Next year's AEC agreement will open a range of occupations to foreign workers, but there are concerns over the impact on the locals. **By Nanchanok Wongsamuth**

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Filipino nurse Maria Judith Avestruz was considered lucky to land a full-time job at Manila’s semi-private Philippine Heart Centre, where she stayed for almost three years. But the pay was very low, so in October 2012, she decided to come to Thailand, where she was accepted right away by Phyathai 2 Hospital as an international case manager.

The job entailed caring for international patients and coordinating care with other staff, and Mrs Avestruz was the first of eight Filipinos with a nursing background employed by the Phyathai Group.

The starting salary for public and private hospitals in Manila is around 15,000 pesos (11,100 baht) a month, half as much as the starting salary in Thailand. And with high-level English language skills, Filipino nurses are in demand in Thailand. Top-paying jobs are available paid jobs in the Philippines, which is another reason they seek work elsewhere.

However, with the opening up of Asean in December 2015, when restrictions on seven occupational areas — including nursing — will be lifted, there are fears that the trickle of Filipino nurses into Thailand will turn into a flood, taking job opportunities away from locals.

The restrictions on Filipino nurses getting into the Thai health system now include language barriers, the amount of experience they have and whether they can circumvent how they are classified. All nurses working in Thailand are required to obtain a licence by the Thailand Nursing and Midwifery Council (TNC), the test for which is conducted in Thai. This means that hospitals wanting to employ foreign nurses who don’t have Thai language skills work around the system by employing them as “medical co-ordinators” who respond to the needs of patients except for the administration for medicine.

Last year, Mrs Avestruz was promoted to an international nurse educator, which requires her to educate staff in English and understand the standards of international hospitals.

"They were scared at first because they thought I would be asking them a lot of questions," Mrs Avestruz told Spectrum at Phyathai 2 Hospital. "They would say, 'Oh, pasa Angkrit!' (Oh, you speak English), and I would say, 'Yes, pasa Angkrit.'"

Under the Mutual Recognition Arrangement on Nursing Services, designed to facilitate the mobility of nursing professionals within the Asean region, a foreign nurse may apply for a licence in an Asean country in accordance with the laws and regulations of the host country provided that he or she has already obtained a licence in the home country and has had practical experience of not less than three years.

A foreign nurse who is granted a licence must also respect the culture and religion of the host country.

The TNC, which regulates the practice of registered nurses here, will change some licensing regulations to facilitate such mobility once the Asean Economic Community (AEC) is set up late next year.

"When the AEC takes place, you’re not going to take care of international patients only, and you have to pay respect with regards to culture," she said.

PROBLEMS BACK HOME

It was the 10th hospital for Krupsaka Bervano. A recent nursing graduate from Manila, she was determined to find a job as a full-time nurse, but was rejected by all five hospitals.

This time she was qualified, but was told that there were no available positions. It was the same old answer — she could be a volunteer while waiting for a position. Since volunteers are not protected under the labour law, they would often be threatened with suspension or removal from the volunteer list if they were late for scheduled shifts, which required them to perform full nursing duties.

Ms Bervano was almost convinced to do volunteer work at a hospital near her house, but they asked her for a fee in exchange for "practicing her course."
Thai nurses feel intimidated by foreign nursing assistants. Although they are only assistants, they communicate directly with foreign patients and in the end they are the ones who tell Thai nurses what to do.

I've heard that some Thai nurses feel intimidated by foreign nursing assistants. Although they are only assistants, they communicate directly with foreign patients and in the end they are the ones who tell Thai nurses what to do.

Although these foreign assistants do not speak Thai, they are the ones who tell Thai nurses what to do. For instance, they communicate with patients and even inform Thai nurses what to do. The question is: Do Thai nurses feel intimidated by these foreign assistants?

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registered professional nurses and 5,119 registered technical nurses, according to the TNC. Currently, 82 nursing schools and colleges provide nursing degrees, while statistics from the TNC show there is a demand for 2,096 new teachers.

“They [the authorities] think that all these nurses are just going to work for public companies anyway, and the normal Thai reaction would be to prevent it and invest resources in protecting nurses. But I think that’s a negative thought,” Mr Att said. “But if you think differently in terms of growth and support, it might be that we can sit down and work together.”

Thailand is the top medical destination in Asean in terms of volume, with government figures showing an annual increase in health tourists visiting the country, from 500,000 in 2001 to 2.03 million in 2012. East Asia, Asean and the Middle East are the top regions for medical treatment, with conditions ranging from heart and vascular diseases, brain and spinal cord related diseases, cancer and digestive system diseases. Economists say a shortage of doctors and nurses coupled with the increase in patient numbers would lead to rising hospital bills. Importing foreign nurses, therefore, is a way of increasing the amount of supply.

Viroj NaRanong, research director of health economics at the Thailand Development Research Institute, said he is concerned that medical personnel would be recruited to treat foreign patients, who have a higher purchasing power, which would place Thai patients at a disadvantage.

John Lee Kohshun, a principal consultant at Muzi Health Consulting, does not expect a mass movement of Thai nurses and doctors to Singapore where income is higher. More worrying will be that the most qualified may get to move first. This is a challenge to hospitals, which will need to improve management, environment and professionalism to help retain staff instead of creating barriers to prevent Thai professionals from moving out, he said.

Meanwhile, Mrs Avestruz will try to obtain a nursing licence once the AEC comes into force, although she admitted it would be hard to decide whether she would switch to becoming a clinical nurse. “My work here is unique in the sense that I may be able to impart knowledge from my experience to nurses in general. The kind of gratification is different,” she said. “When treating patients, it’s very uplifting because you change their lives, and that is happiness. That is very uplifting.”