

**An Analysis of a Survey of Health Practitioners  
Concerning their Experiences with the  
Health Practitioners  
Competence Assurance Act (2003)**

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## **Executive Summary**

1. The Health Practitioners Competence Assurance Act 2003 (the Act) introduced new processes for the registration and supervision of practitioners. Under the Act:
  - a. A Responsible Authority (RA) was set up for each discipline
  - b. Scopes of practice were defined
  - c. Requirements for continuing education (CE) were specified
  - d. Each practitioner was required to obtain an Annual Practising Certificate
  - e. A Health Practitioners Disciplinary Tribunal (HPDT) was established to provide for disciplining practitioners independently of RAs.
  - f. Professional Conduct Committee's were introduced to provide a means for RAs to first assess issues of misconduct before referring the most serious cases to the HPDT.
2. The Ministry of Health, wishing to evaluate health professionals' experience of with the Act, undertook a survey in February 2008. This report analyses data from the 963 (1.28%) who responded.
3. Those who registered under the Act, in the period since 2003, have, in general, found the process reasonably easy and clear.
4. Those who were registered prior to the Act usually reported that the new requirements were appropriate.
5. Under the Act, scopes of practice were usually unchanged and qualifications were thought to match them.
6. Almost all respondents undertook CE but some thought the CE available was of poor quality and excessively costly. A total of 46% of respondents thought the CE requirements were set too high.
7. Only 14.5% of those who reported that they were aware of incompetence in a fellow health worker had reported this to the relevant RA; however, health issues were reported in 65% of cases.
8. In the majority of cases, such non-reporting was explained by the fact that a report was made to the person's employer or addressed through a peer review

process. Respondents also reported incidents in which they felt that the employer or the relevant authority had not, or would not, act in a useful way.

9. In a significant minority of cases, non-reporting was due to fear of negative personal impacts.
10. A majority of respondents felt that reporting of incompetence should be mandatory only in certain circumstances. Potential impact on safety of the public was the circumstance most frequently cited.
11. Those who had experience with disciplinary authorities usually felt that they had been dealt with fairly but only a minority felt that they had been judged by their peers.
12. Asked their opinion of the Boards governing their professions, a minority of recipients reported poor service and felt that the Board was out of contact with the reality of everyday practice.
13. The low response rate makes it impossible to be sure that the variations between the professional groups are real. However, it would appear that optometrists/opticians and podiatrists are most concerned about changes under the Act.
14. The possibility that registration requirements are uncertain and registration processes dilatory and unhelpful and could hinder overseas recruitment.
15. High costs of maintaining registration may result in those working part time to leave.
16. If CE is of poor quality, it wastes resources and generates resentment.

## **1. Introduction**

The Health Practitioners Competence Assurance Act 2003 (the Act) introduced new processes for the registration and supervision of practitioners. A Responsible Authority (RA) was set up for each discipline, scopes of practice were defined and requirements for continuing education (CE) specified. Each practitioner was required to obtain an Annual Practising Certificate (APC) and a Health Practitioners Disciplinary Tribunal (HPDT) was established to provide for disciplining practitioners independently of RAs. The concept of Professional Conduct Committee's (PCCs) was also introduced for many professions. PCCs provide a means for RAs to first assess issues of misconduct before referring the most serious cases to the HPDT. Professionals should report evidence of incompetence to the RA and were required to report issues of ill-health which threatened the performance of professional duties.

The Ministry of Health, wishing to evaluate the experience of health professionals with the Act undertook a survey in February 2008. This report provides an analysis of the data obtained.

A survey was designed (see appendix 1) and made available on the web for a period of two weeks. RAs agreed to notify members of the survey and to ask them to participate but participation was voluntary.

## **2. Results**

In the sections that follow data is presented for the total sample and for each professional group; self-employed and employed respondents are also distinguished. Those who registered since the Act were asked if they had applied from outside New Zealand; those who answered yes are distinguished in the relevant section.

### **2.1 Description of the sample**

Table 1 gives details of the responders. Nine hundred and sixty three health professionals completed the survey. In total there are 75,137 registered health professionals, so the response rate was 1.28%. No returns were received from chiropractors, dentists and osteopaths. Response was minimal from midwives (3) and pharmacists (2) and low for nurses (0.22%), medical doctors (0.65%) and occupational therapists (0.82%). It was higher for optometrists and dispensing opticians (optometrists/opticians) (3.73%), dieticians (4.66%), medical laboratory scientists (5.72%), podiatrists (8.5%) and physiotherapists (12.3%)

Such a response rate means that the results could be misleading but a sample of nearly one thousand should give some indication of health professionals' experiences of, and feelings about, the Act, but differences between professional groups could be the result of chance; comment is made only on the largest differences.

**Table 1. Response rate and characteristics of responders**

Registration Authority	Numbers		Percentages			
	Total	Returns	Response Rate	Current APC	Self employed	Registered after Act
<b>Total</b>	<b>75137</b>	<b>963</b>	<b>1.28</b>	<b>98.2</b>	<b>30.3</b>	<b>24.1</b>
Dietitians Board	451	21	4.66	95.2	4.8	23.8
Medical Council	10288	67	0.65	100.0	44.8	11.9
Medical Laboratory Science Board	2974	170	5.72	97.6	1.2	40.6
Medical Radiation Technologists Board	1900	90	4.74	98.9	1.1	21.1
Midwifery Council	2768	3	0.11	66.7	33.3	0.0
Nursing Council	44520	100	0.22	99.0	2.0	13.0
Occupational Therapy Board	1940	16	0.82	100.0	12.5	31.3
Optometrists and Dispensing Opticians Board	509	19	3.73	100.0	57.9	21.1
Pharmacy Council	4386	2	0.05	100.0	0.0	0.0
Physiotherapy Board	3439	424	12.33	97.9	48.6	22.9
Podiatry Board	271	23	8.49	100.0	82.6	17.4
Psychologists Board	1691	28	1.66	100.0	60.7	28.6

Almost all respondents (98.2%) held an APC; 30.3% were self employed and 24.1% were first registered after the Act came into force. The percentage that were self employed reflects the known attributes of each group, being higher for podiatrists (82.6%), optometrists/opticians (57.9%), psychologists (60.7%) and medical doctors (44.8%), and lower for dietitians (4.8%), nurses (2%), laboratory technicians (1.2%), and radiation technologists (1.1%). Medical laboratory technicians were more likely than other groups to have been registered under the Act.

Respondents who were registered under the Act were invited to comment on how they had discovered information on registration. 232 made comments and some indicated multiple sources. 232 sources could be coded; of these, 35% mentioned their training institution and 25% mentioned the relevant Board. 14% gave a method of communication (website or mail) and it is likely that this was also from the Board. Other sources included employers (17%) and the relevant professional association (8%).

A few people (5) took the opportunity to note extreme frustration with the quality of communication with their Boards (Lab. Techs., dietitians and physiotherapists).

## **2.2 Experience of the registration process for those who were registered after 2003 under the Act.**

Tables 2 to 5 show the responses concerning their experience of registration under the Act from the 232 respondents who registered after 2003. Almost half found the process of registration very easy, another half found it fairly easy and only 5% found it difficult. Those applying from outside New Zealand experienced greater difficulty.

**Table 2. Opinion of registration process under the Act**

	N	Percentage by category		
		Very easy	Fairly easy	Difficult
<b>Total</b>	<b>232</b>	<b>46.1</b>	<b>48.7</b>	<b>5.2</b>
Dietitians Board	5	40.0	40.0	20.0
Medical Council	8	62.5	25.0	12.5
Medical Laboratory Board	69	47.8	40.6	11.6
Medical Radiation Technologists	19	52.6	47.4	0.0
Nursing Council	13	53.8	46.2	0.0
Occupational Therapy Board	5	20.0	80.0	0.0
Optometrists/Dispensing Opticians	4	25.0	50.0	25.0
Physiotherapy Board	97	46.4	53.6	0.0
Podiatry Board	4	0.0	75.0	25.0
Psychologists Board	8	37.5	62.5	0.0
Not self-employed	81	44.3	50.3	5.5
Self employed	26	53.1	42.9	4.1
Outside New Zealand	35	28.6	57.1	14.3

Question 9 – When you first registered how easy was it to get information about your eligibility, the process, requirements and implications of registration? Very easy to get information/Fairly easy to get information/Difficult to get information

Just over one third found the explanation, of the requirements for registration, were clear and another third felt that they were mostly clear. 6.9% found the explanation less than adequate.

**Table 3. Explanation of requirements for registration.**

	N	Percentage by category			
	N	Clearly	Mostly	Adequately	Less than
<b>Total</b>	<b>232</b>	<b>37.1</b>	<b>34.5</b>	<b>21.6</b>	<b>6.9</b>
Dietitians Board	5	20.0	40.0	20.0	20.0
Medical Council	8	37.5	37.5	12.5	12.5
Medical Laboratory Board	69	39.1	33.3	15.9	11.6
Medical Radiation Technologists	19	26.3	42.1	31.6	0.0
Nursing Council	13	30.8	30.8	30.8	7.7
Occupational Therapy Board	5	0.0	60.0	40.0	0.0
Optometrists/Dispensing Opticians	4	25.0	0.0	50.0	25.0
Physiotherapy Board	97	42.3	33.0	21.6	3.1
Podiatry Board	4	25.0	25.0	25.0	25.0
Psychologists Board	8	37.5	50.0	12.5	0.0
Not self-employed	81	35.0	35.5	21.9	7.7
Self employed	26	44.9	30.6	20.4	4.1
Outside New Zealand	35	22.9	25.7	34.3	17.1

Question 10 - How clearly explained were the requirements for registration? Clearly explained/Mostly clearly explained/Adequately explained/Less than adequate
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Of respondents registering after the Act, 15.1% applied from outside New Zealand, 93.1% had a qualification recognized by the appropriate RA and 3% were required to pass an English test.

Those applying from outside New Zealand were much less likely (8.6%) to hold a recognized qualification and much more likely (94.3%) to be required to take and English test.

**Table 4. Percentage applying from outside New Zealand; with a recognized qualification; and needing to take the English test.**

	N	Percentage "yes"		
		Outside NZ	Recognised qualification	English test
<b>Total</b>	<b>232</b>	<b>15.1</b>	<b>93.1</b>	<b>3.0</b>
Dietitians Board	5	20.0	80.0	0.0
Medical Council	8	12.5	87.5	12.5
Medical Laboratory Board	69	14.5	91.3	1.4
Medical Radiation Technologists	19	15.8	94.7	10.5
Nursing Council	13	7.7	84.6	0.0
Occupational Therapy Board	5	20.0	100.0	0.0
Optometrists/Dispensing Opticians	4	0.0	100.0	0.0
Physiotherapy Board	97	16.5	94.8	2.1
Podiatry Board	4	0.0	100.0	25.0
Psychologists Board	8	25.0	100.0	0.0
Not self-employed	81	15.3	91.3	3.8
Self employed	26	14.3	100.0	0.0
Outside New Zealand	35	100.0	8.6	5.7

Question 11. When you first sought registration were you applying from outside New Zealand?

Question 12. Did you hold a qualification that the New Zealand authority recognised as sufficient to qualify for New Zealand registration without further examinations?

Question 13. Did you have to pass an English language test to obtain registration?

The great majority (92.3) of respondents felt that the standard of the examination required for registration was of an appropriate level. A small majority felt that it was too high or too low.

**Table 5. Appropriateness of level of examination for registration**

	N	Percentage		
		Too high	Appropriate	Too low
<b>Total</b>	<b>232</b>	<b>5.3</b>	<b>92.3</b>	<b>2.4</b>
Dietitians Board	5	20.0	80.0	0.0
Medical Council	8	20.0	80.0	0.0
Medical Laboratory Board	69	6.3	88.9	4.8
Medical Radiation Technologists	19	13.3	86.7	0.0
Nursing Council	13	7.7	92.3	0.0
Occupational Therapy Board	5	0.0	100.0	0.0
Optometrists/Dispensing Opticians	4	0.0	100.0	0.0
Physiotherapy Board	97	2.2	95.7	2.2
Podiatry Board	4	0.0	100.0	0.0
Psychologists Board	8	0.0	100.0	0.0
Not self-employed	81	6.7	90.9	2.4
Self employed	26	0.0	97.7	2.3
Outside New Zealand	28	14.3	78.6	7.1

Question 15. How appropriate was the level of any other examinations that you had to pass to gain registration?

Of those (N=7) who were required to take an English test, 4 felt it was of an appropriate level but two felt the level was too high and one% that it was too low.

### 2.3 Experience of the registration process for those who were registered prior to the Act.

The majority (60.5%) of those registered prior to 2003 (N=731) felt that the new registration requirements were at least somewhat more appropriate and only a few (12.2%) felt they were less, or somewhat less, appropriate. 46.7% of respondent optometrists/opticians (N=15) and 26.3% of podiatrists (N=19), felt that they were less appropriate.

**Table 6. Appropriateness of changes in registration requirements**

	N	Percentage More appropriate	Somewhat more	Similar	Somewhat less	Less appropriate
<b>Total</b>	731	25.6	34.9	27.4	7.7	4.5
Dietitians Board	16	25.0	31.3	43.8	0.0	0.0
Medical Council	59	23.7	23.7	40.7	5.1	6.8
Medical Laboratory Board	101	42.6	21.8	28.7	5.0	2.0
Medical Radiation Techs	71	14.1	29.6	29.6	18.3	8.5
Midwifery Council	3	66.7	0.0	0.0	33.3	0.0
Nursing Council	87	33.3	39.1	18.4	8.0	1.1
Occupational Therapy Bd	11	9.1	45.5	36.4	9.1	0.0
Optometrists/Dispensing Opticians	15	6.7	13.3	13.3	20.0	46.7
Pharmacy Council	2	0.0	100.0	0.0	0.0	0.0
Physiotherapy Board	327	23.5	41.9	26.6	6.1	1.8
Podiatry Board	19	15.8	36.8	5.3	15.8	26.3
Psychologists Board	20	15.0	30.0	45.0	0.0	10.0
Not self-employed	488	29.3	34.6	26.0	7.6	2.5
Self employed	243	18.1	35.4	30.0	7.8	8.6

Question 16. The Act first came into effect for the 2004 registration year and is designed to protect the public. How do current registration requirements compare to those in place before the Act came into effect?

A third of those registered prior to 2005 felt that the new registration processes were better and a half felt they were similar to those in place before. A sizeable minority (18.1%) felt they were worse and 66.7% of optometrists/opticians and 47.4% of podiatrists gave this as their opinion.

**Table 7. Appropriateness of changes in registration processes**

	N	Percentage		
		Better	Similar	Worse
<b>Total</b>	<b>731</b>	<b>30.4</b>	<b>51.6</b>	<b>18.1</b>
Dietitians Board	16	37.5	50.0	12.5
Medical Council	59	16.9	71.2	11.9
Medical Laboratory Sc Bd	101	31.7	59.4	8.9
Medical Radiation Tech. Bd	71	23.9	46.5	29.6
Midwifery Council	3	66.7	33.3	0.0
Nursing Council	87	49.4	34.5	16.1
Occupational Therapy Bd	11	36.4	36.4	27.3
Optometrists/ Opticians	15	6.7	26.7	66.7
Pharmacy Council	2	50.0	50.0	0.0
Physiotherapy Board	327	28.4	55.4	16.2
Podiatry Board	19	31.6	21.1	47.4
Psychologists Board	20	35.0	45.0	20.0
Not self-employed	488	33.4	50.2	16.4
Self employed	243	24.3	54.3	21.4

Question 17. How do the RAs application processes for registration compare to those in place before the Act came into effect?

Costs of registration have risen; about 55% felt the costs were appropriate, about 45% that they were too high. The latter opinion was held by more optometrists/opticians (73.3%), podiatrists (78.9%) and occupational therapists (90.9%).

**Table 8. Opinion on present costs of registration**

	N	Percentage	
		Too High	Appropriate
<b>Total</b>	<b>731</b>	<b>45.4</b>	<b>54.6</b>
Dietitians Board	16	43.8	56.3
Medical Council	59	22.0	78.0
Medical Laboratory Board	101	35.6	64.4
Medical Radiation Technologists	71	53.5	46.5
Midwifery Council	3	66.7	33.3
Nursing Council	87	40.2	59.8
Occupational Therapy Board	11	90.9	9.1
Optometrists/Dispensing Opticians	15	73.3	26.7
Pharmacy Council	2	50.0	50.0
Physiotherapy Board	327	46.8	53.2
Podiatry Board	19	78.9	21.1
Psychologists Board	20	55.0	45.0
Not self-employed	488	42.6	57.4
Self employed	243	51.0	49.0

Question 18. For some professions costs of registration have risen over the last few years. How do you feel about the increase given the greater requirements of the Act?

## 2.4 Scopes of practice

As shown in Table 9, the majority (85.5%) considered that their scope of practice had not been changed by the implementation of the Act. A number (8.5%) felt that their

practice had been restricted; the percentage was higher for optometrists/opticians (20%) and psychologists (20%). Only a few respondents (3%) were not familiar with their present scope of practice.

**Table 9. Changes resulting from defining scopes of practice**

	N	Percentage			Not known now	Not known before	Not registered before
		Same	More	Less			
<b>Total</b>	<b>731</b>	<b>85.5</b>	<b>1.1</b>	<b>8.5</b>	<b>3.0</b>	<b>1.5</b>	<b>0.4</b>
Dietitians Board	16	93.8	0.0	6.3	0.0	0.0	0.0
Medical Council	59	86.4	0.0	10.2	3.4	0.0	0.0
Medical Laboratory Bd	101	90.1	2.0	5.0	2.0	1.0	0.0
Medical Radiation Techs	71	81.7	0.0	14.1	0.0	4.2	0.0
Midwifery Council	3	100.0	0.0	0.0	0.0	0.0	0.0
Nursing Council	87	85.1	2.3	9.2	0.0	1.1	2.3
Occupational Therapy Bd	11	90.9	9.1	0.0	0.0	0.0	0.0
Optometrists/ Opticians	15	66.7	6.7	20.0	0.0	6.7	0.0
Pharmacy Council	2	100.0	0.0	0.0	0.0	0.0	0.0
Physiotherapy Board	327	85.0	0.6	7.3	5.5	1.2	0.3
Podiatry Board	19	94.7	0.0	5.3	0.0	0.0	0.0
Psychologists Board	20	75.0	0.0	20.0	0.0	5.0	0.0
Not self-employed	488	87.5	1.2	7.2	1.8	1.6	0.6
Self employed	243	81.5	0.8	11.1	5.3	1.2	0.0

Question 19. Did the introduction of scopes of practice in 2004 alter what you were permitted to do? No, my scope of practice aligns with what I was permitted to do before/My scope of practice allows me to do more than I was allowed to do under the previous regulation/ Under my scope of practice I am not allowed to do everything that I was allowed to do before/I don't know exactly what I am allowed to do under my scope of practice/I know about my scope of practice but I don't know exactly what I was previously allowed to do/I was not registered under previous legislation.

Three quarters of respondents felt that the qualifications required for registration were about right for the scope of practice of their profession. One in ten felt they were too high and one in twenty that they were too low. A similar proportion indicated that they did not know what the qualifications were and were unclear about the appropriateness. Of optometrists/opticians 42.1% felt that the qualifications were of too high a standard and 25% of occupational therapists did not know what qualifications were required.

**Table 10. Appropriateness of qualifications for scope of practice**

	N	Percentage				
		Too High	About right	Too low	Don't know quals.	Don't know appropriateness
<b>Total</b>	<b>963</b>	<b>10.3</b>	<b>74.7</b>	<b>4.7</b>	<b>5.7</b>	<b>4.7</b>
Dietitians Board	21	14.3	76.2	0.0	4.8	4.8
Medical Council	67	10.4	77.6	9.0	3.0	0.0
Medical Laboratory Bd	170	12.4	70.6	8.2	2.9	5.9
Medical Radiation Techs	90	20.0	70.0	2.2	4.4	3.3
Midwifery Council	3	0.0	100.0	0.0	0.0	0.0
Nursing Council	100	4.0	81.0	9.0	1.0	5.0
Occupational Therapy Bd	16	0.0	68.8	0.0	25.0	6.3
Optometrists/ Opticians	19	42.1	57.9	0.0	0.0	0.0
Pharmacy Council	2	0.0	100.0	0.0	0.0	0.0
Physiotherapy Board	424	7.5	75.0	2.6	9.0	5.9
Podiatry Board	23	8.7	91.3	0.0	0.0	0.0
Psychologists Board	28	14.3	75.0	10.7	0.0	0.0
Not self-employed	671	9.7	76.2	5.1	4.6	4.5
Self employed	292	11.6	71.2	3.8	8.2	5.1

Question 20. How appropriate do you think the qualifications required to gain registration in your scope are?

## 2.5 Continuing Education

Almost 90% of respondents undertook continuing education as a matter of routine and 9.4% did so occasionally.

**Table 11. Frequency with which continuing education is undertaken**

	N	Percentage			
		Routinely	Occasionally	Hardly ever	Never
<b>Total</b>	<b>963</b>	<b>89.1</b>	<b>9.4</b>	<b>1.2</b>	<b>0.2</b>
Dietitians Board	21	100.0	0.0	0.0	0.0
Medical Council	67	97.0	1.5	1.5	0.0
Medical Laboratory Bd	170	81.2	15.3	3.5	0.0
Medical Radiation Techs	90	81.1	15.6	2.2	1.1
Midwifery Council	3	100.0	0.0	0.0	0.0
Nursing Council	100	94.0	6.0	0.0	0.0
Occupational Therapy Bd	16	81.3	12.5	6.3	0.0
Optometrists/ Opticians	19	94.7	5.3	0.0	0.0
Pharmacy Council	2	100.0	0.0	0.0	0.0
Physiotherapy Board	424	91.0	8.7	0.0	0.2
Podiatry Board	23	91.3	4.3	4.3	0.0
Psychologists Board	28	85.7	10.7	3.6	0.0
Not self-employed	671	87.6	10.4	1.6	0.3
Self employed	292	92.5	7.2	0.3	0.0

Question 21. Do you undertake CE activities?

Most respondents indicated that they were encouraged to undertake continuing education to keep up-to-date (86.1%) or from professional interest (86.6%); many cited professional pride (53.3%) and the need to meet (clients') clinical needs (37.7%).

**Table 12. Factors that encourage respondents to participate in continuing education (multiple answers allowed).**

	N	Percentage "yes"		Prof	Meet	clinical
		Up	to	interest	needs	
		date	Prof			
			pride			
<b>Total</b>	<b>963</b>	<b>86.1</b>	<b>53.3</b>	<b>86.6</b>		<b>37.7</b>
Dietitians Board	21	95.2	66.7	90.5		52.4
Medical Council	67	98.5	46.3	91.0		37.3
Medical Laboratory Bd	170	74.1	45.9	82.4		20.6
Medical Radiation Techs	90	72.2	44.4	81.1		15.6
Midwifery Council	3	100.0	100.0	66.7		0.0
Nursing Council	100	93.0	69.0	93.0		51.0
Occupational Therapy Bd	16	75.0	62.5	75.0		68.8
Optometrists/ Opticians	19	84.2	52.6	89.5		21.1
Pharmacy Council	2	100.0	100.0	100.0		100.0
Physiotherapy Board	424	90.1	53.8	88.0		43.9
Podiatry Board	23	82.6	60.9	78.3		34.8
Psychologists Board	28	89.3	50.0	85.7		57.1
Not self-employed	671	84.9	52.3	86.7		37.3
Self employed	292	88.7	55.5	86.3		38.7

Of respondents, 24% mentioned the fact that the employer pays, 7.6% that they had time out from other duties and 2.8% pressure from others as encouragement to undertake CE. Many (77.3%) said that requirements encouraged CE. Self-employed people were less likely to cite employer payment and psychologist less likely to cite requirements.

Respondents were given an opportunity to comment on factors encouraging participation in CE. Twenty two did so; seven indicated that it was obligatory and 13 that they wanted to expand their professional horizons.

**Table 12. Continued.**

	N	Percentage “yes”				
		Employer pays	Time out	Required	Pressure others	Other
<b>Total</b>	<b>963</b>	<b>24.0</b>	<b>7.6</b>	<b>77.3</b>	<b>2.8</b>	<b>3.2</b>
Dietitians Board	21	42.9	14.3	71.4	4.8	9.5
Medical Council	67	28.4	10.4	74.6	3.0	3.0
Medical Laboratory Bd	170	29.4	12.9	83.5	2.4	0.6
Medical Radiation Techs	90	34.4	8.9	84.4	4.4	0.0
Midwifery Council	3	33.3	0.0	66.7	0.0	0.0
Nursing Council	100	35.0	10.0	69.0	4.0	4.0
Occupational Therapy Bd	16	50.0	0.0	50.0	0.0	6.3
Optometrists/ Opticians	19	10.5	10.5	73.7	0.0	5.3
Pharmacy Council	2	0.0	0.0	100.0	0.0	0.0
Physiotherapy Board	424	16.3	4.2	80.4	1.9	3.5
Podiatry Board	23	8.7	4.3	73.9	8.7	13.0
Psychologists Board	28	17.9	7.1	28.6	7.1	7.1
Not self-employed	671	32.2	9.7	78.5	3.1	3.0
Self employed	292	5.1	2.7	74.3	2.1	3.8

Question 22. What are the factors that make you more likely to do CE activities? Tick as many as are relevant to you. Desire to be up to date/Professional pride/Professional interest/Need to research to meet a clinical need/Employer pays/Time out from other duties/Required for continuing registration/Pressure from others/Other.

Two thirds (66.9%) of respondents indicated that lack of time discouraged attendance at CE, while one third (31.2%) cited difficult access and a tenth (9.8%) lack of availability. Some (5%) mentioned that CE was not required.

**Table 13. Factors that discourage respondents from participating in continuing education**

	N	Percentage “yes”			
		No time	Difficult access	Not required	Not available
<b>Total</b>	<b>963</b>	<b>66.9</b>	<b>31.2</b>	<b>5.0</b>	<b>9.8</b>
Dietitians Board	21	76.2	33.3	0.0	19.0
Medical Council	67	68.7	22.4	4.5	4.5
Medical Laboratory Bd	170	68.8	25.9	9.4	10.0
Medical Radiation Techs	90	72.2	34.4	8.9	7.8
Midwifery Council	3	66.7	66.7	0.0	0.0
Nursing Council	100	68.0	26.0	4.0	12.0
Occupational Therapy Bd	16	75.0	37.5	6.3	12.5
Optometrists/ Opticians	19	47.4	47.4	5.3	10.5
Pharmacy Council	2	100.0	0.0	0.0	0.0
Physiotherapy Board	424	65.6	33.7	3.1	8.5
Podiatry Board	23	73.9	21.7	0.0	8.7
Psychologists Board	28	42.9	42.9	7.1	32.1
Not self-employed	671	68.3	30.4	5.7	10.6
Self employed	292	63.7	32.9	3.4	7.9

A few respondents (1.9%) said they did not know where to start with CE; 25% of occupational therapists gave this answer. Some (10.4%) were discouraged by a

perceived lack of value in CE and this response was more common among dietitians (23.8%) and medical radiation technologists (26.7%).

**Table 13. Continued.**

	N	Percentage “yes”			
		Don't know	No value	Other activities	Other comment
<b>Total</b>	<b>963</b>	<b>1.9</b>	<b>11.6</b>	<b>10.4</b>	<b>25.9</b>
Dietitians Board	21	0.0	23.8	14.3	9.5
Medical Council	67	1.5	13.4	10.4	14.9
Medical Laboratory Bd	170	1.8	7.1	7.6	14.7
Medical Radiation Techs	90	1.1	26.7	13.3	12.2
Midwifery Council	3	0.0	0.0	0.0	33.3
Nursing Council	100	3.0	8.0	11.0	27.0
Occupational Therapy Bd	16	25.0	6.3	0.0	18.8
Optometrists/ Opticians	19	0.0	10.5	15.8	15.8
Pharmacy Council	2	0.0	0.0	50.0	0.0
Physiotherapy Board	424	0.9	10.4	10.8	35.1
Podiatry Board	23	8.7	17.4	13.0	47.8
Psychologists Board	28	0.0	10.7	3.6	25.0
Not self-employed	671	2.4	11.0	9.2	21.8
Self employed	292	0.7	13.0	13.0	35.3

Question 23. What are the factors that make it less likely you would undertake CE activities? Tick as many as are relevant to you: Don't have the time/Too difficult to participate (i.e. practice is isolated, can't access journals, conferences, etc)/Not required to/No CE available/I don't know where to start/I don't find it of value with regard to my practice/I would rather do other things/Other.

Respondents were asked to comment on any other factors which discourage them from doing CE. A large number, 123, indicated that cost was a problem. Some felt that employers did not help enough with cost or with time off, and many pointed out that for part-time, or lower paid, workers the benefit did not justify the cost. It was mentioned that people who wanted to work part-time were being lost to the profession because they could not justify the time and cost of registration and required CE. For self-employed people the cost of courses was increased by lost earnings.

A number, 25, commented that the quality of courses was poor. Several people called them inappropriate, boring or non-collegial. Some thought that the requirement to undertake CE had allowed providers to increase charges for courses that were uninspiring at best and substandard at worst. Further, courses were often in the evening, or at the week-end, and clashed with family responsibilities. Some mentioned distance as a problem.

A majority (87.7%) of respondents favored mandatory CE. 7.5% did not favor it and this opinion was more common among medical radiation technologists (21.1%), occupational therapists (18.8%) and podiatrists (21.7%).

**Table 14. Opinions regarding mandatory continuing education**

	N	Percentage "yes"		
		Yes	No	Don't know
Total	963	87.7	7.5	4.8
Dietitians Board	21	90.5	9.5	0.0
Medical Council	67	89.6	7.5	3.0
Medical Laboratory Bd	170	86.5	8.2	5.3
Medical Radiation Techs	90	62.2	21.1	16.7
Midwifery Council	3	100.0	0.0	0.0
Nursing Council	100	98.0	1.0	1.0
Occupational Therapy Bd	16	62.5	18.8	18.8
Optometrists/ Opticians	19	89.5	5.3	5.3
Pharmacy Council	2	100.0	0.0	0.0
Physiotherapy Board	424	92.5	4.7	2.8
Podiatry Board	23	78.3	21.7	0.0
Psychologists Board	28	82.1	7.1	10.7
Not self-employed	671	88.1	6.9	5.1
Self employed	292	87.0	8.9	4.1

Question 24. Do you think CE should be mandatory for all regulated health professions?
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Of those who had undertaken CE, 30.3% said that their practice was considerably improved and 40.9% said that it was a little improved. Nurses and pharmacists were relatively more enthusiastic. 5.6% of respondents said that CE got in the way and this was a common (30.4%) response for podiatrists.

**Table 15. Effect of continuing education on practice**

	N	Percentage "yes"			
		Improved	Little improved	Unaffected	In the way
<b>Total</b>	<b>961</b>	<b>30.3</b>	<b>40.9</b>	<b>22.9</b>	<b>5.9</b>
Dietitians Board	21	28.6	47.6	23.8	0.0
Medical Council	67	23.9	55.2	17.9	3.0
Medical Laboratory Bd	170	23.5	44.7	27.6	4.1
Medical Radiation Techs	89	13.5	42.7	37.1	6.7
Midwifery Council	3	33.3	66.7	0.0	0.0
Nursing Council	100	61.0	28.0	11.0	0.0
Occupational Therapy Bd	16	31.3	37.5	25.0	6.3
Optometrists/ Opticians	19	10.5	68.4	15.8	5.3
Pharmacy Council	2	50.0	0.0	50.0	0.0
Physiotherapy Board	423	30.7	39.7	21.7	7.8
Podiatry Board	23	21.7	34.8	13.0	30.4
Psychologists Board	28	42.9	25.0	32.1	0.0
Not self-employed	669	32.1	42.0	22.4	3.4
Self employed	292	26.0	38.4	24.0	11.6

Question 25 How do you think the requirements/structure of CE and information received affects your practice? (those who have undertaken CE): My practice is considerably improved/ My practice is a little improved/ My practice is unaffected/ The requirements get in the way of my practice.

Almost half (49.2%) of respondents thought that the requirement for CE was about right but 29.9% felt it was somewhat too much and 16.1% felt it was too much. A few (4.8%) felt it was less than ideal. Medical doctors, nurses and psychologists were less likely, and physiotherapists, podiatrists and the self-employed were more likely, to say that the requirements were too high

**Table 16. Appropriateness of continuing education requirements**

	N	Percentage "yes"				
		Too much	Somewhat too much	About right	Somewhat too little	Too little
<b>Total</b>	<b>961</b>	<b>16.1</b>	<b>29.9</b>	<b>49.2</b>	<b>3.4</b>	<b>1.4</b>
Dietitians Board	21	9.5	42.9	42.9	4.8	0.0
Medical Council	67	6.0	17.9	67.2	9.0	0.0
Medical Laboratory Bd	170	4.7	23.5	63.5	5.3	2.9
Medical Radiation Techs	89	24.7	21.3	52.8	0.0	1.1
Midwifery Council	3	33.3	0.0	66.7	0.0	0.0
Nursing Council	100	5.0	16.0	72.0	7.0	0.0
Occupational Therapy Bd	16	18.8	25.0	50.0	6.3	0.0
Optometrists/ Opticians	19	0.0	31.6	68.4	0.0	0.0
Pharmacy Council	2	0.0	50.0	50.0	0.0	0.0
Physiotherapy Board	423	22.7	40.4	34.8	1.9	0.2
Podiatry Board	23	52.2	21.7	21.7	0.0	4.3
Psychologists Board	28	7.1	14.3	57.1	3.6	17.9
Not self-employed	669	10.9	28.3	55.6	3.7	1.5
Self employed	292	28.1	33.6	34.6	2.7	1.0

Question 26. Do you think the CE required of you is appropriate? The requirements are much too much/The requirements are a little too much/The requirements are about right/The requirements are a bit too little/The requirements are much too little.

## 2.6 Fitness to practice – competence

One fifth (21.8%) of respondents had had cause to be concerned about the competence of fellow practitioners but only a few (3.1%) had reported such an issue to the RA. Of those reporting concern, 14.5% had made a report. Nurses (33%), podiatrists (34.8%) and psychologists (32.1%) were more likely to have had such concerns.

Of respondents 44.7% were aware of the legal protection offered those making reports to the RA and this percentage was higher among medical doctors (77.6%) and pharmacists (100%). Some (22.5%) were in favor of mandatory reporting of reduced competence and a majority (64.5%), were in favor of it in “some circumstances.” 12.4% were not in favor of mandatory reporting. Optometrists/opticians were least supportive of mandatory reporting.

**Table 17. Opinions on fitness-to-practice issues related to competence.**

	N	Percentage "yes"		Aware of protection	Mandatory report		
		Concern	Reported		Always	Some-times	No
<b>Total</b>	<b>963</b>	<b>21.8</b>	<b>3.1</b>	<b>44.7</b>	<b>22.5</b>	<b>64.5</b>	<b>12.4</b>
Dietitians Board	21	14.3	0.0	47.6	14.3	76.2	9.5
Medical Council	67	26.9	4.5	77.6	10.4	70.1	13.4
Medical Laboratory Bd	170	22.9	2.9	41.2	28.2	58.8	12.4
Medical Radiation Techs	90	15.6	2.2	34.4	20.0	70.0	10.0
Midwifery Council	3	0.0	0.0	66.7	66.7	33.3	0.0
Nursing Council	100	33.0	11.0	51.0	27.0	68.0	5.0
Occupational Therapy Bd	16	18.8	0.0	50.0	12.5	81.3	6.3
Optometrists/ Opticians	19	15.8	5.3	52.6	0.0	63.2	36.8
Pharmacy Council	2	0.0	0.0	100.0	50.0	50.0	0.0
Physiotherapy Board	424	18.9	1.4	39.9	21.9	63.9	13.9
Podiatry Board	23	34.8	4.3	39.1	30.4	47.8	21.7
Psychologists Board	28	32.1	3.6	57.1	32.1	64.3	3.6
Not self-employed	671	22.5	3.9	44.4	24.0	63.6	11.5
Self employed	292	20.2	1.4	45.2	19.2	66.4	14.4

Question 27. Have you had cause to be concerned about the competence of a fellow health practitioner over the past three years? Yes / No .

Question 28. Have you reported this to your RA? Yes / No

Question 30. Are you aware you are protected from civil or disciplinary proceedings if, so long as it is in good faith, you make your RA aware of concerns about another registered health practitioners fitness to practise? Yes / No

Question 31. Do you think it should be mandatory for a practitioner to report concerns about the competence of a fellow practitioner? Yes/Yes, in some circumstances/No.

The reasons given for not reporting issues of competence to the Board are reviewed below.

Respondents were given the opportunity to comment if they said that mandatory reporting of failures of competence should be introduced “in some circumstances.” Of the many (64.5%) who ticked this box, 197 (32%), made a comment. Of these, 46% stated that if there was a risk to patient safety, reporting should be mandatory. 25% said that local action should be tried first and that this would involve colleagues or the relevant manager for employed people. A single slip should not necessarily be penalized, and supervision and training might allow a valuable worker to be retained. A few (5) commented that the process should include support for the person apparently at fault.

Several (15) people said that this was a “grey area and” and others said that if reporting was to be mandatory, careful guidelines should be promulgated and hearsay evidence should be rejected. It was further noted that complaints could be malicious

or based on differences of opinion or incomplete information. There was a danger that unfounded allegations might still have a serious impact on a professional.

Comment was made that one professional might not be in a position to judge someone from a different profession and that complaining might imperil future working relationships and trust.

## **2.7 Fitness to practice – health**

Some (8.9%) respondents had had concerns about the impact of ill health on a colleague's ability to practice safely. This appeared to be common among nurses (25%) and pharmacists (50%). The percentage who had reported such concerns was 5.9% or 64.7% of those who had had concerns.

Of respondents, 45.7% were aware of the legal protection offered those making reports to the RA and this percentage was higher among medical doctors (86.6%) and pharmacists (100%). Less than half (44.3%) were aware that reporting competence issues related to health was mandatory but this awareness was higher among medical doctors (71.6%). A few (4%) were aware of occasions in which an employer had not reported an incident to the RA and this appeared to be commoner among nurses (10%).

**Table 18. Opinions on fitness-to-practice issues related to health.**

	N	Percentage "yes"				
		Concern	Reported	Aware of protection	Legal requirement	Employer not reporting
<b>Total</b>	<b>963</b>	<b>8.9</b>	<b>5.7</b>	<b>45.7</b>	<b>44.3</b>	<b>4.0</b>
Dietitians Board	21	4.8	4.8	42.9	61.9	0.0
Medical Council	67	9.0	6.0	86.6	71.6	6.0
Medical Laboratory Bd	170	8.2	5.9	42.9	31.8	6.5
Medical Radiation Techs	90	12.2	7.8	34.4	35.6	5.6
Midwifery Council	3	0.0	0.0	66.7	66.7	0.0
Nursing Council	100	25.0	17.0	55.0	62.0	10.0
Occupational Therapy Bd	16	12.5	6.3	56.3	50.0	0.0
Optometrists/ Opticians	19	5.3	0.0	52.6	31.6	0.0
Pharmacy Council	2	50.0	50.0	100.0	50.0	0.0
Physiotherapy Board	424	5.4	3.3	38.9	41.7	1.4
Podiatry Board	23	4.3	0.0	43.5	26.1	4.3
Psychologists Board	28	3.6	0.0	57.1	64.3	7.1
Not self-employed	671	10.6	7.2	45.0	44.0	4.9
Self employed	292	5.1	2.4	47.3	45.2	2.1

Questions 32. Have you had cause to have concerns about health of a fellow health practitioner and the impact this may be having on their ability to deliver safe patient care? Yes / No  
 Questions 33. Have you reported this to your employer or registration authority? Yes / No  
 Questions 35. Are you aware you are protected from civil or disciplinary proceedings if, so long as it is in good faith, you make your RA aware of concerns about another registered health practitioners fitness to practise? Yes / No  
 Questions 36. Did you realise you are required by law to report any concerns of this nature to your RA? Yes/No  
 Questions 37. Are you aware of instances of not reporting by your employer? Yes/No

Respondents who indicated that they had not reported concerns about fitness to practice issues relating to either competence or health were asked to give their reasons for not reporting. The range of reasons reported was similar in both instances and are reported together. Competence issues had not been reported by 179 respondents and health issues by 30. The total number of respondents was 201 and all commented (nine cases were both competence and health issues). The comments were reviewed and themes classified; a particular comment could include more than one theme.

The most common (39.5%) reason for not reporting a case to the complaints authority was that it had been dealt with by a manager or colleague, or that it had already been reported. 14.5 respondents said that they lacked proof of incompetence and 13% said that the incident had only been minor or that the individual had improved their practice. In 6.5% of cases the reason was that the person had moved on or retired.

In 13.5 percent of cases respondents cited personal risk as the reason for not making a report. Details included: fear of defamation proceedings; fear of criticism from

employer; need to maintain good professional relationships, including with senior staff; and fear of retribution. One noted that incompetence was not the workers fault but was due to overwork and staff shortages.

Several people (8) noted that although the problem had been reported to a supervisor no action was taken. A respondent wrote:

*“No point. Employer takes no notice at all of my opinion. Previously we reported a couple of completely incompetent people, but they were reassessed elsewhere, seen to be fine (on best behaviour), and one was later promoted to HOD. I still don't trust his work, but there is nothing I am completely powerless.”*

A number (7) felt that the Board was unlikely to be effective. One person said *“They registered him!”* and another wrote:

*“They were not severe enough. The person has all relevant paper work but has poor practitioner skills. CE and accreditation does not help necessarily these people as they can theoretically be good at paperwork.”*

## **2.8 Dealing with registration authorities and employers**

Among respondents who were not self-employed, the employer paid for the APC in 86% of cases, with the individual responsible in 14.5% and the cost shared in 3.6%. Personal responsibility was more common among nurses (20.4%), pharmacists (50%) and physiotherapists (31.2%). Shared payment was more common (45.6%) for CPD.

**Table 19. Responsibility for Cost of Annual Practising Certificate and CPD**

	N	Percentage						
		Who pays for APC?			Who pays for CPR?			
		I do	Employer	Both	I do	Employer	Both	Neither
<b>Total</b>	<b>671</b>	<b>14.5</b>	<b>82.0</b>	<b>3.6</b>	<b>12.7</b>	<b>35.8</b>	<b>45.6</b>	<b>6.0</b>
Dietitians Board	20	0.0	95.0	5.0	20.0	10.0	65.0	5.0
Medical Council	37	0.0	91.9	8.1	2.7	56.8	40.5	0.0
Medical Laboratory Bd	168	2.4	97.6	0.0	3.0	77.4	13.7	6.0
Medical Radiation Techs	89	2.2	97.8	0.0	15.7	49.4	34.8	0.0
Midwifery Council	2	50.0	50.0	0.0	50.0	0.0	50.0	0.0
Nursing Council	98	20.4	73.5	6.1	7.1	18.4	50.0	24.5
Occupational Therapy Bd	14	0.0	92.9	7.1	0.0	28.6	57.1	14.3
Optometrists/ Opticians	8	12.5	87.5	0.0	12.5	37.5	50.0	0.0
Pharmacy Council	2	50.0	50.0	0.0	50.0	0.0	50.0	0.0
Physiotherapy Board	218	31.2	63.3	5.5	22.9	6.9	70.2	0.0
Podiatry Board	4	0.0	75.0	25.0	25.0	0.0	75.0	0.0
Psychologists Board	11	0.0	100.0	0.0	0.0	27.3	45.5	27.3

Question 38 Who pays for your annual practising certificate (APC)? I do/My employer/I pay some, my employer pays some.

Question 39. Who pays for your CPD? I do/My employer/I pay some, my employer pays some/I don't do CPD.

## 2.9 Views of the Boards

Respondents were invited to comment on the Board that controls their profession. 104 (11%) took up this option and most were critical. Of the comments, 29% mentioned poor service from the Board citing delay and expense. In particular comments were made on the difficulty created for recruiting overseas graduates. 28% indicated that the Board was out of touch with the profession and 19% indicted that the Board made unreasonable requests and took a punitive attitude to registrants.

Optometrists/opticians and podiatrists were particularly dissatisfied with their Boards and, in each case, 50% made critical comments, saying that the Boards were out of contact with the reality of practice. The tone is exemplified by quotes from a podiatrist and an optician:

*“The Pod Board required 200hrs within 2 years! 5 weeks every 2 years of CE - laughable and totally out of touch with reality.”*

*“The [Boards] pursuit of entirely prejudiced opinions without any fact to substantiate them has caused many practitioners, including myself, to either comply with requirements for which there is no demonstrable need or to decide not to comply but to retire from practice at a time not of their own*

*choosing. There is a complete absence of evidence that our competence in this area is deficient...”*

## **2.10 Complaints and discipline**

Only a few (3.5%) respondents had had contact with the PCC or the HPDT. Contact appeared to have been more frequent among medical doctors (20.9%) and psychologists (10.7%).

**Table 20. Frequency of Contact with Health Practitioners Disciplinary Tribunal or Professional Conduct Committee.**

	N		Percentage
	Total	Experience	
<b>Total</b>	<b>961</b>	<b>34</b>	<b>3.5</b>
Dietitians Board	21	0	0.0
Medical Council	67	14	20.9
Medical Laboratory Bd	170	2	1.2
Medical Radiation Techs	89	0	0.0
Midwifery Council	3	0	0.0
Nursing Council	100	3	3.0
Occupational Therapy Bd	16	0	0.0
Optometrists/ Opticians	19	0	0.0
Pharmacy Council	2	0	0.0
Physiotherapy Board	423	10	2.4
Podiatry Board	23	2	8.7
Psychologists Board	28	3	10.7
Not self-employed	669	14	2.1
Self employed	292	20	6.8

Questions 40. Have you had experience with a PCC or the HPDT? Yes/No

Thirty four people reported dealings with the disciplinary authorities. 35.3% felt the transaction had been very fair, 23.5% that it had been mostly fair and 14.7% that it had been “OK.” 11.8% felt that it had been somewhat unfair and 14.7% (five cases) that it had been very unfair.

Of the same group, 20.6% felt the transaction had been very open, 35.3% that it had been mostly open and 11.8% that it had been “OK.” 8.8% felt that it had been somewhat unclear and 23.5% (eight cases) that it had been very unclear. 35.3% felt that had been judged by their peers.

**Table 21. Experience of Disciplinary Hearings**

	N	Percentage				
		Fairness				
		Very fair	Mostly	OK	Somewhat unfair	Very unfair
<b>Total</b>	<b>34</b>	<b>35.3</b>	<b>23.5</b>	<b>14.7</b>	<b>11.8</b>	<b>14.7</b>
Medical Council	14	42.9	21.4	7.1	21.4	7.1
Medical Lab. Bd	2	0.0	0.0	50.0	50.0	0.0
Nursing Council	3	66.7	33.3	0.0	0.0	0.0
Physiotherapy Bd	10	30.0	30.0	20.0	0.0	20.0
Podiatry Board	2	0.0	0.0	0.0	0.0	100.0
Psychologists Bd	3	33.3	33.3	33.3	0.0	0.0
Not self-employed	14	42.9	35.7	14.3	7.1	0.0
Self employed	20	30.0	15.0	15.0	15.0	25.0

Questions 42. Did you feel the process undertaken in dealing with your case was an open and transparent one? Very open and transparent/Mostly open and transparent/OK/.Somewhat unclear/Very unclear

**Table 21. Continued**

	N	Percentage					Peers Yes
		Process open and transparent					
		Very open	Mostly open	OK	Somewhat unclear	Very unclear	
<b>Total</b>	<b>34</b>	<b>20.6</b>	<b>35.3</b>	<b>11.8</b>	<b>8.8</b>	<b>23.5</b>	<b>35.3</b>
Medical Council	14	14.3	42.9	21.4	14.3	7.1	14.3
Medical Lab. Bd	2	0.0	0.0	0.0	0.0	100.0	100.0
Nursing Council	3	33.3	66.7	0.0	0.0	0.0	0.0
Physiotherapy Bd	10	30.0	30.0	0.0	10.0	30.0	50.0
Podiatry Board	2	0.0	0.0	0.0	0.0	100.0	50.0
Psychologists Bd	3	33.3	33.3	33.3	0.0	0.0	66.7
Not self-employed	14	14.3	64.3	7.1	0.0	14.3	28.6
Self employed	20	25.0	15.0	15.0	15.0	30.0	40.0

Questions 41. Do you believe your case was dealt with fairly? Very fair/Mostly fair/OK/Somewhat unfair/Very unfair  
 Questions 43. Did you feel that you were being judged by your peers? Yes / No

### **3. Summary and Discussion**

This section will summarize the findings reported above and then draw some conclusions. Those who registered under the Act, in the period since 2003, have, in general, found the process reasonably easy and clear. Clarity was only adequate in 21.6% of cases and was less than adequate in 6.9%. Registration requirements are seen to be appropriate. Most respondents qualified in New Zealand and their qualifications were accepted by the relevant RA. Those qualifying elsewhere usually had to re-qualify and take an English test.

Those who were registered prior to the Act usually reported that the new requirements were appropriate but 18% found that the process was more difficult and 45% thought the costs too high. Under the Act scopes of practice were usually unchanged and qualifications were thought to match them.

Almost all respondents undertook CE, at least occasionally but some CE was thought to be of poor quality and excessively costly. This was particularly the case for lower-paid or part-time workers. A total of 46% of respondents thought the CE requirements were set too high.

Only 14.5% of those who reported that they were aware of incompetence in a fellow health worker had reported this to the relevant RA, however, health issues were reported in 65% of cases. In the majority of cases such non-reporting was explained by the fact that a report was made to the person's employer or addressed through a peer review process. Sometimes the issues were thought to be too minor, the person left or proof was lacking.

In a significant minority of cases, non-reporting was due to fear of negative personal impacts. Respondents also reported incidents in which they felt that the employer or the relevant authority had not, or would not, act in a useful way.

A majority of respondents felt that reporting of incompetence should be mandatory only in certain circumstances. Potential impact on safety of the public was the circumstance most frequently cited. It was also noted that it was difficult to assess competence and that a notification, even if false, could have a serious impact on the recipient.

Those who had experience with disciplinary authorities usually felt that they had been dealt with fairly but only a minority felt that they had been judged by their peers.

Asked their opinion of the Boards governing their professions, a minority of recipients reported poor service and felt that the Board was out of contact with the reality of everyday practice.

The low response rate makes it impossible to be sure that the variations between the professional groups are real. However, it would appear that optometrists/opticians and podiatrists are most concerned about changes under the Act. They are more likely to report that the registration process is unclear, that registration requirements are inappropriate and that the costs are too high. Along with occupational therapists and physiotherapists (and the self-employed) they are more likely to find the new requirements for CE onerous and inappropriate.

Three points of concern seem to emerge from this survey data. First, the possibility that registration requirements are uncertain and registration processes dilatory and unhelpful and could hinder overseas recruitment. Second, if costs of maintaining registration are seen as excessive, professionals, particularly those wanting to work part time, may leave. Third, if CE is of poor quality, it wastes resources and generates resentment.

## 4. Appendix - Questionnaire

### Regulated Health Practitioner Survey

#### *The Purpose of the Questionnaire*

As required by the Health Practitioners Competence Assurance Act 2003 (the Act) the Ministry of Health is carrying out a review of how the Act is operating.

As a practitioner operating under this Act, your views are important. As part of this review the Ministry is therefore using this questionnaire to seek the views of health practitioners who have been registered in New Zealand. These views will help inform the Ministry's recommendations for any changes to the way in which the Act is operationalised by the health and disability sector.

The current review will examine the impact of the Act on the public, health care service providers and health professions, and determine whether the way in which the Act is being operationalised is appropriate given the costs to these parties.

The review also provides an opportunity to provide information to affected parties on the Act and its potential to improve the quality of, and access to, health services and to investigate whether it could be used more efficiently to achieve its primary purpose: to protect the public.

#### **The process for the review**

The first stage of the review is to gather information. The Ministry is doing this in three ways:

- A survey document aimed at teasing out the substantive issues surrounding the operation of the Act at a national level. The document is aimed at a wide variety of groups working with the Act across the health sector
- A web-based survey (this document) aimed at canvassing individual health practitioners on the operation of the Act
- The commissioning of a literature review and report into best practice in health workforce regulation, both in the New Zealand environment and internationally.

The second stage of the review will be the release in mid 2008 of a discussion document – again open to any individual or organisation to submit to. That document may make recommendations for change.

The final report will be delivered from the Director-General of Health to the Minister of Health by December 2008.

## Answering this questionnaire

In order to make it easy to answer and to simplify the analysis this questionnaire is largely 'tick boxes'.

If you wish to make more detailed comments on aspects of the Act you are of course welcome to complete the much more detailed survey, which can be found on the Ministry website at:

<http://www.moh.govt.nz/moh.nsf/indexmh/hpca-identification-issues-solutions-consultation-oct07>

### Acknowledgement

The Ministry wishes to make it clear to practitioners that this questionnaire is being drawn to practitioners' attention at the request of the Ministry and that this should not be taken to suggest that their authority endorses the questionnaire itself.

The Ministry appreciates the assistance of the authorities in this regard.

### Acronyms

The Act = The Health Practitioners Competence Assurance Act 2003

RA = Registration/responsible authority

APC = Annual Practising Certificate

CE = Continuing education often known as "continuing competence" or "recertification"

HPDT = Health Practitioners Disciplinary Tribunal

PCC = Professional Conduct Committee

### General questions

1. In what year were you first registered? (*allow for comment*)
2. Since you were first registered how many years have you actually practised? (*allow for comment*)
3. Which RA are you registered with? (*list authorities*)
4. Do you hold a current APC?
  - a. Yes (*remove question 5 from questionnaire*)
  - b. No
5. In what year did you last hold an APC?

6. Are you self employed?
- a. Yes (if yes, remove section “Dealing with RAs and employers” from questionnaire)
  - b. No

### Registration

#### *First Registration in New Zealand since the Act came in to effect*

7. Were you first registered in New Zealand under the Act (i.e. registered after 18 September 2004)?
- a. Yes (show following questions)
  - b. No (take to section “For those who were first registered prior to 2004”)
8. When you first sought registration, how did you find out about your eligibility, the requirements and implications of registration? (allow for comment).
9. When you first registered how easy was it to get information about your eligibility, the process, requirements and implications of registration?
- a. Very easy to get information
  - b. Fairly easy to get information
  - c. Difficult to get information
10. How clearly explained were the requirements for registration?
- a. Clearly explained
  - b. Mostly clearly explained
  - c. Adequately explained
  - d. Less than adequate
11. When you first sought registration were you applying from outside New Zealand?
- a. Yes
  - b. No
12. Did you hold a qualification that the New Zealand authority recognised as sufficient to qualify for New Zealand registration without further examinations?
- a. Yes
  - b. No

13. Did you have to pass an English language test to obtain registration?
  - a. Yes (*show next question*)
  - b. No (skip next question)
  
14. How appropriate do you think the standard of the language test was to ensure safe practise in your profession?
  - a. Too high a standard
  - b. Appropriate
  - c. Too low
  
15. How appropriate was the level of any other examinations that you had to pass to gain registration?
  - a. The level at which the other examinations were pitched was too high
  - b. The level at which the other examinations were pitched was appropriate
  - c. The level at which the other examinations were pitched was too low

*For those who were first registered prior to 2004*

16. The Act first came into effect for the 2004 registration year and is designed to protect the public. How do current registration requirements compare to those in place before the Act came into effect?
  - a. More appropriate
  - b. Somewhat more appropriate
  - c. Overall similar
  - d. Somewhat less appropriate
  - e. Less appropriate
  
17. How do the RAs application processes for registration compare to those in place before the Act came into effect?
  - a. Better
  - b. Overall similar
  - c. Worse
  
18. For some professions costs of registration have risen over the last few years. How do you feel about the increase given the greater requirements of the Act?

- a. Too high
- b. Appropriate

### Scopes of practice

Scopes of practice are a new concept introduced in the Act and describe specific areas of work within a profession which a practitioner or group of practitioners have the qualifications/experience to practice.

Before a practitioner may gain registration in a scope of practice, they must meet the requirements for registration, determined by their registration authority,

- 19. Did the introduction of scopes of practice in 2004 alter what you were permitted to do?
  - a. No, my scope of practice aligns with what I was permitted to do before
  - b. My scope of practice allows me to do more than I was allowed to do under the previous regulation
  - c. If this is chosen ask if they consider this is a significant impediment to their practice: Yes/No
  - d. Under my scope of practice I am not allowed to do everything that I was allowed to do before
  - e. If this is chosen ask if they consider this appropriate: Yes/No
  - f. I don't know exactly what I am allowed to do under my scope of practice
  - g. I know about my scope of practice but I don't know exactly what I was previously allowed to do.
  - h. I was not registered under previous legislation
  
- 20. How appropriate do you think the qualifications required to gain registration in your scope are?
  - a. I think the qualifications are set too high for the scope of practice
  - b. I think the qualifications are set about right for the scope of practice
  - c. I think the qualifications are set too low for the scope of practice
  - d. I don't know what the qualifications are
  - e. I know about the qualifications but I don't know how appropriate they are

### Continuing Education

The Act also extends the concept of recertification, often known as continuing education or CE, to all professions covered by the Act. For some professions this is a new concept. CE is generally accepted as necessary and is designed to ensure a practitioner may practise safely throughout their career. It is not mandatory for a practitioner to undertake CE unless required to do so by their authority. At present not all regulated professions have CE requirements.

21. Do you undertake CE activities?
- a. Routinely
  - b. Occasionally
  - c. Hardly ever
  - d. Never
22. What are the factors that make you more likely to do CE activities? Tick as many as are relevant to you:
- a. Desire to be up to date
  - b. Professional pride
  - c. Professional interest
  - d. Need to research to meet a clinical need
  - e. Employer pays
  - f. Time out from other duties
  - g. Required for continuing registration
  - h. Pressure from others.
  - i. Other (allow for comment)
23. What are the factors that make it less likely you would undertake CE activities? Tick as many as are relevant to you:
- a. Don't have the time
  - b. Too difficult to participate (i.e. practice is isolated, can't access journals, conferences, etc)
  - c. Not required to
  - d. No CE available
  - e. I don't know where to start
  - f. I don't find it of value with regard to my practice
  - g. I would rather do other things
  - h. Other (allow for comment)

24. Do you think CE should be mandatory for all regulated health professions?
- a. Yes
  - b. No
  - c. Don't know

*For those practitioners who are currently, or have in the past, undertaken recognised CE activities.*

25. How do you think the requirements/structure of CE and information received affects your practice?
- a. My practice is considerably improved
  - b. My practice is a little improved
  - c. My practice is unaffected
  - d. The requirements get in the way of my practice
26. Do you think the CE required of you is appropriate?
- a. The requirements are much too much
  - b. The requirements are a little too much
  - c. The requirements are about right
  - d. The requirements are a bit too little
  - e. The requirements are much too little

#### Fitness to practise - Competence

At any time, or following the raising of concerns by a colleague, the Health and Disability Commissioner, the practitioner's employer or the relevant RA, the RA may review the competence of a practitioner. It is not currently mandatory concerns of competence to be notified to the relevant authority.

27. Have you had cause to be concerned about the competence of a fellow health practitioner over the past three years?
- a. Yes
  - b. No (take to question 30).
28. Have you reported this to your RA?
- a. Yes (take to question 30)
  - b. No
29. Why did you not report your concerns? (allow for comment)

30. Are you aware you are protected from civil or disciplinary proceedings if, so long as it is in good faith, you make your RA aware of concerns about another registered health practitioners fitness to practise?
- a. Yes
  - b. No
31. Do you think it should be mandatory for a practitioner to report concerns about the competence of a fellow practitioner?
- a. Yes
  - b. Yes, in some circumstances (allow for comment)
  - c. No

*Fitness to practise – Health concerns*

Following the raising of concerns by a colleague, an employer, a medical officer of health or a person who is in charge of an organisation that performs a health service, the RA may require a health practitioner to submit themselves for a medical examination to determine that practitioner's fitness to practise. It is mandatory to report concerns of fitness to practise to the relevant RA.

32. Have you had cause to have concerns about health of a fellow health practitioner and the impact this may be having on their ability to deliver safe patient care?
- a. Yes
  - b. No (take to question 35)
33. Have you reported this to your employer or registration authority?
- a. Yes (take to question 35)
  - b. No
34. Why did you not report your concerns? (allow for comment)
35. Are you aware you are protected from civil or disciplinary proceedings if, so long as it is in good faith, you make your RA aware of concerns about another registered health practitioners fitness to practise?
- a. Yes
  - b. No
36. Did you realise you are required by law to report any concerns of this nature to your RA?

- a. Yes
- b. No

37. Are you aware of instances of not reporting by your employer?

- a. Yes
- b. No

Dealing with registration authorities and employers (*this section should only be answered by those who answered "No" to question 6*)

38. Who pays for your annual practising certificate (APC)?

- a. I do
- b. My employer
- c. I pay some, my employer pays some.

39. Who pays for your CPD?

- a. I do
- b. My employer
- c. I pay some, my employer pays some
- d. I don't do CPD.

### Complaints and Discipline

The Health Practitioners Disciplinary Tribunal (HPDT) is established under the Act as a single disciplinary tribunal. The functions of the HPDT are to hear charges brought by either the Director of Proceedings (an office of the Health and Disability Commissioner) or a RAs Professional Conduct Committee (PCC).

40. Have you had experience with a PCC or the HPDT?

- a. Yes
- b. No (end survey)

41. Do you believe your case was dealt with fairly?

- a. Very fair
- b. Mostly fair
- c. OK
- d. Somewhat unfair
- e. Very unfair

42. Did you feel the process undertaken in dealing with your case was an open and transparent one?
- a. Very open and transparent
  - b. Mostly open and transparent
  - c. OK
  - d. Somewhat unclear
  - e. Very unclear
43. Did you feel that you were being judged by your peers?
- a. Yes
  - b. No