



Australian Medical Recruitment

AMR Nurses Agency

AMR Staffing Services

January 2, 2002

Thank you for the opportunity to respond to this proposal.

I feel that I am in a unique position to form a response to this Application lodged by Health Purchasing Victoria: Firstly, I am relatively new to the recruitment industry; I am now the Director and sole owner of Australian Medical Recruitment (AMR) Nursing Agency; I continue to practice as a registered Nurse in both the public and Private hospital systems; and I also work within the pharmaceutical industry and with private media concerns.

I have a nursing career spanning over 20 years encompassing both hospital training and degree qualification [RN, Ba Sc (Nursing)]. I have been previously employed in both the public and private sectors; I have held positions ranging from senior ward management to casual placements This gives me a broad understanding of the nursing profession. . I am currently studying counselling. Concurrently, I have been a director of my own company, which has operated within the hospitality industry for the past 10 years and employs over 50 people.

Firstly, some background to the recent picture of Agency nursing rates and practices. This identifies the leaders in the rate race and these Agencies are also the ones that would most benefit from the HPV tendering process, thereby demonstrating how anticompetitive the nature of this proposal is.

The current environment of substantial Agency Nurse pay increases in the past few months has been driven by a number of agencies are now grouped under the umbrella of Nursing Australia and other loosely grouped agencies are also adopting this practice. This conglomerate of agencies has committed itself to the highest pay rates and increase rates frequently to maintain this commitment. I know of an incidence of hourly rates being increased twice in one week. I have included copies of Internet advertisements that are regularly posted on seek.com.au.

Another high paying angle often used to entice nurses too join an Agency is a promise of Grade 3A rates to all nurses employed by the Agency. This rate should apply ONLY to nurses who meet CNS criteria but do not have relevant certification or rates apply to nurses practicing Grade 3A rates apply to all nurses who meet CNS criteria but do not have relevant

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certification or to nurses in In -charge positions. However, I have seen examples of junior nurses who believe that they are paid at this higher rate that actually are not, it would be interesting to see the billing rate of these nurses to the hospitals. This, again, is an unfair cost to hospitals for junior nurses.

I have recently written to Nurses with AMR (Australian Medical Recruitment) Nurses' Agency stating that I am not convinced that this approach can be maintained over any length of time (a copy of this letter is included).

One of the major effects of these increases is in the arena of the public hospital system the hospitals where government is directly impacted, but also the private system have much that same percentage of turnover allocated to nurse. However, healthcare is an area of prime importance to the public in general and individuals in particular. The general requirement for nurse hours per patient per procedure is higher than for any other profession involved in healthcare. Nurse to patient ratios reflect this, and the tendency for patients to have more involved care than in the past.

Indirectly, there is an impact on the role of the RNs over time by having alternative personnel (Ens, theatre technicians, sitters etc) used more frequently by health care providers. I do not agree with this approach to patient care, caregivers with minimum training cannot generally obtain best practice outcomes. This directly affects the patients who are probably not aware of the deficit in their care. Senior hospital Nursing and Medical management would be aware of the shortcomings of this cost cutting approach to care. Whether it is documented or merely acknowledged with anecdotal evidence it is certainly a major issue. I would be certain that incidence of poor or less than optimal outcomes are under reported.

Obviously the larger Agencies are groups of agencies that take this mercenary approach are not particularly interested in the individual nurses requirements, I hear of incidences of pressure to take shifts in areas or at times that are not the nurses preference. There are many anecdotal, undocumented examples of poorly placed nurses in inappropriate areas. Generally Agency nurses do not have the clinical resources and ward support given to permanently placed RN' s. This is an area that I consider vital to excellence in nursing care and I believe that I have a unique service of ward support particularly to junior staff or RNs capable of, but challenged by, unfamiliar care. Again, the process of tendering and reducing costs to a bare minimum would not be compatible with such a high quality of service to patients via the goal excellent nursing care

I do find the complaints regarding the high wages to nurses only evident within the hospital system. Advertising and media groups that I have been employed by find Nurse rates at the lower end of the salary scale. Of course, the pharmaceutical industry finds nurses incredibly cost effective.

This approach is of course a band-aid treatment to an epidemic illness within the Nursing field. The problems with the low number of nurses who wish to practice within the hospital setting are many and varied. I have overwhelming responses to positions outside hospital practice and poor response, in fact an inability to fill position within hospitals. This tendering process moves to create more difficulty filling hospital positions rather than lessening the difficulties. I would not supply to the public system, if costs could not be covered. I would look outside traditional nursing roles for positions in which nurses are well paid for their practice.

A question to consider? Why would a university graduate consider a career that after 5 years pays \$33, 000 or one that would require at least 2 weekends a month spent working and compulsory night duty one week out of at least every six? I have nurses who are still paying HECS after 8 years; the courses are no less expensive because the industry is comparatively poorly paid. Nursing within the hospital system is physically demanding as well as an extremely highly responsible position of care. Marketing roles may easily gross \$60,000 plus benefits, a phone and a car worth an extra \$ 20,000. I recently placed a nurse into a position of personal Assistant @ \$65,000 Plus car, phone and international travel twice a year, the CEO is delighted with her skills and the nurse states that the job compared to nursing is delightful and comparatively easy work.

I am committed to remain as an independent Nurses Agency; the difficulty for smaller Nurses' Agencies is that the larger agencies can run at minimal Agency costs or even at a loss for a substantial period of time in order to erode the number of Agencies in the market place. There is no cost offset with the effect of economies of scale that are applicable to smaller agencies As a nurse who is currently practicing within the public and private hospital system and with private companies I have an overall insight into many roles that nurses fill and I am committed to excellent service to staff and employers and to finding diversified and interesting roles for nurses to fill.

I would welcome the opportunity to further discussion should the need arise. Thank you again for this opportunity to participate.

Regards,
Salli Placentino
Director.



General Information, Professional Indemnity, Education

Overseas Visitors, Social Events

General Information

Code Blue Specialist Nurses Agency and its counterpart Prime Nursing are searching for the best clinical nurses for the health care industry and in return "Reward their Excellence". Code Blue resources Specialist nurses for all areas where specialization is recognized as an integral part of clinical practice and a recognition of skill level and educational qualifications gained is essential.

We send nurses to all Critical Care areas including General, Cardiothoracic, Paediatric and Neonatal Intensive Care. Emergency Department and other areas include Coronary Care, High Dependency, Theatre, Anaesthetics and Recovery, Oncology, Renal and Neuro HDU. We recognize that Midwives are a highly Specialist area in their own right.

Prime Nursing co-ordinates our Division 1 and 2 nurses without post graduate qualifications in all Medical and Surgical areas. Prime nurses are welcome to attend speciality areas and develop their skills.

Code Blue and Prime Nursing are committed to servicing our nurses with the shifts they request and personalized friendly service. You are not treated as a number in the system or a name without an identity. On top of this we pay the highest rates in Australia without commissions and unnecessary fees. Not only do the "best nurses get the best rates" but the "best nurses get the best shifts". Code Blue and Prime Nursing operate in all public and private hospitals in the Melbourne.

We are always seeking post graduate certified and non certified nurses in all areas. If you do not have a specialist certificate but have experience in a speciality area and you want to get started, do not hesitate to call us. We recognize that there is many great nurses working in specialist areas without a post graduate qualification and these people deserve recognition for their skills. Over award rates are offered to competent uncertified nurses working in specialist areas. We will help you get started and steer you in the right direction with your professional career development.

In a changing environment where everyone wants more than their fair share from nurses, call us and see what we can do for you.

Job Details

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Australian Medical Recruitment

AMR Nurses Agency

AMR Staffing Services

November 25th, 2001

Dear Nurse,

As I'm sure you know there have been substantial Agency Nurse pay increases in the past few months. A number of agencies are now grouped under the umbrella of Nursing Australia as other loosely grouped agencies adopting this practice. This conglomerate of agencies has committed to the highest pay rates and increase rates frequently to maintain this commitment.

I am not convinced that this approach can be maintained over any length of time. It has a number of effects: alienating our employers, particularly the hospitals where government is directly impacted, but also the private system who have a huge percentage of turnover allocated to wages to nurses, it indirectly impacts on RNs over time by having alternatives (Ens, theatre technicians, sitters etc) used more frequently by health care providers. I also believe that the Agencies that take this approach are not particularly interested in the individual nurses requirements, I hear of incidences of pressure to take shifts in areas or at times that are not the nurses preference.

I will be remaining an independent Nurses Agency. I will not commit to the tail-chasing practice of highest pay rates (even if it is by \$0.03 p/h), I am committed to the higher end of pay rates for nurses, because this is what I believe a nurse is well worth.

As a nurse who is currently practicing within the public and private hospital system and with private companies I have an overall insight into many roles that nurses fill and I am committed to excellent service to staff and employers and to finding diversified and interesting roles for nurses to fill.

Best Regards,

Salli Placentino
Director