



educating, supporting and advocating for all of remote health

To : The Secretary

Senate Finance & Public Administration Committee

Po Box 6100

Parliament House

Canberra ACT 2600

Submission to :

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

From: Geri Malone

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On behalf of CRANAplus: peak body for remote health

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As the peak body for Remote Health CRANAplus is dedicated to the development and delivery of safe, high quality primary healthcare to remote and isolated areas of Australia through the education and support of remote health practitioners and advocacy for the issues affecting them and the people in their care

Membership of CRANAplus includes, but is not exclusive to, health practitioners who work in remote and isolated practice areas of Australia and we would like to take the opportunity to make a few points against the terms of reference as to how the administration of AHPRA has impacted on health professionals.

At the outset CRANAplus is a strong advocate for the National Registration initiative, in the remote context this ability to cross borders with nationally recognized registration is a significant step forward for nurses and other professionals who are often quite mobile and work across the remote sector in different states and territories. The opportunities for standardized approach to practice as a follow on from this process are significant.

Terms of Reference

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

It would appear that the limited resources available to AHPRA, impacts significantly on the effectiveness and efficiency of the process. Specifically in Nursing, the largest group of Health Practitioner's, the limited resources of the National Nursing & Midwifery office resulting in the slow response, lack of clarity around processes and inability to have any contact with the office caused general confusion and often anxiety for individuals in terms of the status of their registration. The issue of documentation and proof of registration was very tardy with the only option of checking status being online.

(b) performance of AHPRA in administering the registration of health practitioners;

As above issue of minimal resources, lack of opportunity to gain clarification around processes and status.

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

The impact on the individual practitioner as a result of the inefficient delivery of process has a cascading effect on the health service they work for and then potentially consumers of that service.

The complex, poorly articulated process meant that there were instances where individual Nurses were not registered. This was due significantly to the lack of clarity around the processes, waiting for documentation that was

assured to be delivered to each individual and on occasions was never received, and the very long delays in receiving any acknowledgement of the processing of received registrations. Ultimately, the discovery that staff are not registered, with the resultant legal implications of that, the impact is felt by the service providers, particularly in the remote context where they have a very limited workforce pool. This then impacts on consumers when the health service is unavailable due to an unregistered Health Professional.

It reflects poorly on the individual and the health service due to a very disorganized / bureaucratic process

(d) implications of any maladministration of the registration process for Medicare benefits and private health insurance claims; No comment

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

*A particular issue and impact on Nurses in remote and isolated practice is the inclusion of the **Registration Standard for endorsement for scheduled medicines for registered nurses(rural and isolated)**.*

This endorsement was transferred across from the QLD Nurses Board and whilst CRANaplus agrees with the implementation of this endorsement, the process has been very poor, resulting with the endorsement requirement appearing on the Registration site without any clear clarification to whom and in what situations this applies.

In order to be eligible for this endorsement the RN has to satisfactorily complete an approved course as accredited by the Australian Nursing & Midwifery Accreditation Council. At the current time there are only two courses accredited, both based in Queensland, which is an unreasonable and unrealistic expectation for Nurses outside of Queensland.

There not only needs to be a better geographical spread of courses but also they need to be accessible on line. By the nature that the endorsement is for Remote and isolated Nurses having two accredited course both located in QLD is not equitable

Whilst this issue may not be directly under APHRA jurisdiction, the cost of gaining accreditation for courses is very high which in itself may prohibit some very credible sources being able to gain accreditation. This may result in limiting the access to courses to the Tertiary sector which is not always the answer, in terms of equity of access and meeting the actual need.

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

Liability when registration processes go astray which we have already referred to in point c)

(g) response times to individual registration enquiries;

The ability to gain clarification from the Board on status of registration as already identified was very tardy and often difficult. Nurses were always

directed to accessing the website to check the status of the registration and in the absence of any other ability to gain clarification from the Board this was the only option. It is an unfortunate assumption of Government bodies that all residents of Australia have equal access to this medium.

Our understanding is that that the Nurse Practitioner process for gaining Registration in terms of the assessment process has experienced excessive delays, resulting in inability to practice, impacting on the individuals capacity to work and limiting services to the community. This is a very unfortunate implication for this burgeoning area of practice.

(h) AHPRA's complaints handling processes;

Very difficult to get any direct contact with AHPRA, in fact near impossible and challenging to even get access to a telephone number, whereby simple issues may be able to be cleared up very quickly

(i) budget and financial viability of AHPRA; and

(j) any other related matters.

As a remote health organization we are very interested in the processes around the next round of Registrations particularly for Aboriginal Health Workers(AHW) and Ambulance personnel, currently unregulated workers with whom our members, predominantly Remote Area Nurses (RAN) have a great deal of professional contact.

Specifically we would like to raise the issue in regard to how these groups will be registered. Will this be a tiered approach to accommodate the range of educational preparation as well as the broad diversity in the roles ranging from basic through to advanced clinical.

In terms of information for health colleagues and in interest of the consumers we feel there needs to be far greater transparency around the diversity of levels within each of these.

Examples

- AHW's role of clinical vs community support*
- Ambulance officers from driver/ volunteer through to Advanced paramedic with extensive clinical knowledge and skills*

In closing, we appreciate the opportunity to have input in to this inquiry and reiterate our support for the National scheme, however it would appear that the administrative bodies are greatly under resourced to manage the very high workload that is required.

Geri Malone
National Coordinator of Professional Services
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