



**Australian Nursing Federation (Victorian Branch)**

**Submission to the Victorian Government  
Legislative Council's Inquiry into the  
Performance of the Australian Health  
Practitioner Regulation Agency**

February 2013

Lisa Fitzpatrick  
State Secretary  
Box 12600 A' Beckett Street PO  
Melbourne Victoria 8006  
Telephone: 03 9275 9333  
Fax: 03 9275 9344  
[www.anfvic.asn.au](http://www.anfvic.asn.au)

## **Executive Summary**

ANF (Vic Branch) supports regulation for health professionals and specifically for nurses and midwives. This regulation has encompassed entry to practice and fitness to practice criteria. The move from State and Territory based regulatory systems with different legislative and policy requirements to a single National Registration and Accreditation Scheme (NRAS) that provides consistency in registration requirements and notification processes has always been supported.

The national law was modeled to a large extent on the then Victorian law, so Victoria was more prepared for the change. While implementation issues were inevitable, we note these have now been addressed and benefits have been realized.

This submission also provides suggestions for improvement in the operation of AHPRA to ensure that regulatory efficacy, cost effectiveness, and protection of the public are maintained and enhanced.

### **Achievements**

1. Separation of initial registration for new registrants and renewal times for existing registrants has provided for timelier processing.
2. Improved IT systems assisted in a more smooth registration, renewal and notification process
3. Provision of sufficient call centre resources to facilitate communication between health practitioners and AHPRA
4. Streamlining calls into appropriate State call centres
5. Improved processes developed to provide ease and prioritisation of initial registration for new graduates before their commencement ensuring provision of workforce into Graduate Programs.
6. Improved communication between AHPRA and various stakeholders and the public
7. Development of online tool to facilitate identification of accredited courses both at a national and state level.
8. Availability of more timely information (quarterly) from national databases to assist in workforce planning
9. Single point of entry for nurses/midwives to register within Australia and move between States and Territories at no additional cost.
10. Implementation of National Registration Standards, professional guidelines/policies providing national consistency for the public and health practitioners alike
11. Improved consultation mechanisms ensuring the profession as well as the public can have input into proposals
12. Implementation of practising and non-practising registration categories

## Suggested Improvements

1. ANF (Vic Branch) submits that the processing for applications for registration change to ensure applicants meet the English Language Standard prior to undertaking an accredited bridging course, providing for a more streamlined process and ensuring that such bridging course are only filled with applicants who are likely to achieve registration (pending completion of the other Registration Standards)
2. ANF (Vic Branch) also submits provision should be made for extensions of time to complete bridging courses (up to a total of two (2) years) if the applicant can demonstrate they have been attempting to gain entry to such course or who have achieved enrollment but not completion.
3. ANF (Vic Branch) submits improvements could be made by AHPRA formulating appropriate allegations before requiring a response. All available information regarding the notification, including details of the investigation, should be provided to the nurse/midwife before a response is requested. Changing of allegations or amendments to allegations should not be allowed to occur once AHPRA have finished their fact finding functions. This would save time in the investigation process and give the nurse/midwife certainty when responding to allegations
4. ANF (Vic Branch) submits that AHPRA should have profession specific staff dealing with compliance and notification issues for improved efficacy.
5. Regulation of all health practitioners/individuals providing direct care, which would provide national consistency in respect to entry to and fitness to practice, within a set of national standards, policies and guidelines thus providing public protection

## **Introduction**

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses and midwives and assistants in nursing with a national membership of over 200,000, and has Branches in each state and territory of Australia.

The ANF (Vic Branch) represents in excess of 65,000 members employed in a wide range of enterprises in urban, rural and community care locations in both the public and private health and aged care sectors.

The core business for the ANF is the representation of the professional and industrial interests of our members in the professions of nursing and midwifery. The ANF (Vic Branch) is also a registered training organisation and contributes to vocational education and training of enrolled nurses, and professional development for registered nurses, enrolled nurses, registered midwives and assistants in nursing.

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 (Vic Branch) is pleased to provide comment to the Legal and Social Issues Committee, Legislative Council on the Inquiry into the Performance of the Australian Health Practitioner Regulation Agency.

## **Terms of Reference**

We note the terms of reference for the enquiry is to consider the performance of AHPRA, its cost effectiveness, regulatory efficacy, and the ability of the National Scheme to protect the Victorian public.

In the absence of any comparative analysis of the cost effectiveness of the previous state and territory systems and the national scheme, as well as agreed measurements of outcomes, identification of benefits etc., we can only make broad comment.

Improvements in delivery of services to registrants and the community have occurred and will be expanded on later in this submission.

It stands to reason that the reduction in the number of profession specific registering bodies from over 90 down to 14 (as at July 2012) must through economies of scale provide reduction of duplication of services and economic benefit.

One example for nursing and midwifery is the single national registration allowing for ease of mobility of the nursing and midwifery workforce. This is quite a major benefit given there are over 340,000 registered nurses and midwives in Australia, it is estimated that at least 10,000 registrants in Victoria alone also held registration in another State or Territory.

## **Registration and Renewal processes**

A fundamental requirement of the registration scheme is to provide the mechanism for the application for registration of health practitioners, and the subsequent ongoing renewal process. Victoria has approximately 150,000 health practitioners registered out of around 577,000 nationally. (AHPRA Annual Report 2011/2012).

### *Old Scheme*

The Nurses Board of Victoria (NBV) (under the previous state scheme) required registrants to renew their registration by 31 December of each year. This was also the time when the bulk of new graduates sought registration for the first time. This resulted in delays in processing both initial registrants and renewals, based on the sheer numbers that required processing.

### *New Scheme*

The National Scheme has transitioned to a renewal date for existing practitioners of 31 May each year. This effectively resolved many of the delays experienced under the previous system by splitting renewal of registration from the peak period for new registrants.

The National Scheme has also developed and implemented on-line registration and renewal applications. This has been actively taken up by the nursing and midwifery professions and has assisted in alleviating the delays in processing for straight forward applications. By comparison, in 2009 the NBV reported only 57% of registrants renewed their registration on-line. In 2012 AHPRA have reported that this has now increased to over 90%. This in part will be due to improved on-line facilities provided by AHPRA for both initial registrants and those nurse and midwives renewing annually.

Improved registration and renewal processes have led to the improved availability of additional workforce data being provided on a quarterly basis.

**ANF (Vic Branch) submits that AHPRA has made changes that, in Victoria, have resulted in significant efficiencies in process for new registrants and those renewing.**

## **International Nurses/midwives**

### *Old Scheme*

An internationally qualified nurse who made application for recognition of their qualifications under the NBV, would first require their qualification to be deemed equivalent, and they would need to provide evidence of meeting the English language requirements. The English language requirements are consistent in the National Scheme, however the OET standard must now be achieved in the one sitting.

The applicant would then be given a letter from the NBV which would provide them with the right to enroll in an accredited bridging course. The cost of previous accredited bridging courses is consistent with the current course costs ie \$12,000 – 16,000. The individual would have two (2) years from the date of the letter to achieve enrolment in the course. After successful completion of the course they would achieve registration as a nurse or midwife.

### *New Scheme*

AHPRA also makes a determination of qualification equivalency, and the applicant receives a letter providing for entry into an accredited bridging course. However the course must be completed within one (1) year from the date of the letter. After successful completion of the course the individual must then meet the various Registration Standards prior to receiving registration.

This can leave an aspiring registrant with a \$12,000-16,000 cost for the twelve (12) week bridging course; however the applicant must then meet the English Language Standard and may need multiple attempts to achieve the required level, or indeed not meet the Standard despite multiple attempts.

The availability of these courses are quite limited and it can take more than one year to achieve entry to the course much less complete it, however applicants are informed there can be no extensions to the twelve (12) month time limit. So an applicant may be enrolled but because it falls outside of the time frame, they will have to reapply for registration.

**ANF (Vic Branch) submits that the processing for applications for registration change to ensure applicants meet the English Language Standard prior to undertaking an accredited bridging course, providing for a more streamlined process and ensuring that such bridging course are only filled with applicants who are likely to achieve registration (pending completion of the other Registration Standards)**

**ANF (Vic Branch) also submits provision should be made for extensions of time to complete bridging courses (up to a total of two (2) years) if the applicant can demonstrate they have been attempting to gain entry to such course or who have achieved enrollment but not completion.**

### **Graduate Nurses**

#### *Old Scheme*

Significant problems were experienced with many new graduates not achieving registration with the NBV in time to commence their graduate year of employment. In one case, a busload of regional Victorian students descended on the NBV offices trying to find out where their applications were and why they could not commence their Graduate Program as their registration had not been finalized. This detrimentally affected not only the applicants, the NBV staff dealing with the situation, but also the health services who appointed the graduates to start from a specific date. The health services that provide graduate programs rely on these Graduates to provide a component of their nursing workforce and any disruption to this could potentially have negative outcomes for hospital patients and the Victorian public as a whole.

#### *New Scheme*

AHPRA have implemented mechanisms to resolve these issues including:-

- Creation of Stakeholder meetings including the ANF (Vic Branch), representation from the Deans of Nursing and representation from the graduate co coordinator's group which encompasses both the public and private sectors.

- AHPRA works closely with those health services providing Graduate Programs to ensure they are aware of what date applicants are due to commence their program so that prioritization can occur
- The introduction of online registration did in the first instance create some difficulties as is often the case with the introduction of new processes, however issues of concern have been addressed and this has now meant there has been an improvement in the turnaround time for processing such applications
- Ongoing assessment of the application process tools has meant there has been refining and amendment to the application form to ensure a more timely process is able to occur

There has been established constructive working relationships with AHPRA that ensures open lines of communication are in place to pre-empt and resolve particular issues relating to specific registration and renewal issues.

**ANF (Vic Branch) submits that AHPRA has made changes that, in Victoria, have resulted in significant efficiencies in process for new registrants, those renewing, and problem solving.**

### **Communication**

At the commencement of the National Scheme there were instances of problems with nurses/midwives experiencing difficulty accessing AHPRA by telephone, with examples of people being on hold for lengthy time periods and with calls being diverted to other States and Territories resulting in some queries not being able to be answered. In addition we were aware of complaints of online enquiries not being answered. In some instances the whole website went down.

Importantly, these issues were resolved by AHPRA:-

- Engaging additional call centre staff being employed and
- Mechanisms to facilitate recognition of the location of the originating call so that it was answered by the appropriate AHPRA State office

The website and online issues have been resolved and there have been no complaints to ANF in the last 18 months, demonstrating a responsiveness and capacity to adapt to ensure the smooth operation of the AHPRA processes. The inclusion of a date on website documents would be of assistance.

### **Course Information**

Previously each state/territory board provided the information relevant to their own state/territory, and in Victoria's case this was provided on the NBV website in a list format. After the commencement of the National Scheme all accredited nursing/midwifery courses from around Australia were amalgamated in list form, which was onerous to search and cumbersome to find courses by classification and provider.

In 2012 AHPRA unveiled their new online tool that provided a search function of courses by title, provider, and classification. This tool is very user friendly and will make researching the accredited courses available very easy for prospective nursing and midwifery students as well as the existing

workforce who may wish to study further nursing and midwifery courses leading to additional registration or endorsement.

**ANF (Vic Branch) submits that AHPRA has made changes that, in Victoria, have resulted in significant efficiencies in the process for searching for course availability.**

### **Communication with stakeholders**

On transition to AHPRA, requirements for the provision of information from course providers to AHPRA changed, however course providers seemed unaware of these changes. An improved process of communication to the various stakeholders when changes to the substance of information required by AHPRA, have since been implemented.

The introduction of mandatory reporting was of such import that ANF (Vic Branch) and AHPRA worked together to ensure that ANF brochures on guidelines were developed and distributed that were consistent with AHPRA's legal requirements.

The ANF and AHPRA now work more closely on communication issues, and ANF (Vic Branch) will at the request of AHPRA highlight particular issues on our website, for example, importance of renewing online and in a timely fashion.

### **Notifications**

#### *Old Scheme*

Under the NBV scheme, ANF was often required to seek, through Freedom of Information (on behalf of the respondent) copies of the notification and underpinning evidence. Cases before the NBV were taking upwards of two years to conclude.

#### *New Scheme*

The National Law provides for a copy of the original notification to be provided to the individual subject of the notification. Full disclosure is important as it gives the nurse/midwife a proper opportunity to respond to all issues. Importantly, FOI applications are no longer needed to gain information. This has led to greater transparency, and is a benefit of the new scheme.

Some cases are waiting more than twelve months before the investigation is finalised and an outcome reached. In some cases it has been longer than twelve months.

The National Law under Section 162 states that an investigation must be conducted in a timely way but does not set out a time limit.

**ANF (Vic Branch) submits that AHPRA has made changes that, in Victoria, have resulted in improvements in timeliness of case handling, but are yet to meet reasonable timeliness.**

**ANF (Vic Branch) submits improvements could be made by AHPRA formulating appropriate allegations before requiring a response. Changing of allegations or amendments to allegations should not be allowed to occur once AHPRA have finished their fact finding functions. This**

## **would save time in the investigation process and give the nurse certainty when responding to allegations**

Under the NBV many of the staff employed in the notifications and compliance areas were nurses/midwives. This was of particular benefit in performance issues and streamlined the process to some extent. Practitioners who have an understanding of the profession are in a much better position to understand the implications of performance issues. Under AHPRA there are less likely to be AHPRA officers with the same professional backgrounds, which may make the process longer to progress as professional issues need to be resourced and clarified, which is extremely important in the investigation stage.

## **ANF (Vic Branch) submits that AHPRA should have profession specific staff dealing with compliance and notification issues for improved efficacy.**

A further improvement has been that the National Law (under Section 167 and 178) allows for proposed action following an investigation rather than the automatic referral to a Hearing before a panel

In addition the National Law requires an independent review/appeal process. In Victoria this process is through VCAT

## **Protection of the Victorian Public**

The terms of reference refer to protection of the Victorian public, however it is difficult to articulate specific protection to the Victorian public that would be different to the general protection of the Australian public. Therefore the following comments would apply to the Australian public and encompass the Victorian public as part of it.

The following are improvements that have occurred in Victoria since the National Scheme:

- Clarity of obligations with reducing confusion and differences in obligations from one State/Territory to another
- Single point of entry for nurses/midwives- national database accessible by the public
- Consistency of professional standards/guidelines
- Consistency of registration standards
- Creation of mandatory reporting requirements for all health professionals
- Collection of data for workforce planning (although this was in place in Victoria under the State registration authority- under AHPRA the link to online renewals has meant there has been much higher take up of this survey being completed)
- Creation of a student database (with associated mandatory notification requirements)
- Single national registration which assists in mobility of nursing/midwifery workforce (particular importance when emergency nursing /midwifery services required or just in the ability to fill nursing/midwifery shortages quickly)

## *Nursing and Midwifery Health Program*

An additional level of protection for the Victorian public (as opposed to the rest of Australia) was the creation under the NBV of the Nurses and Midwives Health Program Victoria (NMHPV). This program had representation by the NBV as a director of the program, along with other stakeholders including the ANF (Vic Branch).

Since the National Law AHPRA have filled the vacancy left by the NBV on the NMHPV Board. However the structure of AHPRA required the NMBA to fund its operation, something that at this stage the NMBA have not agreed to continue beyond June 2014.

It is clear that the provision of this service for Nurses/midwives and students of nursing and midwifery and employers of nurses and midwives not only benefits the individuals utilizing the service, and employers of nurses and midwives, but more importantly this service helps to provide protection to the Victorian public. This provides the benefit/protection to the Victorian Public in that practitioners are supported through these processes in a way that allows them to either continue to practice or facilitates the return to practice (including supervised and limited practice) once that they have been cleared to return to practice. The information about the service is provided by employers, the ANF (Vic Branch) as well as AHPRA staff, to nurses and midwives.

An area that could be improved upon to ensure protection of the public goes to the heart of the definition of "health practitioner". The decision as to who should be included in the National Scheme appears in some part to be based on what had occurred historically, that is what health practitioners were already involved in a regulatory scheme either at a state/territory or national level.

Registered health practitioners are involved in the direct health care of an individual, as are other health practitioners that should be included in the scheme, but are not regulated) to truly provide protection of the public. These individuals include paramedics, social workers, and personal carers to name a few. This last category provides care to residents in aged care facilities, or in their homes (unsupervised), are less qualified or educationally prepared (perhaps suggesting the greater need for regulation and registration), make up approximately 58% of the aged care workforce, and are not regulated to provide a standardised entry to practice and fitness to practice. There is no requirement to meet the stringent Registration Standards that apply to regulated practitioners including the English Language Standard, Criminal History Standard, Recency of Practice Standard, Professional Indemnity Insurance Standard, or the Continuing Professional Development Standard. There are also no consistent state or national policies and guidelines that underpin their practice, nor notification processes specific to their practice. ANF (Vic Branch) would support that all health practitioners should be regulated in order to provide protection to the public, particularly those in receipt of health care that are frail and vulnerable.

ANF (Vic Branch) acknowledges that this is not under the purview of AHPRA. This is a decision of the Ministerial Council and we ask that in order to improve protection of the Victorian public, the Victorian Minister addresses this issue through the appropriate channel, the Ministerial Council

## **Conclusion**

Any major change that includes the replacement of existing varied processes with the development of complete single new system will obviously go through teething problems. There needed to be enormous resources put in place to achieve the change and it would be fair to say that there were

periods of angst and frustration in the beginning however as these issues were raised actions were undertaken, improvements achieved, and problems resolved.

As an evolving system there will be changes required along the way and this is to be expected to be an ongoing issue. This is not an issue of concern – the only concern would be if the Regulatory body did not take on board the concerns, investigate the issue and undertake corrective actions as necessary. To date AHPRA is responsive to changing needs and implements actions as needed in order to provide regulatory efficacy, to protect the public and hopefully within a cost effective framework.

The ANF (Vic Branch) has provided input into the various consultations that have occurred in the past including but not limited to the Australian Government Senate Inquiry and the development of new guidelines/standards/policies and looks forward reviewing the outcomes of this inquiry. We will of course be providing input into scheduled Federal Government reviews in relation to the National Scheme as well as the Registration Standards review due this year. It is imperative that the regulatory practices of Australian health practitioners continue to provide consistency and transparency in its activities to help ensure that the public receives the care they require from safe and competent practitioners and that employers can employ these practitioners confident of this.

## **Reference**

Australian Health Practitioner Regulation Agency (AHPRA). 2012. *AHPRA Annual Report 2011/12*.  
Available at:

<http://www.ahpra.gov.au/Legislation-and-Publications/AHPRA-Publications.aspx>