and

Nurse Practitioners New Zealand
NPNZ - a division of the College of Nurses Aotearoa (NZ) Inc

SUBMISSION TO HEALTH WORKFORCE NEW ZEALAND ON THE REVIEW OF THE HEALTH PROFESSIONALS COMPETENCE ASSURANCE ACT

October 2012

Submission to:
Health Workforce New Zealand
National Health Board, Ministry of Health
info@healthworkforce.govt.nz

The contact person for this submission is:

Professor Jenny Carryer, RN, PhD, FCNA (NZ), MNZM
Executive Director
College of Nurses (Aotearoa)
Clinical Chair of Nursing
Massey University / MidCentral District Health Board
PO Box 1258
PALMERSTON NORTH
Tel: 027 4491302
Email: J.B.Carryer@massey.ac.nz

1. SUMMARY

This submission represents:

- ☐ Consumer
- ☐ Academic / research
- ☐ Pacific
- ☐ Education / training
- ☐ Provider
- ☐ Non-government organisation
- ☐ Professional association
- ☐ Family / whanau
- ☐ Maori
- ☐ District Health Board
- ☐ Local Government
- ☐ Funder
- ☐ Prevention / promotion
- ✓ Other (please specify) – Professional organisation

This submission has been made the College of Nurses Aotearoa (NZ) Inc. and NPNZ as a division of the College.

- ✓ I **do** want a copy of the summary of submissions

2. BACKGROUND

This submission represents the joint opinion of The College of Nurses (Aotearoa) NZ Inc ("the College") and the Nurse Practitioners of New Zealand (NPNZ) as a division of the College. The College is a professional body of New Zealand registered nurses and nurse practitioners from all regions and specialties both within and outside of the District Health Board setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

This submission is the result of previous policy analysis undertaken by the College, internal consultation and direct discussions with College members in a range of leadership positions in different parts of the sector. It also incorporates the results of consultation with additional nursing organisations in New Zealand in order to develop a collective strategic view, including the New Zealand Nurses Organisation (NZNO).

To summarise, the College considers that, overall the HPCA Act has become well established, and is functioning effectively. New Zealand nursing groups are in agreement that the HPCA Act protects public safety, has overseen the implementation of competency reporting frameworks and raised nurses' awareness of their professional obligations. We do not consider that it would be an efficient use of resources to disrupt the good work that has gone into establishing the HPCA Act systems over the past 10 years.

The HPCA Act does not currently restrict workforce flexibility, however barriers to flexibility have occurred at the bureaucratic level.

The College does not support the establishment of a single regulatory authority for health professionals. However, the College does see some benefit in combining the Nursing Council back room functions with some of the smaller regulatory authorities such as the Chiropractic Board and the Physiotherapy Board (for example), where a well established and efficient Council, such as the Nursing Council, manages the regulatory systems and functions of smaller regulatory authorities..

The College, together with NZNO, sees any political interference in the business and conduct of the regulatory authorities as highly inappropriate.

3. SUBMISSION

3.1 Future focus

3.1.1 How can the HPCA Act improve on achieving the best outcomes for patients through integrated care?

The College considers that there are many other Acts, which require attention in order to reduce barriers to workforce flexibility. We would rather see urgent attention given to these issues.

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

The College considers that there is nothing in the current HPCA Act, which restricts workforce flexibility. Workforce flexibility has historically been impeded by bureaucratic procrastination and some degree of medical protectionism. These two issues generally go together. For example, the introduction of the nurse practitioner role in New Zealand has been directly impeded by the persistence of long standing legislative barriers.

3.1.3 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?

The College does not consider that the promotion of education and training is the role of the HPCA, but is rather a matter for the individual regulatory authorities and each profession to address.

The principal purpose of the HPCA 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' (refer Section 3(1)). The Act focuses on one objective – to ensure that individual practitioners do not pose a risk of harm or serious harm to the public. The Act also ensures that individual health practitioners remain accountable for their clinical practice.

3.1.4 Is there scope for the HPCA Act to better address the standardisation of codes of conduct, ethics and common learning across health professions?

The College considers that there is possibly scope for the HPCA Act to better address the standardisation of these areas. Opportunities exist for common learning across the health professions to occur and regulatory authorities could be required to take the codes of conduct and ethics of other professions into consideration when reviewing their own professional codes.

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

No comment.

3.1.6 Could / should RAs have a mandated role in health professionals' pastoral care? If so, how can they carry this out?

This is not a function of the HPCA Act but is rather the role of professional organsiations and employers.

3.2 Consumer focus

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

The College, together with New Zealand nursing groups, is generally in agreement that the HPCA Act works effectively to protect public safety.

3.2.2 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?

No comment.

3.2.3 Do we have the right balance of laypeople to health professionals on RA boards?

The College believes that due consideration should also be given to ensuring that there is adequate Maori representation on the boards.

3.2.4 Should New Zealand consider introducing consumer forums where the public can communicate with RAs on matters that concern them, as in the UK?

The College would have no objection to this.

3.3 Safety focus

3.3.1 Do we currently make the best use of legislation to keep the public safe from harm when accessing health and disability services?

As previously indicated in section 3.2.1, the College considers that patient safety is effectively protected under current legislation.

3.3.2 Can we make better use of other legislation or employer-based risk management systems and reduce reliance on statutory regulation?

A significant proportion of the regulated workforce is not 'employed'. There are already systems in place where large employers can have their competency programmes accredited by the relevant regulatory authority, effectively delegating the responsibility to the employer.

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

No comment.

3.3.4 Is the HPCA clear about the level of risk that needs to regulated by statute? If not, what improvements are needed?

No comment.

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

The College considers that there should be compulsory professional membership and indemnity insurance. Competency requirements may need definition and be part of the practitioners service agreement with their funder (Ministry of Health for section 88) or the District Health Board or Crown Agent.

3.3.6 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?

No comment.

3.4 Cost effectiveness focus

3.4.1 What role do RAs play in considering the cost impacts of their decisions and the cost benefits of regulations?

Regulatory authorities are required to consult. The Midwifery Council approval of a four-year undergraduate degree and competency requirements had a financial impact that was passed on to students and employers. In this case, the feedback that was provided was not well considered and added a cost where the benefit is unclear and not defined.

3.4.2 Should the HPCA Act define harm or serious harm?

National definitions are already in place and a definition with the HPCA Act would standardise this.

3.4.3 Is the HPCA Act clear about the level of risk that needs to be regulated by statute? If not, what would help to improve it?

No comment.

3.4.4 Is the right set of regulatory options being applied to manage the risk of harm to the public that different health professions might pose?

No comment.

3.4.5 Could the way RAs administer their functions be improved?

The College is aware that the Government considers that some level of consolidation of regulatory authority function is necessary in order to reduce costs. However, the College does not support the consolidation of RA secretariat functions, which would necessarily result in a reduction of staff members. Registrars of regulatory authorities, together with other RA staff, have significant profession specific knowledge which could be lost if RA functions were to be combined.

The College also does not support the establishment of a single secretariat to manage administrative matters. The Nursing Council is very efficient on all levels and the combination of secretariat functions would necessarily result in the rise in the cost of nursing practicing certificates, which will have major consequences for employers.

3.4.6 Should RAs be required to consult more broadly with relevant stakeholders?

The Nursing Council already consults extensively and broadly with relevant stakeholders and the College would be concerned if this were not occurring elsewhere.

3.4.7 Should the number of regulatory boards be reduced, as in the UK?

The College does not support the establishment of a single regulatory authority for health professionals, nor a reduction in the number of regulatory boards. However, the College can see that, given the huge and well demonstrated efficiency of the Nursing Council, that there may be some value in the Nursing Council combining

with some of the smaller regulatory authorities, such as the Chiropractic Board and the Physiotherapy Board (refer also to our response in section 3.4.5).

3.4.8 What is the ideal size of RA boards?

The College considers that the Nursing Council Board should remain at its current size of seven board members. The Nursing Council manages the largest registrar of practitioners in New Zealand and a reduction in the size of the council will result in an increase in workload pressure for current members.

3.4.9 Additional comments

Employers on the whole have a poor understanding of the regulatory requirements of health professionals. There is very limited training on how the HPCA works. As an example, there are no formal requirements for District Health Board Directors of Nursing in relation to the HPCA Act, even though they are required to apply the legislation. Most Directors of Nursing gain experience of the HPCA Act when they have to refer, or when they are required to appear before a Committee or a Tribunal.

This is also an issue for non-DHB employers. Any changes to the HPCA Act need to address issues of responsibility in relation to the administration of the HPCA Act. Responsibility should not just be limited to the profession and should include professional organisations and employers as well as the public in sharing responsibility.