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

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Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

The union has membership of over 220,500 nurses, midwives and assistants in nursing. Members are employed in a wide range of enterprises across urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF takes a leadership role for the nursing and midwifery professions by participating 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, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

Background

Since its inception, the ANF has been a strong supporter of regulation for nurses and midwives in Australia. The regulatory framework includes registration of individual nurses and midwives, and, accreditation of programs leading to registration. The framework provides mechanisms for protection of the public receiving health, midwifery and aged care services.

Given the size of our membership, ANF members can be found providing clinical care in all settings where health, midwifery and aged care is delivered, across all geographical areas. The ANF therefore has a genuine interest in all aspects of care delivery by health professionals, and, in common with our members, has a particular concern for safeguarding the public for whom they provide care.

Our union has worked diligently over the years, along with other nursing and midwifery stakeholders, to develop nationally agreed standards and codes to govern nurses' and midwives' practice. The essential nationally agreed professional standard is that "the nurse or midwife is able to demonstrate that he or she meets the relevant professional competency standards". Although our professions had established nationally agreed standards, codes and guidelines, until 2010 we were regulated under eight separate pieces of legislation. This created cost and mobility imposts for nurses and midwives wishing to move across jurisdictions, as well as for overseas nurses and midwives seeking employment and travel in this country; and, in addition, variation across the country on legislation and regulation governing practice.

The ANF espouses a nationally consistent approach to regulation is essential, and fully supports the role of the Nursing and Midwifery Board of Australia (NMBA) in providing for protection of the public through its registration and accreditation approval activities legislated under the *Health Practitioner Regulation National Law (2009)* (the National Law). In particular, the ANF upholds the core role of the NMBA of "ensuring that any person who is registered is safe and competent to practice".

The commentary to follow will highlight the advantages which national registration and accreditation have achieved for nurses and midwives in Australia, and, more importantly, the improved safeguards for safe and competent care for the community.

National Registration and Accreditation

As stated, the ANF was, and remains, a strong supporter of the move to national registration and accreditation for health professions in Australia. We believed that the enactment of legislation to introduce the National Registration and Accreditation Scheme (NRAS) for the health professions would have a significant and positive impact on our two professions – nursing and midwifery, and we maintain that position. The overriding aim of the national Scheme was to introduce simplicity and a shared understanding of terminology across the country in relation to regulation of health professionals. The intention to simplify processes and terminology was not only seen as essential for the health professionals themselves, but also, and critically, to reduce confusion for consumers of health and aged care services about the codes, guidelines and standards applying to health professionals.

1. *Titles*

While the title of Registered nurse was uniform across Australia this was not the case for the second level nurse – Enrolled nurse. For some fifteen years, in the state of Victoria, the Enrolled nurse category was titled 'Registered Nurse Division 2'. This was not common terminology for nursing, nor universally accepted terminology for the profession. It was not used in seven out of the eight jurisdictions in Australia. With the advent of national registration we now have consistent nomenclature across the states and territories for Enrolled nurses. The terminology and protected titles of 'Registered nurse' and 'Enrolled nurse' under National Law, provide for a clear differentiation of roles and legislated responsibilities, and, a shared understanding of terminology across the country.

The protected titles for nursing and midwifery under the National Law are: nurse, registered nurse, nurse practitioner, enrolled nurse, midwife, midwife practitioner. The inclusion of 'nurse' as a protected title across all jurisdictions is an important element, we believe, in protecting the public. Given the plethora of unregulated health and aged care workers across acute care, primary health care and aged care sectors, it is critical that the public remains aware of who is a 'nurse' and who is not – that is, who practices within a professional practice framework to provide safe, competent care and who is providing care outside of those mechanisms instituted for public protection. This is now a shared understanding across all States and Territories under the NRAS.

2. *National database*

The process to achieve national registration and accreditation for health professionals was tortuous. An incredible amount of work was generated over a number of years in reviewing and revising underpinning policy and creating new policies and guidelines for the establishment of the NRAS. For the nursing and midwifery professions, 1 July 2010 marked a critical moment in history when, for the first time in Australia, all nurses and midwives became registered on a central national database.

The national database contains relevant registration information on every single nurse (Registered and Enrolled) and midwife, registered to practice in Australia. This database is publicly available, which of course includes employers, and prospective employers, of health professionals, as well as the general public.

As each jurisdiction in Australia had differing registration processes (including registration cycles) prior to July 2010, there has necessarily been a period of adjustment before the NMBA could release complete national data. Beginning in 2012, we are now receiving quarterly reports from the NMBA based on the national database information. Professional associations and policy makers now have far more accurate information with which to work with governments and bodies such as Health Workforce Australia (HWA), to determine nursing and midwifery workforce projections and planning.

Information on the nursing and midwifery workforce is not only now available on a national basis, but is also much more timely – a factor which has previously created problems, with lag times of two to three years as data was collected from each jurisdiction according to their registration cycle, and collated for publication.

From 30 May 2011 undergraduate students of nursing and midwifery programs have also been entered on a national register – again, a first. This is adding to the accuracy of being able to forecast supply and demand for the nursing and midwifery workforce.

3. *National accreditation*

Until 2010, accreditation of programs leading to registration as a nurse or midwife was undertaken by the state/territory nursing regulatory bodies. This allowed for variance in requirements for education programs, across Australia. Work commenced prior to the official start of the NRAS, on the development of national accreditation standards for pre-registration nursing and midwifery programs, in readiness for the transfer to national registration and accreditation in 2010.

Following the implementation of the NRAS, a national accreditation body was established to assume the work of accrediting all nursing and midwifery pre-registration programs – the Australian Nursing and Midwifery Accreditation Council (ANMAC). This organisation has worked under incredible time pressure to achieve an operational national accrediting body for the nursing and midwifery professions.

National accreditation of education programs is bringing a greater level of consistency to undergraduate programs for registered nurses and midwives; as well as much needed standardisation to the qualification level, role and scope of practice for enrolled nurses. This was particularly pertinent to medicines management and the achievement of uniformity in this and other areas of expanded scope of practice for all enrolled nurses.

The cost of accreditation of programs assessed under ANMAC is higher than under the state/territory system. However, education providers have assurance now of a process of assessment which is nationally agreed, is more rigorous, provides consistency for all programs assessed, and the length of the accreditation period is five years (as compared with variable from two to five years previously).

Benefits of national registration and accreditation under the Australian Health Practitioner Regulatory Agency

A summary of the benefits of national registration and accreditation under the Australian Health Practitioner Regulatory Agency is as follows:

- Contributes to safety and quality of care to the Australian community through each of the items listed below
- Common governing legislation for the regulated health professionals: the *Health Practitioner Regulation National Law (2009)* (the National Law)
- Common mandatory standards across disciplines: criminal history record checks; advertising; continuing professional development; professional indemnity insurance arrangements; English language skills; recency of practice
- Notification of conduct, health or performance of a health practitioner by members of the public, other health professionals, employers, and health complaint entities in the jurisdictions
- Development of national database:
 - Central point for data
 - Consistency in registration data
 - Consistency of titles
 - Consistency of terminology
 - National data for workforce planning
 - Transparency for the public with national database availability
 - Easier for employers to track registration status of employees; and, of potential employees
 - Student database
 - Facilitates assigning of health professional identifiers for the implementation of the national personally controlled electronic health records scheme. This scheme is fundamentally changing the way information is communicated between health professionals and consumers of health and aged care
 - Produces timely information on nurses (registered and enrolled) and midwives
 - Facilitates data for nursing and midwifery workforce projection and planning purposes
 - Provision of more accurate nursing and midwifery data for policy formulation and planning purposes
 - Provides a risk management process regarding registered practitioners who may be attempting to avoid detection in relation to misconduct or unacceptable practice standards, or where there are impairment issues

- Common registration fee amount; and, one national registration fee
- Greater clarity for consumers, with common titles
- Facilitates mobility of nurses and midwives around the country with common standards, and reduces cost of registration (one registration instead of being required to be registered in every state/territory in which one practiced)
- Removes the need for cross-border arrangements, especially for nurses and midwives who live in cross-border towns/cities, or those who cross borders for emergency or other types of retrieval work
- Facilitates movement of nurses/midwives around the country who will be providing assistance in times of national disasters
- For overseas nurses and midwives wishing to work in Australia:
 - Ease of registration – central point
 - Ease of travel around the country
 - Provides for greater monitoring of overseas qualified nurses/midwives working in Australia as they move around the country (easier monitoring of health professionals and detection by prospective employers of those for whom official complaints have been lodged on conduct, health or performance)

It should be noted that the ANF fully supports the ethical migration of overseas qualified nurses and midwives - for temporary or permanent employment – as the sharing of experiences and ideas adds to the richness of our professions. Therefore, the advantages gained through the NRAS, for overseas qualified nurses and midwives, are welcomed.

- National accreditation:
 - National uniformity in accreditation standards for programs leading to registration for registered nurses, enrolled nurses, registered midwives, and Nurse Practitioners
 - Greater potential for improved consistency of nomenclature and content of programs
 - Greater assurance of standard of education of graduands, by employers

Australian Health Practitioner Regulation Agency (AHPRA)

The ANF acknowledges that the implementation path from state/territory based registration to a national regulatory process, has been complex and fraught with difficulties. The ANF Federal Office, through our Branches, has been made aware of problems encountered by members in their interactions with AHPRA. However, given our commitment to the success of this important scheme, the ANF has committed to working with AHPRA and the NMBA, on issues which have had the potential to undermine the credibility of the national Scheme.

In 2011 the ANF made a written submission to the Australian Government Senate Inquiry into the *Administration of Health Practitioner Registration by the Australian Health Practitioner Regulation Agency*, and subsequently gave evidence at the public hearings held in Canberra.

The ANF reiterated and stressed to the Inquiry our strong ongoing support for the national registration and accreditation scheme for the nursing and midwifery professions, in particular, and more broadly, for all health professions in Australia. We were candid in outlining issues experienced by our members regarding assessment of qualifications, initial and renewal of registration and the online register for the new Scheme. However, we were also forthright in arguing that many of these issues pointed to a lack of resourcing of the National Registration and Accreditation Scheme in terms of personnel to handle the volume of registrants – both existing and new applicants; and, also in terms of preparation and knowledge level of the call centre staff.

The ANF viewed the Senate Inquiry in 2011 as an opportunity to ensure that AHPRA and the NMBA were adequately equipped for their role as the national regulatory body, so that the regulation process could serve its purpose of protecting the public. Adequate resourcing is also essential so that nurses and midwives are dealt with fairly, equitably and efficiently within the Scheme.

We maintain that instances of inconsistency in decision-making and advice offered by staff across AHPRA offices could be minimised by additional resources targeted at improving the capacity for AHPRA state/territory office personnel to collaborate and develop consistent approaches to registration and notification matters.

Some of the issues raised by the ANF at that time have since been addressed by AHPRA and the NMBA. Other matters are being dealt with through continuing dialogue between ANF Branches or the ANF Federal Office and personnel from AHPRA and the NMBA. As the AHPRA Annual Report 2011/12 records: *AHPRA undertook the largest ever renewal in Australia when more than 333,000 nurses and midwives renewed their registration in May 2011* (AHPRA, 2012). This indicates the enormity of the exercise being engaged in by AHPRA in implementing a national registration scheme.

While not condoning instances of poor communication on the part of AHPRA, the ANF recognises that the magnitude of the transition from jurisdictional to national registration will inevitably require a period of adjustment and refinement of processes. The ANF continues to work with AHPRA to minimise any adverse effects of the transition of individual nurses and midwives, and to develop policies and procedures which will facilitate regulation for nurses and midwives with the aim of providing safe, competent care to the community.

Conclusion

The ANF was a strong advocate for the move to a national registration and accreditation scheme for the nursing and midwifery professions, in particular, and more broadly, for all health professions in Australia. Since the introduction of the National Registration and Accreditation Scheme on 1 July 2010, we have continued our support for this Scheme, which is managed by the Australian Health Practitioner Regulation Agency (AHPRA), due to the significant advantages provided by the Scheme for facilitating safe, competent care to the public.

The implementation path from state/territory based registration to national registration, has not been seamless. The ANF, through our Branches has been made aware of difficulties encountered by members from time to time, in their registration processing interactions with AHPRA. However, given our commitment to the success of this important scheme, the ANF continues to work with AHPRA and the Nursing and Midwifery Board of Australia, on issues which have had the potential to undermine the credibility of the national Scheme.

The implementation of the national Scheme has brought clear and tangible benefits to the Australian public through consistent practice standards and the management of registrants who are unable to practice safely. However for the Scheme to be truly effective, the body that administers the Scheme, AHPRA, must be adequately resourced. This resourcing must include not only additional and properly trained personnel for the timely management of registrant matters, but also provide the capacity for state/territory offices of AHPRA to collaborate to a greater extent, so that the procedures regarding registration and notifications can be applied consistently across all state jurisdictions.

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>