

**Senate Inquiry into the administration of health practitioner registration by
the Australian Health Practitioner Regulation Agency (AHPRA)**

**Submission of the
Australian College of Mental Health Nurses
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Contact

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Introduction

The Australian College of Mental Health Nurses (ACMHN) welcomes the opportunity to provide a submission to the Senate Inquiry into the Australian Health Practitioner Regulation Agency (AHPRA).

The ACMHN is the peak professional mental health nursing organization and the recognised credentialing body for mental health nurses in Australia.

The ACMHN sets standards for practice and works to promote public confidence in and professional recognition of mental health nursing.

The ACMHN have been and remain supportive of national registration for health practitioners, and acknowledge the many benefits this has brought to the nursing professional as a whole. However the ACMHN is concerned there have been a number of issues in the implementation of the system, some of which have been potentially serious for nurses and their practice. This involves not only the transition to the national system but also interpretation of legislation.

Whilst the ACMHN is cognisant that this enquiry is in to administration process of AHPRA we are also concerned there appears to have been a serious under estimation of the resourcing specifically needed for the National Nursing and Midwifery Board (NMBA), to administer the transition of registration of approximately 300,000 nurses and midwives over the past year.

The constituents of the ACMHN are mental health nurses. Therefore the ACMHN makes the comments and recommendations following this letter with a focus on nurses, and has sought feedback on the experiences of its members. It also considers the registrants to be stakeholders in the AHPRA and the NMBA functions.

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Key Issues in the Administration of Health Practitioner registration

The ACMHN acknowledges that AHPRA, and specifically the NMBA had a considerable challenge to establish a national registration system, and it considers both parties tried to achieve this best they could with the resources available. However, the ACMHN also calls on the Senate to acknowledge that the lack of resources and ineffective communication has contributed to a range of issues that have either jeopardised the ability of some health practitioners to practice or caused personal distress. The ACMHN is aware of cases where registration administration processes have failed and resulted in financial and economic loss for nurses and for their employers.

Nurses are aware that they are accountable, and that responsibility for maintaining their registration rests with them. The move to national registration has resulted in significantly different processes to follow. There has been inadequate information provided to individuals and inadequate promotion of the changes and the new requirements to the profession as a whole. Nurses had been familiar with regulatory authorities that were user friendly and communicated regularly in a variety of ways. As a result many nurses have struggled to understand the changes and ensure they meet their professional obligations.

Therefore, the comments and recommendations of the ACMHN that follow are made with a view to ensuring there is acknowledgement for, and commitment to increased resourcing, particularly to support the administration of the registration of nurses.

The ACMHN has made specific comments on the following issues:

1. Communication
2. General concern about the inconsistent, unhelpful and inefficient administration by AHPRA
3. Nurse Practitioner endorsement
4. Other Matters for Consideration

1. Communication

AHPRA / NMBA did not harness stakeholders' communication and information networks to support the transition process

The ACMHN is a supportive of national registration of health practitioners. However it has been concerned for some time that the transition to national registration has been poorly communicated to the nursing profession, resulting in confusion. As the only professional organisation in Australia representing mental health nurses, The ACMHN has attempted to assist the transition to national registration by providing information about the impact of national registration to members.

The ACMHN has sought information from and regular communication with the AHPRA/NMBA in order to use its own communication mechanisms, such as newsletters and email distribution lists, to distribute and reinforce important messages to members. For example:

- to expect renewal notices from AHPRA by particular dates,
- to contact AHPRA if changing address, and
- to explain to nurses, including managers and supervisors, that AHPRA would not be issuing certificates of registration, and that the online register provided an alternative proof of registration¹.

Unfortunately, no efforts or approaches were made by these two bodies to draw on the support of this organisation or the large cohort of other nursing organisations across Australia who had been willing to assist. On several occasions, the ACMHN made it clear that it was in a position to assist, but this had little impact.

The ACMHN contends that if the information and communication channels of the nursing organisations across Australia had been used in the absence of robust communication mechanisms of the AHPRA/NMBA, there would have been a reduction in confusion among the nursing profession about administration changes and impacts on individual obligations to renew their registration.

Recommendation:

The ACMHN recommends that the AHPRA / NMBA provide regular information updates about the administration of registration to nursing organisations to facilitate dissemination and uptake of that information amongst their constituents.

¹ While this information was communicated to nurses by the AHPRA/NMBA it appears that some nurses have been receiving registration certificates and some have had two in the past year.

Poor communication with individual nurses exacerbated transition issues and failures to renew registration

The ACMHN invited members and other nurses to provide feedback on their experiences with AHPRA, particularly any cases where there was a serious or potentially serious impact on their registration status. The 150 responses revealed a concerning pattern confirming insufficient information was distributed about the transfer to national registration, as well as problems in contacting AHPRA, and unhelpful responses to individual cases.

Major issues raised were:

- Lack of confirmation of registration

One of the major concerns to individual nurses and their managers or supervisors was the lack of confirmation that a registration renewal had been received and that it had been successfully processed. Nurses have been accustomed to receiving an annual licence to practice which they show to their employer to demonstrate that their registration has been renewed. They were not informed that they would not receive this documentation and in some cases, when it became available, some employers were reluctant to accept the information provided from the online register as evidence of registration.

The lack of confirmation of registration also created a situation where some nurses believed that they had successfully renewed their registration when AHPRA had failed to receive the renewal application. One nurse explained she had posted her renewal and assumed that it had been received by AHPRA; she became aware that the renewal had not been received when her employer advised that her employment was to be terminated because she was not registered.

The failure to provide confirmation, or at least explain that there would be a delay in receiving a Certificate of Registration, to nurses and their employers caused needless stress, and is likely to have increased phone calls and enquiries to AHPRA.

The ACMHN acknowledges that AHPRA has now introduced an online system to check if a renewal has been received, however there remains a backlog of nurses who have not received confirmation that their renewal has been successfully processed.

- Long waiting times for phone enquiries

Long delays in responses to phone enquiries have been experienced with an average waiting time of 20 to 30 minutes. Many nurses reported difficulties finding time to make phone calls and waiting this long particularly when they needed to make calls in breaks during their shifts.

- Failure to advise nurses that registration renewal will be aligned in May each year starting with 2011.

There has been no widespread communication to nurses that AHPRA will be aligning nursing registration renewals so that all nurses renew registration by 30 May each year. As a result, many nurses have been surprised to receive a second renewal notice to renew registration in by this date. The minority of nurses who have not received a renewal notice are also anxious that they are to also renew by this date but have not received notification. Unfortunately, due to the long waiting time for phone enquiries to AHPRA, these nurses have found it difficult to clarify their situation.

There is apprehension about the capacity of AHPRA to manage the renewal of the majority of Australian nurses by 30 May 2011. In addition, as at 7 April 2011, there were still nurses whose online registration details did not include an updated registration period and some nurses have inadvertently allowed their registration to lapse which creates the additional problem of re-instatement.

The uncertainty and apprehension within the nursing profession about renewals in May 2011 is well founded. This date is not far away, and some nurses still have not been notified of their renewal requirements while others have received two emails.

The importance of widespread, regular and clear communication as well as easy access to information sources cannot be understated. The NMBA website is not user friendly and the lacks even some basic information such as the different types of registration.

Inconsistency in transition for direct entry mental health nurses.

In September 2010 the ACMHN formalised its approaches to the NMBA concerning the decision that had been made for the transition of nurses who were registered on the basis of holding a mental health nursing qualification (direct entry mental health nurses), and were not general nurses. An analysis was undertaken by the ACMHN which revealed anomalies. This matter has been raised directly by the ACMHN with the NMBA on several occasions since the implementation of national registration.

In summary, direct entry mental health nurses previously registered on a single register were transitioned to the national register as Division 1 nurses with no conditions on their registration. In comparison, direct entry mental health nurses who were previously registered under legislation which specified practice in mental health only were registered as Division 1 nurses with conditions on their registration, the condition being that they may practice only in the area of mental health.

Anomalies exist because nurses with the same qualification have been treated differently. For example, nurses registered in Victoria in the previous category of Divisions 3 which was specifically for nurses who were direct entry mental health nurses were registered by the NMBA as Division 1 nurses without conditions, while nurses with direct entry mental health nursing qualifications in the Northern Territory had conditions placed on their practice.

It is the ACMHN's position that it is inappropriate for mental health nurses to be registered with 'conditions' given the definition supplied on the AHPRA website. That definition suggests that the practitioner with conditions needs to remedy practice or undertake further training.

Nurses who hold specialist mental health nursing qualifications are highly experienced professional practitioners and work within the scope of practice for which they are qualified.

While it has been a frustration to the ACMHN that the transitional arrangements have not been addressed earlier in response to its concerns, NMBA provided a formal response on 5 April 2011. As a result it will be reviewing the decisions as a matter of urgency.

Recommendations:

As a matter of urgency, the ACMHN recommends that the AHPRA:

- ensure or issue ALL nurses who are registered at 30 May 2011 with a current Certificate of Registration;
- update the online register to show the correct registration period for every nurse;
- advertise, and promote widely in general and nursing media, and through stakeholder networks, that renewal of registration will occur in May each year; and,
- put in place the necessary staff who can answer the volume of phone enquiries over the next few months.

The ACMHN does acknowledge there have been attempts made by APRAH and the NMBA to address some of the above concerns; however they are still far from rectified.

NMBA Consultation processes are not widely publicised.

The legislation enabling national registration clearly imposed a requirement on the various Boards of AHPRA to consult widely regarding registration standards. The ACMHN contends that the consultation processes currently being used by the NMBA need to be substantially improved to achieve this goal.

The ACMHN's experience is that consultations relating to nursing and midwifery registration standards are only publicised on the NMBA/AHPRA website. Usually this has been associated with inappropriately short periods of time for consultation.

There is no mechanism to inform stakeholders that a consultation is taking place. It is through informal and ad hoc mechanisms or a serendipitous visit to the website that organisations such as the ACMHN have become aware of that a consultation is being conducted.

This type of process limits robust consultation, reduces transparency of process and can inadvertently encourage bias. More active promotion of a consultation being undertaken is needed to ensure all stakeholders have an opportunity to comment on the issue under consideration. Adequate time for nursing organisations such as the ACMHN to consult with its membership prior to making a formal response must be provided. A range of other mechanisms for consultation are needed to ensure that the profession understands the subject matter and to make it easier to comment. For example, consultative forums, articles in newsletters, an online forum are all mechanisms which could be used to ensure the NMBA is truly committed to consulting widely on registration standards.

Recommendation:

The ACMHN recommends that the NMBA:

- actively informs stakeholders when a consultation is being conducted;
- provides more information about the subject matter under consultation to ensure the issue is clear to all potential participants;
- provides a range of mechanisms through which consultation can take place; and,
- allows an adequate time for consultation.

2. General concern about inconsistent, unhelpful and inefficient administration by AHPRA

Feedback from members and other nurses on their experiences with AHPRA and its administration of nursing registration, has indicated that it has been inconsistent, unhelpful and inefficient. In some cases, nurses have experienced significant frustration and or distress.

For example:

- The ACMHN is aware of at least one highly experienced nurse who inadvertently allowed his registration to lapse and was so distressed by the processes and cost to reinstate his registration he has decided to retire from the workforce. A letter of

complaint written by the (now retired) nurses' employer received no response from AHPRA. While the ACMHN understands the legislation related to these situations, it is reported that the way in which such matters are dealt with has contributed to confusion and distress, and in this case, wastage from the workforce of a highly experienced nurse.

- ACMHN received feedback from several nurses suggesting that mislaid or lost documentation is not uncommon. In one case, a nurse suffered a loss of income for a week because AHPRA could not find her renewal application. Fortunately, she was able to provide a bank statement showing that AHPRA had received the payment. However, being unregistered, she was unable to practice until her registration was renewed, which relates directly to the terms of reference section F liability for financial and economic loss incurred by health practitioners.
- Delays and inefficiencies registering new graduates due to start work in early 2011 have been reported. This had significant impacts on health services, other staff and the graduates themselves. The ACMHN received letters from two mental health services within Sydney outlining the impact of AHPRA's inefficiencies on their services.
- One nurse provided feedback about her interaction with AHPRA which suggests she was subject to an additional language assessment by administration staff of the AHPRA based on her name rather than factual information. Below is the account provided by the nurse:

'I had to visit the AHPRA office on a few occasions because they refused faxes, mailed documents and because they kept forgetting I needed certain documents despite me asking several times "Are you sure there is nothing else left for me to sign." This carried onto a rather discomfoting phone call where the administration asked me to send in proof of my high school education (this is about a month after I had already applied for registration). When I engaged her in conversation on the phone she commented on my English saying "Oh my god your English is really good!" Considering it's the only language I spoke I was confused and she explained, "Oh I assumed from your name you were a foreigner and that's why we wanted to check your education status." Now I am fully aware it was compulsory to prove you went to high school in Australia, but you can understand how inappropriate her comment was, and how unprofessional. In my application it was very clear I was born and raised here, yet this lady couldn't check this basic inquiry and decided to judge me by my name.'

I have found the AHPRA application process decidedly incompatible with the QNC files and very arduous and inefficient to say the least.'

- The ACMHN received several responses on unhelpful and unsupportive processes for nurses who have migrated to Australia seeking to register for the first time. This has had a significant impact on the recruitment of nurses from overseas. Given the nursing workforce shortage, overseas recruitment is a widely used strategy. A response is from an individual nurse who came to Australia in October 2010 and is still unable to work as a nurse as AHPRA has not processed her registration application:

'I have also been met with poor case management, where my documents have been lost or not internally sent as promised between Melbourne and Brisbane office, information provided is not followed up or shared between the team members who assess so info gets lost and not taken into consideration of the assessment, The screening staff on the phone seems tired and untrained, so it is always very unhelpful to telephone (both to main number and locally in Brisbane), and the general unwillingness to guide and assist when I asked (nearly begged) for assistance to understand why they aren't approving me.'

In general, the nurses who have had complex or unusual circumstances have found AHPRA to be unhelpful and inefficient. Of the 150 responses from nurses who provided feedback to ACMHN, anyone who had a complex issue considered the matter had been handled inefficiently and certainly not proactively. While the ACMHN appreciates that the task AHPRA faced was extremely challenging, it is unfortunate that AHPRA has not responded to that challenge with a proactive, helpful approach.

3. Nurse Practitioner endorsement

The ACMHN would like to bring to the attention of the Inquiry that for eight months, there was no process for endorsing Nurse Practitioners. Between 1 July 2010 and February 2011, nurses seeking to apply to become endorsed as Nurse Practitioners were advised that the NMBA was not able to receive applications as a process for endorsement had not been established. This occurred at a time when significant interest had been generated in the nurse practitioner role and relevant MBS and PBS arrangements had recently been put in place.

In addition, it has created uncertainty for health services which received funding for nurse practitioner positions, but had been unable to utilise that funding. The eight month hiatus

in Nurse Practitioner endorsement has had an impact on health services, individual nurses, potential nurse practitioners and ultimately, consumers. The NMBA endorsement guidelines for Nurse Practitioner were released in February 2011. Many nurses who had completed qualifications but had not completed the other aspects of applying for endorsement are now in a position to progress their applications. However it has been reported to the ACMHN problems may still exist.

For example:

- *'I was notified by AHPRA yesterday that my application for endorsement as a Nurse Practitioner cannot be accepted because the Masters of Nursing and additional Pharmacology Advanced Practice Module which I have obtained from Monash University that were acceptable to the NBV for endorsement as a Nurse Practitioner are no longer accepted by the new National Registration Board. How can this be? The Department of Human Services granted me a scholarship for the purpose of me completing these qualifications because they were deemed necessary for Nurse Practitioner Endorsement in Victoria and now the goal posts have been moved. It was mentioned that I should seek Recognition for Prior Learning from another University for the previously recognised qualifications so my application could be reconsidered. I believe this is an unacceptable way to solve this situation. I am sure I am not the only person caught in this "change of requirements" due to the change from State to National Registration.'*

After nearly four months and many emails, letters and phone calls, the nurse has now been endorsed as a Nurse Practitioner.

- *When the endorsement guidelines were released in February 2011, a nurse requested that his application, which he had submitted earlier, be put forward for consideration by the Registration Committee. However he was advised he would have to provide four copies of his application as this was now the process. When the nurse suggested that as AHPRA already had the application could it not be photocopied in the office, he was advised AHPRA was not a photocopying service. The nurse decided not to continue with the application.*

4. Other Matters for Consideration

Online register

The information in the online register about health practitioners is extensive. While the legislation provides for certain details to be accessible to the community the current detail

provided increases the potential for identifying the residence of nurses; may not contain correct information; and provides an opportunity for identify fraud in a situation where it is supposed to protect the public.

Inadvertent disclosure of a mental health nurses' residence was of serious concern to members. Not all nurses practice in an institution. Some have mobile practices. The legislation requires that a place of practice is recorded, suburb and post code, and where this is not appropriate, a place of residence. While the actual street and house number is not recorded it is not hard to match this information with, for example, a telephone directory, and in small communities this would not be difficult to find.

It has already been mentioned that registration details may not be correct. Some have identified other details are not correct and they have never been provided an opportunity or ability to correct the information, i.e. in the previous system, registration details were provided to registrants at renewal and they were asked to correct any details that were incorrect or had changed. The amount of detail available provides an opportunity for identity fraud, and the inclusion of the location and qualifications details enhances this potential. By contrast, the online register of other regulatory authorities such as the Nursing Council of New Zealand do not provide information such as location details, all the qualifications of the registrant, or gender of the registrant amongst other things.

Recommendation:

The ACMHN recommends that AHPRA review the legislation in relation to the detail of registrant's information to be made public as a matter of priority.

Endorsement of mental health nurses.

There is capacity for the NMBA to endorse more than Nurse Practitioners and eligible Midwives. However, there appears to be no intention to expand this. One of the issues raised by members is that those who had previously been endorsed as mental health nurses in their state or territory through statutory regulation are no longer endorsed. Issues that this raises for some nurses includes the following:

- I have had a stakeholder question my qualifications to perform my specialist mental health role. It was noticed that the online register did not reflect that I have additional specialist qualifications in mental health. I have subsequently provided him with information confirming my specialist knowledge and its prior recognition by the previous registering authorities. In my view there is no valid reason that my mental health specialist qualifications are no longer recognised by the registering authority. Feedback was provided in the lead

up to the new national registration system expressing disappointment and dissatisfaction.

- Consumers need to know that they are being cared for by nurses with mental health qualifications. Particularly important for privately practicing nurses.
- An employer needs to be confident that the nurse being employed has the qualifications and this should be recognised by the registering authority.
- Lack of endorsement complicates the process for mental health nurses who work internationally and need to have mental health nurse registration in places like UK and Singapore.
- I am also concerned that those who choose to access to public register and check my qualifications prior to, or whilst, seeing me for counselling/psychotherapy may be given a false impression that I have led them astray with regard to my skills, knowledge and abilities.

Recommendation:

The ACMHN recommends that the NMBA consult with stakeholders in relation to the endorsement of mental health nurses.

NMBA and State and Territory Offices.

The communication with the profession in the early stages of the establishment of the national registration scheme promoted the role AHPRA and the NMBA. It would be clear to say there are a number of nurses who assume the state and territory offices no longer exist.

And for those that are aware there is state and territory offices exist there is definitely confusion about their respective roles in relation to the national board.

There is no mention of state and territory offices on the NMBA websites.

For some they are made aware of the state and territory offices when they are referred back and forward from one to the other, with no clear understanding of the relationship between the two.

Recommendation

- AHPRA provide information on the website outlining the role the state and territory offices in relationship to the NMBA.
- The NMBA website provides contact information and direct links to the state and territory offices.

Australian Nursing and Midwifery Accreditation Council

The ACMHN applauds the decision to transition the Australian Nursing and Midwifery Council to the Australian Nursing and Midwifery Accreditation Council.

While acknowledging AHPRA and the NMBA have had an enormous task and ambitious time frame to implement a national registration scheme, we also acknowledge there have been significant issues.

Given this we would like to acknowledge the same enormous task and ambitious time frame for the Australian Nursing and Midwifery Accreditation Council.

Recommendation

The ACMHN would like to reinforce the need for appropriate resourcing and realistic time frames to ensure the ANMAC are in position to establish and provide a national accreditation scheme.