

To Senate Finance and Public Administration Committees

Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) Terms of Reference
On 23 March 2011 the Senate referred the following matter to the Finance and Public Administration References Committee for inquiry and report by 13 May 2011:

The administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) and related matters, including but not limited to:

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

AHPRA has demonstrated little understanding of the implications to the Individual Professionals of the change in what is recognised in qualifications e.g.

MCH Nurses in Victoria with over 30 years experience have ONLY BEING Registered as Midwives. There appears to have been inadequate research into implications of changes to endorsements

b) performance of AHPRA in administering the registration of health practitioners;

The performance has been extremely poor:

1. Very difficult to get through to, either by COMPUTER or Phone (examples of people waiting up to 55 minutes on the phone)
2. Website originally not accessible.
3. Countless examples of TOTALLY incorrect information regarding Individuals qualifications.
4. Total lack of consistency with registration details.
5. Taking between 6-8mths for registration to be processed for applicants.
6. Many registrants are yet to receive their hard copy certificates.

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

1. Health Professionals, whose qualifications, had been accepted under the previous Registration process, have now been stood down, while their qualifications are being reassessed, resulting in loss of income, position and continuity in the workplace. This has resulted in staff shortages and a negative impact on work practices.

(d) implications of any maladministration of the registration process for Medicare benefits and private health insurance claims;

Unable to comment.

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

Lack of appropriate, correct and timely registration leaves both practitioners and employers open to liability issues.

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

As noted in comment (C) staff have been stood down while registration investigated resulting in loss of income loss of career path and career opportunities. Interruption in further studies as part of their career pathway.

(g) response times to individual registration enquiries;

Very Poor, extremely difficult to get through to anyone at APHRA, either by phone or on the Internet

(h) AHPRA's complaints handling processes;

Unable to comment.

(i) budget and financial viability of AHPRA;

Unable to comment.

(j) any other related matters.

1. There appears to be no real understanding demonstrated by AHPRA of the impact of the Nationalisation of the Maternal and Child Health/Family Health, without consensus regarding the level of qualifications and training.

2. There are significant differences between the States. Victoria requires General Nursing, Midwifery and Masters or Graduate Diploma with Maternal Child and Family Health.

3. It is absolutely imperative that an MCH Nurse has this level of training. The MCH Nurses are not just dealing with a Mother and her baby/Family, she requires an holistic knowledge incorporating development, maternal and family health, mental and physical health, particularly as we are now dealing with a community with a wide range of serious health issues ,independent of their pregnancy and subsequent child birth.

While it has been hard to measure, it is well recognised that the Health

Prevention Model produces much better outcomes.

All Governments now recognise the importance of skilled early childhood support and care and its impact on the health and wellbeing across the lifelong health continuum

We urge the members of the Senate to support skilled and competent professional and to resolve the inconsistencies of training between the States. Victoria has a proud service history of over 80 years of Maternal and Child Health Service and has been often quoted internationally as worlds best practice. Victorian MCH Nurses are committed to the wellbeing and support of our children and their families who in turn will be the leaders and communities of our future.

Binky Henderson

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Practising Maternal and Child Health Nurse since 1979.