



9 May 2011

Senate Finance and Public Administration Committees
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Senate Committee Members

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

I would like to make a submission to the Senate Committee in relation to terms of reference points:

- (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;
- (c) impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers; and,
- (h) AHPRA's complaints handling processes;

Points (a) (b) (c)

My understanding is that the Australian health system has a shortage of health professionals and that this shortage is keenly felt in hospitals. Both major political parties at the Commonwealth level of government mention this during election campaigns and promise to do more to improve staffing levels. The establishment of a national registration system was meant to be one way of improving health delivery. I have long supported the development of a national registration system for health professionals and am mightily disappointed that AHPRA has proven so inept in achieving this relatively straightforward task and is not contributing to improving our health system as it was meant to.

I appreciate that the Nursing and Midwifery Board of Australia's Codes of Ethics and Professional Conduct may have complicated the registration process of nurses. However, surely the most straightforward approach in the first instance would have been to transfer all health professionals who were already registered with their State/Territory body directly over to AHPRA so that their registration did not lapse and they could continue to work. Then a time limit could have been set, a year or perhaps two, after which those health professionals who were simply transferred to AHPRA would have their qualifications reviewed as they come up for renewal. This would have given AHPRA

a reasonable period of time to bed down their systems and develop competency within their organization. It would also have given health professionals time to meet any new requirements for their registration. This approach would have enabled health professionals to remain working in the health system and would have given AHPRA time to organize itself more effectively to meet its brief.

Given my experience with the organization during its first days of operation I was not surprised to learn of the difficulty many health professionals were having in their efforts to register their qualifications with AHPRA. Below is an outline of the difficulty I experienced when I tried to contact AHPRA in July 2010.

- ⇒ In February 2010 I lodged a complaint with the then Nurses Board of Victoria (NBV) about three nurses involved in the treatment and care of my father while he was in hospital. The matters I raised are serious involving three registered nurses whose conduct did not meet the Nursing and Midwifery Board of Australia's Codes of Ethics and Professional Conduct. At the NBV's request I submitted more detailed information to them on 20 May 2010. I regularly followed up with the NBV to check on the progress of my complaint, but little happened. Perhaps the question put to me by one NBV officer explains why. The officer asked me "Why are you so concerned about this, they (the nurses) will be back to their old behaviour six weeks after any disciplinary action?" I was shocked by this comment.
- ⇒ When the NBV told me that the complaint would be transferred to AHPRA from 1 July 2010 I decided to make sure my complaint reached AHPRA safely, that they were aware of it and that I was given the name and contact details of the officer who would be handling it. I called AHPRA a number of times on Monday 5 July 2010, but I could not get through because the telephone line was continuously engaged.
- ⇒ In the afternoon I called Minister Roxon's office and before the end of the day an officer from her Department, the Department of Housing and Ageing, called me to advise that AHPRA was experiencing a high number of calls and I should try again in two weeks time.
- ⇒ This advice was unacceptable to me and prompted me to send Minister Roxon an email. I did not receive a response so at 2:15pm on 7 July 2010 I called Minister Roxon's electorate office and they undertook to get someone to call me. An officer from AHPRA called me at 4:14pm the same day and told me that AHPRA would take my complaint to the Nursing and Midwifery Board of Australia (NMBA) sometime in July 2010. The complaint was not taken to the NMBA in July 2010 and has still not been taken to the NMBA.
- ⇒ It was disconcerting that I had to explain to some of these people I dealt with exactly what AHPRA was as if they had not been briefed about it and its launch.

AHPRA's incompetence in coping with the early days of its operation was extremely disappointing. Surely AHPRA should have anticipated that most health professionals would be concerned about the implications this change to registration procedures could have on their ability to work and earn a living and that they would want to contact AHPRA as soon as they possibly could. Surely AHPRA should have anticipated that people who have lodged complaints about health professionals would want to follow up and ensure that their complaint was still being attended to.

- § Why did AHPRA not have a strategy in place to rationally deal with health professionals who were already registered with their State/Territory Boards? Clearly re-registration of these health professionals could be delayed to give AHPRA some bedding down time.
- § What made AHPRA management think their organization could process the thousands of registrations it needed to in a short period of time with limited staff and probably an untried computer system?
- § Why did AHPRA not have a separate system in place to deal with lodgement of, or enquiries about, complaints?
- § Why was AHPRA not prepared for a high level of telephone contact in the early days of their operation? It is normal practice to install a temporary system to cater for a high volume of calls in the early days of establishing a new system and especially one so critical to health professionals' livelihood and patients' wellbeing.
- § Why were there not two telephone numbers available – one for registration enquiries and one for enquiries about complaints?
- § Was senior management really up to the task of managing this new process? After all it is not rocket science, State and Territory registration Boards had been doing the process for years.
- § Were State and Territory politicians asking for too much to be achieved too soon?

Point (h)

In October 2009 Dad, who was 79 years old at the time, had triple heart bypass surgery in a major Victorian teaching hospital. He passed away eight weeks later while still in hospital. Much of the nursing treatment and care my father received while at the hospital was sub-standard. This was acknowledged in a letter I received from the Victorian Branch of the Australian Nursing Federation.

On 19 February 2010 I lodged a complaint with the Victorian Office of the Health Services Commissioner against the hospital in relation to their management of Dad's treatment and care. This complaint process was finalized in February 2011. It was a tortuous, lengthy and dispiriting process.

On 19 February 2010 I also lodged a complaint with the Nursing Board of Victoria concerning the behaviour of three Registered Nurses who cared for my father during part of his hospital stay. On 1 July 2011 my complaint was transferred to AHPRA as the new national agency responsible for dealing with complaints against health professionals. AHPRA refers to complaints as notifications.

Since July 2010 I have regularly followed up with AHPRA to check on the progress of my complaint. Please see **Attachment A** for details.

The issues I raised are of a very serious nature, involving not only sub-standard nursing treatment and care for my father, but also ignoring a doctor's written direction regarding Dad's treatment, bullying and attempting to intimidate Dad. As I mentioned above my complaint was not taken to the NMBA in July 2010 as promised and it has still not been taken to the NMBA. This is totally unsatisfactory. It is now 15 months since I told authorities what these nurses did to Dad, but to my knowledge, the nurses have not been counseled or disciplined despite their behaviour clearly not meeting the NMBA's Codes of Ethics and Professional Conduct. They continue to nurse at the same hospital and as far as I am aware they continue to be responsible for supervising other nurses at the hospital.

I have not provided details here of my complaint because the complaint process is still underway. However, if the Senate Committee would like details I have no objection to them being provided so long as I can be guaranteed that this would not jeopardize the complaint process in any way.

I hope Committee members are able to see that not only the registration process needs to be fixed, but the complaint process also needs urgent attention. I have been told by AHPRA officers that they have hundreds of complaints to process. This in itself astounds and horrifies me. I am sure the Australian public would also be horrified if they knew that complaints about the conduct of health professionals are left to languish for heaven knows how long as if even serious complaints are really of no great consequence.

I hope Committee members can appreciate the importance of a complaint process to patients who have experienced an adverse event because of the conduct of one or more health professionals, and the importance of a complaint process to their families. It is important for them to know that unprofessional conduct is not acceptable or tolerated and that something will be done about it. It is important for them to know that health facilities and health professionals will learn and improve and that other patients will not be as likely to suffer in the way they have. These things help people to heal.

My experience so far has not been a healing one. I have little faith in the complaint process or AHPRA who have been established to conduct it. No one can say I have not tried to progress the complaint or that I have not cooperated with every request made to me. In fact I have been treated worse than those I complained against. I have had to write numerous letters and reports requiring me to re-live what Dad experienced and the effect it had on him, I have been subjected to an intensive two hour interview, but the nurses have not, I have had to make many telephone calls and write numerous emails to follow up on the progress of the complaint. I have had to retain a calm, measured demeanor even while attempts are made to fob me off, while being talked to in a condescending way and while being subjected to subtle put-downs through comments such as: 'Are you planning to make this your life work'. It is no wonder most people do not bother to complain. So many people have said to me 'what's the use of complaining, it won't get you anywhere'. And perhaps they are right, perhaps the real objective of a complaint system to deal with the unprofessional performance of health practitioners is after all only to discourage people from complaining whilst allowing our political and health systems to be seen as having a process of accountability.

Today I again contacted AHPRA to follow up on the progress of my complaint. I was advised that an AHPRA officer was compiling a report to submit to the Nursing and Midwifery Board of Australia who will consider the matter. AHPRA would not commit to a timeframe for presentation of my complaint to the Board, but indicated it would not be months. I'll see.

I hope in some small way at least Committee members can appreciate how important it is to me to receive a timely resolution to my complaint. I hope Committee members are able to make strong recommendations aimed at improving AHPRA's performance, transparency and accountability. I hope in relation to accountability that State and Commonwealth governments and politicians, from all sides of the political spectrum, will take responsibility for the success of AHPRA and that they will accept that it is ultimately they who are accountable for AHPRA's performance.

Yours sincerely

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ATTACHMENT A

Following is the action I have taken since the transfer of my complaint to AHPRA in July 2010 in order to ensure the complaint process progresses:

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| 14 July 2010 | Officer of the Department of Health and Ageing (DHA) called me and advised my complaint would not go to the Board in July 2010 as promised, it would now go to the August/September 2010 Board meeting. |
| Monday, 23 August 2010 | AHPRA officer(1) called to say my complaint would be considered during the 2Sep10 Board meeting and I would be informed very quickly as to whether it would go to investigation or not. |
| Tuesday, 7 September 2010 | I spoke to AHPRA officer(2) who advised the complaint will go before the Board on 16Sep10. AHPRA officer(2) denied having spoken to AHPRA officer(1) or to agreeing to put the complaint before the Board on 2Sep10. |
| Tuesday, 7 September 2010 | I spoke to an officer from DHA, and explained that the case keeps dropping off AHPRA's agenda for the Board. She would not undertake to call them to ensure the case was heard and suggested I call AHPRA the day before the Board meeting to check if it was on the agenda. |
| Wednesday, 22 September 2010 | Letter from AHPRA to say the matter was under investigation, but that they could not say how long it would take to resolve. |
| Thursday, 23 September 2010 | AHPRA officer(2) confirmed Board decided all three nurses will be investigated and that I would receive a letter shortly and be given a name of an investigator whom I could contact. |
| Monday, 4 October 2010 | I was interview by two AHPRA officers(3)&(4) for two hours about my complaint. |
| Thursday, 21 October 2010 | Asked AHPRA officer(5) to send me the three reports of my interview via email so I could edit in track changes. She did that and much later when I asked she advised that my track changes were accepted. |

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| Friday, 17 December 2010 | I called AHPRA officer(3) to follow up on the progress of my complaint. Officer(3): Indicated little progress had been made because had taken leave and because of workload pressures. Confirmed nurses know of complaint, but have not provided a response to my complaint. Confirmed had not interviewed nurses. Said no further progress would be made until February 2011 at the earliest. |
| Monday, 7 February 2011 | Emailed AHPRA officers(3)&(5) asking about progress on my complaint. |
| Monday, 7 February 2011 | No response to my email so called AHPRA officer(3) who was evasive about the date the nurses were asked to submit their comments on my complaint. Said responses were probably due within two weeks. Said had spoken to the hospital, but will not interview the nurses. |
| Tuesday, 8 February 2011 | Called Minister's office to explain the lack of progress on my complaint and could they help. I was told to call the Ombudsman which I did. |
| Tuesday, 8 February 2011 | Officer from DHA, called me unexpectedly suggesting I call AHPRA. I called AHPRA officer(3) once more explaining how important resolution of my complaint was to me, my concerns over the delay and suggesting that it might be an idea for me to speak to a more senior person if the delay was due to lack of staff. |
| Tuesday, 8 February 2011 | Spoke to AHPRA's Manager Notifications and pointed out that the nurses were only allowed 21 days to respond to AHPRA there they were only sent my complaint sometime in Jan 2011 which means AHPRA had done no work on my complaint between late October 2010 and mid-January 2011. |
| Tuesday, 8 February 2011 | Called The Office of the National Health Practitioner Ombudsman and left message for him to call me back. |
| Tuesday, 8 February 2011 | 2:55pm Ombudsman called me back and said he would contact someone in AHPRA and get them to call me. |

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| Tuesday, 8 February 2011 | I spoke to AHPRA FOI&Privacy officer who said he could not interfere in the investigation process, that a lot of resources were being applied to recent notifications/complaints and he could not give me a timeframe for completion of my complaint. I pointed out that mine was not a 'recent' notification and was a serious matter, but he said the best thing I could do was wait for 2 weeks by which time the nurses will have responded. |
| Tuesday, 8 February 2011 | Received a message from AHPRA's Manager Notifications that she would call me tomorrow. |
| Wednesday, 9 February 2011 | Spoke to AHPRA's Manager Notifications who apologised for the delays, but said AHPRA had to establish who the nurses were and whether they were on shift at the times I said. An easy task I would have thought. Still a lack of clarity about due date for nurses to respond to my complaint. Officer did not consider my complaint was urgent even though I explained that one of the nurses had failed to follow a physician's written orders and that the other nurses had bullied and intimidated Dad. |
| Wednesday, 9 February 2011 | Emailed DHA to advise the outcome of my communications with AHPRA. |
| Mid March 2011 to early April 2011 | Received individual Registered Nurses' responses to my complaint and submitted my comments on these to AHPRA. |
| Monday, 9 May 2011 | I contacted AHPRA and was advised that they are compiling a report on my complaint to submit to the Nursing and Midwifery Board of Australia. They did not commit to a timeframe for this. |