

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

The Act does provide mechanisms for ensuring that health practitioners are competent and fit to practise their professions within the scope of practice.

The act has clarified and emphasised scopes of practice and competency.

Whether this improves substantively the health and safety of members of the public is less clear.

2. What evidence supports your answer?

Prior to the act there were less robust, less agreed, less consistent national standards and less emphasis on consistent professional development requirements. Defining of scopes of practice has ensured training matches the area of practice.

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.

Disciplinary numbers are reported and Nursing Council publishes details (other bodies may to) however many of these appear to relate to acts of dishonesty.

Some evidence of error rates related to scope of practice and competencies may provide more proof of the act working or not working to achieve its purpose.

Registered Health Professional portfolios and audits related to scope of practice may also be evidence.

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)?

The act has definitely heightened awareness (both public awareness and employer awareness) of the fact that registration and current practicing certificates are requirements for a person to be considered a Registered Health Practitioner.

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

Overall this section is effective.

However for many NGO's the scope of practice has significantly reduced the pool of candidates they can recruit from, this pertains particularly to nurses and mental health where many NGO recruited Registered General Nurses as their "Clinical" FTE.

While opportunities have been offered by relevant educational facilities to up skill nurses to the relevant qualification this has placed a substantial cost burden on either the organisation or employee or both.

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?

Unable to comment on the effectiveness of the list of restricted activities as we have no direct experience of the application of these restrictions however we note the following regarding clause e:

(e) Performing a psychosocial intervention with an expectation of treating a serious mental illness, without the approval of a registered health professional requires either rewording or removal.

The addition of a definition of "psychosocial interventions would assist in the application/understanding of the restrictions. The term "psychosocial interventions" may be open to interpretation and leave providers of mental health services unclear on the real meaning of the restriction. The term psychosocial has been popular throughout the 1990's and was applied to all sorts of education and support models (e.g. psychosocial education packages focused on learning social skills.) Clarifying the definition of the term within the context of the Act as well as clarifying the definition of "serious harm" that underpins the judgment of breaches of this act is essential to ensure service providers are clear on restrictions and their application. Given the large unregistered workforce in mental health the current restriction unless clarified may negatively impact on the ability of providers to provide service and the confidence of non registered employees to undertake their job. Other restrictions on the list are very clearly defined. With a potential penalty of \$30,000 readers of the act should be clear on the restricted activities.

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, the purpose of the act is to protect public health and safety and the focus of enforcement is to facilitate a return to practice. No recommendation for changes.

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

The scopes of practice are achieving their intent which is to provide the public with an assurance that a practitioner is competent by certifying that the practitioner meets the requirements to practice within a specified scope of practice. This only happens in conjunction with assessment activities.

Most bodies have restricted to generalised scopes of practice that provide safety but do not overly prescribe the scope.

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?

The NZNC makes the requirements quite clear and appear to hold and exercise power appropriately

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?

Scopes of practice tend to be almost entirely focused on the DHB environment, leaving those practicing in NGO having to align.

Wider consultation with the allied workforce is required to assist all in meeting their workforce requirements.

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.

Nursing, Social work and Occupational therapy qualifications do appear to meet requirements.

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)?

To date we have experienced only Nursing recertification. The recertification to date has only involved the examination of records (random audit). Nurses undergoing audit received practicing certificates after putting together their portfolios. This supports that for nurses at least the recertification process is manageable within their scope of practice.

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

The appropriate body producing a fact sheet or e-newsletter to advise of issues/challenges that arose and how they were overcome would be helpful. Regular advice to employers by the same mechanisms on how to assist employees to meet the requirements of the HPCA would also assist.

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)?

One of the impacts on employers (especially smaller employers with less infrastructure and diverse workforces) has been the cost and complications of attempting to integrate competence requirements with existing HR functions such as performance reviews.

The difficulty for NGO and smaller organisations required to employ Registered health professionals (often nurses) can be finding other suitably qualified nurses to sign off competency assessments.

The cost of pursuing registration for social workers is high and often falls to employers to contribute in order to meet increasing contract compliance issues regarding registered health professional FTE's.

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

Unable to comment

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

Further cost implications for smaller employers, initial loss of employees as some decide not to pursue recertification (this was seen with nurses)

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?

Appears to be working well.

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

Yes it is appropriate for public safety and the safety of the often vulnerable groups we work with.

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?

At any time through independent random audit that identifies areas of substantial concern

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?

Unable to comment on voluntary reporting.

Mandatory reporting may well assist in identifying and addressing unfit practitioners but would need to be further considered so as not to create a potentially unhelpful employment climate.

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

To date we have had no cause to report a practitioner so are unable to comment.

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.

Yes. One must meet the standards and there is reasonable opportunity to bridge the gaps in practice/competence.

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

For nurses in particular they are very similar and should be integrated into one.

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?

Any relevant party who has concerns regarding a practitioners ability to perform their tasks should identify and evidence the practices that they believe are unsafe.

Further investigation by the registrar then becomes the vehicle to consider cause.

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

Unable to comment on actual practice but in the act itself there seems to be an acceptable balance in the focus on public safety and the practitioner requirements

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.

Unable to comment

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

Unable to comment

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 as it removes the practitioner from practice

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

No recommendations

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?

Unable to comment

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)?

Unable to 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?

Unable to comment

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)?

Unable to comment

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

Unable to comment

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?

Unable to comment

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

Unable to comment

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?

Unable to comment

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

Unable to comment

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

Authorities appear to be carrying out their functions as per the act. No recommendations.

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?

Current powers of the Minister of Health appear appropriate.

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

No recommendations

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?

See Q 6

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 recommendations