

Health Practitioners Competence Assurance Act 2003 (the Act) changes resulting from the Health Practitioners Competence Assurance Amendment Bill (the Bill)		
Part of the Act and sections changed	Section/s	Action by
Registration of, and practising certificates for, health practitioners	(ss11-33)	
<ul style="list-style-type: none"> Allows RAs to revoke the accreditation of an educational institution 	(s12)	RAs
<ul style="list-style-type: none"> Allows RAs to issue practising certificates electronically and for certificates to be surrendered electronically 	(ss29, 31, 33)	RAs
Competence, fitness to practise and quality assurance	(ss34 - 63)	
<ul style="list-style-type: none"> Improves information about decisions about practitioner practice by requiring RA registrars to notify people who raised an issue about a practitioner regarding whether a review is to take place or an order has been issued or an order has subsequently been revoked 	(ss36, 38, 39, 48)	RAs
<ul style="list-style-type: none"> Allows an RA to order an examination by an appropriate health practitioner (other than a medical practitioner, which is already allowed) to determine a practitioner's ability to practise 	(ss49, 50)	RAs
<ul style="list-style-type: none"> Reduces the administrative burden of reporting requirements for quality assurance activities, a shift from 6 monthly to 12 monthly 	(s58)	MOH
Complaints and discipline	(ss64-105)	
<ul style="list-style-type: none"> Requires RAs to refer complaints to a PCC as soon as possible once the decision to refer has been made 	(from s68 to s65)	RAs
<ul style="list-style-type: none"> Allows RAs discretion to refer health practitioners convicted of some offences (such as drink driving) for treatment or counselling instead of referring them to a professional conduct committee 	(s67A)	RAs
<ul style="list-style-type: none"> Enables RAs to act immediately to suspend a practitioner's practising certificate in instances where there is a risk of serious harm to the public pending prosecution or investigation 	(s69A)	RAs
<ul style="list-style-type: none"> Allows the chairperson of the Health Practitioners Disciplinary Tribunal (the Tribunal) to issue an order for the non-publication of names 	(s92A)	HPDT
<ul style="list-style-type: none"> Allows the Tribunal to set a minimum period during which a practitioner may not apply to be re-registered 	(s102)	HPDT/RAs
<ul style="list-style-type: none"> Enables the Tribunal to notify any employer of orders it has made 	(s103)	HPDT/RAs
<ul style="list-style-type: none"> Clarifies that RAs are responsible for paying the running costs of the Tribunal and costs payable are based on the number of registered and practising practitioners of each RA 	(ss103A, 104, 104A, 105)	HPDT/RAs
Appeals - no change	(ss106-113)	
Structures and administration	(ss114- 152)	
<ul style="list-style-type: none"> Gives the Governor-General, on the recommendation of the Minister of Health, the power by Order in Council to amalgamate existing RAs when it is in the public interest 	(ss116A-116D)	MOH

<ul style="list-style-type: none"> Enables the Director-General of Health to publish in the New Zealand Gazette a list of RAs and the professions they regulate through the SOP 	(s116E)	MOH
<ul style="list-style-type: none"> Clarifies that RAs can receive and act on information from members of the public about the practice, conduct, or competence of health practitioners 	(s118)	RAs
<ul style="list-style-type: none"> Requires RAs to include cultural competence provisions with specific mention to cultural competencies that will enable effective and respectful interaction with Māori 	(s118)	RAs
<ul style="list-style-type: none"> Includes an additional function for RAs to promote and facilitate interdisciplinary collaboration and cooperation in the delivery of health services 	(s118)	RAs
<ul style="list-style-type: none"> Enables health practitioners of a newly regulated profession to be considered for the purpose of being appointed to a new authority 	(s120)	MOH
<ul style="list-style-type: none"> Improves public confidence by requiring RAs to be subject to a performance review every five years by a reviewer nominated by the Ministry of Health in consultation with RAs, and to report on how they are addressing recommendations from the performance reviews 	(ss122A-122B)	MOH/RAs
<ul style="list-style-type: none"> Requires RAs to collect additional data about health practitioners (including name, date of birth, gender, ethnicity, employer, place of employment and hours of work) and share this with the Ministry of Health to inform workforce development and planning 	(s134A)	MOH/RAs
<ul style="list-style-type: none"> Requires health practitioners to supply RAs with an electronic address in addition to a postal address 	(s140)	RAs
<ul style="list-style-type: none"> Enables review of registration if a registered health practitioner's overseas qualification is cancelled or suspended or an overseas authority disciplines a practitioner 	(s147)	RAs
Miscellaneous provisions, consequential amendments and repeals, and transitional provisions:	ss153-227	
<ul style="list-style-type: none"> Allows electronic notice and serving of orders 	(s156)	RAs
<ul style="list-style-type: none"> Improves information about decisions on practitioner practice by requiring the registrar of an RA to inform employers and people working in association with a health practitioner that an order has been made 	(s156A)	RAs
<ul style="list-style-type: none"> Improves public confidence by requiring RAs to issue naming policies that set out the situations in which health practitioners will be named following disciplinary procedures 	(ss157A-157L)	RAs/MOH
Provisions applying to authorities	(Schedule 3 of the Act)	
<ul style="list-style-type: none"> Allows RAs to delegate to a committee their power to appoint a professional conduct committee 	(Schedule 3).	RAs