

Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) – April 2011

Introduction

Royal College of Nursing, Australia (RCNA) welcomes the opportunity to provide feedback to the Senate Finance and Public Administration Committees' Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA).

RCNA strongly supports the national registration of health practitioners to improve public and patient safety and acknowledges that introducing nationally consistent standards and registration processes across ten different boards from eight states and territories is a significant undertaking. RCNA also acknowledges that to date there have been 525,000 health practitioners from 10 professions registered under the National Registration and Accreditation Scheme. This is a major accomplishment. There is no doubt however, that the introduction of this complex initiative will have highlighted challenges and concerns that need to be addressed as a matter of urgency. Feedback from RCNA members indicate a number of areas where improvements can be made as well as identifying some of the difficulties faced by nurses and midwives.

RCNA believes that as the Agency has not yet been in operation for twelve months, this Inquiry may be premature.

RCNA offers the following comments that have been provided by RCNA members.

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

The challenges of establishing a new organisation, with new offices, staff, and procedures are always significant. The complexity of the new registration process; the requirements for administration and the implications of undertaking this major regulatory reform may not have been fully understood from the outset. It would appear that limited staffing resources in the early stages have impacted on the ability of AHPRA to deliver an efficient and effective service.

RCNA believes that an ongoing, rigorous internal review of processes and taking account of feedback received would enable AHPRA to implement and administer the national registration of health practitioners in an efficient and timely manner.

A number of RCNA members have expressed concerns that AHPRA staff handling customer enquiries do not have the knowledge, skills and expertise to respond to enquiries specifically relating to nursing and midwifery registration.

(b) Performance of AHPRA in administering the registration of health practitioners

RCNA members are concerned that:

- communication with AHPRA has been difficult
- there are long delays in returning phone calls and often calls are not returned
- there have been long delays in receiving hard copy certificates of registration, particularly for those entering the profession, causing significant stress for some nurses and midwives
- online inquiries sent to AHPRA have gone unanswered, despite follow-up phone calls
- conflicting information has been provided to nurses and midwives which has directly affected the livelihoods of those who have followed incorrect advice given to them by an AHPRA representative.

It is important to note that RCNA has also had advice from members who have been able to register without any problems, noting that the system was easy to navigate and certificates were received within a short time frame. It would appear that there has been inconsistency in the experiences of nurses and midwives.

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

Any delay in processing applications can have an impact on entire communities, particularly in the instances of an application for registration to practice in regional and remote communities. These communities often rely on remote area nurses as the frontline providers of health care services and information.

Case study 1

A nurse practitioner candidate commenced a series of education programs for the community on the role of the remote nurse practitioner in anticipation of registration as a nurse practitioner. As this candidate's registration is now in the 5th month of processing, the community is losing faith that the role will come to fruition. This candidate perceives that the general community attitude has become one of remote communities again missing out on access to an increased range of health care services.

Case study 2

The prolonged processing time for a midwife's registration (because she was originally registered in another country despite working in a midwifery capacity in Australia for many years) has required a regional health service to employ her as a student midwife since 2010, with the associated limitations that this entails. The effect of this staffing limitation is magnified in a regional area with a shortage of midwifery expertise.

For student nurses specifically, the lag time between the attainment of their qualifications and their successful registration can cause financial hardship. Even if graduates are able to work as unlicensed care workers, the wages are significantly lower at that level. In addition, newly graduated nurses who attempt to enrol in post graduate courses are unable to do so without proof of their registration.

Further advice from RCNA members note that while confirmation of registration can take extensive time, the fees are deducted from registrants accounts soon after lodging their registration or renewal applications.

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

The primary role of AHPRA through its Boards is to protect the public through standards and policies that must be met by all registered health practitioners.

The National Registration and Accreditation Scheme requirement for nurses to be covered by professional indemnity insurance (PII) has implications on the nursing and midwifery workforces. Currently the Nursing and Midwifery Board of Australia is seeking feedback from stakeholders on the revised Professional Indemnity Insurance Arrangements Registration Standard and the newly develop Guidelines: Professional Indemnity Insurance for Midwives. The outcome of these consultations will have implications for registration as a midwife or nurse.

In a separate risk issue, one RCNA member has reported receiving registration as a midwife despite the fact that they did not renew their midwifery registration with the Board. Inaccurate registration certificates could have serious risk implications for health practitioners and service providers.

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

Feedback to RCNA has highlighted that there have been considerable delays in processing registration applications for nurse practitioners. It would appear that nurses waiting for their applications to be processed so they could commence work as a nurse practitioner have been delayed because guidelines detailing how to process the applications have not been made available to the branches. This has resulted in financial and professional ramifications for nurse practitioners and the Australian community who have not been able to benefit from the timely care that nurse practitioners provide. It has been brought to RCNA's attention that some nurse practitioner positions have been cancelled because of the delays in processing registrations.

RCNA recommends improved registrations processes for nurse practitioners be implemented as a matter of urgency.

(g) Response times to individual registration enquiries

RCNA is aware that the general response times to individual registration enquiries are improving as AHPRA becomes more cognisant of typical issues with applications.

However, the wait for a hardcopy certificate can be more than four weeks after electronic notification of registration. Casual employees are particularly affected when no hard copy certificate has been issued. RCNA members have reported occasions on which they must print pages from the AHPRA website and seek certification as a true copy of a printed page when employers, potential employers or credentialing organisations request hardcopy proof of registration.

Nurses are now being sent reminders for their next renewal due on 31 May 2011 while they continue to wait for hard-copy or, in some cases, electronic confirmation of their previous renewal.

RCNA is aware that nurses who were originally registered in another country, regardless of the length of their state-based registration in Australia, experience further complications and delays in the processing of their national registration.

(h) AHPRA's complaints handling processes

Members have expressed concern that their concerns were dismissed when attempting to complain to AHPRA. Furthermore, the complaint process is hindered by the lack of administrative support to the National Health Practitioner Ombudsman. RCNA members have been informed that the Ombudsman is a single entity with no administrative support. RCNA recommends that this lack of resources must be addressed as a matter of urgency.

(i) Budget and financial viability of AHPRA

RCNA does not have specific information relating to the budget of AHPRA. It is our understanding that AHPRA will be funded from registration and renewal fees paid by health practitioners. As the largest health practitioner groups, the nursing and midwifery fees will generate significant income for AHPRA. It is essential that the income generated from these groups does not subsidise the registration costs of other professions.

(j) Any other related matters

AHPRA website is difficult to navigate and could be revised to provide easier access to information for nurses and midwives. The website should be updated on a timely basis, particularly in relation to registrant details. Another more individual concern is that the place of residence is listed on the website if a health practitioner works casually and is not able to provide a work address. RCNA is concerned that the public availability of residential information has both privacy and safety implications.

RCNA has been informed that reports made against nurses to state boards have now been transferred to AHPRA. However, nurses involved in these cases are ill-informed of the status of the notifications. In these cases, nurses endure both an emotional and financial expense with little information to guide them in the outstanding subjects.

RCNA recommends that unsuccessful candidates for registration receive an explanation from AHPRA as to the reason why the registration was not successful. RCNA members have noted that they are concerned with the inconsistency in AHPRA registrations for students completing the same courses. It would appear certain students from the same program are granted medication endorsement while others are refused.

Recommendations

RCNA recommends that:

- AHPRA be resourced at a level to ensure that an efficient quality service is provided at all times
- communication methods/processes be reviewed to ensure consistency of messages and to enable responses to be provided in a timely manner
- staff responding to enquiries have the requisite knowledge to provide appropriate advice
- processes be reviewed to ensure timely efficient registration
- regular evaluation processes be put in place to implement ongoing quality improvement measures.

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