (MRA)
- Dental Practitioners (MRA)
- Tourism Professionals (MRA)

Business Services Sectoral Working Group (BSSWG) under the ASEAN Coordinating Committee on Services (CCS)

Healthcare Services Sectoral Working Group

ASEAN Tourism
Professional Monitoring
Committee (ATPMC)

 ASEAN MRAs do not warrant unrestricted free flow of foreign professionals [<- as relevant domestic regulations (especially those regulations related to maintenance of public safety), as well as market demand, still apply.]

#### Progress & Challenges

#### **Progress**

- Creation of implementing offices and bodies at the regional & national levels as outlined in the MRAs
- Incorporation or transposition of MRA principles into national laws

#### Backlog

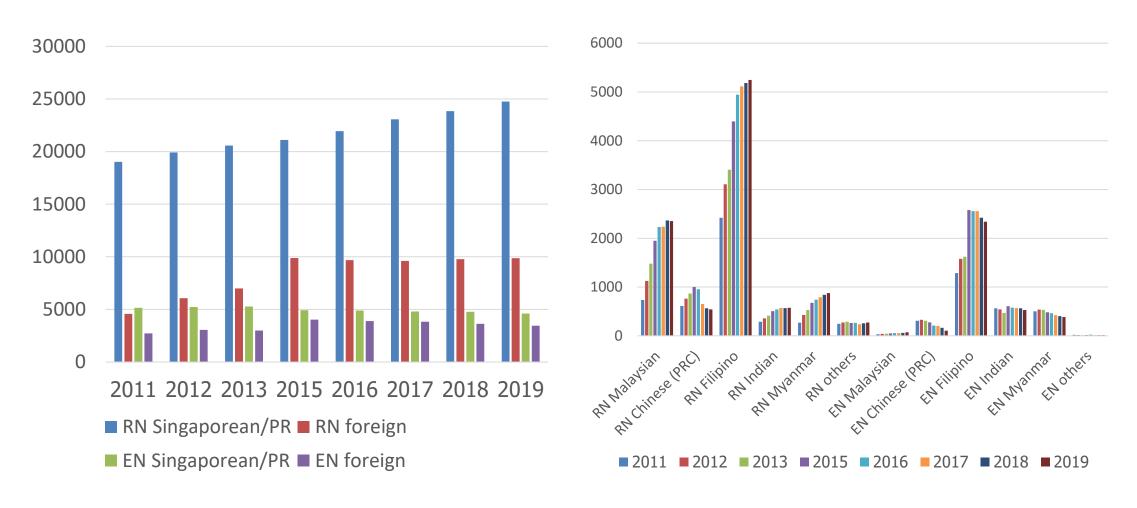
- Operationalization of MRA principles into detailed regulations, plans, procedures, and mechanisms that professionals can utilize
  - Uneven progress across countries & occupations

#### Challenges

- Restrictive domestic regulations: additional technical requirements faced by professionals
  - Language proficiency requirements; holding a degree from a recognized or accredited institution; minimum years of study; passing national licensure exams
- National institutional capacity
  - Some national regulatory authorities have yet to be created
  - Limited financial & technical resources
- Development issues affecting local stakeholders: professionals & employers
  - Demand-Supply; wage disparities; working conditions

Sources: Mendoza & Sugiyarto. The long road ahead: Status report on the implementation of the ASEAN mutual recognition arrangements on professional services. ADB 2017; Wongboonsin et al. Wongboonsin et al. 2020. Filipino Nurses' Employment Opportunities in Non-Nursing Sector in Thailand; Wongboonsin et al. 2015. Human Resource Development and Production in Health Services Towards Liberalization under AFAS

## Registered & Enrolled Nurses in Singapore 2011-2019



#### Foreign nurses in Malaysia: 2007-2018

Pre-2018 2018

A shortage of local nursing workforce: due to ageing, growing demand for health care, & the emigration of Malaysian nurses

The government's 'Malaysia My Second Home' programme requires more nurses who are able to deliver high-quality medical services for foreign nationals, especially older persons

There was a time when private hospitals relied heavily on foreign-trained nurses who had nursing licenses for their home countries.

Malaysia signed bilateral agreements with seven countries: Albania, Bangladesh, India, Indonesia, Myanmar, Pakistan, and the Philippines, to allow their licensed nurses to practice nursing in Malaysia.

In 2007, 40% of the nursing workforce in private hospitals was foreign-trained nurses. In the peak year in 2009, 1,031 foreign nurses from non-ASEAN member states were newly registered, and the number of registered ASEAN nurses was 286.

The total number of foreign-trained nurses declined to 52.

• 32 from India, 7 from the **Philippines**, 3 from **Singapore**, 3 from the United Kingdom, 3 from the United States, and 1 each from **Indonesia**, Japan, Ireland, and **Viet Nam** 

This is mainly attributable to Malaysia promoting nursing education for its own nationals.

Currently: As the number of local nursing graduates increased, the number of foreign-trained nurses declined gradually, and many health facilities are currently not actively recruiting foreign nurses. The government is currently adopting a restrictive policy on recruiting foreign-trained nurses.

Based on a survey of 104 foreign trained nurses in 2018, those who are **licensed** usually have permanent resident status and work in private hospitals, while the **unlicensed** tend not to be permanent residents and work in nursing homes or do private duty nursing.

Source: Tsujita, Y. and H. Oda (2020), 'Career Development of Foreign-Trained Nurses in Malaysia', in Tsujita, Y. and O. Komazawa (eds.), Human Resources for the Health and Long-term Care of Older Persons in Asia. Jakarta: ERIA, pp.34-62.

### Foreign nurses in Malaysia: Post-2018

Financial incentives are not enough for foreign-trained nurses to stay in Malaysia for the long term.

The number of local nursing students has recently declined due to the tighter admission policies and limited financial support for nursing students.

Over the decades, the degree of nurse labour market openness to foreign-trained nurses changed from time to time

 depending on the country's medical care, immigration, labour, and employment policies so as to overcome a shortage of nurses.

Some private hospitals in Singapore is actively recruit Malaysian nurses.

• In the future, private health facilities in Malaysia might need more foreign-trained nurses. (????)

## Foreign nurses in Thailand: non-nursing jobs

### In Thailand, most foreign nurses are working in non-nursing jobs.

- Filipino nurses are working in hospitals and clinics catering to medical tourism, in call centers, and teaching in schools
  - Main reason: difficulty in passing Thai national licensure exams for registered nurses.
- 2018: 1 Cambodian nurse passed Thai national nursing license exam in Thai language
- Long experience in non-nursing jobs in Thailand

### Migration pathways of Filipino nurses working in Thailand

- Many leave the Philippines as tourists
- Data from the Philippine Overseas Employment Administration (POEA) does not give a reliable estimate of the exact number

Based on a pilot survey of Filipino nurses in Thailand (n=56) and group and individual interviews (n=18): February-September 2018.

- Most of them holding the Philippine national nursing license
- Over 80% of the respondents pointed out that "to work abroad" influenced their decision to take up nursing fairly or extremely well.
- Some nurses explored job opportunities in destinations that do not require a formal nursing license (sometimes even working in the Philippines), such as Thailand.
- Thus, Thailand has emerged as an attractive "stepping stone" for Filipino nurses who aspire to work overseas because of the ease in finding job and obtaining the required work permit
- The tourist pathway is preferred because it gives an opportunity for a migrant to directly meet their prospective employers directly to negotiate the welfare benefits, salary, and assess the living conditions in Thailand prior to working there, and because the procedure is faster compared to that in higher-paying destinations.
- In the absence of recruitment agencies, networking by Filipino families and friends proves to be a very useful and reliable option for Filipino nurses and the employers.

Sources: Wongboonsin et al. 2020. Filipino Nurses' Employment Opportunities in Non-Nursing Sector in Thailand; Wongboonsin et al. 2015. Human Resource Development and Production in Health Services Towards Liberalization under AFAS.

# Liberalization of health services & cross-border movement of healthcare personnel between Thailand and other ASEAN member countries: Limited in scope

Besides restrictive measures, major barriers in host countries include language and work contract problems

Major barriers in Thailand as the country of origin: Individual desire to respond to domestic demand, preference to stay with one's family, limited competences to work abroad and an age factor.

Employers recommend medical practitioners and nurses to be equipped with

• Updated skills and knowledge in treatment, services, foreign languages, and communication, a better understanding of relevant laws and regulations, better service practices, especially in ethical terms.

Suppliers of health personnel expect an international standard in curriculum improvement & promotion towards Thailand Nursing Education Hub

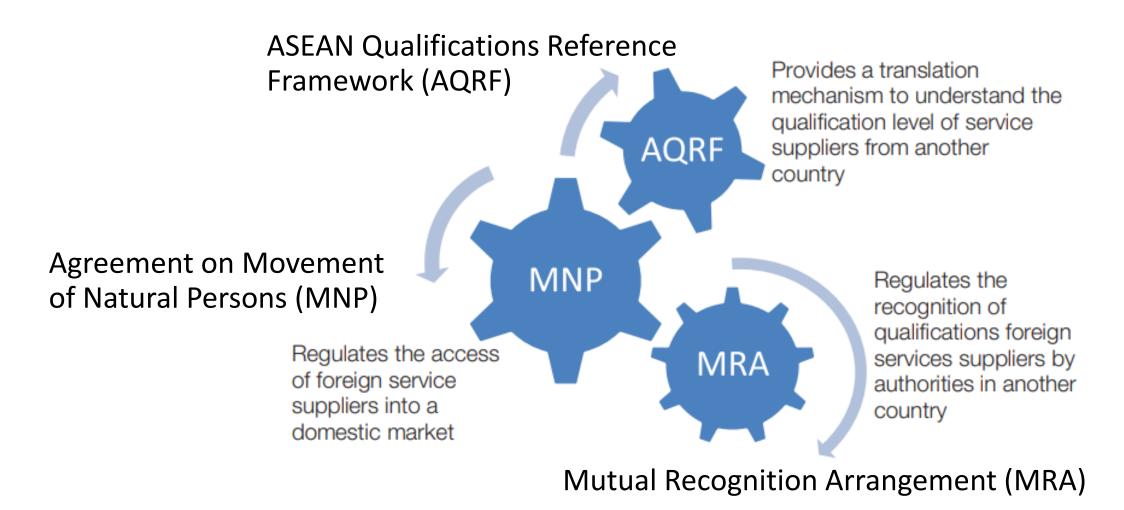
Medical and nursing students look for advices to access international opportunities and to upgrade their language proficiency.

Source: Wongboonsin et al. 2015. Human Resource Development and Production in Health Services Towards Liberalization under AFAS.

#### Final notes

- There are other options available for skilled workers beyond an ASEAN MRA: bilateral G-to-G MRA within & beyond Southeast Asia
- What said in an ASEAN MRA is not the sole explanation to its shortfall in facilitating the mobility of skilled workers across the region.
- Government policies & the limitations of relevant governing bodies in terms of human & financial resources also explain.
- The local knowledge of its own labor-market demand & supply is relatively fundamental or key to explain the policies & the regulatory regimes governing the mobility.
- The scope & quality of such knowledge vary from one country to another.
   But this is beyond my discussion here.

#### **ASEAN Initiatives**



Source: ASEAN Integration in Services 2021, available at https://asean.org/storage/ASEAN-Integration-in-Services-2021.01-Final.pdf

#### THANK YOU