

1. Is the Act achieving its purpose? Please explain.

NZATS believes the Act does not allow the addition of new health professionals who have demonstrated a risk of patient harm

2. What evidence supports your answer?

The Minister of Health determined on the 30th October 2006 that Anaesthetic Technicians be regulated under the HPCAA2003. However progress on the form of the authority was hindered as it was not possible to establish a stand alone authority and due to limitations on the scope of the Minister of Health's power AT's could not be added to an existing authority.

Anaesthetic Technicians still work unregulated in a clinical setting performing invasive procedures on anaesthetised patients.

3. What, if any, comments do you have on the adequacy of evidence available about the success of the Act and any changes needed – including, for example, any reporting requirements that might ensure more open access to evidence that the Act is being effective.

4. Are the provisions in section 7 of the Act operating in a way that ensures that non-qualified persons do not claim or imply to be qualified practitioners and what, if any, changes do you recommend (note that issues around enforcing breaches are dealt with in the section titled 'Enforcement of the Act' which is set out below)?

5. Are the provisions in section 8 operating effectively and what, if any, changes would you recommend?

6. Are the provisions in section 9 and the current list of restricted activities operating effectively and what, if any, changes, amendments or additions would you recommend?

7. Is the Ministry approach to enforcement of the Act in keeping with the purpose of the Act and what, if any, changes would you recommend?

8. Are scopes of practice achieving their intent? Please explain.

9. What, if any, comments do you have on the operation of the powers that registration authorities hold to allow conditions or authorisations on individuals' scopes of practice?

10. Is the process for developing scopes of practice operating well (eg, are there suitable mechanisms for ensuring scopes of practice reflect service need) and what, if any, changes would you recommend?

11. Do prescribed qualifications reflect scopes of practice? Please explain with reference to particular scopes of practice and considering whether a) the levels of qualification are too low or too high when considering their purpose of assuring public safety, and b) whether they meet the requirements of section 13.
12. With regard to their purpose of assuring the competence of registered professionals, how well are the current recertification regimes working (where possible refer to particular professions)?
13. What changes, if any, are needed to improve the evidence available to answer the previous question?
14. Where recertification arrangements are in place, what issues arise and what changes, if any, would you suggest (e.g., in respect of the nature of the programmes, the level of compliance, monitoring practitioners' compliance, the costs and other impacts on practitioners employers etc)?
15. Where recertification programmes have not been introduced how do the authorities assure competence, and are there ways that these processes could be improved?
16. What would be the gains or problems associated with requiring all authorities to institute recertification programmes?
17. Registration authorities have to judge when a practitioner 'may pose a risk of harm to the public' and trigger notification: is this working effectively and what, if any, suggestions do you have to improve effectiveness?
18. Is it appropriate that authorities must notify a particular set of agencies: what changes, if any, are needed?
19. At what times, if any, other than when there is a concern of a risk of harm to the public, should a registration authority exercise its power to review the competence of a health practitioner?
20. Is voluntary reporting by practitioners of possibly unfit practitioners working, on what do you base this opinion, and, in the light of experience, what are your views on making it a requirement to report concerns about a possibly unfit practitioner?
Voluntary reporting is not effective for anaesthetic technicians because we remain unregulated. We do have evidence of poor performers but do not have the ability to monitor or report our concerns.
21. Is compulsory reporting by employers of possibly unfit practitioners working, on what do you base this opinion?

22. Are the interests of the public and of practitioners being balanced when dealing with the risk of harm from practitioners who are deemed to fail to meet required standards of competence? Please explain.
23. In practice, do competence and recertification programmes differ, are both sets of provisions needed or should changes be made?
24. Should any other parties be obliged to inform the registrar of a practitioner's inability to perform their required functions because of a mental or physical condition?
25. Are the interests of the public and of practitioners being balanced when dealing with fitness to practise issues? Please explain.
26. Are protected QAAs operating in areas you are familiar with: are they valuable, are there any problems, are the reporting requirements appropriate, should there be any changes to the QAA arrangements, should QAAs continue? Please explain.
27. Are PCCs being used by the registration authorities you are familiar with, how often and for what reasons?
28. To what extent is the suspension of an annual practising certificate and referral of a practitioner to the HPDT effective in protecting the public?
29. What, if any, additional steps should be taken into account when determining to suspend an annual practising certificate?
30. What, if any, benefits or problems have arisen from having a single tribunal for all regulated professions and what, if any, changes would you recommend?
31. Is the current membership structure of the HPDT operating and are there any changes you would recommend (for example, the mix, the selection and appointment processes, training of members)?
32. Is there a need for the HPDT to have the capacity to deal with multi-practitioner/ team-based disciplinary matters and, if so, how should this be organised?
33. Are the current arrangements for financing and supporting the HPDT, appropriate and what, if any, changes would you recommend (including the costs of taking cases to the tribunal and sustaining the operation of the tribunal)?
34. Are the appeal provisions operating well and what, if any, changes would you recommend?

35. How do you think the current number and mix of professions and authorities is operating and what, if any, changes do you think should be made?
36. Are the provisions for adding new professions or health services working and what, if any, changes would you make?

The addition of a new profession is fraught with the inability to set up additional regulatory authorities particularly if existing authorities do not want to take on additional professions.

The UK Health Practitioners Council with broad membership of "like" technical professions could be a solution for professions seeking inclusion under the act.

There are a number of smaller professional groups that are awaiting the outcome of a regulatory authority for anaesthetic technicians so they can proceed with their application for inclusion.

There is no process for priority of registration of new groups. "First in" is not the best process, but determining the risk proven by the applicant group should take precedent. The Ministry should develop a system of risk assessment rather than first in first served so the monetary cost of establishing new authorities is used appropriately.

Anaesthetic Technicians perform more risky procedures than some other groups seeking registration.

37. Are the current membership and appointment provisions working (eg, is the size and mix right, are people with the best skills being appointed, should the power to hold elections be retained and/or used, are lay and professional members appropriately trained and supported) and what changes, if any, would you recommend?
38. What deletions, amendments or additions, if any, do you recommend to the list of functions – and why?
39. How well are authorities carrying out their functions and what changes, if any, do you recommend?
40. Are there any specific legislative requirements that regulatory authorities are currently subject to that they should not be? Please explain.
41. Are there any specific legislative requirements that regulatory authorities should be subject to that they are currently not? Please explain.
42. To what extent are the current powers of the Minister of Health appropriate to the purpose and effectiveness of the Act and what changes, if any, do you recommend?
43. What changes, if any, do you recommend to matters covered by the provisions of Part 7 of the Act?
44. What changes, if any, do you recommend to specific wording in the Act in order to clarify or address technical issues not otherwise covered already?

45. What, if any, other matters are you aware of in respect of the operation of the Act and what changes do you recommend?