

Health Practitioners Competency Act

This act is up for public review.

The primary purpose of the act is to protect the public from incompetent and/or unlicensed practitioners. It would appear that the act is largely successful in that aim - there are unsafe practitioners being pulled into line or occasionally deregistered - this is probably the best we can expect in the real world.

What I wish to focus on are some of the not altogether intended consequences of the legislation and consider some options.

Maintenance of Professional Competence

I believe all health professionals have an ethical responsibility to maintain their competence. Instituting regulation has increased professional awareness of this responsibility. Positions like that of the Health and Disability Commissioner have similarly raised this awareness.

Educational structures and organizations have been established to assist practitioners with the maintenance of their competence and these institutions have been involved in the establishment of protocols and further regulation. There remain the marginally competent practitioners as witnessed by the records/activities of the professional bodies monitoring and judging competence.

It is debatable if regulating the maintenance of competence has significantly reduced the levels of incompetence.

The current programmes are costly to run and the cost of these fall back on practitioners who ultimately pass the costs back to the consumers. The professional bodies running these programmes are quite large bureaucracies within themselves and they no doubt believe in the usefulness of their activities.

For some time I have advocated identification by colleagues of the less competent amongst us with judicious referral for review. In the case of the primary care medical workforce there were 'Visiting Practitioners' funded by the Ministry of Health some 20 or 30 years ago. Some anyway of the professional bodies do still monitor and offer retraining and mentoring programmes to new and/or less competent members of their profession. Where people are employed in larger organizations performance review is an appropriate tool to monitor competence.

I believe identification of less competent practitioners as outlined above would be a much less costly, and I suspect just as effective, alternative to the present system of 'certification of maintenance of competence' with its bureaucratic organisations.

Scopes of Practice

It has been left to the various professional bodies to define scopes of practice within their profession. This is unsatisfactory when there is overlap between two or more professions. We talk about teams working together and I have yet to see a scope of practice for a team.

Even when working collaboratively there is a reluctance by some team members to extend their scope of practice, particularly when working under loose regime of delegated or shared responsibility. Some wish to rely on standing orders or protocols – standing orders require first an accurate diagnosis and this is not written in to the orders.

Protocols work best with one disease at a time – the real world is not that ordered.

I believe scopes of practice are restricting the collaborative development of team practice. They may have been intended as guidelines but are increasingly being treated as rigid boundaries and, as such, are often restrictive and counterproductive.

I would like to 'scopes of practice' treated as nothing more than 'guidelines'.

Further consequences of regulation

Younger practitioners (particularly newer graduates) have a fear of litigation and often a reluctance to make difficult decisions. This can lead to over investigation when the clinical outcome is unlikely to be effected. This increases costs (and often the time taken) for little if any benefit. Total available health resources are not increasing as quickly as the demand for services/resources and somebody is going to miss out. We have an ethical responsibility to be cognisant of there being resources to treat the next patient – over treatment and investigation threatens this.

Over zealous monitoring of practices and standards is going to increase the practice of defensive medicine and the possible over expenditure of limited resources where there is less positive outcome. A counter-productive activity.

Public confidence is important and being seen to police the competence of practitioners looks good but is costly, of questionable efficacy in improving standards, and potentially counter-productive.

I would urge those charged with reviewing the HPCA to reflect on these matters. I would be willing to speak to my submission.

George Tripe.

18 December 2007