

7 October 2015

Secretariat
Health Select Committee
Select Committee Services
Parliament Buildings
WELLINGTON 6160

Via online submission form

To the Health Select Committee

Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill 2015

The Royal Australasian College of Surgeons (RACS) wishes to make a submission on the above Bill.

Introduction

1. RACS is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees across New Zealand and Australia. It also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. RACS trains in nine surgical specialties, being cardiothoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology head and neck surgery, paediatric surgery, plastic and reconstructive surgery, urology and vascular surgery.

Comments and Recommendations

2. RACS would like to comment specifically on those statutes addressed in the Bill that are likely to be related to surgery and surgical practice.

3. RACS notes that the Bill amends seven statutes to increase the range of functions performed by health practitioners that are currently restricted to medical practitioners.

4. The intent is that the amendments should “make it easier for the public to access statutory services from health practitioners and will facilitate innovative and effective practice by practitioners”. Health practitioners that fall under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) should be sufficiently regulated and competent to enable them to perform their statutory responsibilities. The existing statutes were instituted to protect the public and the Health Select Committee needs to ensure that protection continues. While the proposed changes may make access to services easier, there is little evidence to suggest that the changes will “facilitate innovative and effective practice”.

5. The HPCA Act defines a health practitioner as “a person who is, or is deemed to be, registered with an authority as a practitioner of a particular health profession”. Health practitioners encompass a considerable range of training, knowledge and skills, many of which are not interchangeable. RACS acknowledges that some procedures or processes currently carried out by medical practitioners may be safely devolved to other health practitioners.

Recommendation: RACS recommends the Health Select Committee carefully consider which health practitioner groups have the required training, experience, knowledge, skills and

competence to safely carry out the responsibilities being proposed for them in the Bill. Failure to do so will compromise patient safety and may risk unintended consequences.

6. The Bill states that “health practitioners with the required competencies and knowledge will be able to perform certain tasks, such as participating in claimant’s individual rehabilitation plans, issuing certificates of proof of illness or injury, providing ongoing care, arranging medical examinations of children or young people, and the taking of blood specimens from road users”.

Recommendation: *RACS urges the Health Select Committee to satisfy itself that the regulated professions have the appropriate knowledge and competency to perform these tasks; and that the public continues to be protected.*

Part 1: Amendments to the Accident Compensation Act 2001

Clauses 4 (1) and 4 (2)

7. RACS notes that the Bill replaces the phrase “any medical practitioner providing treatment to the claimant” with the phrase “the lead health practitioner” and defines the term “lead health practitioner” as “the health practitioner who is leading the coordination of the provision of treatment or rehabilitation (or both) to the claimant”.

8. RACS understands that under this definition the lead health practitioner would refer to any of the regulated professions that are able to lodge a claim directly with the Corporation. In this case, it is that practitioner that takes on the lead role. Traditionally, the patient’s medical practitioner has been the lead provider and coordinator of care and RACS believes that this should continue to be the case. Medical practitioners, with their broad health knowledge and skill sets, are best placed to understand the trajectory of a patient’s care and treatment and can effectively delegate episodes of care to other health practitioners.

Recommendation: *RACS recommends that medical practitioners should continue to be the lead providers and coordinators of a patient’s care for the purposes of the Accident Compensation Act 2001.*

Clause 4(3)

9. The Bill proposes that ACC may provide or contribute to the cost of an aid or appliance when a claimant has a prescription for the aid or appliance from a health practitioner who holds appropriate qualifications. Provided that the health practitioner in question is working within their scope of practice, RACS supports this proposal.

Part 2: Amendments to the Burial and Cremation Act 1964

Clauses 6 and 7

10. The Bill proposes that a “doctor’s certificate” under the Burial and Cremation Act 1964 be renamed to a “certificate of cause of death”. RACS supports this proposal.

Clauses 9 and 10

11. The provision of “certificates of cause of death” applies to both circumstances where the death is as a result of the natural consequence of an illness and to death occurring as a result of an accident to persons aged 70 years or more. The issuing of a death certificate requires the practitioner to exercise powers of advanced diagnostic reasoning and is closely tied to the reporting of some cases to the coroner especially when the death is the result of an accident. The reporting of a death has implications for statistics on mortality and prevalence of fatal conditions; and needs to be accurate. The training of medical practitioners is more extensive and diverse in this regard, particularly where the medical condition is complex and there are co-morbidities present.

Recommendation: *RACS recommends that nurse practitioners not be permitted to issue “certificates of cause of death”.*

Part 4: Amendment to the Holidays Act 2003

Clause 25

12. The proposed amendments to the Holidays Act will allow any health practitioner to issue a sickness or injury certificate as proof of sickness or injury should an employer request this. Given the diversity of professions regulated under the HPCA Act this would be inappropriate.

Recommendation: *RACS recommends that any amendment to the Act to change from “medical practitioner” should be undertaken with caution; and the issuing of these certificates should only be devolved to carefully selected regulated professions with the appropriate training and experience, and restricted to conditions within their scope of practice.*

Thank you for the opportunity to provide a written submission on this Bill.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Randall Morton', with a period at the end.

Professor Randall Morton FRACS
Chair, New Zealand National Board