

17 Rhodes St,  
Christchurch 8014.

Mr Ryan McLean,  
Policy Analyst,  
Ministry of Health.

Dear Mr McLean,

Review of Health Practitioners Competence Assurance Act.

I hope you will be able to accept this late submission. I submitted these issues for inclusion in the submission by the Medical Council but the C E O and Policy Advisor felt they do not represent the consensus view of Council members. I apologise for their lateness and thank you for your consideration.

Yours faithfully,



P.W.Moller, MB, FRCPEd, FRCP, FRACP.

## HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT

### 1. Is the act achieving its purpose?

In the main it does “protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.” A problem exists, however, in overlap of scopes of practice creating more than one standard for a scope. Of particular importance is the prescribing of medications.

#### Discussion and Rationale:

The change in the scope of practice of nurse practitioners to allow them to independently prescribe virtually all available medications has been a dramatic shift. It was preceded by the prescribing rights of midwives. This has created more than one standard for competence, as it relates to prescribing, and it potentially undermines standards that had been expected in this area. The reasons for concern are many (see Moller & Begg (2005) NZmedJ 118-1225/1724/ ) but the central issues are:

1. Appropriate prescribing depends on accurate diagnosis. A necessary basis for this is understanding in depth of human physiology and biochemistry and the pathophysiology of disease.
2. The knowledge base for good prescribing is the medical curriculum, the subsequent training of junior doctors and continuing medical education. From its tradition of direct caring for needy people, the emphasis in nursing is different.
3. The hospital practice of doctors revolves around assessment and clarification of diagnosis and pharmaceutical management on ward rounds, in clinical meetings and during peer review. The decisions of individuals are continually being assessed and audited, maintaining competence and quality.
4. This mode of function is very important for continuing professional development and the maintenance of competence. It can be noted also that doctors are at times required to be in a collegial relationship with a more qualified colleague.
5. There is a need for understanding of all areas of medicine, so that prescribing does not cause harm with other health issues or result in unfortunate interactions with medications for other conditions.
6. Greater efficiency can be gained in the health service through co-operation and the division of functions through teamwork. It will not be helped in the long term by changes that diminish safety or standards to risk unnecessary morbidity or mortality. Teamwork is effective when each member of the team recognizes their own role and the superior capabilities of other members of the team in their roles. Duplicating activities and roles undermines this principle.
7. If health professionals other than doctors prescribe within a supportive team framework, where there is clear communication, then quality and safety is more

certain and there can be efficiencies. Regulatory confusion would then not be an issue.

It has been argued that the extension of independent prescribing rights can be justified and is safe because new prescribers will only do so in their area of competence. As has been pointed out, prescribing potentially affects all systems and the potential for side-effects are systemically diverse. It is therefore important that prescribing by those not medically qualified occurs within the support of a team that can cope with this diversity.

It is of concern that the care with which pharmaceutical companies must develop new medications and the detailed analysis of their data by regulatory agencies such as the MAAC is now diminished by uncertain standards at a prescribing level.