

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

Partially.

2. What evidence supports your answer?

Ensures all people claiming to be a registered professional are subject to minimum standards of competence and must provide evidence of competence annually.

The Act allows people the choice to use alternative/traditional approaches to health care. It does not set minimum standards of competence for practitioners that are not registered health practitioners.

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.

No comment.

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)?

This is likely to be working well in larger health organisations as they will have appropriate systems in place, but in small organisations and those individuals working independently, it is less likely.

There is scope for the public to be confused between being registered and holding an Annual Practising Certificate (APC) – should only allow those holding an APC to use the title.

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

Operates effectively.

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?

Current list is okay.

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?

Yes.

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

Yes they define the range of activity well. (only have knowledge of nursing scopes)

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?

This is a good approach to dealing with individual issues.

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?

Operating well for Nursing.

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.

For nursing scopes, the prescribed qualifications are appropriate.

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)?

Works well for Nursing in particular by linking with PDRP (Professional Development Recognition Programme).

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

No comment.

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)?

Would like PDRP uptake to be compulsory.

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

No comment.

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

Would be better assurance if all authorities had re-certification 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?

Process is too slow and is of particular concern where practitioners are working independently.

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

Current requirement is fine

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?

Potentially health issues might be a risk of harm to self rather than public.

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?

Do not believe it is working – few individual practitioners report concerns. Most reporting we are aware of is via managers. Do not advise making it compulsory as it would decrease

team cohesiveness and probably in long term result in less people coming into health careers.

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

Yes in large organisations where there are structures for recording and reporting incidents and generally have senior people responsible for professional issues. We believe this is not true in smaller organisations based on a small sample of examples we are aware of.

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.

We agree with an approach that supports development back to competence, but have no experience of this one.

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

Both sets of programmes are needed.

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.

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.

No comment

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

Yes being used, but do not know detail

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?

Effectiveness depends on speed of the response.

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

No additional steps

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?

Have no experience.

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 comment

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 seems a very sensible idea, but don't have any views on how it should be organized except that would need to all involved professions represented

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)?

No comment.

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

No experience.

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?

Reducing costs by sharing functions or reducing number of bodies is a good idea if it can be done without reducing effectiveness and without losing the separate nature of the individual professions

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

Do not have any experience of this.

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 comment

38. What deletions, amendments or additions, if any, do you recommend to the list of functions – and why?

No comment

39. How well are authorities carrying out their functions and what changes, if any, do you recommend?

Doing well and improving.

40. Are there any specific legislative requirements that regulatory authorities are currently subject to that they should not be? Please explain.

Unable to comment

41. Are there any specific legislative requirements that regulatory authorities should be subject to that they are currently not? Please explain.

Unable to comment

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?

Unable to comment

43. What changes, if any, do you recommend to matters covered by the provisions of Part 7 of the Act?

Unable to comment

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?

Unable to comment

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

No comment