

Report prepared for the Society of Cardiovascular Perfusionists AGM
2003 - Freemantle
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HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003

This Report is in two parts.

Part one is a synopsis of the Act.

Part two reports upon the activities of Len Cooper and Tim Willcox to gain Registration of New Zealand Perfusionists.

Part One.

This Act passed by the New Zealand Parliament was given Royal Assent on 18th September 2003.

The purpose of the act is to protect the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practice their professions.

This is to be achieved by providing:-

A consistent accountability regime for all health professions.

The determination of scopes of practice, *for each health practitioner*, within which he or she is competent to practice.

Systems to ensure no health practitioner practices outside his or her scope of practice.

The power to restrict activities to particular classes of health practitioner.

Certain protections for health practitioners who take part in quality assurance activities.

This Act repeals a number of previous Acts of Parliament in which named professions were included eg. pharmacists, physiotherapists, podiatrists and many others.

There is provision for additional professions to become subject to this Act.

The Act prevents persons not qualified to be registered as practitioners of a profession from claiming or implying to be practitioners of that profession.

Only registered professionals with a current annual Practising Certificate may practice and only within their scopes of practice.

To be registered the practitioner must have the qualifications prescribed by the responsible **Authority** and be competent to practice.

Every health practitioner must be registered for a scope of practice.

The practitioner must be fit for registration, which includes the ability to communicate effectively.

There are provisions to stop a health practitioner from practicing without appropriate certification.

There is provision to stop the Authority from approving practice certificates unless satisfied that the individual concerned is competent to practice in accordance with their scopes of practice.

There is provision to improve the competence of a practitioner who performs below the required standard, or deal with those who have become unable to. Included are competence reviews and programmes for recertification.

The Act provides provision to notify the responsible Authority of practitioners who may pose a risk of harm to the public

The Authority may order interim, or full suspension, of an individual's practicing certificate, if it find reasonable grounds for believing that a practitioner poses a risk to the public by practicing below the required standard of competence.

Each Authority must establish a professional conduct committee to investigate complaints of certain offences referred to it by the Health and Disability Commissioner.

There will a single Health Practitioners Disciplinary Tribunal to determine charges brought against a practitioner.

There is provision for appeals to the High Court against a decision by the Tribunal.

Additional Health Professions.

All Professions recognised in previous legislation are to be automatically included. Clinical Perfusionists were not even known about until our submissions described later.

There is provision to enable additional Health Professions to be designated under the Act and Authorities *appointed* for such an additional profession.

The functions of the Authority include:-

Prescribing qualifications required for scopes of practice.

Authorising the registration of Health Practitioners.

Reviewing and maintaining competence of Practitioners.

Setting standards of clinical, cultural and ethical competence and conduct.

Setting programmes to ensure the ongoing competence of Health Practitioners.

Maintain a Register of Practitioners.

Issue annual Practicing Certificates.

The Authority has the right to require a Health Practitioner to provide records of their practice. It may also obtain any other information, from any source, it deems reasonable for the purpose of assessing an application for a Practicing Certificate or for the purposes of assessing competence etc.

Part Two.

The Ministry of Health published the Health Practitioners Competence Assurance Bill. We found out about it by accident through a conversation with a anaesthetist in the lift, one week before submissions were required! As part of the consultation process, interested parties were invited to make written submissions to the Parliamentary Select Committee. Interested parties could also ask to attend Select Committee hearings and make verbal representations.

After hurried consultation with Darryl McMillan and on behalf of the Society, Len Cooper and Tim Willcox wrote a submission and provided the statutory fifteen copies to the Ministry of Health. Select Committee hearings were held in the major centres of New Zealand. Len Cooper and Tim Willcox attended Parliament House in Wellington and presented a case for the registration of Clinical Perfusionists under the new legislation. We also made a case for the Society/Board to be designated as our Authority for the purposes of the legislation.

We gave a Powerpoint presentation which included a short video filmed at Green Lane Hospital. Len Cooper presented the slides and Tim Willcox narrated the video. The presentation was to reinforce our assertion that Clinical Perfusionists should be included as Registered Practitioners under the Act, and that the Society/Board become our Authority.

Since this presentation I have contacted the Ministry of Health on a number occasions, for clarification purposes etc. and each time have been immediately recognised and repeatedly complimented upon the quality of our submission, a useful and unexpected bonus.

The Current Situation.

I was asked to write a submission to the Ministry stating our case to be included as an Additional Profession to be Registered under the Act. The Australasian Society/Board was dismissed as possible Authority for us. The reason given, that the Authority must be appointed by the Minister of Health, be a wholly New Zealand body and be under the control of the Minister. i.e. the Minister cannot dictate to an Australasian body.

It was suggested that we, because of the limitation forced upon us by our small number, that we might join with the Medical Council, the Nursing Council or perhaps an amalgamation of Professions Allied to Medicine.

I approached the Medical Council and secured a meeting with the CE and Registrar, a Mrs Sue Ineson. This meeting was held on 17th October. I made the case that of all non-medical specialities, Clinical Perfusionists probably have the greatest clinical responsibilities possible. I also pointed out that AOR Medical Insurance (which many of us already hold for private practice purposes) classes us with surgeons and anaesthetists, above that of GP's and physicians. Whilst being very pleasant and understanding Mrs Ineson did not hold out much hope for Clinical Perfusionists becoming Registered through the Medical Council. Her justification being that a similar submission had already been made by the anaesthetic technicians, discussed at a Council meeting and dismissed.

Mrs Ineson did agree to put our case to the next Medical Council meeting being held toward the end of November. I must provide background and supportive material for her to present. It will be done. I am not optimistic about the outcome, since she pointed out that they have ten thousand members and do not need any economies of scale. We have only twenty four members and it would be unrealistic to set up a register, certification etc. etc. etc. The impression was that 'there is nothing in it for us'. To be fair, she also pointed out that they had enough disciplinary trouble with their own medical members to want to take on more.

On Monday 3rd November I again spoke to the Ministry of Health. I asked for the mechanism of applying to become a Registered Profession, something not stated in the Act. I was told to write to a specified individual stating our case to be considered as additional Profession under the Act. I must supply supportive material. I pointed out that since the Society/Board were deemed an unsuitable body as an Authority we might need help to gain one. (i.e. it is all very well to enshrine all this in legislation but it not so easy to comply and shouldn't they be facilitating the process.) I was told, again, to apply to the Medical Council! I pointed out that on behalf of Clinical Perfusionists in New Zealand, I already had, that a Council meeting was imminent, but that I was not expecting a positive outcome. I was then told that "the Minister has the power to insist that Authorities include certain groups". I'm sceptical that the Medical Council will allow that to happen if they do not wish it. So watch this space!