NEW ZEALAND CHAPTER

Submission to New Zealand Ministry of Health - Manatū Hauora

Optimising health care regulatory outcomes

2012 Review of the Health Practitioners Competence Assurance Act 2003

OCTOBER 2012
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Paramedics Australasia

Paramedics Australasia (PA) is a learned society representing several thousand paramedic practitioners throughout New Zealand and Australia engaged in the delivery of out of hospital emergency clinical care. PA’s primary role is to provide leadership in professional matters. PA provides a regional platform for the development and promulgation of policies and service standards that will enhance the quality of patient care.

PA’s activities include programs of continuing professional development; publication of a quarterly general interest journal *Response* and a peer-reviewed electronic *Journal of Emergency Primary Health Care*; provision of information through a website and other media; holding of scientific conferences and symposia, and sponsoring and fostering evidence-based research. PA also represents the profession by preparing submissions to government and engaging in discussions with government and other stakeholders on matters that affect the future of the profession and the quality of health care.

Work undertaken by PA has included consideration of competence and fitness to practice, education, accreditation of training, the setting of professional practice standards, promoting ethical practice, and processes for dealing with poor performance and misconduct.

PA also sponsors two Special Interest Groups; the student network Student Paramedics Australasia (SPA) for those persons training to be paramedics; and the Rural and Remote Special Interest Group which places a particular focus on paramedic practice to support rural and remote communities.

In addition to membership based activities, PA supports the development of the profession in the public interest and advocates the profession’s policies and views on health care issues to governments and other external stakeholders.

PA is a company limited by guarantee and registered under the *Corporations Act 2001*. To provide effective representation and the delivery of educational and other services PA is organised around a number of Chapters generally based on geographical boundaries. This paper is submitted by the Paramedics Australasia (New Zealand Chapter) or PANZ.

PANZ is concerned with a wide range of functions that collectively assure the competence and fitness to practise of paramedics. These include standards of entry into the profession, curricula, clinical training, registration, setting of professional standards, and promoting good practice, as well as processes for dealing with poor performance and misconduct.

Regulatory matters form significant areas of concern to the paramedic profession with the current absence of a national regulatory framework for paramedics in both New Zealand and Australia. Given the implications of trans-Tasman professional interactions, and the proposals currently being examined for the registration of paramedics in New Zealand and Australia, the question of appropriate arrangements for statutory regulation is thus a matter of particular interest.

PANZ welcomes the opportunity afforded by this consultation to provide its views on the options for regulation of health professionals in New Zealand. PANZ stands ready to assist government in any way it can to improve the quality and safety of the services provided by health practitioners through the resources provided by its Australasian and international paramedic networks.

PA gratefully acknowledges the input from all who have assisted in the preparation of this submission.
Background to the review

Since September 2004, New Zealand health practitioners have been regulated under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The HPCAA brought all previously registered health professions (with separate statutes), under a single regulatory framework.

The HPCAA incorporates the major concepts of the earlier Medical Practitioners Act 1995 but is written in generic terms to make it applicable to all health practitioners, with consistent procedures and terminology across all the regulated health professions.

The paramount purpose of the HPCAA is to protect the health and safety of the public where there is a risk of harm from the practice of a profession. It does this by providing a regulatory framework for practitioners that includes mechanisms to ensure their lifelong competency and fitness to practice. The Act also separates the registration process from the disciplinary process.

The New Zealand Ministry of Health administers the Act, including managing the consultation processes to enable the Minister to appoint the members of the various registration authorities established under the Act.

Primary responsibility and accountability for registration activities falls on the relevant registration authorities, which are responsible for:

- describing their professions in terms of one or more scopes of practice with associated qualifications;
- registering and issuing annual practising certificates to practitioners who have shown continuing competence;
- reviewing and promoting ongoing competence;
- considering practitioners who may be unfit to practise;
- setting standards of clinical competence, cultural competence and ethical conduct; and
- establishing professional conduct committees to investigate practitioners in certain circumstances.

Restricted activities under the HPCAA

Key protections provided by the HPCAA are that:

- Only health practitioners who are registered under the Act can use the titles protected by the Act or claim to be practising a profession regulated by the Act;
- Registered health practitioners are not permitted to practise outside their scopes of practice;
- Registration authorities are required to certify that a practitioner is competent to practise in their scope of practice when they issue an annual practising certificate; and
- Certain activities are restricted and only able to be performed by registered health practitioners.

The HPCAA allows for specified activities to be restricted to registered health practitioners, and it is illegal for anyone other than a registered health practitioner to perform any of these defined activities except in an emergency.
The HPCAA originally applied to 15 Registration Authorities covering one or more health professions but was enabled to cover other professions should the need arise.

This may involve the establishment of either a new registration authority or that a designated profession be added to an existing authority – thus creating a “blended authority”.

New or blended authorities do not receive funding support and the set up and operational costs of a new authority must be borne by registrants. The financial viability of any proposed authority is therefore of relevance to any profession seeking to be regulated by a registration authority, or for that matter, any form of regulatory control.

The Act also provides for a separate Health Practitioners Disciplinary Tribunal to hear and determine disciplinary proceedings relating to all registered health practitioners. The Tribunal comprises a chairperson, three deputy chairpersons and a panel comprising lay persons and health practitioners. All members of the Tribunal are appointed by the Minister of Health.

Concern has been raised that too many registration authorities with overlapping scopes of practice may lessen flexibility in the health sector as practitioners must then comply with the qualification requirements and competencies set by multiple authorities.

Each authority must describe the contents of the relevant profession in terms of one or more scopes of practice and designate the qualifications applicable to any scope of practice. This may be a degree or diploma of a stated kind from an educational institution accredited by the authority or an educational institution of a stated class, whether in New Zealand or abroad (an expanded description of the qualification requirements may be seen at http://www.moh.govt.nz/hpca)

Any profession seeking regulatory inclusion must conform to the primary purpose of the Act which is “to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions (s 3(1))”.

Implicit in the Act is the protection of the public interest through transparency by ensuring that the public can readily determine what services a health practitioner is competent and entitled to provide. The underlying concept is to provide the public with clear information on the nature of a profession, and the scope of practice and competencies of its practitioners.
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This submission is lodged:

- √ on behalf of a group or organisation(s)

The submission represents the views of

- √ Professional Association  Paramedics Australasia (New Zealand Chapter)

### Do you wish to receive a copy of the summary of submissions?

- √ Yes

Your submission may be requested under the Official Information Act 1982. If this happens, the Ministry of Health will release your submission to the person who requested it. However, if you are an individual as opposed to an organisation, the Ministry will remove your personal details from the submission if you check the following box:

- ☐ I do not give permission for my personal details to be released under the Official Information Act 1982.

- ☐ I do not give permission for my name to be listed in the published summary of submissions.

Paramedics Australasia has no objection to the public release of its submission.
Questions

Future focus

1. We want to achieve the best outcomes for patients through integrated care, and so health professional regulation needs to keep pace with how integration improves care and service models. How can the HPCA Act improve this?

Comment:

By ensuring that the key focus is on the needs of and risks to the patient – not the needs of the profession. The current multiplicity of RAs militates against integration and encourages professionals to protect the boundaries of their profession rather than seek patient centred integrated care.

By ensuring that all professions with significant clinical responsibilities are regulated and encouraged to integrate. Paramedics make clinical decisions on behalf of around 1000 patients daily in New Zealand, yet remain unregulated thus far. This presents a barrier to integration with primary care services.

2. How can the HPCA Act be used to promote a more flexible workforce to meet emerging challenges faced by the health system?

Comment:

Reduce the number of RAs and provide a common regulatory body such as the UK Health Professions Council. Provide a common set of procedures and expectations for (1) professional conduct and (2) clinical care and referral, ensuring that these are patient centric. Specific scopes of practice should be supplementary and complementary to this core body of standards.

The inclusion of paramedics under HPCA would bring a highly skilled and adaptable workforce into the health professional arena, offering significant opportunities for flexible working.

3. How can the HPCA Act promote education and training that has a wider focus, such as effective ways of working in teams, improved communication skills and support for consumers’ self-management?

√ Yes

Comment:

The Act should be used to promote patient centric care which crosses professional boundaries and focuses on the need to shorten and improve the patient journey through healthcare systems.

First response practitioners such as paramedics have a key role to play in determining the outcome of the patient journey.
4. **Is there scope for the HPCA Act to better address the standardisation of codes of conduct, ethics and common learning across health professions?**

√ Yes

Comment:

Provide a common set of procedures and expectations for (1) professional conduct and (2) clinical care and referral, ensuring that these are patient centric. Specific scopes of practice should be supplementary and complementary to this core body of standards.

5. **Do we have the right balance between broad scopes of practice and sufficient providing information to inform people about what they can expect from a health practitioner?**

√ No

Comment:

Experience suggests the public are unclear about which professionals can provide which aspects of care, and this may always be the case. The consumer of healthcare is not too concerned with this, provided that he/she can access the right care rapidly. For example, nurse or paramedic management of wounds and minor fractures has been shown to increase patient satisfaction due to shortened waiting times.

6. **Could/should RAs have a mandated role in health professionals’ pastoral care? If so, how can they carry this out?**

√ Not sure

Comment:

An RA should have a duty of care to those it regulates.

**Consumer focus**

7. **Does the HPCA Act keep the public safe, involve consumers appropriately in decision-making and assist in keeping the public informed?**

√ Not sure

Comment:

The Act’s effectiveness could be improved in all these areas by reducing the number of RAs and having a single point of access for transparent information about health practitioners and consumer involvement.
8. Is information from RAs readily available, particularly as it relates to practitioners and the transparency of complaints and complaint processes? If so, is this information made good use of by the public?
√ Not sure
Comment:
The dissipation of information across numerous web portals is confusing. A single point of access is required.

9. Do we have the right balance of laypeople to health professionals on RA boards?
√ Not sure
Comment:
Lay and consumer involvement is critical to ensure decisions are patient centric not practitioner centric. ‘Expert patients’ are required if available.

10. Should New Zealand consider introducing consumer forums, where the public can communicate with RAs on matters that concern them, as in the UK?
√ Yes
Comment:
This would be helpful provided there is one forum for a multiplicity of professions and not separate forums. Separate forums would not help with better integration.
Representation should also be given to professions which are not yet regulated but provide high level services, e.g. paramedics.

Safety focus
11. Do we currently make the best use of legislation to keep the public safe from harm when accessing health and disability services?
√ No
Comment:
The paramedic workforce engages daily in high stakes clinical decisions but is not covered by the legislation.
12. **Can we make better use of other legislation or employer-based risk management systems and reduce reliance on statutory regulation?**

√ No

**Comment:**

Employer based systems generally lack external transparency. The interests of the employer may represent a challenge to impartiality when evaluating the actions of professionals. Employer led regulation undermines individual accountability.

13. **What more needs to be done to address gaps or overlaps in legislation that could improve the overall quality and safety of services?**

Comment:

It appears there is significant overlap between the work of the numerous RAs, along with some confusion over the role of the RAs with regard to the role of the Health and Disability Commissioner. This may be an overlap of function rather than legislation, but there is a lack of clarity which leads to confusion for the healthcare consumer. Transparency is also an issue: legislation should ensure that RA and HDC decisions are open to public scrutiny.

As indicated above, there is a major gap in the current reach of the legislation with regard to the paramedic workforce, which engages daily in high stakes and largely autonomous clinical decisions but is barely mentioned in law.

14. **Is the HPCA Act clear about the level of risk that needs to be regulated by statute? If not, what would help to improve the match between level of risk and level of regulation?**

√ No

**Comment:**

A generic health practitioner risk profile would help by providing an estimation of risk, assessed in categories such as

- Level of autonomy in the profession
- Risks attached to therapies available to the practitioner
- Level of access to confidential information
- Time spent unsupervised and engaged in clinical decisions

15. **Do you have any suggestions how those in sole practice can better manage risks related to their clinical practice?**

Comment:

A generic risk profile may help.
16. **In the case of groups of practitioners that might be considered high risk, would it be useful for a risk-profiling approach to be applied by RAs?**
   
   ✔ Yes
   
   **Comment:**
   
   Yes – but base line should be a generic profile for all those engaged in clinical assessment and decision making.

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**Cost effectiveness focus**

17. **What role do RAs play in considering the cost impacts of their decisions and the cost benefits of regulation?**
   
   **Comment:**
   
   It appears there is insufficient attention to cost impacts, resulting in fee inequity across the professions.
   Amalgamation of RAs may reduce overall costs and provide a better forum for employer liaison.

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18. **Should the HPCA Act define harm or serious harm?**
   
   ✔ Yes
   
   **Comment:**
   
   This is difficult but guidance is required. Public protection is the major reason for regulating a profession, and a framework is required for assessing:
   - the risk of harm posed by the clinical practice of the profession in general
   - the risk of harm posed by the action of errant individuals within that profession

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19. **Is HPCA Act clear about the level of risk that needs to be regulated by statute? If not, what would help to improve the match between level of risk and level of regulation?**
   
   ✔ No
   
   **Comment:**
   
   A generic health practitioner risk profile would help by providing an estimation of risk, assessed in categories such as:
   - Level of autonomy in the profession
   - Risks attached to therapies available to the practitioner
   - Level of access to confidential information
   - Time spent unsupervised and engaged in clinical decisions
20. Is the right set of regulatory options being applied to manage the risk of harm to the public that different health professions might pose?
√ Not sure
Comment:
The range of regulatory options is helpful but ultimately confusing for the consumer. Also some health professions which carry a significant risk of harm (e.g. paramedics) are not yet regulated.

21. Could the way RAs administer their functions be improved?
√ Yes
Comment:
Reduce the number of RAs and provide a common regulatory body such as the UK Health Professions Council. Provide a common set of procedures and expectations for (1) professional conduct and (2) clinical care and referral, ensuring that these are patient centric. Share regulatory functions based on these core standards, thereby realising benefit from interprofessional judgments and experience. Share administrative functions to save costs. Introduce fee equity.

22. Should RAs be required to consult more broadly with relevant stakeholders?
√ Yes
Comment:
Introduce an employer liaison function across the board.

23. Should the number of regulatory boards be reduced, as in the UK?
√ Yes
Comment:
As discussed previously. There are professional as well as cost benefits in sharing expertise and resources.

24. What is the ideal size of RA boards?
Comment:
If boards are amalgamated then the current minimum size of five may be insufficient, but the current maximum of fourteen ought to remain adequate.
25. Are there other issues you would like to raise?

Comment:

1. Many of the comments made concern the discrepancies and risks inherent in the fact that the paramedic profession is not yet regulated. With an application for regulation before the minister, and with significant experience from the overseas (UK, South Africa, Canada) within our workforce, I believe we are well placed to comment constructively on the future direction of HPCA.

2. As a profession paramedics have much to offer to the flexible workforce agenda, and regulation will help to facilitate this.

3. Does the Annual Practising Certificate have to be Annual? A two yearly recertification is unlikely to increase risk of harm, but would present a significant cost saving to RAs. It could also be interpreted as a vote of confidence in the professional responsibility and accountability of registrants.