

3rd April 2018

Draft Health Practitioners Competence Assurance Act Amendment Bill

Allied Health Aotearoa New Zealand (AHANZ) is an incorporated society of allied health professional associations. Our members have voluntary membership of allied health practitioners, rather than the mandatory requirement of Regulatory Authorities. Full Members of AHANZ are required to:

- Have their individual members hold a relevant tertiary (or equivalent) qualification as defined in s12 (2) (a-e) of the HPCA Act 2003;
- Have a recognised system for monitoring ongoing competence;
- Abide by professional standards of practice;
- Abide by a professional code of ethics;
- Have direct contact with service users in fulfilling their role;
- Have a robust public complaints process; and
- Abide by the Allied Health Aotearoa New Zealand Constitution.

We have 24 full members who are subject to the provisions of the Health and Disability Services (Safety) Act 2001. Of these, 12 are regulated under the Health Practitioners Competence Assurance Act 2003, one is regulated under the Social Workers Registration Act 2003 and 11 are self-regulated.

The purpose of the Act 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 practice their professions”. The role of the Regulatory Authority is to prescribe scopes of practice, qualifications and experience, issue practising certificates, review competence and fitness to practice of the registered health professionals.

AHANZ member associations undertake many of valuable activities. Core activities are the provision of professional development opportunities, assisting members with career development; as well as advocating on behalf of members on public policy, workforce issues, educational and ethical standards for the profession.

For self-regulated AHANZ members, each have their own standards of practice and codes of ethics. The membership of all our member associations is voluntary. This means health practitioners without regulation can choose not to become members and consequently are not required to meet the association’s professional standard. In some instances a third-party funding body, such as ACC, will require the health practitioner to be a member of their professional association.

We highlight the lack of consistent performance standards required by allied health practitioners and the disparity in professional and registration fees. Fee structures are adversely impacted because of the smaller number of professionals in these groupings. Regulated allied health profession numbers range from 426 (Podiatry) to 4,909 (Physiotherapy), which is considerably less than those in larger medical (23,000+) and nursing (55,000+) workforces. Consequently, those in smaller professions pay comparatively more for regulatory and professional fees.

Our submission focuses on areas that impact the interests of the public or impact registered health practitioners. We trust that the regulatory authorities are best placed to feedback on administrative matters.

Section/Clause	Comment	Allied Health
Section 39 – Interim suspension	This clause sets the requirements as to who a copy of the order is given to. It includes employers and (iii) any person who works in partnership or association with the practitioner.	<p>Greater transparency regarding orders made by each authority is welcomed.</p> <p>Many allied health practitioners work in a number of contracting arrangements including: multi-disciplinary clinics, PHO's, DHB's, Aged Care Facilities, Community Groups, Health and NGO's.</p> <p>We propose that 3A (a) (iii) should be amended to include organisations as well as a person. This will ensure that any organisation using the service of the named practitioner will be advised when orders are made.</p>
Section 69 – Interim suspension	This clause changes the ability of the authority to suspend a practising certificate from <i>“in the opinion of the Regulatory Authority held on reasonable grounds, casts doubt on the appropriateness of the practitioner’s conduct...”</i> to <i>“on reasonable grounds, the conduct in which the practitioner is alleged to have engaged poses a risk of serious harm...”</i>	<p>We consider that there is an increasing expectation by the public that matters relating to public safety need to be seen to be acted on promptly.</p> <p>We recommend that a definition of the term “serious harm” is provided to ensure all stakeholders have a universal understanding of what will be appropriate when a certificate is suspended.</p>
Section 103 A – Resourcing Tribunal’s	This provision seeks to correct an omission in the previous Act.	The proposed funding model seems overly complicated and time consuming for the amount of expenditure (an average of \$72,686 p.a over the last 8 years ¹) involved.

¹ *From Charities Commission Website on Tribunal Annual Returns

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administration costs	The methodology requires funding to be apportioned to the Regulatory Authorities.	We recommend that fees are invoiced annually and in arrears once a reconciliation has been undertaken.
Sections 116 A – D. Authorities may be amalgamated	<p>Provides the Minister with the ability to amalgamate 1 or more authorities.</p> <p>The idea of achieving cost benefits and quality improvements should be the desired outcomes.</p>	<p>We question what exactly is meant by amalgamation (the action, process, or result of combining or uniting).</p> <p>A requirement to consult more broadly than the concerned authority is a concerning omission from this provision.</p> <p>We believe the impact of an amalgamation will be far reaching and impact members of the profession, employers and other stakeholders including members of the public, therefore broad consultation must be undertaken.</p> <p>We would like a further inclusion in this provision, being, that certain functions may be amalgamated if the Minister deems this appropriate.</p> <p>Currently, each of the Regulatory Authorities undertake their functions independently (in some Regulatory Authority services such as rent, and accounting support are bought from another Regulatory Authority).</p> <p>We recommend that consideration be given to amalgamating core administrative functions, such as database management, applications and APC renewals processes; thus leaving the RA to deal with competence and qualification matters.</p> <p>This would also provide better data for considering the needs of workforce development.</p>
Section 118 amended (functions of authorities)	<p>Section f is amended – this provides more clarity.</p> <p>An additional section 118(j) to be inserted which requires the</p>	Interdisciplinary collaboration and co-operation is an objective of the AHANZ; however, we question if this is a role of the Regulatory Authority.

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	Board to promote and facilitate inter-disciplinary collaboration.	We seek clarity on who will determine the terms of reference on which the Registration Authority will undertake this role and who will pay.
122 A Performance reviews	A new clause that requires performance reviews of authorities.	<p>Reviews of the performance of Regulatory Authorities is welcomed.</p> <p>The proposed amendment indicates that the reviews will be funded by the authority, which means those in the profession will be liable for the cost of the review.</p> <p>This raises a major concern related to equity for the Allied Health professions. Smaller Registration Authorities will be significantly and financially disadvantaged by having to fund fixed costs over a much smaller funding base than the larger Regulatory Authorities. We recommend that reviews could and should be performed over groupings of several Regulatory Authorities to provide for economies of scale and a cost benefit.</p> <p>We also raise the issue of consultation. The need for consultation for each profession, including employers, must be a necessary part of any consultation and review process.</p> <p>However, the proposed amendment does not outline how or who will undertake reviews.</p> <p><u><i>Given a desire of AHANZ that New Zealanders are provided quality health care we would advocate for the implementation of certification to AS/NZS ISO 9001:2015 The Quality Management System which would be audited by Telarc (or a similarly qualified organisation).</i></u>²</p>

² Telarc Limited is a Crown Entity Subsidiary and is 100% NZ owned by the Accreditation Council. They are recognised as a Certification /Registration Body by JAS-ANZ (Joint Accreditation System - Australia and New Zealand).

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<p>134 The Authority to provide to Director-General of Health information about health practitioners</p>	<p>An addition that requires the collection of additional information about practitioners.</p>	<p>We welcome the inclusion of this provision as it will assist with future workplace planning and development.</p> <p>Currently Health Workforce NZ struggle to accurately forecast future workforce demands for allied health professions.</p> <p>A further concern of AHANZ is the lack of self-regulated professional information. Self-regulated health professions are not required to collect or report on workplace data, making their information invisible.</p> <p>We acknowledge that this is out of scope of this review, however, we draw it to the committee’s attention as not having data makes workforce planning for the smaller health professions leaves service delivery gaps in the New Zealand health system.</p>
<p>157 B Authorities to issue naming policies</p>	<p>Regulatory Authorities are required to develop policy related to when they will name practitioners who have not met the standards required.</p>	<p>We agree that having clear guidelines for a naming policy will be beneficial and enhance public confidence. However, we question the benefit of having each regulatory authority prepare their own “naming policy”.</p> <p>We consider it preferable to have one policy that will be adopted by all Regulatory Authorities.</p> <p>In preparing a policy we also recommend wide consultation with the professions.</p>

Other Issues

Having an opportunity to review the Health Practitioners Competence Assurance Act Amendment Bill has highlighted significant inequity issues for the health practitioners regulated under the Act. We encourage the Health Committee and the Minister to use this opportunity to consider ways these barriers can be minimised or removed to ensure that New Zealanders can be guaranteed a consistent and appropriate standard by all health practitioners.

The inequity for allied health practitioners is considerable, particularly when comparing the fees paid by Nurses who have annual practicing fee of \$110. Our regulated allied health professionals pay from \$400 to \$1,366 for registration fees.

This reinforces our concerns regarding equity and we encourage the Health Committee to address this issue as it creates barriers to developing, maintaining and delivering vital allied health services to our communities.

		Number Registered	2017 Regulatory Authority Fee
NZ Institute of Medical Radiation Technology	regulated - RA	3,127	400
Physiotherapy New Zealand	regulated - RA	4,909	556
Aotearoa New Zealand Association of Social Workers	regulated - MSD (Crown Entity)	2,436	558
Occupational Therapy NZ Whakaora Ngangahau	regulated - RA	2,436	558
Dietitians NZ	regulated - RA	663	625
New Zealand Psychological Society	regulated - RA	2,757	729
Association of Dispensing Opticians of NZ	regulated - RA	709	747
NZ Association of Psychotherapists	regulated - RA	521	850
NZ Dental & Oral Health Therapists Association	regulated - RA	999	914
Osteopaths New Zealand	regulated - RA	437	1134
Podiatry New Zealand	regulated - RA	426	992
NZ Chiropractors Association	regulated - RA	606	1,366