

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

Protecting the health and safety of the public and ensuring the public know that the registered health practitioner they use is competent and fit to practice.

2. What evidence supports your answer?

The numbers of health practitioners that now have their practicing certificates displayed for their customers to see.

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.

Evidence that I have seen documented is the increase in disciplinary charge notices in nursing publications for actions, which may in the past have been covered up.

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)?

There could be more publicity for the consumer of how the act is written to ensure their safety. I think the advertising like the consumer rights posters that are displayed in all health centres would be great.

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

Yes they are working well

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?

None recommended.

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?

None recommended.

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

I think the nursing scopes of practice are achieving their intent however there have been issues related with closing the Enrolled Nurse Roll, which are being addressed by Nursing Council and present.

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?

I think is important for the professional bodies to hold conditions over practice when there are problems with a practitioners practice. Especially in cases of mental illness.

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?

Nursing has four scopes of practice and appears to be working well.

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)?

The NZ Nursing Council audit process seems robust however I'm not sure that NZ wide the Professional Development and recognition programmes are the same which may incur different levels of practice in some areas.

13. What changes, if any, are needed to improve the evidence available to answer the previous question?

National Guidelines for all professions rather than everyone reinventing their own PDRP programmes especially for those in the non-DHB sector. Private rest homes and other providers are finding the audit process very difficult.

14. Where recertification arrangements are in place, what issues arise and what changes, if any, would you suggest (eg, in respect of the nature of the programmes, the level of compliance, monitoring practitioners' compliance, the costs and other impacts on practitioners employers etc)?

Nurses wanting to return to the workforce are finding the cost prohibitive and the requirements of practice hours and education off putting. There are many registered nurses that are choosing to not return to the workforce which makes the workforce crisis that we have looming even more difficult. Polytechnic programmes are often full with international students too.

15. Where recertification programmes have not been introduced how do the authorities assure competence, and are there ways that these processes could be improved?

Competence can be measured after an extended reorientation to the workplace rather than a recertification programme. Practical skills are often what the person returning to work most needs.

16. What would be the gains or problems associated with requiring all authorities to institute recertification programmes?

Gains – More accessible for people returning to the workforce

Problems – maintaining national standards for the programme.

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?

This seems to be working effectively

18. Is it appropriate that authorities must notify a particular set of agencies: what changes, if any, are needed?

Yes I believe so.

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?

Yes I believe when there are criminal convictions it is important to assess their competence.

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?

I have no experience with this however I'm not sure how appropriate this is in light of the current working climate. A professional who is not happy with another may report them for no reason.

21. Is compulsory reporting by employers of possibly unfit practitioners working, on what do you base this opinion?

Yes I believe this is imperative.

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.

I believe the risk of harm is being minimised.

23. In practice, do competence and recertification programmes differ, are both sets of provisions needed or should changes be made?

I think they do differ and I would like to see them more work based.

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?

No

25. Are the interests of the public and of practitioners being balanced when dealing with fitness to practise issues? Please explain.

Yes the process run by the Nursing Council is very thorough. However it is also very expensive.

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.

I'm not familiar with these in my practice arena.

27. Are PCCs being used by the registration authorities you are familiar with, how often and for what reasons?

Yes I know they are being used but not sure how often.

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?

Very effective from what I've seen.

29. What, if any, additional steps should be taken into account when determining to suspend an annual practising certificate?

Not sure

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?

I think the single tribunal is effective

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)?

No problems have arisen

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?

This would be a good idea.

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)?

The costs are rather large but I'm not sure how they could be reduced.

34. Are the appeal provisions operating well and what, if any, changes would you recommend?

No recommendations

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?

Operating well.

36. Are the provisions for adding new professions or health services working and what, if any, changes would you make?

There should be a limit as to how many professions can be included under this act.

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?

No recommendations

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?