

The administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) and related matters.

Summary:

The reason for this personal submission relates to the response from AHPRA to a highly qualified and experienced UK registered Nurse Practitioner (Primary Care) who presented her portfolio for nurse practitioner credentialing in October 2010.

Background:

“Life Long Learning” has been my mantra since embarking on my nursing career in 1977.

In May 2003 I completed an M.Sc. in Clinical Nursing (Nurse Practitioner Primary Care), one of the first in UK. I consolidated my practice in general practice as Nurse Practitioner whilst concurrently working with a Primary Care Trust, developing, training and supervising practice nurses in a large metropolitan area, in the UK.

I migrated to Tasmania in September 2004, after 18 months completing and presenting paper work as a Nurse Practitioner (Primary Care). Both the Australian and Tasmanian nursing Authorities accepted me as a Registered Nurse (I recognised and respected, at that time, Tasmania had no legislation in place to credential me as a Nurse Practitioner).

It should, however, be noted that my migration was sponsored, by the State Department of Economic Development (Business and Skilled Migration Unit), as a Nurse Practitioner.

In Tasmania I worked as a Practice Nurse for 9 months developing the role of the practice nurse for a large General Practice within a culturally and linguistically diverse area.

I was recruited by [REDACTED] and employed as Program Officer, specifically to use my knowledge to train nurses, to provide influence and encourage their employment in General Practice.

I was encouraged, by General Practitioners, to return to direct patient care, to improve the delivery of Complex and Chronic Disease Management in General Practices. I am currently an independent specialist nurse contracted to several general practices.

Over time, because of my recognised and respected skills, abilities and experience I have been asked to act as:

- i. a mentor to a Nursing Practitioner candidate

- ii. a trainer in the delivery of an accredited inter-professional learning tool [REDACTED], a health professional training model, which supports health professional working with people with complex and chronic conditions in improving their self-management - [REDACTED], University [REDACTED]
- iii. a contributor in the development of a [REDACTED] course - University of [REDACTED]
- iv. a major contributor to a consultation document for the Australian Commission on Safety and Quality in Health Care (the Commission, ACSQHC) - [REDACTED], University [REDACTED] and [REDACTED]
- v. I am being encouraged, by the [REDACTED], University [REDACTED], to undertake a PhD in Primary Care.

Response to the:

- (a) capacity and ability of AHPRA to implement and administer the national registration of health practitioners;
- (b) performance of AHPRA in administering the registration of health practitioners; .

Both general practice and university colleagues advised me, to present my professional portfolio for nurse practitioner 'credentialing' to AHPRA; this I did in October 2010. The experience was professionally unsatisfactory.

Without listening or viewing my extensive professional portfolio I was told, on two occasions, one via telephone and one face to face, that, "It is unlikely you will meet the AHPRA requirements, as your qualifications have been gained in the UK". It is my greatest regret that I did not have a witness on either occasion.

Furthermore, during the face to face interview, once my professional portfolio was being cursorily surveyed, I was asked if others could use the template, in the portfolio, designed personally for professional referees, to demonstrate how the AHPRA requirements were met. As this added insult to injury, I refrained from responding.

Whilst the requirements for credentialing for Nurse Practitioners may have been set by the Australian Nursing Boards the practical application by AHPRA was exceedingly unprofessional.

In stark contrast to the University of Tasmania's timely professional review of my portfolio (with integral interview), AHPRA requires, after my demonstrating an all inclusive, extensive and certified professional portfolio, a further 'transcript' of my postgraduate education from Manchester University, England; which in itself is proving problematic and long winded.

The only communication I have received from AHPRA in the time it has taken me to acquire the said 'transcript' is a letter, informing me that unless I provided the 'transcript' in the next month my application for credentialing would have to start all over again.

My involvement with AHPRA, to date, has provided me with evidence of a "why one cannot" rather than a "how can we help?" mentality.

I am unaware as to why there is a requirement for nurse practitioners to provide a transcript when is not required of other overseas trained health professions e.g. doctors.

(c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers;

The personal and professional impact and experience of AHPRA process and administration has been; negative; unsupportive; insulting and discriminatory. I am a highly qualified health professional; inevitably a wealth of appropriate experience and skill could be lost to the Australian health system.

The registration relies on a rigid bureaucratic process, there appears to be no mediation built-in to the credentialing process, to accept suitably qualified and experienced international health practitioners into the Australian health system, whose pathway is not amenable to a rigid algorithmic process.

(d) implications of any maladministration of the registration process for Medicare benefits and private health insurance claims; N/A

(e) legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process; N/A

(f) liability for financial and economic loss incurred by health practitioners, patients and service providers resulting from any implications of the revised registration process;

The intransigent response to my application for credentialing by AHPRA means I am unable to practice at a level that I am qualified and demonstrably capable, this ultimately carries personal and practice financial implications.

(g) response times to individual registration enquiries; N/A

(h) AHPRA's complaints handling processes; N/A

(i) budget and financial viability of AHPRA N/A and

(j) any other related matters.

The process demonstrated by AHPRA is rigid, unsupportive to the effect of discouraging and disbaring suitable practitioners from becoming useful and active contributors in the Australian health care system, which may be translated ultimately as a deterrent to potential innovation.

It should be noted I am available to be interviewed and further expound on any issues or comment made in this submission.