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Registration Arrangements Submission

In response to:

CONSULTATION PAPER
“Proposed Registration Arrangements”
Issued 19th September 2008

For the

Practitioner Regulation Subcommittee
Health Workforce Principal Committee
Australian Health Ministers Advisory Council

Prepared by Ramsay Health Care Australia
October 2008

EXECUTIVE SUMMARY

Ramsay Health Care is grateful for being given the opportunity to respond to the proposed Registration Arrangements put forward in the Consultation Paper presented by the Practitioner Regulation Subcommittee on 19th September 2008.

Ramsay Health Care is a successful global company and was established in Australia more than four decades ago. Ramsay Health Care was established in Australia in 1964 and is now the largest provider of private hospital services in the country with 65 hospitals admitting almost 700,000 patients per annum and employing 20,000 staff. In recent times, Ramsay Health Care has expanded into the United Kingdom and now operates over 100 hospitals and day surgery facilities globally. Ramsay Health Care supports national registration arrangements and encourages consistent standards for health professions across Australia. We support the schemes¹ primary objectives to develop legislation that will:

- Provide for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered
- Facilitate workforce mobility across Australia and reduce red tape for practitioners
- Facilitate the provision of high quality education and training and rigorous and responsive assessment of overseas-trained practitioners
- Have regard to the public interest in promoting access to health services; and
- Have regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery.

Ramsay Health Care welcomes the process of creating a national registration and accreditation system that by July 2010 will enable health professionals to possess a registration that is nationally portable (thus significantly reducing “red tape”). It will also provide greater safeguards for the public and promote a more flexible health workforce. The proposed scheme will also carry inherent benefits in relation to future workforce analysis with consistent national data sets becoming available.

This submission will largely make comment and recommendations relating to the implications for the **nursing and midwifery workforce**. National registration and accreditation for nursing and midwifery is a critical component of national health care reform and Ramsay Health Care is eager to work in partnership with other stakeholders to ensure the timely and appropriate delivery of the scheme. This agenda will enable opportunity and investment for a more streamlined, collaborative, coordinated and safer approach to health care management in both the public and private health care sectors. Overall, we believe positive benefits for the nursing and midwifery profession will ensue.

It is widely suggested that problems currently exist in relation to nursing re-entry programs. Current methods and requirements of re-entry alongside the educational requirements and associated costs vary considerably across the country. These inconsistent processes present hospital management with difficulties when endeavouring to recruit nurses and midwives back into our workforce. A standardised approach to this will assist to help make returning to the workforce more attractive and less arbitrary and challenging. A coordinated inter-governmental response will help achieve a re-entry process that ensures safety and competence to practice.

¹ The National Registration and Accreditation Scheme for the Health Professions (as agreed by COAG March 2008)

RAMSAY'S RESPONSE TO THE CONSULTATION PAPER:

The following discussion sets out the joint position of Ramsay Health Care in response to a review of the CONSULTATION PAPER "Proposed Registration Arrangements" Issued 19th September 2008 by the Practitioner Regulation Subcommittee.

Document Reference:

TABLE 1: BOARDS, REGISTERS and DIVISION OF REGISTERS (page 6)

Re: Nursing and Midwifery Board of Australia

Comments:

Ramsay Health Care supports the boards, registers and divisions of registers proposed for inclusion. As proposed, under the new register there will be a single register that encompasses all levels of nurse and midwives.

Ramsay Health Care strongly encourages that the divisions of the Nursing and Midwifery register include provisions for distinguishing between such divisions. Ideally this would be via reference to either their division or via an endorsement mechanism. This will ensure clarity for scope of practice with respect to qualification, particularly in speciality and nurse practitioner fields.

Document Reference:

4.2 INFORMATION REQUIRED ON INITIAL APPLICATION: (page7)

Proposal 4.2.1

Comments:

*In point "a" of **Proposal 4.2.1** it is stated that evidence is required regarding the applicant's qualifications and supervised practice experience that they believe qualifies them for registration.*

Ramsay Health Care recommends that future developments in relation to this point (with regard to nursing and midwifery) consider development of a standardised "National Clinical Practicum Assessment Tool" based on agreed upon standards for competency. Current inconsistencies and inadequacies of undergraduate, post graduate and supervised practice clinical performance assessment tools provide industry with multiple challenges and in some instances, pose a significant risk with respect to assessing competence and safety to practice.

We would welcome the opportunity to become involved in any future work undertaken in this area.

Document Reference:

4.3 Criminal History Checks: (page 7)

Proposal 4.3.1 Options relating to requirements for criminal history checking of applicants for registration and renewal of registration.

Ramsay Health Care supports "OPTION 2" of the proposal which states that the legislation require criminal history checks on all new applicants and at renewal of registration, and that these requirements be phased in over time from 1 July 2010.

Ramsay Health Care would also expect that any subsequent recommendations for implementation ensure that onus be on the individual professional to source and finance any criminal history checks required.

Document Reference:

7. TYPES OF REGISTRATION GRANTED: (PAGE 12)

Given the existing variations in relation to nursing and midwifery to scope of practice across states and territories, Ramsay Health Care highlights the need for extensive consultation and consideration of this fact when establishing a national board. With a view to types and sub types of registration the variability across jurisdictions will require extensive planning and review. In particular, with respect to the nursing skills and tasks performed by nurses who wish to utilise their registration across state and territory borders. A practical example of this- The scope of practice in relation to medication administration that currently differs between ENs (Division 2 RNs) in each state.

As noted in **TABLE 2: PROPOSED TYPE AND SUB-TYPES OF REGISTRATION (page 13)** applicants who hold approved qualifications would be eligible for "GENERAL" registration. Ramsay Health Care supports the concept of noting any specialist endorsement on their registration. Ideally, this could appear in brackets after the type of registration awarded to that individual.

Document Reference:

7.2 NON PRACTISING REGISTRATION (page 14)

In the proposal it is suggested that legislation boards will have the capacity to adopt a "non practising" category for registration if they wish. Proposal 7.3.1 states that this will serve three purposes:

- Make more transparent the distinction between those registrants who are and are not in active practice
- Better target competency requirements
- Provide more accurate data for workforce planning.

In relation to nursing and midwifery we support this proposal; however Ramsay Health Care recommends that transparent criteria be established to:

1. Determine individuals for whom this will be most relevant (e.g. professionals on extended leave, career breaks, retired, academic staff etc)
 2. Make clear the indications for electing to be certified under this section of the register
 3. Prescribe time frames for remaining on this section of the register and allocate a requirement for ongoing CPD requirements whilst not practising.
 4. Clarify the scope of practice and boundaries for a "non practising" registered nurse or midwife, as non practising suggests "no practising at all" .
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Document Reference:

7.4 STUDENT REGISTRATION (page 15)

Ramsay Health Care supports the framework listed in **PROPOSAL 7.4.1** with respect to legislative provisions for student registration. **OPTION 2** prescribes that the legislation include powers for all boards to register and regulate students, and that student registration be mandatory (but only for those undertaking clinical training, that is, those who are at the point in their course where they are in direct contact with patients).

This option would benefit both the profession and health consumers in the following ways:

1. Provide improved patient safety through regulation and registration
2. Enable the relevant board to assist in dealing with students whose ability to undertake training is affected by physical or psychological impairment or drug or alcohol dependency
3. Provide an excellent opportunity to collect data relevant to attrition rates after clinical practicum.

It is to be noted that Ramsay Health Care would recommend that the process for registering students be supported and facilitated by the relevant training organisation as opposed to the hosting clinical placement venue.

Document Reference:

9.0 RENEWAL OF REGISTRATION AND CONTINUING COMPETENCE (page 19)

9.2 CONTINUING COMPETENCE REQUIREMENTS (page 19)

Ramsay Health Care welcomes the introduction of requirements for demonstrating continuing competence to practice. We support **Proposal 9.2.1** that will see boards establishing requirements within each profession for continuing competence as a requirement of registration.

Document Reference:

Proposal 9.2.2 (page 20)

Ramsay Health Care recommends exploring and defining the term "continuing competence". We assume this is synonymous with continuing professional development in this sense; however professional development and competence by definition are quite different.

In relation to clinical competence many health care organisations and individuals will assume that the term refers to formal assessments pertaining to clinical psychomotor skills and professional conduct. We request that a definition be provided.

Questions to consider:

- How will competence be determined? By whom? Is it self regulated?
- Should all aspects of continuing professional development be required to be relevant to their area of professional practice?
- Will practical guidelines for annual submission of CPD be provided for professionals to ensure readiness?
- Will there be a framework for determining who is deemed "safe to register" on the grounds of adequate or inadequate CPD/competence?

- Will the proposed standards noted in **Proposal 9.4.2** be consistent with the Code of Conduct and Code of Ethics (August 2008) and the Competency Standards prescribed by the ANMC (Australian Nursing and Midwifery Council)?

11. OTHER MATTERS (page 25)

Proposal 11.2.1 (page 25)

In regard to registration certificates Ramsay Health Care would like to raise the following discussion points:

- *What security/cross checking measures will be undertaken at the time of initial/renewal of registration to ensure correct identity? (in the interests of public safety and to avoid fraudulent episodes of registration)*

Time Frames/Trajectory:

- *Implementation of the National Registration scheme encompasses potentially “ambitious” time frames in relation to logistics, information technology, procedures, policies and integration of current systems and processes. Ramsay Health Care recommends that all aspects of design and implementation be executed with the utmost of care and extensive industry-wide consultation.*

CONCLUSION:

Ramsay Health Care thanks the Australian Health Ministers Advisory Council for the opportunity to comment on the aforementioned consultation paper.

*Our recommendations and discussions are in the interests of securing patient safety through maintaining the highest standards for the health professions. We also look forward to continued opportunity to comment on subsequent discussion papers, in particular those relevant to our clinical workforce (e.g. the up and coming **complaints and discipline paper**, the up and coming paper relevant to **content and information held on the register**).*

This paper was authored in by Liz Spaul (Victorian Workforce Planning Coordinator) on behalf of our People and Culture (Group Human Resources) National Division in consultation with State Managers and Executives throughout the company. Any further enquiries are welcome via email at: hrenquiries@ramsayhealth.com.au or by phoning 07 3394 7281.

