



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
Council of  
New Zealand**

## **Council's Health Committee**

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# Health Practitioners Competence Assurance Act 2003 (HPCAA)

Mechanisms to ensure competence and **fitness to practise**

- obligations to notify
- order examinations and testing
- order to conditions and suspension

Preference to work in cooperative way with doctors

# What's the HPCAA threshold..?

'If a [health practitioner] has reason to believe that a [doctor] is **unable to perform the functions required for the practice of medicine because of some mental or physical condition**, the person must promptly give the Council's Registrar written notice of the circumstances'

# What constitutes reasonable belief?

Are behaviours or actions affecting practice?

Do you believe intervention is required?

Have any local interventions failed?

Is it a relapsing condition?

Would another workplace need to know?

# Involve Health Committee or not?

Short lived and responds to treatment → full recovery

Risk management during treatment/recovery

Acceptance and willingness to engage and talk about management of their health

Readiness to accept or comply with treatment

# Who can I discuss my ‘reasonable belief’ with?

HPCAA provides for you to get a professional opinion, such as occ health

Talk to us – hypothetical – ideas for managing

Talk to medico-legal indemnity provider re avoiding being in breach of HPCAA

If you act in good faith, you won’t be liable

# Typical problems referred:

## Psychiatric disorders:

- substance use, alcohol or drug
- mood disorders – bipolar disorder and severe depression
- anxiety, OCD, other psychiatric disorders
- personal/professional stress and situational crises

# Typical problems referred cont'd:

Medical disorders:

- eyesight and hearing difficulties
- neurological diseases
- malignancy
- head injury
- communicable diseases



# First steps on receiving a concern

- Information gathering/substantiation
- Diagnosis? Treatment? Support structures?
- Any testing indicated
- Treatment reports vs independent assessment
- Doctor's insight and willingness to engage
- Gauge if risks need managing

# Referral for independent assessment

This gives an objective opinion informed by:

- comprehensive examination
- broad collateral history gathering
- other assessments or testing as needed

Protective of therapeutic relationships

# Assessment report

Formulation and diagnosis

Extent, if any, to which the doctor's practice is affected

Impact on the doctor

Informs risk management needed

Recommendations to support ongoing practice

Recommendations on treatment/review

# If Health Committee needs ongoing role

Main tool is a voluntary agreement:

- puts some framework around the management plan
- formalises therapeutic commitments
- defines external monitoring of these commitments
- clarifies what liaison will occur
- does not appear on the register

# Voluntary agreement – monitoring

External monitoring/controls:

- restricted access to drugs
- supervised medication consumption
- ensure therapeutic contacts maintained
- oversight of prescribing if needed
- urine/hair/blood/breath screening

# Voluntary agreement – information sharing

Information shared with key agencies/others:

- key practice staff
- PHO
- DHB/hospital (CMO, HOD, PES, supervisor of training)
- Medicines Control (Ministry of Health)