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nursing federation

Submission to the Senate Inquiry into the Administration
of Health Practitioner Registration by the Australian Health
Practitioner Regulation Agency (AHPRA)

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

The ANF has membership of over 200,000 nurses, midwives and assistants in nursing who are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANF was and continues to be a strong supporter of the move to the national registration and accreditation scheme for health professions in Australia. Given our commitment to the success of this important scheme, the ANF welcomes the Senate Inquiry into the Administration of Health Practitioner Registration by the Australian Health Practitioner Regulation Agency (AHPRA).

ANF members have indicated significant issues regarding assessment of qualifications, initial and renewal of registration and the online register since the introduction of the AHPRA on 1 July 2010. The ANF has voiced concerns in relation to these significant issues on a regular basis with the Nursing and Midwifery Board of Australia (NMBA) and AHPRA who have reacted slowly and inconsistently at times.

In order to inform the Senate Inquiry into AHPRA's capacity and ability, the ANF provides the following response to address the Terms of Reference.

(a) Capacity and ability of AHPRA to implement and administer the national registration of health practitioners

The ANF supports the principles of AHPRA and the intention to implement and administer the national scheme for health practitioners. We believe the scheme has significant advantages. However the capacity and ability of AHPRA to deliver outcomes has been limited by:

1. Inadequate staff resourcing in the AHPRA office and State and Territory Boards
2. Lack of policies and structure to manage the transition from State and Territory based Boards to the national scheme
3. Inadequate number of call staff who have not had the education to manage the number and diversity of calls received from health practitioners.

Each State and Territory Branch of the ANF has had numerous members who have experienced first hand issues related to registration. The following is one example:

In early November, I received an email saying that we could renew for nursing for \$48 for the period Jan 1 - April 30. I rang the AHPRA hotline and explained that I was renewing as a nurse and registering for the first time as a midwife. I asked whether one fee covered both, or whether I had to pay separately. I was advised that one fee would cover both nursing and midwifery. I was unable to register online as a midwife, so I elected to fill in paper forms and send them in for both my nursing and my midwifery. This was so I could ensure that both would be processed together, and I would not have to pay twice. I downloaded the registration form for nursing, and the one for midwifery. They were exactly the same.

I rang the hotline and asked whether I should fill in two forms and submit them together, or submit one form and tick two boxes. I was advised to submit one form and tick two boxes. It took me a while to gather all of the documentation -certified copies of ID, letters from HR about my employment and from my unit manager about my area of practice. I posted the forms by registered mail on December 17th. I submitted online enquiry forms on December 28 and the first week of January, as my unit manager wanted everyone's updated registrations as soon as possible. I never received a reply, or even acknowledgment of receipt of enquiry. On December 30, I received an automated acknowledgment of my receipt for registration - it did not specify what for, and I assumed it was for both nursing and midwifery. I printed this and provided it to HR. I received a letter in the mail dated January 11th, telling me that AHPRA had not received an application for renewal of my nursing registration and that I would not be able to practice as a nurse after January 30th unless I renewed using a fast-track application form from the website. I rang the AHPRA hotline to enquire about the letter, and an Irish man spoke with me. I gave my details, and he looked up my application. He assured me that my nursing application had been received and would be processed next week. He advised that I did not need to do anything further. On February 2nd, I received an email stating that I was no longer registered as a Health Practitioner. I rang AHPRA. I was eventually transferred to Ms K who informed me of the following:

- 1. I had not ticked the "indemnity" box, indicating that I would only practice when covered by indemnity.*
- 2. I should have filled in 2 forms, not one.*
- 3. I should have written \$230 + \$48 for my registration and renewal, not \$48.*
- 4. My documents were certified by a pharmacist, who is not authorised to certify documents in these instances, as they are also health practitioners.*

Ms K informed me that the only way to rectify the situation was for me to attend the office in person, that afternoon. I wanted my registration resolved immediately, as I was due to start work on Feb 7th as a midwife, and was now not registered as anything. I cancelled my shift for that night (which cost me \$284). I went into the AHPRA offices. Ms K brought out my forms in hard copy. I ticked the box for indemnity (which I understand to be provided by both my employer and the ANF). I provided my original ID for her to copy again. Ms K requested my birth certificate, which I had not brought, so I agreed to copy it again and have it certified by someone other than a pharmacist and send it to her. I transferred money into my account so I could pay the \$230 registration fee for my midwifery. I was willing to pay the \$48 for renewal of my nursing, but Ms K told me that I would have to pay \$115 for a fast-track application now that the 30 day grace period had passed.

I disagreed with Ms K, and told her I would be in touch with the ANF, and show her the advice I had been given regarding paying \$48 to be paid for both. I sent Ms K an email that afternoon thanking her for organising my midwifery registration, sending the documents I had said I would, and asking her several questions. I never heard back from her. Later in February I tried to renew online using the code and password supplied to me by AHPRA. I was not able to. In early March I attempted to download the fast-track application form. It was no longer available and I requested a copy using the form.

I received an email back on March 11 asking when my registration had lapsed. I replied that it was December 31st, 2010 but that I had not been informed of the error until February. I received a reply on March 15 telling me that my case would be reviewed by a renewals specialist who would email me shortly, and that I should wait to hear from them. I waited ten days, then called AHPRA. I did not get through the first time, ending my call after 15 minutes on hold.

I spoke with someone the second time, who tried to refer me to the right department, but after 15 minutes on hold said that no one was available and that I should try calling again later. On the third call (March 24th) I spoke with a renewals specialist who said that I could no longer fill in a fast track application and that I would need to re-register (at a cost of \$230), and that I should fill in a registration form. This is the form I originally filled in! I explained to him that AHPRA have a complete registration form for me, for nursing. He told me someone would call me back that afternoon. I have not received a follow up call. I am currently not being paid my certificate allowance as I am registered only as a midwife, and not as a nurse. Dealing with AHPRA has been extremely costly. I appreciate you representing me on this matter as I try to maintain my nursing registration. I am moving to a rural area soon, and feel I have a lot to contribute to the fields of nursing and midwifery. I would like to remain qualified to practice as both.

The ANF believes AHPRA has the potential capability to administer national registration of health practitioners however appears to be under-resourced which severely limits their ability to complete basic registration processes appropriately and in a timely manner as evidenced in the cited case.

(b) Performance of AHPRA in administering the registration of health professionals.

The initial performance has been less than satisfactory and often disappointing. This has manifested itself in the following areas:

1. Unacceptably long delays in processing registration renewals and applications such as some ANF members not receiving registration certificates despite payment of fees six months previously;
2. Inconsistent or incorrect advice given by call staff especially in relation to requirements for registration;
3. Letters sent to individuals informing them they would be deregistered as they were not renewed when in fact they had renewed but the internal AHPRA processes had not been updated;

4. Some nurse and midwife ANF members have encountered problems with the AHPRA website. For example, they have been unable to log on to the AHPRA website to complete their renewal online, despite using the passwords issued by AHPRA; and
5. Loss of vital documents by AHPRA relating to payment and registration. For example, cheques going missing even though they were presented in person at the AHPRA office, and certificates of registration sent to incorrect addresses despite correct information being supplied by registrants to AHPRA.

While these issues have been significant it is reported that AHPRA have implemented a number of initiatives to improve the processes and systems.

Some of these improvements include:

1. the provision of tax receipts by 30 June 2011;
2. increased resourcing in the call centre;
3. increased front of house staffing in some State and Territory offices;
4. streamlining of processes for new registrations; and
5. cards being issued as proof of registration rather than the paper confirmation system.

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

AHPRA Issues

Register not updated: Letters were sent to nurses and midwives informing them that they would be deregistered as they were not renewed, when in fact they had renewed their registration but AHPRA had not updated the register. This caused distress to members as nurses and midwives take their right to hold registration seriously and will not work without registration. Some nurses and midwives subsequently had to forgo shifts as they could not provide evidence of registration to their employer and therefore were financially compromised.

Overseas applicants: An overseas qualified nurse (Sweden) applied for registration in October 2010 and was informed the assessment process could take up to three months. The nurse continued to check on her application and was informed in November that the application was straightforward and was in the final stages. The nurse was told this several times, however in December was informed that AHPRA had not started the application process (at this time AHPRA indicated, assessment takes three months from when they start the process). The nurse contacted the ANF (Victorian Branch) who subsequently contacted AHPRA to be informed that overseas applications had been put on hold to deal with domestic applications. The nurse received her registration on 21 March 2011, six months after initial application.

Enrolled nurse: Some nurse members were told they could not renew as an Enrolled Nurse (EN) if they were applying for registration as a Registered Nurse. Consequently due to delays in processing they were unable to work as an Enrolled Nurse while waiting for their registration as a Registered Nurse. Others were advised by AHPRA to do exactly this.

Criminal history declaration: A member who applied for registration as an EN in December 2010, tried many times to contact AHPRA regarding the status of their application. They were working as a Personal Care Worker, however, their employer wanted them to work as a permanent EN. They were informed that AHPRA was waiting on a criminal history check (even though the applicant had no criminal history) and that they were processing hospital employed applicants before those working in aged care. This determination by AHPRA that one sector was more important than another is not acceptable.

A nurse member was contacted by AHPRA about non-disclosure of an allegation of a criminal offence. The allegation occurred thirty years previously and was dismissed in court. The nurse was told they had to provide a statutory declaration as to why they did not disclose the allegation and a separate statement of the circumstances of the case. The nurse was told they must deliver these documents to the AHPRA office and that fax/emails were not acceptable. The nurse lives in a rural area, which led to loss of income to attend the AHPRA office.

New graduates: There are delays in processing, as applications must be processed in the State where the course leading to initial registration was undertaken. This is irrespective of where the person was living whilst completing the course and where they are living at the time of their application for registration. Having completed a nursing qualification, a new graduate applied for registration in the first week of September 2010, the nurse received a receipt of application on 23 September. They were informed in November that the application was being redirected to Queensland as that was where the new graduate completed their education leading to registration. The new graduate received registration on 24 December 2010, three months after application.

Many new graduates were unable to commence graduate programs due to delays in AHPRA processing their applications for registration. Both graduates and employers were considerably compromised. In some cases an employers' offer of a graduate nurse program was withdrawn due to the graduate's inability to provide evidence of registration.

A new graduate who qualified in July 2010 is still waiting to be registered as a midwife. They were informed by AHPRA that the university had not provided their transcript, so the new graduate organised for the transcript to be re-sent and was subsequently informed that it was not 'signed off' appropriately. The new graduate left three messages with their Case Officer at AHPRA and has not received a response. They were later informed that the Officer went on Long Service Leave and no one picked up their case load, phone messages or emails.

Registration fees: Initially there was provision for pro rata fees for registration, however, on 1 November 2010, without consultation or notice, this was changed to reflect that no pro rata payments were allowed. This meant that if an initial applicant finished their course at the end of the year they pay an application fee in addition to a full 12 month registration fee despite the fact that they will only be registered for a part period. An ANF member has lodged a written complaint with AHPRA as they had to pay \$115 to apply, then \$115 for registration as a nurse, and another \$115 for registration as a midwife. Although the ANF member was registered on 3 February 2011 which meant they would be required to renew by 31 May 2011 (four months), they were charged for 12 months. The AHPRA website indicates on initial registration both an application fee and a fee for annual renewal of registration apply. 'Annual' by definition, means a year or returning once a year. The ANF acknowledges that the process for pro rata fees is only until all states are in line with the same national annual review date. The processing for pro rata fees, however, should have been straight forward.

The issues above relate directly to AHPRA however, there are significant impacts also as a result of the interrelationship between AHPRA and the Nursing and Midwifery Board of Australia. Below are a range of issues which are directly attributable as a result of the interrelationship.

AHPRA/ NMBA Issues

English language requirement: The new English language skills registration standard (July 2010) created enormous concern, confusion and distress for those international students who had undertaken courses in Australia. Students undertaking these courses incurred significant cost, expecting to be registered at the completion of the course, only to find the rules had changed. This was compounded by inconsistent information posted on the AHPRA website in the form of the English language skills registration standard and the FAQs (frequently asked questions) section. Many Australian citizens, not having completed their secondary school education in English, were also caught up in this debacle. The ANF believes AHPRA was slow to respond to our concerns regarding inconsistencies in the English language skills registration standard.

AHPRA eventually undertook a review of the English language skills registration standard commencing in November 2010 with submissions closing on 14 January 2011. Following this review, it was not until 21 March 2011 that AHPRA indicated that the current standard would remain in place despite the review and that the outcome of the extensive consultation process remains pending.

NMBA Issues

Recency of practice standard: The application of the Recency of Practice Standard requires a minimum of the three months practice in five years. While the ANF supports this standard, the fact that it was retrospectively applied means some nurses/midwives will not be eligible to continue practicing. Previously only some States and Territories had applied a determined number of practice hours within a five year period. This now means in States or Territories where this was not applied, nurses and midwives are now required to provide evidence of three months practice in as little as six months. Given most time off or reduced practice is predominately due to parental leave and the subsequent difficulty in organising child care, retrospective application of this standard has meant nurses and midwives are having difficulty meeting recency of practice requirements.

Nurse practitioner endorsement process: The following correspondence was sent to the NMBA by a senior nurse clinician applying for Nurse Practitioner endorsement, which provides insight into both the professional and personal effect of this process.

I submitted my application to the NMBA almost 7 months ago, on 6th August 2010, and despite numerous emails and phone calls, have had no commitment to the processing of my application, the timeframes for when this would be completed or whether there will be further alterations to the current Registration Standard that may effect my application. This is despite the fact that I am aware that other NPs applications are being processed (under the current registration standard) in just over a month in other States, in the period well after my application was submitted.

As I have read the current and proposed standards for application for Nurse Practitioner endorsement I believe I fulfil all requirements to be endorsed in accordance with both of these Standards. As such, I am perplexed as to why my application has not been processed in a timely manner. As you can no doubt appreciate, I have invested a great deal of time, money and effort into achieving this goal and I am finding it increasingly frustrating with regard to the lack of information being provided as to the progress of my application. This lengthy delay has taken a heavy professional and personal toll. I am unable to practice and function at the level I am qualified and experienced to perform.

(d) Implications of any maladministration of the registration process for Medicare benefits and private health insurance claims

To date the ANF has not received any complaints from members regarding this issue.

(e) Legal liability and risk for health practitioners, hospitals and service providers resulting from any implications of the revised registration process

The predominant risk for nurse and midwives is unknowingly practicing without registration due to the belief that their application for renewal has been received. This would effectively negate their employment contract as a nurse and/or midwife and place the public at risk due to the possible invalidation of professional indemnity insurance.

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

Many of the examples already provided have resulted in financial loss for nurses and midwives due to the lengthy processing of applications.

The ANF believes that there have also been economic losses due to the significant length of time taken to assess nurses' applications for endorsement as a Nurse Practitioner. The Australian Government have supported and provided scholarships for potential nurse practitioners since 2008. When first introduced, these scholarships had particular emphasis on rural and remote settings and other areas of high community need - including aged care, mental health, women and men's health, drug and alcohol services. It was envisaged that this initiative would contribute to building the capacity of the health workforce in rural and remote Australia. Further, that there would be improved access to health care for Australians living in these parts of Australia, which in turn would provide economic benefits for these communities.

The Australian Government has invested financially in the development of the nurse practitioner role. Delays in the endorsement of growing numbers of nurse practitioner candidates is compromising the Government's intention that these health care clinicians will fulfill a necessary role in the health outcomes of the community.

There are specific examples in some States where there have been unacceptably long delays in processing authorisation for nurse practitioner (NPs) which has led to the withdrawal of nurse practitioner positions.

In Victoria, we are aware that there are still at least 40 nurse practitioner candidates awaiting authorisation and a similar number in New South Wales.

(g) Response times to individual registration enquiries

Nurses and midwives have indicated current timeframes for the processing of both initial registration and renewal of registration which are clearly unacceptable, as cited in the responses to the Terms of Reference points (a), (b) and (c).

(h) AHPRA's complaints handling processes

1. The ANFs experience is that nurses and midwives are not aware of the AHPRA complaint process and do not understand how to access the links to the website. The complaints process is not visible to registrants.
2. Additionally, the areas under this scheme in which a nurse or midwife may make a complaint are limited and are not perceived by nurses and midwives to be effective in resolving the complaint.

(i) Budget and financial viability of AHPRA

The ANF has not been privy to the AHPRA budget, and in particular the NMBA budget. It is our understanding that the current income generated from applicant registration and accreditation fees should cover AHPRA expenses to regulate nurses and midwives. It is anticipated that there would be increases in fees in line with the Consumer Price Index (CPI). Professions such as nursing and midwifery, as the largest health professional groups, do generate a significant income for AHPRA. These professions should not subsidise registration costs of other regulated health professional groups.

The ANF believes, as a matter of transparency, that the assets of all previous Health Regulatory Boards and Councils in Australia, and any expenditure, should be overt and publicly available.

(j) Any other related matters

There is confusion as to the structure of AHPRA and the relationship to both the National Boards and the National, State and Territory offices of AHPRA. It is unclear as to who takes carriage of issues. Nurses and midwives are unsure whether to contact AHPRA or the NMBA if they have registration issues.

CONCLUSION

The Australian Nursing Federation welcomes the opportunity to provide a submission to the Senate Inquiry into the Administration of Health Practitioner Registration by the Australian Health Practitioner Regulation Agency (AHPRA). The ANF Federal Office, in consultation with the ANF State and Territory Branches, has considered the terms of reference for the Inquiry and has had extensive discussion on the matter.

The ANF supports national regulation and will continue to collaborate with AHPRA and the NMBA to provide professional opinion on nursing and midwifery matters. It is essential that the regulatory process serves its purpose of protecting the public and that nurses and midwives are dealt with fairly, equitably and efficiently within the Scheme.

The ANF likewise supports the formation of a separate body for accreditation of nursing and midwifery courses – the Australian Nursing and Midwifery Accreditation Council (ANMAC). This national body has been established in a short timeframe and is to be applauded for efficiently working towards the achievement of operational objectives.

Currently, the ANF is represented on the Professions Reference Group (PRG). The ANF recommends that AHPRA establish a formal and ongoing advisory committee of the registered professions, and soon to be registered groups. This committee would essentially be an expanded PRG whose remit would include discussion of all issues pertaining to the National Registration and Accreditation Scheme.

The ANF looks forward to providing further input to this Senate Inquiry and would be available to participate in the Senate Hearing to be held in May 2011.