Chapter 3

Implementation of the National Registration and Accreditation Scheme by the Australian Health Practitioner Regulation Agency

Introduction

3.1 The introduction of the National Registration and Accreditation Scheme (NRAS) was a very complex task: it brought together 10 health professions from eight jurisdictions into one national registration and accreditation scheme. The Australian Medical College noted that it is a common misconception that 'the NRAS project is a straightforward transfer of existing registration functions and activities from the State and Territory regulatory bodies to the National Board and AHPRA'. In addition to registration functions, the 10 health professions are required to develop, and maintain both registration standards and standards for the accreditation of programs of study and the institutions providing these programs. The College commented that:

> ...development of these standards is complex and there are high-stakes for the educational institutions that provide the programs, the professions, health jurisdictions and the community. It requires careful consideration and stakeholder input. The consultation requirements, while essential to achieving national consistency, add to an already complex system and have contributed to time delays in other AHPRA processes. Again, there were no precedents for these in the legacy systems that were inherited by AHPRA from the State and Territory regulatory processes.[1]

3.2 The size and complexity of the task, as many witnesses noted, was well recognised by stakeholders from the inception of the scheme. Dr Kay Sorimachi, Pharmaceutical Society of Australia, stated:

> We did foresee problems, given the complexity of the transition. This was not simply amalgamating a number of organisations into one. It consisted of 10 diverse health professions being brought together. The number of registrants and therefore the accompanying data that needed to be put together was considerable.[2]

3.3 The Australian Medical Association in particular pointed to Australian Health Practitioner Regulation Agency's (AHPRA) lack of understanding of the core business requirements for registering health professionals and the impact on the health system. As a consequence, there was no strategic planning to ensure that all aspects of the

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1 Australian Medical College, *Submission 13*, p. 4.

2 Dr Kay Sorimachi, Policy and Regulatory Affairs, Pharmaceutical Society of Australia, *Committee Hansard*, 4 May 2011, p. 10.

registration and renewal processes were addressed, resulting in significant delays and disruption for the profession, employees and patients.[3]

3.4 Submitters were of the view that there appeared to be a lack of recognition of the nature and extent of difficulties that were likely to arise and as a consequence, AHPRA was provided with inadequate resources.[4] Ms Liesel Wett, Chief Executive Officer, Pharmaceutical Society of Australia commented that 'it would seem to us that, given the scope, the resources were not adequate to cope with the merging of the 10 professions into a new database and a new entity with new people'.[5] This view was supported by other organisations including the Australian College of Rural and Remote Medicine.[6]

3.5 Some submitters commented that it had been a mistake to transition all 10 professions as the same time. The Australian Psychological Society, for example, commented that 'in hindsight it is obvious that many of the problems encountered could have been managed if the task involved a step-wise introduction of professions into the scheme instead of ten at once'.[7]

3.6 It was generally agreed by submitters that insufficient planning had been undertaken by AHPRA and therefore a lack of adequate resources were committed to the implementation process. As a result, unrealistic timeframes for transition were set. The lack of resourcing was in seen in:

- AHPRA offices and state and territory boards;
- inadequate call centre and website processes;
- inadequate training of staff; and
- lack of liaison with key stakeholders including large commercial entities.

3.7 There were also concerns that the implementation process had not taken advantage of the expertise available in state and territory boards. Dr Sorimachi commented:

> We were also aware that, because pharmacy as a profession had been operating under state and territory legislation in terms of registration for many years, the state entities, our pharmacy boards, had considerable experience in this. We were concerned that in the transition some of this expertise would be lost. So even as early as October 2006 we had suggested that perhaps in the initial stages the state and territory pharmacy boards remain as organisations whilst the transition was made. In April 2009, I

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3 Australian Medical Association, *Submission 23*, p. 4.

4 See for example, Optometrists Association of Australia, *Submission 37*, p. 4.

5 Ms Liesel Wett, Chief Executive Officer, Pharmaceutical Society of Australia, *Committee Hansard*, 4 May 2011, p. 11.

6 Australian College of Rural and Remote Medicine, *Submission 59*, p. 3.

7 Australian Psychological Society, *Submission 36*, p. 3.

> think, we reiterated that position. We were concerned that in looking forward to the 2010 implementation that aspect had not been taken into consideration and that in simply dismantling all the state and territory pharmacy boards we would lose all the benefits that resided in those entities.[8]

3.8 Concern about the loss of expertise was also raised by Dr Steve Hambleton, Vice President, Australian Medical Association (AMA), who also put the view that the process had not been well-handled by AHPRA:

> There was lots of expertise available. We know the complexity of medical registration, and state boards know the complexity. I guess AHPRA, which took on that role, should have done a better job. It is unacceptable in these days that they should not have done a better job, and if they were not resourced to do so then they should have been.[9]

3.9 The Australian College of Mental Health Nurses (ACMHN) also commented on the failure of AHPRA to call upon those organisations with expertise and strong communication links with their members to assist during the transition period. The ACMHN considered that 'if the information and communication channels of the nursing organisations across Australia had been used in the absence of robust communication mechanisms of the AHPRA/NMBA [Nursing and Midwifery Board of Australia], there would have been a reduction in confusion among the nursing profession about administration changes and impacts on individual obligations to renew their registration'.[10]

3.10 Another problem identified was the loss of many experienced and knowledgeable members of former state boards and councils. The Australian College of Rural and Remote Medicine commented:

> From a professional college perspective effective working relationships that had been cultivated over many years were entirely lost when AHPRA commenced. Many of the experienced people in previous state medical boards did not transition to state AHPRA and it has taken a long time for the responsibilities and names of new staff members to be shared with the College–even in those portfolios where there was active, weekly, communication required for activities such as communication about results of overseas trained doctor assessments.
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> This has led to a general decline in efficiency within the system and confusion and lack of confidence in the new system. It has also meant that

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8 Dr Kay Sorimachi, Policy and Regulatory Affairs, Pharmaceutical Society of Australia, *Committee Hansard*, 4 May 2011, p. 10.

9 Dr Steve Hambleton, Vice President, Australian Medical Association, *Committee Hansard*, 4 May 2011, p. 55.

10 Australian College of Mental Health Nurses, *Submission 58*, p. 4.

> many policy and administration issues have needed to be discussed again and reconfirmed. This has unnecessarily wasted time and resources.[11]

3.11 The Australian Medical Council stated:

> Experience with the implementation of new regulatory legislation in medicine, as occurred in Victoria, New South Wales and Queensland over recent years, has demonstrated the need for effective communication within the regulatory authority itself, as well as with key stakeholders and members of the profession. In the past major changes in processes or policy have been assisted by the presence of existing reporting channels, experienced personnel and established infrastructure and IT systems. However, in the case of the national registration projects and AHPRA, there has been a complete change of senior management with an unfortunate loss of expertise at both the state and national level. AHPRA staff now find themselves working under new reporting and management structures, dealing with health professions and issues which they have not previously encountered, operating under newly developed and unfamiliar legislation and navigating totally new and equally unfamiliar business processes and IT systems. Any one of these factors alone would have represented a significant challenge to a well established organisation, let alone to a new body with no corporate memory or established administrative practice and communication structures.[12]

3.12 Overall, submitters concluded that the implementation process was flawed, that significant problems that should have been identified before 1 July 2010 had not been addressed and as a result the registration of the 10 major health professions was put at risk. This had the potential to significantly undermine the provision of health services in Australia because, as stated by the AMA, 'the management of the transition from state based registration to national registration has been an absolute debacle'.[13]

3.13 The following provides an outline of the difficulties that arose during the implementation period.

Timeframe for implementation

3.14 The timeframe for the implementation of the scheme was criticised by submitters both in terms of moving from state-based registration boards to National Boards and the practical issues such as data system testing. Professor Richard Smallwood, Forum of Australian Health Professions Council, commented:

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11 Australian College of Rural and Remote Medicine, *Submission 59*, p. 6.

12 Australian Medical College, *Submission 13,* p. 3.

13 Australian Medical Association, *Submission 23*, p. 2.

> I think that, throughout the development of NRAS and its implementation, there has been unease about the time lines and the speed with which it was required to go ahead, particularly with some delay in the bills.[14]

3.15 The Australian Medical Council provided these comments which pointed to the effect of the short timeframes on planning for the implementation of the NRAS:

> The requirement to maintain the momentum of the regulatory reform agenda necessitated short timelines on key consultations and review of key documents in support of the new initiatives. It is likely that longer timeframes in the consultation processes would have added insight and opportunity to anticipate and prevent some of the problems that have subsequently emerged from the implementation. This remains a concern in the roll out of the new Scheme, since the National Law requires consultation on a range of complex matters relating to the operation of the legislation.[15]

3.16 The complexity of the situation was not only due to establishing a national register, but also to the new accreditation requirements which the Council of Australian Governments (COAG) had agreed would be undertaken by the one national entity. Mr Gavin O'Meara, Ramsay Health Care Australia, outlined this issue:

> It is not just a centralisation of registration function but a whole new raft of rules, guidelines, and standards associated with it that everybody has to get used to, so I think that a softer start—just making sure that the resources were there, the systems and procedures worked and everybody was clear about that—would have been a much more acceptable way of doing it. I think that is something that you see frequently in something like this, where there is perhaps a political imperative to get something up and running. But it is a tremendously big task, and I think that starting more slowly and implementing bit by bit as you learn is a better way of doing it.[16]

3.17 The Optometrists Association of Australia pointed to the effect of the short timeframe on AHPRA's internal processes:

> The current problems reflect the ambitious implementation timetable which apparently limited the time available for stress testing of systems, staff training and other preparations for commencement.
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> With the benefit of hindsight, the design and implementation of the national scheme was such a major enterprise that difficulties such as those experienced should have been anticipated. If there were such risk

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14 Professor Richard Smallwood, Forum of Australian Health Professions Councils, *Committee Hansard*, 4 May 2011, p. 3.

15 Australian Medical Council, *Submission 13*, p. 3.

16 Mr Gavin O'Meara, Manger, People and Culture, Ramsay Health Care Australia, *Committee Hansard*, 4 May 2011, p. 50.

> assessments undertaken or contingency provisions put in place Optometrists Association does not know about them.[17]

3.18 Other submitters such as the Australian Psychological Society also supported this assessment.[18]

3.19 The committee was informed that prior to the implementation of the NRAS, consultations took place in 2008 and 2009. During the consultations, issues around the time lines and the need for a focus on data transfer, training and the complexity of melding the legislation were identified. Mr Ian Frank, Forum of Health Professions Councils, commented:

> There were concerns expressed that this was a very complex exercise...because we were dismantling so many existing structures to create a new one. I think pretty much all of the submissions that came in to the implementation team—the project team that was looking at it—raised issues about the complexity of the time lines, the data quality and the need for training et cetera.[19]

3.20 Other witnesses drew the committee's attention to the implementation of the 1992 mutual recognition scheme. This scheme was much less complex, retained the existing jurisdictions and organisational structures and had an appropriate lead in time, still took two to three years to fully bed in.[20]

3.21 The views of many submitters was summed up by Ms Elizabeth Spaull, Ramsay Health Care Australia, who commented:

> Many in the industry, many of whom I respect as senior members of our industry community, said it was too much, too soon, too quick. That is the general opinion in the industry.[21]

Committee comment

3.22 Establishing the NRAS was always going to be a difficult task: there were delays in passing legislation, more than 500,000 health practitioners were covered by the new scheme; large amounts of data had to be migrated from a range of databases; new offices had to be established and staff employed and trained. Coupled with the establishment of the national accreditation system, it is apparent to the committee that the timeframe for the implementation of the NRAS was significantly underestimated.

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17 Optometrists Association of Australia, *Submission 37*, p. 3;

18 Australian Psychological Society, *Submission 36*, p. 4.

19 Mr Ian Frank, Member, Forum of Australian Health Professions Councils, *Committee Hansard*, 4 May 2011, p. 4.

20 Australian Medical Council, *Submission 13*, p. 3.

21 Ms Elizabeth Spaull, National Workforce Planning and Development Manager, Ramsay Health Care Australia, *Committee Hansard*, 4 May 2011, p. 51.

3.23 The committee considers that the problems with the timeframe should not have come as a surprise: major stakeholders were raising concerns during the consultation period and the implementation of the 1992 mutual recognition scheme pointed to the complexities inherent in amalgamating state and territory systems into a national scheme.

Data quality

3.24 Much was made during the inquiry about the problems faced by AHPRA because of the quality of the data received from the state and territory organisations. Again, submitters commented that this should have been recognised, and planned for, in the implementation process.

3.25 The Australian Medical Council commented that data migration was one of the most significant challenges facing the NRAS. Not only were there problems with the quality of the data transferred to the national registers from the existing state and territory registers but also with the IT infrastructure to support the registration activities of the National Boards. The Council noted that the experience with the implementation of the 1992 mutual recognition scheme for medicine indicated that approximately 10 per cent of the data collected from the state and territory medical registers contained duplicate entries as a result of incorrect matching of the data held on individual practitioners on the separate state registers.

3.26 The Australian Medical Council was of the view that since the introduction of mutual recognition, considerable efforts have been made to improve the quality of data on the state and territory medical registers. However, it appears that the quality of data varies considerably across the different professions that are now part of the national registration system. The Council concluded:

> Addressing this variability would require very thorough data cleansing procedures prior to the transfer to the AHPRA-administered national registers. Since the AHPRA data set was a compilation of data drawn from the State and Territory registers, a significant number of the data quality problems experienced by AHPRA were inherited from these systems.[22]

3.27 Mr Ian Frank, Forum of Australian Health Professions Councils, also pointed to the implementation of mutual recognition in 1992 and commented:

> So when the national registration scheme was implemented we expected that something of that order could be expected in transmitting the data across into the new national system.
>
> That process usually requires cleansing the data well beforehand. With mutual recognition we had about a year or two to do that, but in this particular instance they did not. They could not transfer the data until bills

22 Australian Medical Council, *Submission 13*, p. 3.

> B and C were both implemented. There was a very short timeframe to get that across and get it up by 1 July.[23]

3.28 While noting that the quality of the data had improved since 1 July 2010, Mr Frank commented that systems were not properly implemented or tested in the lead up to AHPRA taking over. Further, before the bills were passed by the states and territories, there was no legal authority to provide the data to AHPRA, so no live testing could take place.[24] AHPRA confirmed this and stated:

> In the transition period, issues with data AHPRA has received from some previous state and territory boards has affected the initial renewal process for some health practitioners. Until the National Scheme started on 1 July 2010, all data about health practitioners was held by state and territory registration boards, not by AHPRA. In the first months of operation, AHPRA has had to rely on these data, which were migrated to AHPRA, including the contact details of health practitioners.[25]

3.29 AHPRA also stated:

> The National Scheme began full operation from 1 July 2010, the day immediately following cessation of operation of over 80 state and territory boards. As such, there was no break between the start of the National Scheme and the end of previous state and territory-based regulation. This meant there was no opportunity to run or test new systems in parallel for any time.[26]

Case study 3.1

My registration details were incorrectly translated from the Dental Board of Queensland (DBQ). Initially AHPRA staff tried to tell me that one of my Dental Specialties did not exist and could not be registered and that I am entitled to be registered in two specialities was beyond the understanding of the staff I dealt with. Then later with the renewal forms two specialties were not accommodated with space on the generic renewal form sent November 2010.

Over the last 20 years I have had no problems with the Dental Board of Queensland. I estimate about 10 phone calls and 5 emails to sort this.

Source: Name withheld, *Submission 211,* p. 1.

3.30 In addition, AHPRA stated that it had established its own ICT system as 'the work made it clear that, greenfields ICT would be required for AHPRA with only

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23 Mr Ian Frank, Member, Forum of Australian Health Professions Councils, *Committee Hansard*, 4 May 2011, p. 3.

24 Mr Ian Frank, Forum of Australian Health Professions Councils, *Committee Hansard*, 4 May 2011, p. 3.

25 Australian Health Practitioner Regulation Agency, *Submission 26*, p. 14.

26 Australian Health Practitioner Regulation Agency, *Submission 26*, p. 14.

limited re-use of existing systems and infrastructure likely'.[27] Mr Peter Allen commented that:

> The judgement about the preferred platform for the new national scheme was made well before the start-up of the scheme. It was made sometime I think in 2009; that was when the decision was made to go with the Pivotal system as opposed to any of the existing state or territory systems.[28]

3.31 The Australian Psychological Society summed up the problems with migration of data as follows:

> The enormity and complexity of providing appropriate services to half a million registrants, while inheriting a mishmash of databases and previous Registration Boards' processes, is acknowledged. However, AHPRA should have had an awareness of the likelihood of difficulties arising in transitioning database information which should have been grounds for caution and considerable care. There appears to have been insufficient planning for the transition from jurisdictionally-based registration to one that is nationally based, and the necessary risk management strategies to mitigate against possible glitches in the new system.[29]

Committee comment

3.32 The committee considers that there were pointers, for example, the difficulties experienced with the 1992 mutual recognition scheme, which should have alerted AHPRA to likely problems with data migration. However, this appears not to have been the case and as a result there was inadequate planning and provision of resource.

3.33 The committee has noted AHPRA's comments about the delays in passing the state legislation and the inability of AHPRA to access the data. However, the committee considers that this is a somewhat disingenuous argument. The committee does not believe that such a large undertaking would have been planned without scrutiny of the databases which were to compromise the new national register. Therefore, the committee, while acknowledging the size of the task, does not believe that the fault lies with the former state boards, rather it lies with AHPRA. AHPRA was able to quantify beforehand the number of databases and the number of registrants. The Agency Management Committee was appointed in March 2009. With AHPRA commencing on 1 July 2010, the committee considers that there was more than adequate time to identify issues and to implement action to ensure a smooth transition of data.

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27 Australian Health Practitioner Regulation Agency, *Annual Report 2009–10*, p. 12.

28 Mr Peter Allen, Chair, Agency Management Committee, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, p. 26.

29 Australian Psychological Society, *Submission 36*, pp 4–5.

Contacting AHPRA

3.34 One of the major difficulties identified by submitters was the difficulty in contacting AHPRA and accessing advice and the quality of that advice. While AHPRA had established a 1300 local call number, many submitters stated that accessing advice from AHPRA through the telephone help service was at best problematic and at worst non-existent.[30] Ms Melissa Locke, Australian Physiotherapy Association, commented that there was a fault with the 1300 number and it was some time before it was fixed.[31] When it was working, the committee heard evidence of very long delays on the 1300 number with one witness stating that a practitioner had waited for five hours to have their call answered.[32]

3.35 Mr Stephen Milgate, Australian Doctors Fund, also commented on the difficulties and noted that 'the process was [circular], with 1300 numbers going to websites going to 1300 numbers going to websites'.[33]

3.36 The alternative way of contacting AHPRA is through its website. AHPRA submitted that it had established 11 websites (one for AHPRA and one for each of the national boards). However, evidence received by the committee again pointed to significant problems: there were delays in responding to emails or, in many cases, no response was received at all. In addition, the AHWMC commented that on 5 July 2010 the online registers for each profession went live.[34]

3.37 The Australian Psychological Society (APS) provided the following evidence of the problems encountered:

> From July 1 2010, the APS was repeatedly informed of overwhelming difficulties in accessing AHPRA staff either by telephone or e-mail. Beside phone lines being continually engaged (and in Queensland initially being diverted to an oil company) and the website frequently being offline, the online website enquiry system also experienced significant delays, resulting

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30 See for example, Society of Hospital Pharmacists of Australia, *Submission 6*, p. 6; Ms Liesel Wett, Chief Executive Officer, Pharmaceutical Society of Australia, *Committee Hansard*, 4 May 2011, p. 8; Ms Liz Wilkes, National Spokesperson, Australian Private Midwives Association, *Committee Hansard*, 4 May 2011, p. 40; Australian Association of Psychologists, *Submission 60*, p. 11; Australian Physiotherapy Association, *Submission 54*, p. 4; Rural Workforce Agency Victoria, *Submission 50,* p. 8; Royal Australian College of General Practitioners, *Submission 46,* p. 4; Optometrists Association of Australia, *Submission 37*, p. 3; Australian Dental Association, *Submission 34*, p. 2;

31 Ms Melissa Locke, President, Australian Physiotherapy Association, *Committee Hansard*, 5 May 2011, p. 3.

32 See for example, Australian College of Mental Health Nurses, *Submission 58*, p. 5; Ramsay Health Care Australia, *Submission 35*, p. 4.

33 Mr Stephen Milgate, Executive Director, Australian Doctors Fund, *Committee Hansard*, 4 May 2011, p. 17.

34 Australian Health Workforce Ministerial Council, *Submission 70,* p. 8.

> in delayed registration of health professionals. Another Victorian psychologist trying to renew her registration was reportedly standing in a queue at AHPRA on January 31 (last day of grace period) having failed to make contact with AHPRA staff by either phone or email since mid-December.[35]

3.38 Ramsay Health Care Australia provided extensive assistance to its staff who experienced difficulties with contacting AHPRA with registration inquiries. Ramsay Health reported the following statistics:

- on average, for 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; and
- the National Workforce Planning arm, Ramsay Health Care Australia, placed on average 107 calls/emails a month to AHPRA seeking clarification and assistance. 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.[36]

3.39 The Royal College of Pathologists of Australasia provided the following example:

> Communication with AHPRA has been very bad, in particular, time spent on the phone awaiting service and not being able to speak to the appropriate people when they finally get through. One example of poor communication is a Fellow returned a phone call from someone in the Sydney AHPRA office, got put through to the Melbourne switchboard and was told that no-one of that name worked in the organisation.[37]

3.40 Mr Robert Boyd-Boland, Australian Dental Association, commented:

> ...at some point in the process, when it became clear to ADA and its branches that there was an issue with the new registration process, at times branches approached AHPRA directly for confirmation and information about what is going on and did not receive any correspondence back. That was in the form of letters, telephone calls and emails, and there was no response from AHPRA, which indicates systemic lack of communication not only with those registrants but also with their professional bodies.[38]

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35 Australian Psychological Society, *Submission 36*, p. 5.

36 Ramsay Health Care Australia, *Submission 35*, p. 4.

37 Royal College of Pathologists of Australasia, *Submission 24,* p. 2.

38 Mr Robert Boyd-Boland, Australian Dental Association, *Committee Hansard*, 4 May 2011, p. 70.

Case study 3.2

NURSE C

- 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.

Source: Ramsay Health Care Australia, *Submission 35*, p. 9.

3.41 The ACMHN commented that the website is not user friendly and lacks even some basic information such as the different types of registration.[39] One nurse, after waiting for five hours to speak to an AHPRA operator was told the information was on the website. A thorough search for details revealed that no such information existed on the AHPRA website.[40] The website is also not updated on a timely basis.[41]

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39 Australian College of Mental Health Nurses, *Submission 58*, p. 6; see also Rural Workforce Agency Victoria, *Submission 50,* p. 9.

40 Ramsay Health Care Australia, *Submission 35*, p. 4.

3.42 Concern was expressed that in the case of a health practitioner who is not able to provide a work address, the registrant's home address is listed on the website. Both the ACMHN and the Royal College of Nursing Australia pointed to privacy and safety concerns.[42]

3.43 It was noted that the delays caused took health practitioners away from their primary task of providing health care or they had to try to fit the calls in between patients or during breaks in shifts. This situation was exacerbated as AHPRA did not make arrangements for after hours or weekend phone contact arrangements for practitioners. Some submitters, for example, Specsavers suggested that AHPRA should provide these facilities, particularly at peak times.[43]

3.44 Submitters generally agreed that the systems within AHPRA were unable to cope with the volume of queries through the 1300 number or lodged through the website. Health practitioners have become so frustrated with this situation that they have sought intervention from the National Health Practitioner Ombudsman who then provided the contact details for specific AHPRA staff.[44] Other practitioners have resorted to going to AHPRA offices to lodge their paperwork in person. Mr Stephen Milgate, Australian Doctors' Fund commented:

> Our doctors will not work without registration, so they are spending enormous amounts of time on this. One doctor as recently as two weeks ago fronted the office of AHPRA with all her paperwork. Doctors are now physically having to go in to do it. This is not the system that we were promised.[45]

3.45 Attempts to escalate problems to more senior officials in AHPRA proved to be a particular problem. The Australian Physiotherapy Association commented that the AHPRA website did not provide phone, fax or email contact details for branch offices. The Association stated that 'AHPRA wished to discourage direct calls to branch offices while there was a functioning call centre'. However, given the difficulties being experienced with the 1300 number, the lack of alternative contact details contributed to the issues experienced by health practitioners.[46] The Royal Australian College of General Practitioners (RACGP) commented:

> It has proved almost impossible to access state or territory offices of AHPRA, except through a central number, which is always engaged. No

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41 Royal College of Nursing Australia, *Submission 62,* p. 4.

42 Australian College of Mental Health Nurses, *Submission 58*, p. 6; Royal College of Nursing Australia, *Submission 62*, p. 4.

43 Specsavers, *Submission 61, p. 1.*

44 Australian and New Zealand Association of Physicians in Nuclear Medicine, *Submission 43*, p. 3.

45 Mr Stephen Milgate, Executive Director, Australian Doctors Fund, *Committee Hansard*, 4 May 2011, p. 17.

46 Australian Physiotherapy Association, *Submission 54*, p. 5.

> local contact persons are detailed on the AHPRA website, and RACGP staff have resorted to sourcing email addresses through networking.[47]

3.46 Ramsay Health also commented that it was, and remains, very difficult to contact key people within AHPRA who may be able to solve problems. All contact with AHPRA is through a 1300 number so that large organisations like Ramsay Health were not able to contact more senior personnel to address significant problems.[48] The AMA also commented that during the transition relationships with health facilities appeared to instantly cease, restricting the ability of employers to assist medical practitioners through the registration process.[49]

3.47 The Australian College of Rural and Remote Medicine provided similar comments and stated that:

> The most significant issue that has impacted the perception of AHPRA's performance has been its decision to severely restrict access for individuals and organisations to contact appropriate AHPRA officers personally to discuss new processes or status related issues. There has generally been an absence of personal contact and, by extension, a perceived absence of care and responsibility within the system.[50]

Committee comment

3.48 The committee considers that the difficulties experienced in contacting AHPRA were unacceptable and point to inadequate planning and resourcing. The task which AHPRA is to undertake underpins the efficient provision of health services within Australia. If health practitioners cannot access the body which is to process their registration and to provide advice, the committee considers that health services could be significantly compromised. This is unacceptable.

Provision of advice

3.49 When health practitioners were able to get through to AHPRA, they often found that staff were unable to respond to their inquiry or just provided generic advice.[51] For some members of the ADA, clarification of advice was never provided.[52]

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47 Royal Australian College of General Practitioners, *Submission 46,* p. 3.

48 Mr Gavin O'Meara, Manager, People and Culture, Ramsay Health Care Australia, *Committee Hansard*, 4 May 2011, pp 50-51.

49 Australian Medical Association, *Submission 23*, p. 4.

50 Australian College of Rural and Remote Medicine, *Submission 59*, p. 4.

51 See for example, Melbourne Medical Deputising Service, *Submission 28*, p. 8.

52 Mr Robert Boyd-Boland, Chief Executive Officer, Australian Dental Association, *Committee Hansard*, 4 May 2011, p. 70.

3.50 AHPRA staff were also unable to provide updated information on the status of applications which pointed to problems with internal information systems. Practitioners who were required to call AHPRA more than once, found that staff appeared not to be able to access records of previous enquiries.[53]

3.51 Professor Lyn Littlefield, Executive Director, Australian Psychological Society, commented that 'you just could not get good answers from AHPRA, with staff not understanding the scheme and actually giving inaccurate information. So I think the situation was really quite bad.'[54] Ms Wett, Pharmaceutical Society of Australia, argued that 'staff that were obviously new being under-resourced or untrained to respond to straightforward queries'.[55]

3.52 This view was supported by other submitters including the Royal College of Nursing Australia which stated 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.[56] Melbourne Medical Deputising Service (MMDS) also commented on lack of basic knowledge of the registration process:

> On more than one occasion, when necessary information was not available from the AHPRA website, MMDS personnel have experienced 'I can't give you that information because of privacy reasons' – central call centre staff did not seem to know that a doctor's registration status is public information.[57]

3.53 The Albury Wodonga Regional GP Network provided this comment:

> The 1300 call centre personnel are unable to answer queries despite asking the detail of your enquiry. Not once was a telephone call from this office transferred to a knowledgeable staff member.
>
> The website email enquiry option provided the same result as the 1300 number. Not once has a website email enquiry from this office been responded to since 1 July 2010.[58]

3.54 The AMA added its concern about the lack of follow-up by AHPRA when practitioners sought advice:

> The feedback was that they made the phone call. They often waited on the line for extended periods of time to be answered. When they were answered

53 The Pharmacy Guild of Australia, *Submission 53,* p. 4. See also Optometrists Association of Australia, *Submission 37*, p. 3.

54 Professor Lyn Littlefield, Executive Director, Australian Psychological Society, *Committee Hansard*, 4 May 2011, p. 63.

55 Ms Liesel Wett, Chief Executive Officer, Pharmaceutical Society of Australia, *Committee Hansard*, 4 May 2011, p. 8.

56 Royal College of Nursing Australia, *Submission 62*, p. 1.

57 Melbourne Medical Deputising Service, *Submission 28*, p. 8.

58 Albury Wodonga Regional GP Network, *Submission 30*, p. 2.

> they did not receive return phone calls. When they rang back they got someone else and they often had to start the process again. They did not receive return phone calls for extended periods and often after a couple of attempts they would call the AMA and say, "Please, do something; we're not getting anywhere."[59]

3.55 This example provided by the ACMHN illustrates some of the difficulties faced by health practitioners:

> I had to visit the AHPRA office on a few occasions because they refused faxes, mailed documents and because they kept forgetting I needed certain documents despite me asking several times "Are you sure there is nothing else left for me to sign." This carried onto a rather discomforting phone call where the administration asked me to send in proof of my high school education (this is about a month after I had already applied for registration). When I engaged her in conversation on the phone she commented on my English saying "Oh my god your English is really good!" Considering it's the only language I spoke I was confused and she explained, "Oh I assumed from your name you were a foreigner and that's why we wanted to check your education status." Now I am fully aware it was compulsory to prove you went to high school in Australia, but you can understand how inappropriate her comment was, and how unprofessional. In my application it was very clear I was born and raised here, yet this lady couldn't check this basic inquiry and decided to judge me by my name.[60]

3.56 Of significant concern to submitters was the provision of inconsistent or incorrect advice by AHPRA staff. The AMA provided the example of registrants being told to fill in the incorrect form:

> As well as that, people were sent the wrong forms and when they rang up they were told, "Just fill it out, everything will be fine" and in fact it was not. I have had doctors tell me personally that provisional registrants, who expected to be fully registered at the end of their intern year, found that when they filled out the wrong form, after being told to fill out the wrong form, maintained provisional registration not full registration...[61]

3.57 The Pharmacy Guild of Australia commented that AHPRA had stated in its media releases of 20 January and 25 January 2011 that practitioners whose registration application has been received by AHPRA could continue to practice while their application was being processed, even after the conclusion of the one month grace period. However, the Guild indicated that it received anecdotal reports that AHPRA

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59 Dr Steve Hambleton, Vice President, Australian Medical Association, *Committee Hansard*, 4 May 2011, p. 57.

60 Australian College of Mental Health Nurses, *Submission 58*, p. 9.

61 Dr Steve Hambleton, Vice President, Australian Medical Association, *Committee Hansard*, 4 May 2011, p. 57.

phone operators were advising pharmacists that until their application was processed, they were not registered and could not practice.[62]

3.58 Other evidence of inconsistent advice was also provided to the committee. For example, the Australian Nursing Federation (ANF) stated that some nurse members were told they could not renew as an Enrolled Nurse if they were applying for registration as a Registered Nurse. Consequently, due to delays in processing they were unable to work as an Enrolled Nurse while waiting for their registration as a Registered Nurse. The ANF reported that other Enrolled Nurses were advised by AHPRA to do exactly this.[63]

3.59 The Australian and New Zealand Association of Physicians in Nuclear Medicine also provided an example of inconsistent advice provided to a practitioner in relation to specialist radiology. AHPRA initially advised the individual, who holds a Fellowship of the RANZCR but has limited registration as a radiologist, that they could practice in nuclear medicine as it is part of radiology. On this basis the specialist accepted a position and commenced working as an advanced trainee (registrar) in an accredited nuclear medicine training position. However, the specialist was informed by AHPRA that their initial advice was incorrect and that the current registration limited the specialist's practice to radiology only and that this would not include nuclear medicine. To work in nuclear medicine, the specialist would have to lodge a new application with supporting documents from RANZCR confirming his eligibility for Fellowship in the speciality of nuclear medicine. The Australian and New Zealand Association of Physicians in Nuclear Medicine commented that in rescinding its initial advice, which in fact turned out to be the correct advice, AHPRA provided no option for this specialist to continue to work while the matter was resolved. The specialist was unable to practice for several months until the matter was resolved. The Association called for a mechanism to allow for temporary registration in such circumstances.[64]

3.60 In relation to training of staff, AHPRA submitted:

> The staff members AHPRA needed to run the new National Scheme were focused until the last minute on winding up old boards. With more than 80% of staff from the previous boards joining AHPRA, the requirements of the implementation timetables and legislative uncertainty in some states up to the final moment of changeover, opportunities for staff training and preparation were very limited before 1 July 2010.[65]

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62 The Pharmacy Guild of Australia, *Submission 53,* p. 3.

63 Australian Nursing Federation, *Submission 57*, p. 4.

64 Australian and New Zealand Association of Physicians in Nuclear Medicine, *Submission 43*, p. 4.

65 Australian Health Practitioner Regulation Agency, *Submission 26,* p. 3.

Committee comment

3.61 The committee was very disturbed by evidence that practitioners were provided with vastly different advice from different AHPRA staff on the same question. This points to extremely poor training being provided by AHPRA to its staff. The committee finds this yet another example of poor planning: surely AHPRA could have negotiated with the former state boards to allow training of those staff who were transferring to AHPRA before the 1 July commencement date to ensure that they were able to provide appropriate advice on the new scheme.

Registration processes

Initial registration and re-registration

3.62 Many of the problems experienced by health professions related to the registration process. These problems identified included:

- lack of notification of renewals;
- unacceptably long delays in processing registration renewals;
- inconsistent or incorrect advice given by call staff in relation to requirements for registration;
- lack of updating of AHPRA internal processes so that incorrect information, including lack of registration, remained in databases; and
- loss of vital documents by AHPRA relating to payment and registration.

Lack of notification of renewal

3.63 Submitters commented that one of the problems experienced by health practitioners was the lack of renewal notices from AHPRA. This was, in part, due to poor data contained in databases with the committee hearing of one instance where a letter was addressed to a medical practitioner as 'Dr Jack Smith, Adelaide'.[66]

Case study 3.3

I am a Sydney GP and I didn’t receive notification of the expiry of my registration. I had to make three phone calls because my sent email was ignored and I had to make three phone calls to obtain the renewal papers. I was told by an AHPRA clerk by phone to attend the office in George Street, Sydney in person with completed papers to ensure that the renewal process was complete before my expiry date. This is absolutely indefensible. Is this the wonderful new efficient registration system we were all promised?

Source: Australian Doctors' Fund, *Submission 52,* p. 7.

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66 Professor Claire Jackson, Royal Australian College of General Practitioners, *Committee Hansard*, 4 May 2011, p. 30.

3.64 As a consequence of the problems being experienced, many of the professional organisations stepped in to inform their members of the changes to the renewal process. Submitters commented that members were very used to an efficient system of receiving renewal notices under the old registration system, and the poor AHPRA processes caused many late applications.

3.65 As AHPRA was focussed on a web-based registration process, registrants needed a User ID and Password to submit applications. Those registrants who did not receive notification did not have access to their User ID and Password to enable online renewal.[67] Even when a User ID and Password had been provided, some registrants still could not use the online system as the system did not recognise this information.[68] The Australian Psychological Society noted that contacting AHPRA in these circumstances was almost impossible.[69]

3.66 Even after the initial problems with issuing renewal notices, Ramsay Health Care Australia submitted that the process is still not working efficiently:

> 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 [a] 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.[70]

3.67 The ACMHN also commented that it had continuing concerns with the registration process. Nurses will renew their registration in May 2011 and the ACMHN stated that:

> The uncertainty and apprehension within the nursing profession about renewals in May 2011 is well founded. This date is not far away, and some nurses still have not been notified of their renewal requirements while others have received two emails.[71]

Processing applications

3.68 The major problem with the registration process was the length of time taken to process applications. The Pharmacy Guild of Australia, for example, commented that some registrants had to wait up to three months for their applications to be processed.[72] The ACMHN provided this response from an individual nurse who came

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67 Australian Psychological Society, *Submission 36*, p. 6.

68 Ramsay Health Care Australia, *Submission 35,* p. 5.

69 Australian Psychological Society, *Submission 36*, p. 6.

70 Ramsay Health Care Australia, *Submission 35,* p. 5.

71 Australian College of Mental Health Nurses, *Submission 58*, p. 6.

72 The Pharmacy Guild of Australia, *Submission 53*, p. 3.

to Australia in October 2010 and is still unable to work as a nurse as AHPRA has not processed her registration application:

> I have also been met with poor case management, where my documents have been lost or not internally sent as promised between Melbourne and Brisbane office, information provided is not followed up or shared between the team members who assess so info gets lost and not taken into consideration of the assessment, The screening staff on the phone seems tired and untrained, so it is always very unhelpful to telephone (both to main number and locally in Brisbane), and the general unwillingness to guide and assist when I asked (nearly begged) for assistance to understand why they aren't approving me.[73]

Case study 3.4

An Australian graduate and specialist who worked overseas for four years applied for registration on December 22 2010, received an email on February 22, 2011 from someone who was doing 'an initial assessment' of his application for re-registration

Source: Royal College of Pathologists of Australasia, *Submission 24*, p. 1.

3.69 The applications of health practitioners wishing to register for the first time including overseas trained practitioners have taken inordinate amounts of time to be processed. In a case provided to the committee by the MMDS, an overseas trained doctor applied on 5 August 2010 for registration. As at 14 April 2011, registration had not been finalised. A particular concern, as a result of the inordinate amounts of time taken to process applications, is that the Certificate of Good Standing, a requirement for overseas doctors, expires after three months. MMDS noted that in many parts of the world obtaining another is 'both difficult and dangerous' and adds to costs and further delays.[74]

3.70 This situation was exacerbated by registrants not being provided with confirmation that their registration documentation had been received and/or confirmation that it had been processed.[75] Many registrants were forced to ring AHPRA, which added to the delays at call centres, in an attempt to ascertain if their applications had been received and processed. The ACMHN commented that the lack of confirmation of registration also created a situation where some nurses believed that they had successfully renewed their registration when AHPRA had failed to receive the renewal application. The ACMHN noted the case of a nurse who had posted her renewal and assumed that it had been received by AHPRA; she became

73 Australian College of Mental Health Nurses, *Submission 58*, p. 10.

74 Melbourne Medical Deputising Service, *Submission 28*, p. 8; see also Rural Workforce Agency Victoria, *Submission 50*, p. 7.

75 See for example, Australian Dental Association, *Submission 34*, p. 2.

aware that the renewal had not been received when her employer advised that her employment was to be terminated because she was not registered.[76]

3.71 A further matter raised by the Royal College of Nursing Australia is the delay in providing a hardcopy certificate of registration. This can take more than four weeks and as noted by the Royal College of Nursing Australia, casual employees are particularly affected when no hardcopy certificate has been issued. In this case, pages from the AHPRA website must be printed off and then certified as a true copy for provision to employers.[77]

Case study 3.5

My name is Pharmacist No.7. I forwarded my registration renewal in October 10. In February 11 I had received no response. When I checked the website my date registration date had expired. I filled out another application and paid again only to be contacted a few weeks later to say they had received my application in October 10 but were still processing it and now no longer required my second application. Then late March I was notified that my credit card payment was declined because the card date had expired at the end of February 2011. I was required to submit a new payment before my registration would be processed. My credit card was fine in October 2010, Nov, Dec, Jan and all of February but because of AHPRA's delay of more than four months in processing the payment when they finally did my card had expired. So for the third time I have sent in information to try to re-register. To date I still have no confirmation of registration. As the owner of a pharmacy this is unacceptable.

Source: The Pharmacy Guild of Australia, *Submission 53*, Attachment A, p.22.

3.72 The delays experienced by registrants pointed to fundamental problems in AHPRA's systems. The problems ranged from the online registration system using the American dating system for recording the date of birth (mm/dd/yy);[78] to poor internal processes which resulted in loss of renewal applications;[79] loss of documents provided with applications;[80] and loss of cheques for the payment of registration.[81] The AMA also pointed to the use of generic application forms 'that were not fit for purpose, which added to the difficulty and time for registrants to complete forms correctly and for AHPRA staff to process the applications'.[82]

3.73 Dr Sorimachi, Pharmaceutical Society of Australia, provided this example:

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76 Australian College of Mental Health Nurses, *Submission 58*, p. 5.

77 Royal College of Nursing Australia, *Submission 62*, p. 3.

78 The Pharmacy Guild of Australia, *Submission 53,* p. 3.

79 Australian College of Mental Health Nurses, *Submission 58*, p. 9.

80 Optometrists Association of Australia, *Submission 37*, p. 3; Ramsay Health Care Australia, *Submission 35,* p. 5.

81 Australian Nursing Federation, *Submission 57*, p. 4.

82 Australian Medical Association, *Submission 23*, p. 4.

> We had one example where two pharmacists in a pharmacy practice together lodged and paid on the same day. One received documentation and one did not. That one contacted, did not get any feedback and then went back to pay again and was asked, 'Why are you paying again?'
>
> So I think there is a gap in the processes at AHPRA in making sure that there is a consistent delivery to the professions.[83]

3.74 The ANF also provided examples of poor internal processes. These included letters being sent to individuals informing them that they would be deregistered as they were not renewed, when in fact they had renewed their registration but AHPRA had not updated the register. The ANF stated that this caused distress for nurses in this situation.[84]

3.75 Evidence provided by Ramsay Health gives an indication of the size of the problem. Ramsay Health employs approximately 22,000 nurses across 66 hospitals. 234 nurses and midwives reported, since 1 July 2010, that they did not know whether or not they were registered. While registration fees had been paid, and receipts provided, their names did not appear on AHPRA's website. Ramsay Health noted that these were the cases which had been escalated to the central office, other cases may have been dealt with at a local level. Ramsay Health indicated that these nurses and midwives could not be employed in this capacity and were employed in other capacities within the organisation until the registration issues were finalised.[85] Ms Spaull, Ramsay Health, commented that at the time of registrations in Victoria, she committed more than 89 hours in one week to deal with problems arising from the registration process.[86]

3.76 The Royal College of Nursing Australia noted that while it may take a significant period of time to confirm registration, the fees are deducted from registrants' accounts soon after lodging their registration or renewal applications.[87]

3.77 The AHPRA processes were so flawed that operators could not provide an accurate update on the status of applications, to the extent that some pharmacists were unable to confirm if their paperwork had been received by AHPRA.[88]

3.78 Mr David Stokes, Australian Psychological Society, summed up the failures of the registration system as follows:

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83 Dr Kay Sorimachi, Director, Policy and Regulatory Affairs, Pharmaceutical Society of Australia, *Committee Hansard*, 4 May 2011, p. 9.

84 Australian Nursing Federation, *Submission 57*, p. 4.

85 Ms Elizabeth Spaull, Ramsay Health Care Australia, *Committee Hansard*, 4 May 2011, p. 47.

86 Ms Elizabeth Spaull, Ramsay Health Care Australia, *Committee Hansard*, 4 May 2011, p. 49.

87 Royal College of Nursing Australia, *Submission 62*, p. 3. See also The Pharmacy Guild of Australia, *Submission 53,* p. 3; Ramsay Health Care Australia, *Submission 35,* p. 4.

88 The Pharmacy Guild of Australia, *Submission 53,* p. 3.

> I guess the renewal process really highlighted their unpreparedness for this process. We had some gross injustices on both our members and our members of the community that followed on as a consequence. Perhaps the worst was experienced in Queensland. We did manage to rescue a renewal phase in Victoria and Tasmania—it could have been a bit more than it needed. The issues that really came up in that renewal process were the failure of members to receive a registration renewal form through any of the multiple ways that they attempted to send these out; they just never received any of them. Not only was that failure very potent for many of them but also there was a strong implication that it was a failure of the registrant and not of the process. [89]

Case study 3.6

I am one of the many pharmacists who were completely frustrated by the inadequacy of AHPRA. Copies of my email enquiry and consequent emails follow.

As you are no doubt aware, the 1300 419 495 phone enquiry line was unavailable for enquiries during January 2011 and communication could only be made by the online enquiry email. Although the “customer service team” advised me on January 19th my enquiry would be escalated, I had no further communication from them until 18th February 2011.

In early February I eventually had an answer on the 1300 number and was put through to the NSW office and was told “yes” my application had been received and would be processed shortly.

Are we to go through the same thing again in December 2011? Copies of emails sent to and from AHPRA:

18th January 2011 via Online Enquiry Form

Registration application posted XXXX P.O. 6/12/2010. Phoned 1300 419 495 23/12/2010 and again 13/01/2011. Spoke to XXXX. She informed me I would have received an SMS or email if Pharmacy Board had not received my application-none received. Still currently listed as registered till 31/12/2010. Please confirm by email current status of my application As 31/01/2011 is fast approaching I am concerned about my status as a registered pharmacist

19th January 2011 Reply from AHPRA to Online enquiry

Dear Pharmacist 4

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

Regards

The Customer Service Team, AHPRA Enquiry Contact Centre

18th February 2011 Email from AHPRA

Dear Pharmacist 4

This email is to advise you that your application to renew your registration has been finalised by AHPRA.

89 Mr David Stokes, Senior Management, Professional Practice, Australian Psychological Society, *Committee Hansard*, 4 May 2011, p. 62.

You will receive a tax receipt and a certificate of registration from AHPRA within 4 to 6 weeks. In the meantime, if you need to confirm your registration status, you can search the public register at…etc

Source: The Pharmacy Guild of Australia*, Submission 53, Attachment A, p. 20.*

Fast track procedures

3.79 Following the issues with the registration process, AHPRA established a 'fast track' system to enable health practitioners to be restored to the register without going through an entirely new registration process. However, it appears that AHPRA staff were not fully trained in these procedures and the Australian Physiotherapy Association commented that 'communication with health practitioners around the procedures was flawed' and the 48 hour turn-around time was a minimum with some fast track procedures taking significantly longer.[90] The Australian Psychological Society also commented that 'they instituted a fast track system which for many people was in no way fast tracked; it still took a month to get a renewal through even on the fast-track system'. [91]

Errors in registration information

3.80 The Australian College of Rural and Remote Medicine commented on the lack of quality control of data resulted in the registers containing inaccurate and/or missing information about their qualifications and status, despite accurate information being provided by the health practitioner and the College concerning fellowship status. This was particularly the case where registrants were described as 'general' rather than 'specialist'. The College concluded:

> Data discrepancies such as these also have the potential to substantially undermine the professional standing of the doctor with patients and amongst the profession (e.g. when agencies check the register to validate credentials as part of employment, teaching or other professional applications).[92]

3.81 The problems of incorrect listing of qualifications was also noted by the RACGP. The RACGP further commented that the register listed some practitioners as lapsed when in fact they had renewed their registration while other who had not renewed their registration remained registered on the public database.[93] The Australian and New Zealand Association of Physicians in Nuclear Medicine also raised this matter and noted that when an error is pointed out to AHPRA it requires

90 Australian Physiotherapy Association, *Submission 54*, p. 5. See also The Pharmacy Guild of Australia, *Submission 53,* p. 4; Royal college of Pathologists of Australia, *Submission 24*, p. 1.

91 Mr David Stokes, Senior Management, Professional Practice, Australian Psychological Society, *Committee Hansard*, 4 May 2011, p. 62.

92 Australian College of Rural and Remote Medicine, *Submission 59*, p. 6.

93 Royal Australian College of General Practitioners, *Submission 46,* p. 3.

resubmission of paperwork that has already been provided and therefore the medical practitioner is unable to renew registration online, thereby creating further delays and continuing inaccuracy of the online registration record.[94]

3.82 Ramsay Health Care Australia reported that up to 30 staff received incorrect registration types in their certificates. Seven of these staff were told by AHPRA staff 'not to worry about what it says on the public register or certificate'.[95]

3.83 The AMA also provided evidence of inadequate advice from AHPRA in relation to incorrect information on the register:

> To add to the problem, AHPRA's on line register lists medical practitioners who have made the applications for renewal, but have expiry dates well before the current date. Employers are informed to ignore the expiry date and that if the medical practitioner appears on the register, they can be taken as being registered.
>
> This has been counter intuitive for hospitals and other employers who have been advised to check against the medical register.[96]

3.84 The AMA concluded that 'the integrity of the register has been corrupted and employer confidence in the information on the public register is significantly diluted'.[97]

Case study 3.7

Dr C - Vocationally Registered doctor providing 35 years medical service in solo rural GP practice was very anxious that registration renewal was paid, however, was stated as 'expired' on the AHPRA website for months after payment had been made. This doctor was taking leave and was very concerned regarding registration status upon return from leave.

Source: Albury Wodonga Regional GP Network, *Submission 30*, p. 2.

3.85 Dr Hambleton, AMA, noted the problems arising from the flawed registration process: many hours of health professionals' time have been devoted to dealing with the problems, rather than direct patient care. The biggest concern has however, been the uncertainty over registration status. Dr Hambleton commented:

> Even today some people appear on the national register with expired registration dates but are told as long as they are on the register everything

94 Australian and New Zealand Association of Physicians in Nuclear Medicine, *Submission 43*, p. 5.

95 Ramsay Health Care Australia, *Submission 35*, p. 4.

96 Australian Medical Association, *Submission 23*, p. 7.

97 Australian Medical Association, *Submission 23*, p. 7.

> is okay. This is certainly counterintuitive to a modern, efficient registration system.[98]

3.86 For many, the first indication that they were not registered came when Medicare informed the health practitioner that they were no longer registered.[99] Ms Locke, Australian Physiotherapy Association, provided the details of one such case:

> A Queensland member received a call from Medicare on 14 January to advise that she was not currently registered and that Medicare was aware there was a problem. They were making a number of these phone calls, and said that they would hold her provider number until she could get her registration fixed. She received a letter from AHPRA advising that registration had lapsed on the same day even though she had a facsimile transmission record of her renewal notices being sent in November.[100]

3.87 AHPRA indicated that of the registrations due between 1 July 2010 and 31 March 2011, the registration of approximately 24,894 practitioners lapsed.[101] Mr Martin Fletcher, Chief Executive Officer, AHPRA, indicated that:

> We write to the practitioner to advise them that their registration has lapsed. So, just to reiterate, there is a registration expiry date; the practitioner then has a month after the expiry date called 'the late period' to submit their application, and provided they have submitted their renewal application in that period, they can continue to practise. If they have not submitted, we write to the practitioner to advise them that their registration has lapsed and we also have at the moment a protocol where we, on a regular basis, transfer those data to Medicare...
>
> One of the things we did was set up a hotline so if Medicare contacted them and they said they had not heard from AHPRA, they had a dedicated hotline that they could ring.[102]

Students/graduates

3.88 Difficulties have arisen with the processing of registrations for new graduates. The ANF commented that the processing of applications takes place in the state or territory where the course leading to initial registration was undertaken. This is irrespective of where the person was living whilst completing the course and where

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98 Dr Steve Hambleton, Vice President, Australian Medical Association, *Committee Hansard*, 4 May 2011, p. 54.

99 Dr Steve Hambleton, Vice President, Australian Medical Association, *Committee Hansard*, 4 May 2011, p. 56. See also Specsavers, *Submission 61*, p. 1.

100 Ms Melissa Locke, President, Australian Physiotherapy Association, *Committee Hansard*, 5 May 2011, p. 2.

101 Australian Health Practitioner Regulation Agency, *Submission 26,* p. 18.

102 Mr Martin Fletcher, Chief Executive Officer, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, p. 28.

they are living at the time of their application for registration. This has caused delays in the registration process and in many instances new graduates were unable to commence graduate programs. The ANF commented that both graduates and employers were considerably compromised and in some cases the offer of employment was withdrawn due to the graduate's inability to provide evidence of registration.[103]

3.89 The Royal College of Nursing Australia also noted that newly graduated nurses who attempt to enrol in post graduate courses are unable to do so without proof of their registration.[104]

3.90 Another matter of concern in relation to new graduates was the lack of a pro rata fee for registration. This matter was raised by the ANF which stated that initially there was a provision for a pro rata fee. However, on 1 November 2010, 'without consultation or notice', pro rata fees were no longer allowed. This meant that if an initial applicant finished their course at the end of the year they pay an application fee in addition to a full 12 month registration fee despite the fact that they will only be registered for a part period. The ANF provided the following example:

> An ANF member has lodged a written complaint with AHPRA as they had to pay $115 to apply, then $115 for registration as a nurse, and another $115 for registration as a midwife. Although the ANF member was registered on 3 February 2011 which meant they would be required to renew by 31 May 2011 (four months), they were charged for 12 months.[105]

3.91 The ANF commented that the AHPRA website indicates on initial registration both an application fee and a fee for annual renewal of registration apply. 'Annual' by definition, means a year or returning once a year. The ANF went on to state that it acknowledged that the process for pro rata fees is only until all states are in line with the same national annual review date. However, the processing for pro rata fees should have been straight forward.[106]

3.92 AHPRA has made changes to the registration process and these are outlined in this chapter. AHPRA also commented:

> A core challenge in health practitioner regulation is balancing the at times competing priorities of workforce supply and the safety and quality of health services delivered to the Australian public. Assessing and making determinations about eligibility for registration is not just an administrative process. To undertake its statutory role responsibly, AHPRA makes sure its operational processes support a thorough assessment of applications for registration. It also aims to do this in a timely way, noting that there are no

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103 Australian Nursing Federation, *Submission 57,* p. 5.

104 Royal College of Nursing Australia, *Submission 62*, p. 2.

105 Australian Nursing Federation, *Submission 57,* p. 5.

106 Australian Nursing Federation, *Submission 57,* p. 5.

> externally agreed performance benchmarks for registration processes beyond the maximum period specified in the National Law.[107]

Committee comment

3.93 The committee again reiterates the importance of efficient registration processes to the provision of health care to the Australian public. The evidence points to extremely poor processes, in particular, the lack of confirmation of receipt of applications. It is normal business practice to acknowledge receipt of applications and payments. The committee considers that this matter should not have been overlooked when processes were established. In addition, the deregistration of practitioners without notification was unacceptable and pointed to significant system failures.

3.94 The committee also notes the comments made by AHPRA about balancing workforce supply and protection of the public. However, the committee considers that in the transition period, the reduction in workforce supply was not a function of protection of the public but of AHPRA's system breaking down.

Funding of AHPRA

3.95 A significant concern raised in the evidence was the issue of the funding of AHPRA. Professor Smallwood, Forum of Australian Health Professions Council, commented that under the previous accreditation scheme government provided funding assistance. However, the NRAS, following initial funding by the Commonwealth, is a user pays scheme. Professor Smallwood went on to comment 'the issue of any immediate change of government support will really mean that registration fees and accreditation fees may need to rise sharply'.[108]

3.96 The Australian Dental Association indicated that fees for its members had increased.[109] Professor Jackson, RACGP, also commented that fees had increased. Professor Jackson went on to state that these extra costs were 'for what is far less effective registration work than we have had previously is also an ongoing problem as those costs will have to be passed on to our patients'.[110] The AMA also supported this view and stated that registration is costing more and 'has not delivered an efficient system to justify the increase'.[111]

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107 Australian Health Practitioner Regulation Agency, *Submission 26,* p. 7.

108 Professor Richard Smallwood, Chari, Forum of Australian Health Professions Councils, *Committee Hansard*, 4 May 2011, p. 2.

109 Mr Robert Boyd-Boland, Australian Dental Association, *Committee Hansard*, 4 May 2011, p. 69.

110 Professor Claire Jackson, President, Royal Australian College of General Practitioners, *Committee Hansard*, 4 May 2011, p. 28.

111 Mr Francis Sullivan, Secretary General, Australian Medical Association, *Committee Hansard*, 4 May 2011, p. 59.

3.97 The AMA went on to comment:

> No economies of scale has been identified. Under the previous State and Territory boards there was a surplus of funds despite the registration fees being approx 50 per cent less than they are now. Despite this surplus being transferred to AHPRA as part of the national contribution, the registration fees for medical practitioners increased significantly.
>
> The medical profession will not tolerate any further increase in the registration fees to cover the increasing costs of the scheme. AHPRA must now perform its functions within the existing budget by working with the respective professions to identify the efficiencies of each of the registration processes and develop business protocols to ensure consistency around the country.[112]

3.98 Submitters stated that if AHPRA requires more resources, then the initial estimates for the funding needs of the NRAS were unrealistic.[113] Mr Ian Frank added that funding for similar bodies overseas is much higher:

> It is perhaps worth noting that, if you take all the 10 health professions together that are involved in bringing together the scheme and you look at the 85...different regulatory bodies that existed across the states and territories to look after those, none of those could be described as being flush with resources. We work with colleagues in Canada and the US and we know that the resourcing of the regulatory process in Australia is significantly lower than it is in those two countries alone. So the resources that already existed on the ground prior to NRAS were probably fairly thin, you might say.
>
> To then create something on the scale that they have talked about here by simply saying, 'Oh, well, we'll take all of the resources that currently raise the registration fees, assets et cetera and bring them across into the new system but to a completely different new system,' I think suggests that perhaps that had been underestimated to start with, because if you try to build something totally new from the ground up it is going to be more expensive than just finetuning existing systems that are already out there. As Professor Smallwood has already said, for those of us who have worked with mutual recognition and worked in IT systems before, the thought that $19 million was the seeding funds for this would probably not even cover the costs of IT consultants doing this sort of development work. So we had concerns from the outset that that was probably a bit of an underestimate of the complexity and of the need that would be required to support this exercise.[114]

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112 Australian Medical Association, *Submission 23,* p. 8.

113 Mr John Low, Member, Forum of Australian Health Professions Councils, *Committee Hansard*, 4 May 2011, p. 5.

114 Mr Ian Frank, Member, Forum of Australian Health Professions Councils, *Committee Hansard*, 4 May 2011, p. 7.

3.99 It was argued that health practitioners should not be asked to provide additional funding, however, as the AMA commented 'in the event that AHPRA requires even more resources, we believe the Health Ministers will not provide the additional funding required, but instead seek to increase registration fees to cover this'.[115] The Optometrists Association of Australia were also of the view that any additional funding should be provided by government:

> Similarly, if additional resources are needed from time to time to establish the national scheme as intended then those resources should be provided by governments as agreed originally when the decision to proceed with national registration was announced. While ongoing operations were to be funded from registration fees the costs of establishing the scheme were to be met by governments and resolving start-up problems such as experienced thus far should be accepted as part of establishment.[116]

AHPRA's response

3.100 In evidence, AHPRA acknowledged the issues that had arisen since 1 July 2010. Mr Martin Fletcher, CEO, AHPRA commented:

> AHPRA has recognised that there have been shortfalls in our service to practitioners in the early days of the scheme. We are now embedding robust systems which are getting stronger all the time and of course our systems not only need to work well from an administrative point of view, but they also need to make sure that we are discharging the objectives of the national law around public protection and patient safety.[117]

3.101 AHPRA's submission provided details of the initiatives it had taken to address the problems experienced during the implementation phase of the NRAS, and these include:

- *data:* more than 500,000 data records were cleansed, processed and migrated as active practitioner records into the AHPRA database. Despite these efforts to establish accurate and complete records for each registered practitioner and each profession, there were a range of issues with the accuracy and completeness of the inherited data which became apparent as AHPRA renewed the registration of practitioners. AHPRA has undertaken significant work on data quality, including a data audit and continues to ask practitioners to update their information to ensure the integrity of the data AHPRA holds;[118]
- *service delivery:* improvements in service delivery have been made through:

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115 Australian Medical Association, *Submission 23*, p. 4.

116 Optometrists Association of Australia, *Submission 37*, p. 3.

117 Mr Martin Fletcher, Chief Executive Officer, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, p. 16.

118 Australian Health Practitioner Regulation Agency, *Submission 26*, p. 14.

- addressing problems with contacting AHPRA, for example, through boosting resources for customer service teams and establishing new back-up and peak demand capacity;
- improving the renewal system to decrease the incidence of lapsing of registration, for example, through establishing a fast track application process;
- improving practitioner awareness of new registration and renewal requirements through work with professional associations, employers, education providers and students;
- addressing delays in providing certificates for example, through establishing an online process to enable registrants to request a certificate;
- developing and embedding standard operating processes;
- improving services for employers checking employee registration online; and
- improving online services including a registration tracking process and expanding the range of online services.[119]

3.102 In particular, AHPRA noted that it has implemented a fast track application process for registrants whose registration has lapsed but who wish to remain in practice. This fast track process is open for one month after the end of the late period. In the first year of the NRAS, there are no additional registration fees for the fast track registration process. Because these practitioners have been registered until very recently, the fast track process does not require proof of identity; does not require verification of qualifications (if this was recorded as part of previous registration); does not require verification of English language skills; and does not require registration history or work history. The process does require practitioners to make declarations about their continuing professional development and criminal history. AHPRA indicated that these applications are usually finalised within 48 to 72 hours of receipt of a complete application, provided that the practitioner has not made an adverse criminal history declaration.[120]

3.103 AHPRA also provided information on how it is approaching the renewal process for the 330,000 health practitioners who are renewing in May and June:

> We have substantially ramped up our communications and approach to renewals, so we are looking at renewals in the form of a campaign. Our theme has been to renew on time, online. We are using a variety of emails, letters, working with employers and professional associations to raise

119 Australian Health Practitioner Regulation Agency, *Submission 26*, pp 15–16. See also Mr Martin Fletcher, Chief Executive Officer, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, pp 17–18.

120 Australian Health Practitioner Regulation Agency, *Submission 26*, p. 19.

> awareness and understanding. I just looked at the 210,000 practitioners who are due to renew their registration by the end of May, as one example. We have email contact details for 160,000 of those practitioners. We have now sent three email reminders, which totals 350,000 emails to those practitioners. In addition, we have sent 169,000 letters where people have either not responded to the email or did not have their email contact details with us, and as of yesterday more than 57,000 of those registrants have already renewed, which represents 27 per cent of those registrants, so that is a substantially ramped up approach to making sure that people understand their obligations to renew on time and have timely communication around that.[121]

3.104 In evidence AHPRA also indicated a number of additional matters it has addressed. In relation to registration certificates, AHPRA stated that from the middle of the year a new online service will be introduced so that a practitioner can log on to the AHPRA website and print their own registration certificate. Graduates, from approved programs of study, will also be able to register online from the middle of 2011.[122]

3.105 In order to address criticisms concerning lack of national consistency, Mr Martin Fletcher, AHPRA, provided examples of the work being undertaken by AHPRA:

> ...we have developed standard operating procedures in all of the key areas around both management of registrations and notifications, and we would be more than happy to table information about that if that would be of interest to the committee. We have invested substantially in a program of work that we call 'business improvement' led by a national director which is focusing on issues such as making sure our IT systems do what they need to do to support the work. We have the business processes clear around how we manage our business of registration and of course we invest in things like staff training and the like.
>
> A final example is work that we have been doing with our directors of registration, which we have in each of our state offices, and our directors of notification around things like standard templates, standard letters, forms and the like, all of which are important parts of consistency, and of course we work very closely with national boards in how we do that.[123]

3.106 AHWMC commented that since its formal establishment on 1 July 2010, AHPRA has reviewed and improved its capacity and ability to undertake its key functions. An example of this is the recent appointment of a Director of Business

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121 Mr Martin Fletcher, Chief Executive Officer, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, p. 17.

122 Mr Martin Fletcher, Chief Executive Officer, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, p. 17.

123 Mr Martin Fletcher, Chief Executive Officer, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, p. 18.

Improvement and Innovation in acknowledgement of the need for AHPRA to build its capacity in business improvements.[124]

3.107 In addition, AHWMC informed the committee that at ts meeting of 17 February 2011, the AHWMC agreed that action needed to be taken to address the concerns being raised about registration processes during the transition to the new Scheme. It was agreed to provide additional support and expertise to assist AHPRA in managing the registration function. Additional monitoring of AHPRA has been introduced and AHPRA will be required to report to future meetings of health ministers.[125]

3.108 The AHWMC concluded that:

> Whilst it is clear that there have been some operational difficulties in the establishment of NRAS, these have largely been the result of bringing 10 professions across eight jurisdictions into a system that was to be operational from day one without any interruption to service provision...
>
> Any difficulties in bringing these systems together should not overshadow the importance of this key health workforce reform and the role of AHPRA in achieving a national scheme with a focus on the health and safety of the public and nationally consistent standards for health practitioners. The Scheme has significant potential to deliver improved public protection, improved professional standards, greater workforce mobility and better quality education and training and AHPRA is well placed to play the key support role in delivery of these benefits.[126]

3.109 The Department of Health and Ageing also indicated that the Commonwealth had offered support to AHPRA: the chief nurse is available to AHPRA to discuss nursing issues; Medicare has offered to pick up call centre overflows; and assistance has been offered with the integrity of AHPRA's IT systems.[127]

3.110 In relation to funding, AHPRA commented:

> The intent into the future is that AHPRA is funded entirely from registration fees. The space we are in now is the issues associated with start-up and government has both provided money and accepted a qualified broader responsibility to assist AHPRA where it is agreed that it needs that assistance in dealing with the start-up costs.[128]

3.111 The AHWMC also commented on the funding issue and stated:

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124 Australian Health Workforce Ministerial Council, *Submission 70*, p. 9.

125 Australian Health Workforce Ministerial Council, *Submission 70*, p. 10.

126 Australian Health Workforce Ministerial Council, *Submission 70*, p. 14.

127 Ms Kerry Flanagan, Acting Deputy Secretary, Department of Health and Ageing, *Committee Hansard,* 5 May 2011, pp 20–21.

128 Mr Peter Allen, Chair, Agency Management Committee, Australian Health Practitioner Regulation Agency, *Committee Hansard*, 5 May 2011, p. 25.

While governments support NRAS and some have provided additional financial support to AHPRA in the establishment phase NRAS should become self sufficient and there should not be an ongoing reliance on Commonwealth, state and territory government funding. This means that the financial obligations of AHPRA and the National Boards need to be fully considered when setting registrant fees.

As has been noted above, AHPRA and the National Boards are reliant on registrant fees for funding, and at the present level AHPRA has resource constraints which limit capacity and performance. It is important that financial sustainability is an element in all decisions about the structure and scope of NRAS.[129]

129 Australian Health Workforce Ministerial Council, *Submission 70*, p. 14.