

New Zealand Speech-language Therapists' Association (Inc.) Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

Affiliated to the International Association of Logopaedics and Phoniatrics

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Dear Debbie

Thank you for this opportunity to provide feedback on the review report of the Health Practitioners Competence Assurance Act (2003). The New Zealand Speech-Language Therapists' Association (NZSTA) generally agrees with the proposed recommendations though we have some specific comments to make in respect of the several recommendations as outlined below.

Recommendation 5: *That responsible authorities, mindful of the impact of practitioner fees on the health care system, try to restrain cost growth, look for ways to make efficiencies, minimise fee increases, and openly explain the basis for their fees and any increases (page 15).*

NZSTA strongly support this recommendation, especially as the cost of registration and annual practicing fees may become excessive for small health professions.

Recommendation 6: *That responsible authorities work together and with Australian counterparts to identify and share best practice principles and arrangements for accreditation of educational institutions and programmes and that the Ministry of Health gives further policy consideration to developing a Trans-Tasman joint accreditation system for regulated professions (page 19).*

Recommendation 7: *That responsible authorities should collaborate with the Ministry of Health and Australian authorities to develop risk-based standards, processes and assessment models to be used for assessing overseas-trained practitioners (page 20).*

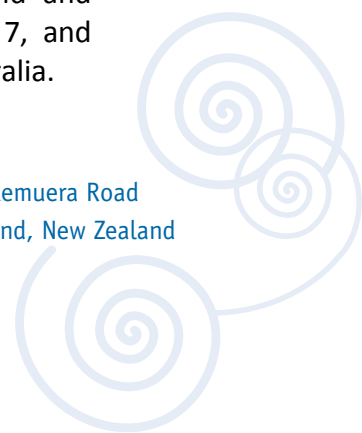
NZSTA are in the exciting position of having recently established a Mutual Recognition of Credentials Agreement (MRA, 2008) with the equivalent speech language therapy professional bodies in the USA, Canada, the UK, Ireland and Australia. We would therefore strongly support Recommendations 6 and 7, and wonder if they couldn't be extended to include countries other than just Australia.



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Given the long history of New Zealand-educated health professionals travelling and working abroad and the high number of overseas-educated health professionals working within New Zealand it would be advantageous if their academic qualifications could be mutually accredited or accepted.

Additionally, the Programme Accreditation Council (PAC) within NZSTA is responsible for accrediting the three speech-language therapy programmes within New Zealand. This Council already benefits significantly from the valued input of Speech Pathology Australia (our Australian counterpart) in their external representation on our accreditation panel and ongoing mentorship in this process.

Recommendation 16: *That section 114 of the Health Practitioners Competence Assurance Act 2003 is amended to give the Minister the power by Order in Council to join and restructure two or more existing authorities in situations where, after consultation, the Minister is satisfied that it is in the public interest to do so and that the authorities and their professions are generally in agreement (page 47).*

NZSTA is generally in favour of this recommendation, though in practice it is likely to require considerable consultation between the authorities under consideration for joining/amalgamation. The appropriateness of joining some authorities may not be immediately transparent thereby requiring discussion among all relevant parties.

Recommendation 18: *That, after this report has been tabled in the House of Representatives, the Ministry of Health moves rapidly to make recommendations to the Minister of Health in respect of those groups for which it has already been decided that statutory regulation under the Health Practitioners Competence Assurance Act 2003 is appropriate (page 48).*

NZSTA is strongly in favour of this recommendation.

Recommendation 33: *That section 12 of the Health Practitioners Competence Assurance Act 2003 is amended to clarify that responsible authorities have the power to revoke an educational institution's accreditation (page 66).*

The Programme Accreditation Council (PAC) of NZSTA currently functions to accredit the three academic programmes providing speech-language therapy education in New Zealand, but we do not have the power to revoke accreditation. We strongly support Recommendation 33 as it would enable the PAC to consult with relevant responsible authorities in the process of revoking accreditation (should this be necessary). Were speech-language therapy to become regulated under the Health Practitioners Competence Assurance Act 2003, the responsible authority would assume the duties of the PAC ensuring greater public safety.

Recommendation 34: *That section 15 of the Health Practitioners Competence Assurance Act 2003 is amended to give responsible authorities the power when necessary to recognise New Zealand qualifications as equivalent to qualifications that have been prescribed under section 12 (page 66).*

See comment above regarding Recommendations 6 and 7.

Recommendation 35: *That the Ministry of Health works with responsible authorities to clarify the intention of section 16 of the Health Practitioners Assurance Act 2003 when judging fitness for registration (page 67).*

NZSTA strongly support this recommendation. Speech and language therapy is a recognised health profession providing services in a number of professional environments using a variety of techniques that have the potential to cause harm if not performed with skill and adequate training. Examples of the risks posed by the tasks performed by SLTs include; (1) rigid and flexible endoscopy in which an endoscope is passed through the nasopharynx for evaluation of swallowing; (2) misdiagnosis from radiologic and endoscopic tests leading to aspiration pneumonia and unnecessary surgeries which can lead to severe health risks including death; (3) feeding methods for patients who have had a stroke and who have dysphagia (disordered swallowing); (4) misdiagnosis of symptoms of laryngeal carcinoma in dealing with vocal hoarseness; and (5) prosthetic fittings of devices to support speech in laryngectomy patients.

Clarification around what is considered a risk to the public and what is therefore judged as fitness for inclusion under the Act is urgently needed.

Yours sincerely



Dr Megan McAuliffe
President



Dr Clare McCann
Professional Standards