



**RESPONSE TO SENATE INQUIRY INTO THE
ADMINISTRATION OF HEALTH PRACTITIONER
REGISTRATION BY THE AUSTRALIAN HEALTH
PRACTITIONER REGULATION AGENCY
(AHPRA)**

APRIL 14th 2011

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(on behalf of Ramsay Health Care Group HR/People and Culture)

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Background:

Ramsay Health Care is a global hospital group operating 116 hospitals and day surgery facilities across Australia, the United Kingdom, France and Indonesia. Ramsay Health Care facilities cater for a broad range of health care needs from day surgery procedures to highly complex surgery, as well as psychiatric care and rehabilitation. With over 9000 beds, the Company employs over 30,000 staff across three continents.

Ramsay Health Care is now the largest operator of private hospitals in the country. With 66 hospitals and day surgery units, Ramsay Health Care Australia admits over 760,000 patients and conducts over 450,000 procedures per annum. The Company is well-respected as a leader in the private health care industry in Australia and is a well-recognised brand in the industry.

The new registration and renewal process under the national system provided Ramsay Health Care with an opportunity to enact multipronged change management processes to support our registered health professionals. This internal "change campaign" was headed up by Ramsay Health Care's National Workforce Planning and Development Unit. This campaign commenced in May 2008 and continues operating today.

The submission focuses predominately on the implications for our nursing and midwifery workforce, as this group does comprise the majority of our professional employees.

Ramsay Health Care devised an internal enquiry and reporting system whereby all questions, issues and registration concerns were reported directly to the National Workforce Planning and Development Manager. As a result an extensive and comprehensive internal register of issues per registrant exists. We have excellent capacity to report on the workforce, human and financial impacts of the transition scheme at the national level on behalf of our local hospitals.

Despite rigorous and widespread internal preparation and communication strategies for this national registration initiative Ramsay Health Care remains adversely affected by many of the unforeseen complications and negative impacts of the new registration transition. It is for this reason that we welcome the opportunity to provide an account of our experiences for this senate inquiry.

This paper intends to outline key impacts by focusing on (as per the Terms of Reference):

- a) Capacity and capability 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 and hospital service providers
- d) Response times to individual registration enquiries

OUR EXPERIENCES:

In a statement from AHPRA issued on their webpage in September 2010 in response to “teething problems” we were advised:

“AHPRA's focus is to support the national boards in their core role of protecting the public. Our priorities are to ensure the accuracy and completeness of the 10 national registers, to respond effectively to enquiries from registrants, the public and employers and ensure the integrity of our processes”

Our experience as Australia's largest private hospital operator suggests that the aforementioned objectives of AHPRA were at times unfortunately far from delivered.

INTERNAL MEASUREMENT OF IMPACT (FOR RAMSAY HEALTH CARE) :

In general it can be said that the “backlog” of applications caused considerable interruptions to health care delivery in some cases.

- Since June 2010 Ramsay Health Care's central Workforce Planning Division has liaised with over 234 registrants (who are our own employees) in relation to concerns over their registration with AHPRA
- We also received calls from 13 individuals who were from outside of our organisation and desperately seeking some assistance as they were unable to obtain a response from AHPRA and their local health employer
- These enquiries/ requests for assistance were in each instance in relation to process issues regarding renewal or first time registration(in the case of new graduates)
- Of these 234 employees, 207 were nurses and/or midwives and the remaining 25 were allied health staff and 2 were medical practitioners
- Of the 234 employees who sought support/guidance from our company, 234 were seeking advice and assistance owing to AHPRA's failure to respond to email/telephone enquiries or provide sufficient advice in relation to their practice
- 34 employees were required to cease practice for a period whilst their registration was reinstated. This period of practice absence ranged from 3 days to 5 weeks.
- Of the 34 employees who ceased practice 34 were nurses, 5 of whom were senior clinical frontline managers
- We are able estimate a loss of over 680 rostered shifts (over 5,500 nursing care hours) owing to registration issues.
- These “lost” patient care hours were replaced by one of three methods
 1. The goodwill of nursing staff to undertake additional shifts/overtime
 2. Use of casual “nurse bank staff”
 3. Use of agency staff
- Of the 234 employees who requested assistance, 43 were new nursing graduates “awaiting” registration to then commence in our national graduate nursing program.
- On average during February 2011, our new graduates were required to “wait” for 41 days to become registered after having applied for registration in November and

December 2010. The longest wait period observed was 12 weeks for a domestic applicant.

- New graduates awaiting registration were employed as Assistants in Nursing or Patient Care Attendants so as to ensure that they were socialised and integrated into the workforce (whilst being able to earn some income). The alternative was to have them remain at "home" unemployed whilst awaiting their registration. While these graduates were given employment it was at a substantially lower rate than they would have received had they been employed as Graduate Nurses.
- Whilst these new graduates did not practice as nurses during their wait time Ramsay Health Care supported them as support workers in their future clinical environments. Ramsay Health Care generously supported by providing over 8,000 hours (some 1000 shifts) of employment as they awaited registration
- The delays in rostering graduates had flow on effects such as the postponement of graduate programs, rostering and staffing implications and loss of income for those awaiting registration
- Delays for international graduates were particularly severe. Many of these related to the new English Language Skills Registration Standards. It is well documented in the media about the international students who were forced to return to their country of origin due to visa requirements whilst awaiting registration approval
- On average, for our 234 employees seeking assistance and advice it took AHPRA 29 days to return calls/emails if at all. 178 employees never received a response and we assisted to seek resolution/answers by phoning policy officers directly on their behalf.
- In supporting our own staff, the National Workforce Planning arm placed on average 107 calls/emails a month to AHPRA seeking clarification and assistance
- Our register of communications reveals that of the 107 calls/emails lodged only 10-12 of them would yield a response in the form of a return email or adequate verbal instruction

In addition to this, the following issues were commonly reported and experienced:

1. Whilst AHPRA front line staff were well meaning and helpful they were unable in most instances to assist adequately due to apparent lack of knowledge or training (or both)
2. Senior staff at AHPRA were at all times inaccessible
3. National Boards would take application/processing fees immediately and then we would see registrants waiting for up to 12 weeks in some cases to gain registration and therefore license to practice with "no word" since payment
4. Up to 30 staff received incorrect registration types in their certificates. When contacted, AHPRA personnel advised 7 of our staff "not to worry about what it says on the public register or certificate"
5. On average our staff would experience lengthy phone delays of up to 3 hours. One nurse reported waiting 5 hours only to be advised that the information was on the AHPRA webpage. A thorough search for details revealed that no such information existed on the AHPRA webpage

6. For the majority of episodes when the phone call was taken by AHPRA their employees were unable to advise staff on the status of their application
7. In most cases the advice provided by AHPRA staff was inconsistent with the relevant National Board's guidelines
8. 100% of our staff who sought our assistance reported that their phone calls were not answered if a message was left with AHPRA
9. Whilst provided with one month's grace during the registration renewal process over 42 of our employees remained/remain in waiting for final advice that their registration has been processed. AHPRA has advised once again in these instances to "ignore the public register" if it states that it is being "processed". It would appear that processing leads each time to unconditional successful registration
10. 57 of our staff were asked to mail "original" documents of various nature to AHPRA. 17 of those who did so were asked to re-send these again some weeks later
11. There still remains confusion about the "endorsements" for nurses and midwives and we have found AHPRA's advice regarding scope of practice for nurses to vary widely
12. Staff in Victoria continue to experience difficulties renewing their registration online. Their names or registration numbers are not being recognized by the system, issued passwords have not enabled access to the system and there have been significant delays in issuing passwords to enable staff to renew registration online.
13. The mailing of letters (for 31st May 2011 national renewal) for nurses and midwives continues to be an issue (in that staff are not receiving them and therefore cannot access the online renewal details without the code provided for them in the letter). When discussed with AHPRA we were advised that "There was stuff up at the mail distribution centre in Melbourne and that only some got away". No advice could be offered on when these replacement letters will be issued.
14. In the instances whereby staff registration has lapsed, staff were not notified that they had been removed from the register. This was determined by manual verification by the individual. In 90% of these cases the RN/EN/Midwife involved had not received a renewal notice by mail and was unaware that renewal was due. On average reapplication to the register meant a 3- 6 week wait to be reinstated.

POSITIVE IMPACT:

AHPRA to their credit have been open and transparent in relation to the number of significant issues with registration during transition to the new National Scheme.

We also found the capacity for health care organisations to undertake multiple registration checks to be of great benefit. The technology provided enabled us to readily perform employee registration checks with ease. AHPRA are to be commended on this function.

As a profession nursing and midwifery welcomed and embraced the Registration Standard for Continuing Professional Development.

We also received excellent and timely support from AHPRA regarding one issue of misconduct.

CASE STUDIES:

The following pages contain a sample of case studies provided by Ramsay Health Care's HR Officer and Registered Migration Agent. These have been de-identified for the purposes of this submission. The original evidence/paper trail is readily available on request.

There are many more domestic case studies that are readily available on request (as per the impact notations on pages 3 and 4 of this report).

We have elected to focus on these 3 examples as each case outlines the at times severe impact on those awaiting response and ultimately registration.

CASE STUDY 1

NURSE A This case study related to items (b) and (c) of the Senate Inquiry Terms of Reference

- Nurse A was an EN in Singapore, but completed her 3 year Bachelor of Nursing degree at La Trobe University in December 2010. She completed all components of the degree in Australia and was not given exemption for any subject or module.
- Nurse A applied for her registration as per the guidelines with AHPRA in January 2011.
- Nurse A enquired as to the progress of her application on 1 February and received a standard reply that they aim to process applications within 4-6 weeks however during the peak period of December and January delays may be experienced.
- 3 February – formal acknowledgement of application received via email
- 14 February – visited Melbourne AHPRA office stating urgency of her application as she was joining the Graduate Program commencing on 21 Feb. She was assured that her application has not yet been assigned to a case officer and was still in the queue.
- 17 February – visited AHPRA office again and was told that she would just have to wait. ANMB said they would make a note on the system about the urgency of her application.
- 22 February – registration fee deducted from credit card.
- 25 February – letter received requesting the following:
 - National ITE Certificate in Nursing Course details including:
 - Transcripts
 - theoretical content including the hours
 - clinical content including the hours
 - Nurse A had already submitted a certification of good practice standing from Singapore Nursing Board which was all she believed they had asked from on application form. English language requirement
 - Name of the Secondary School attended
 - Dates attended the secondary school
 - Level of Secondary Education achieved
 - All the final year subjects were taught and assessed in English
 - Nurse A had already provided AHPRA with her Secondary Singapore-Cambridge General Certification of Education. In the certificate, details of the final year subjects that she took were stated including the language medium (English) except for mother tongue and examining authority (Cambridge).
 - 9 March – Nurse A took copies of all requested documents to AHPRA. They would not accept copies and said she must provide originals.

- 10 March – Nurse A's AHPRA case officer advised Nurse A over the phone that she would be on leave for a week (14 – 18 March) and a note would be put in the system for another case officer to handle her case in her absence.
- 15 March – Nurse A took original documents to AHPRA which had just arrived by courier from Singapore. She enquired with the receptionist who the case officer who was handling her case was whilst her case officer was away. Receptionist advised her there was no note in the system and that “no one else was handling her case”.
- 21 March – Nurse A phoned AHPRA hotline and then her case officer directly. Left a message.
- 22 March – Several voice mail messages left by Nurse A as well as by her hospital Nursing Unit Manager and the Staff Development Co-ordinator.
- Case officer returned Nurse A phone call and apologised that no one had taken over her case while she was away. Case officer advised Nurse A that because her Student Visa has now expired (on 15 March 2011) AHPRA will need proof of her visa validity so ensure she is staying in Australia legally. She further added that an online-verification through the DIAC VEVO system would not be sufficient and would need to be certified.
- Our HR officer from the hospital followed up with calls to AHPRA explaining that Nurse A was on a Bridging Visa and could not have her 457 visa granted until her registration was granted. Our HR officer advised the case officer that the 457 was an electronic application so only online verification of her visa status was possible.
- 24 March - Nurse A called AHPRA through the General Enquiry Line after failing to get her case officer to return their calls. Nurse A was then asked to bring in the online visa verification to AHPRA.
- 23 March - Registration granted (according to AHPRA website), but this was not advised when talking to AHPRA on 24th).

Issues:

1. Why was her EN qualification relevant given that she had completed a full entry to practice nursing Bachelor of Nursing degree in Australia?
2. Why was AHPRA concerned with her visa status? It is our understanding that in this case the role of AHPRA is to determine if her nursing qualifications are suitable for registration, not to verify immigration status.

CASE STUDY 2

NURSE B This case also study relates to items (b) and (c) of the Senate Inquiry Terms of Reference

- Nurse B is an RN who is a citizen of the UK. She was born in the UK and completed her nursing degree there.
- 9 November 2010 – application lodged with AHPRA
- 16 November – application acknowledged and payment taken
- 22 November – enquired on her application and was advised “each application is assessed in date order, we aim to undertake an initial assessment as soon as practical, however it is difficult to give a specific timeframe for the assessment of an application or the issuing of registration to overseas nurses due to the complexity of overseas applications.”
- 25 January 2011 –Nurse B emailed AHPRA and received the same advice that she received on 22 November. They advised that they were still assessing cases received from August – October 2010 and hers has not yet been assessed and would not be until those others were complete.

- 22 February 2011 – Nurse B emailed AHPRA and received the same advice that she received on her two previous email queries. They did indicate that her application had not yet even been initially assessed.
- 6 April 2011 – received a letter asking for evidence that secondary schooling was in English and asking for evidence of her Australian visa. She was also asked to provide identity documents from each of the 3 categories, although this is not applicable to overseas applicants who are not in Australia.
- 7 April 2011 – Nurse B phoned the AHPRA office to query the proof of identity requirement and she was told to re-send documents that she had already sent ie, nursing registration from UK, copy of her passport and birth certificate. The person on the phone also asked her to send a certified copy of her bank account statement. There is no mention of requiring a bank statement on the international nurse registration application form. She was told that she could not be put through to her case officer nor could she email the copies of her documents. She was told she must post the documents. The person on the phone said if she had not heard anything two weeks after the documents were sent, she should call again and they would let her talk to her case officer then.

Nurse B's application was in a queue for 5 months before being looked at and now AHPRA are requesting unreasonable items. AHPRA are also requesting documents not part of the process for overseas applicants. Nurse B was expected to commence with Ramsay in January 2011. The hospital is still waiting for her to join them.

CASE STUDY 3

NURSE C This case study also relates to items (b) and (c) of the Senate Inquiry Terms of Reference

- October 2010 – applied for registration
- No acknowledgement of her application was ever received.
- Emails to AHPRA seeking a progress update on the following dates:
 - 15 December 2010
 - 6 January 2011
 - 21 February 2011
 - 3 March 2011
 - 7 March 2011

On all but 2 occasions, Nurse C was given the following standard response:

“Thank you for contacting AHPRA. Your enquiry has been escalated to a information/registration specialist who will advise you via email accordingly.”

Nurse C never received a response from AHPRA. On the other occasions she received the standard response that applications are assessed in date order and they could not give her any idea on how long her application would take

- In Nurse C's email of 7 March, she advised AHPRA that their non-responsiveness and the time taken to process her application was insufficient and inadequate. She notified

them of her intent to make a formal complaint. She received a response to this email to say that all her emails had been forwarded on and that they were receiving a high volume of emails and therefore applicants were waiting "a little longer than usual" for a response.

- Nurse C also made several phone calls over this period, all with the same answer – "your application is in the system to be looked at".
- March 2010 – she received a letter to say that she needs a letter from her College showing that her education was in English.

Nurse C's application has taken 5 months and she has still not been granted registration. Nurse C was expected to start with RHC in January 2011, but the hospital is still waiting for her to join them. Nurse C has come to Australia on a working holiday visa and is working as an Assistant in Nursing whilst she continues to wait for her registration to be granted.

CASE STUDY 4

NURSE D This case study also relates to items (b) and (c) of the Senate Inquiry Terms of Reference:

Further to item number 14 noted on page 5 of this document we have the following case study from one of our nursing areas:

- Nurse D was previously an EN for some years without any restrictions or conditions on her registration
- It was discovered that her registration had expired in October 2010 after not having received any reminder notices via post
- At the time of this report (April 2011) despite frequent and regular contact by our EN and our own staff this EN remains listed on the register, yet the register notes that her registration expired in October 2010.
- This EN is no longer practicing as an EN and when questioned AHPRA advised "that the application is still being assessed".
- Despite every effort to obtain information Nurse D has received no notification or formal communication as to neither what to expect nor why it has taken over 6 months to reinstate her (a process that AHPRA advise usually will take from 3 days to 3 weeks).

CONCLUSION:

It is widely accepted and understood that AHPRA acts in the interests of public/patient safety.

Ramsay Health Care holds the view that excellent patient safety outcomes are inextricably linked to effective and efficient regulation and registration of health care practitioners alongside excellence in clinical governance and leadership. Our single greatest challenge in terms of delivering high quality care (regardless of sector and/or service) is to ensure that we can ensure access to a sufficient supply of skilled and regulated professionals.

On the 29th September 2010 the Honorable Jim McGinty (Chairman of Health Workforce Australia) delivered a presentation at the AMA Medical Training Summit. He noted in his speech that patient care was central to the work of the HWA and that long term health care workforce sustainability was vital.

He proposed that there were only 3 ways to fix the healthcare crisis:

1. Train more clinicians
2. Import what we need from overseas
3. Reform health care delivery to better utilise scarce resources

Many of the examples and impact statements contained within the body of this submission highlight the barriers to the aforementioned objectives as set down by Health Workforce Australia.

Whilst every effort is being made to improve AHPRA's resourcing (and therefore remedy the issues relating to the processing of applications/renewals) we remain somewhat apprehensive about the future for anniversary renewals, international applicants and initial registrations for new graduates.

We share with AHPRA a strong commitment to patient safety and strongly believe that we simply cannot afford for registration issues such as the ones presented in this paper to continue to occur en masse indefinitely.

We shall continue to support and prepare our staff and look forward to what will hopefully be a smooth transition into the next renewal period for all registrants on the National Register.

Thank you for the invitation to comment. We await the outcomes of this senate inquiry with great interest.

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